



The Winterbourne
Hospital

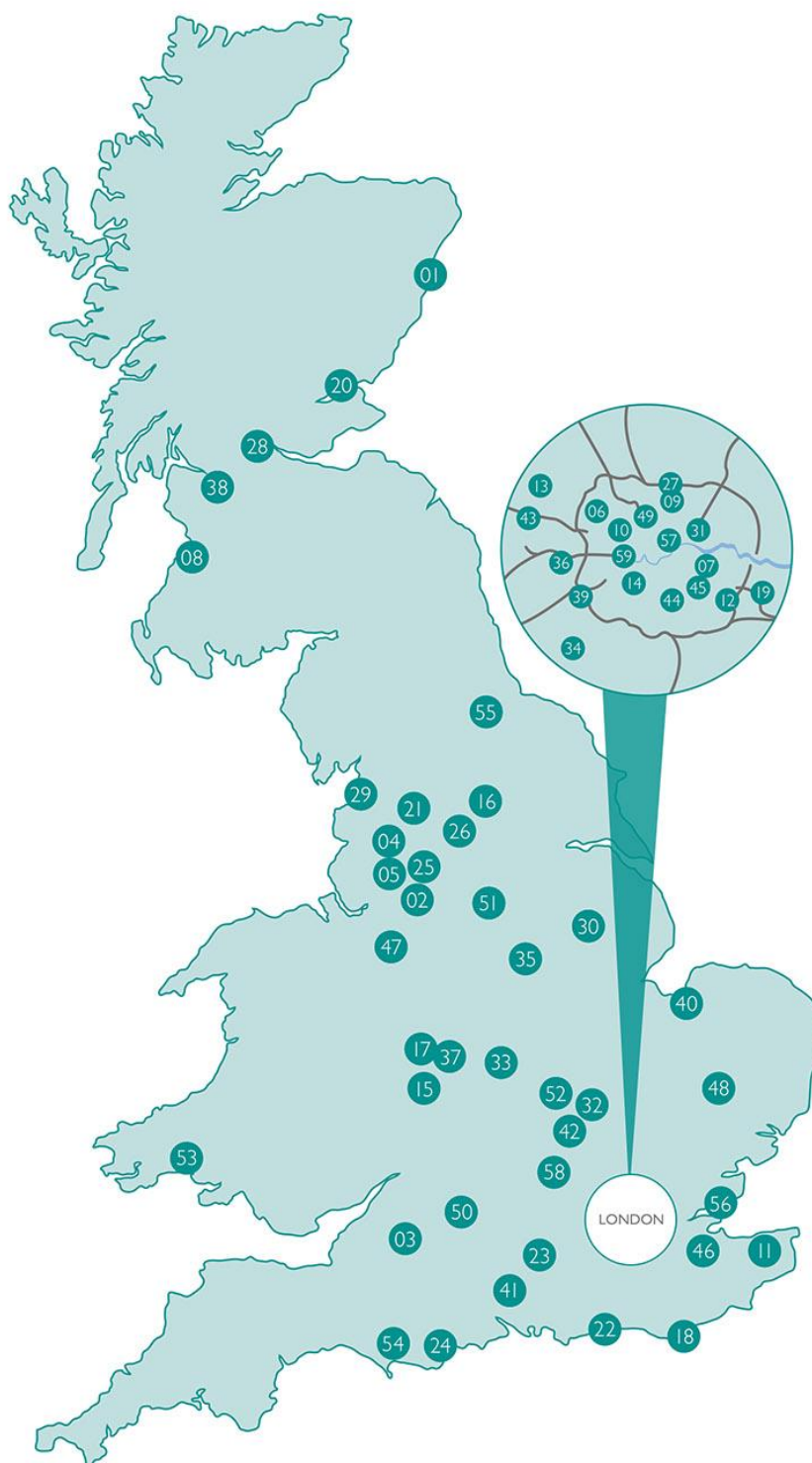
QUALITY ACCOUNTS 2018

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Our network of hospitals

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



Group Chief Executive's Statement



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

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

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

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

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

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

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

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

From a corporate and governance point of view, we have rationalised and refocused our committees at both a business and a hospital level, giving each clear areas of responsibility and providing a line of sight between head office and hospital. We continue to adopt an integrated audit approach, so that we can maintain a holistic overview of how hospitals and teams are performing against agreed standards and procedures.

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

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

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

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

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

Dr Karen Prins

Hospital Information



The Winterbourne offers 38 rooms, equipped to a high standard providing a relaxed and comfortable environment, conducive to rapid recovery and convalescence. Each room has full en-suite facilities, plus telephone, remote colour television and all the usual amenities associated with private healthcare. Over the last year, all rooms and ward areas have been upgraded, including the replacement of carpeted areas with slip resistance hard flooring.

Our physiotherapy department has four curtained bays and a gym which can be used for rehabilitation and treating chronic and acute conditions.

The imaging department benefits from the use of a mobile MRI scanner and a recent addition has been the specialist prostate scanner, offering a valuable service to the local areas and GP community.

The hospital also has two operating theatres, these facilities combined with the latest in technology and on-site support services, enable our consultants to undertake a wide range of procedures from routine investigations to complex surgery. This specialist expertise is supported by caring and professional medical staff, with dedicated nursing teams and Resident Medical Officers on duty 24 hours a day, providing care within a friendly and comfortable environment.

We have also worked closely with our caterers and compiled a selection of menus designed to meet the needs of our patients during their stay. The menus have been specifically planned with healthy eating foremost in our minds and form part of a nutritionally balanced diet.

The Winterbourne has various specialist clinics on offer, including the following:

- General Surgery
- Orthopaedic Services
- Imaging Services
- Skin Lesion Removal Clinic
- Ophthalmology Services
- Varicose Vein Assessment Clinic
- Physiotherapy
- Womens Health Services

BMI, The Winterbourne Hospital continues to participate in the Choice Network for NHS patients, offering a range of services from which to choose their Surgeon. NHS patients account for 44% of the overall caseload at BMI, The Winterbourne Hospital.

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 Winterbourne is registered as a location for the following regulated services:-

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

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

The CQC carried out an announced comprehensive inspection on 4th and 5th January 2016 and found compliance with the regulatory standards as follows:

SAFE	Requires improvement
CARING	Good
RESPONSIVE	Good
EFFECTIVE	Requires improvement
WELL-LED	Requires improvement

This resulted in an overall CQC rating of Requires Improvement. An area for improvement was the operating department where inspectors reviewed safety processes such as full compliance with the World Health Organisation (WHO) Safer Surgery Checklist which provides a robust framework for maintaining patient safety and there were issues with a lack of evidence of staff competence. These have all been addressed with the introduction to the department of a new theatre management team who have been in place for well over a year and have embedded compliance with the WHO checklist, ensured that robust audit and monitoring regimes are maintained and helped us to drive forward a programme of continuous improvement in patient safety standards and quality care.

Focus has been to ensure the required quality standards are in place and there is a strong governance framework that ensures and closely monitors the results and actions required to meet those standards. This has been particularly well organized through the committee and team meetings structure which ensures that every member of staff receives information in relation to the Company's strategic vision and actions to achieve success at a local level.

BMI, The Winterbourne Hospital has a local framework, in line with corporate requirements through which clinical effectiveness, clinical incidents and clinical quality is monitored and analysed. Where appropriate, action is taken to continuously improve the quality of care. This is through the work of a multidisciplinary group and the Medical Advisory Committee. Clinical and Non-clinical incidents are recorded by staff members on our effective reporting system, Riskman, as they occur and these are then investigated and the findings and lessons learned fed back to the relevant staff.

At a Corporate Level, BMI Healthcare 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.

CQC Ratings Grid

Overview of ratings						
	Safe	Effective	Caring	Responsive	Well-led	Overall
Surgery	Requires improvement	Requires improvement	Good	Good	Requires improvement	Requires improvement
Outpatients and diagnostic imaging	Good	Not rated	Good	Good	Good	Good
Overall	Requires improvement	Requires improvement	Good	Good	Requires improvement	Requires improvement

Other Areas for Improvement Identified were;

- Clinical equipment checks and servicing are carried out in accordance with the hospitals policy, these are checked regularly during theatre activity and audits and BMI also have contracts in place to ensure maintenance and continuity of service. Over the last year, there has also been investment in brand new equipment and more planned over the coming year.

- All staff consistently adhere to best practice in infection prevention and control (IPC). The IPC lead nurse has taken a proactive role in further training for clinical and non-clinical staff onsite, BMI Winterbourne take infection control very seriously and has an exemplary record with zero incidents of reportable bacterial infections again this year. Our IPC Lead also advises on specific incidents, conducts observational audits (including theatre) and carries out investigations to ensure any lessons learned are identified. They also lead on environmental audits and have introduced an IPC specific committee, which includes representation from pharmacy and an anti-microbial specialist to advise on infection prevention and analyse data from audits and incidents etc.
- Staff complete all mandatory training, including training in patient moving and handling. BMI Winterbourne now has two fully qualified trainers, one who specifically covers Theatre patient handling and one for General handling and Wards, to ensure a comprehensive schedule of training.
- Systems and processes are in place to ensure out of date medicines are identified and replaced; Audits are carried out in clinical departments and pharmacy on a regular basis to ensure this does not occur.
- Theatre and endoscopy staff must have appropriate competencies and supervision in relation to their role. The Theatre manager monitors this and holds a competency file for each member of staff in the department.
- Staff have the opportunity to contribute to yearly appraisals, this has been rolled out hospital wide and Managers are encouraged to use the BMI appraisal system, rather than keep hard copy records.
- Risks are identified, assessed and managed effectively across all areas of the hospital. This has been an area of focus in the last year, the risk management framework has been revised and the Risk register simplified and streamlined to make it more relevant and user friendly at hospital level. Incident reporting has greatly improved from the previous Quality accounts period and is up by nearly 70% for Winterbourne. Data relating to these is regularly reviewed at the hospital committee meetings.
- There are processes in place to effectively monitor the service provision and identify areas for improvement. The monitoring regime has been improved in the last quarter of the year, with many of the audits still in place e.g. VTE, IPC, Theatre audits, etc., again this system has been streamlined and reporting will be centralised in a series of dashboards as per the risk reporting.

Safety



Infection Prevention and Control

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

Between April 2017 to March 2018, the hospital had:

- **Zero** MRSA bacteraemia cases/100,000 bed days
- **Zero** MSSA bacteraemia cases /100,000 bed days
- **Zero** E.coli bacteraemia cases/ 100,000 bed days
- **Zero** 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 – Rate of 0.008 (per 100 procedures)
 - Knees – Rate of 0.008 (per 100 procedures)

A consistent focus is maintained by all staff at BMI The Winterbourne Hospital to ensure the risk of infection to the users of our services is maintained at a very low level. The Infection Prevention Control (IPC) Specialist Nurse and the Link Nurses work diligently to ensure that audits are

completed monthly, the results of which are published and discussed at relevant clinical team meetings with actions for remedial action as necessary.

- Audits include:
- Hand hygiene
 - Aseptic Non-Touch Technique
 - Indwelling Urinary Catheter Care
 - Surgical Site Infection
 - Standard Precautions
 - Patient Equipment
 - Theatre Asepsis

Particular focus has been on all staff following the principle of *bare below the elbows*, this demonstrates the commitment of the clinical staff to ensuring effective infection control practice amongst all nursing staff and Consultants that patients can gain confidence in. The Hand Hygiene audit tool has been made even more comprehensive at the start of 2018 to focus on the detail and to regularly review the condition of staff skin and nails, etc.

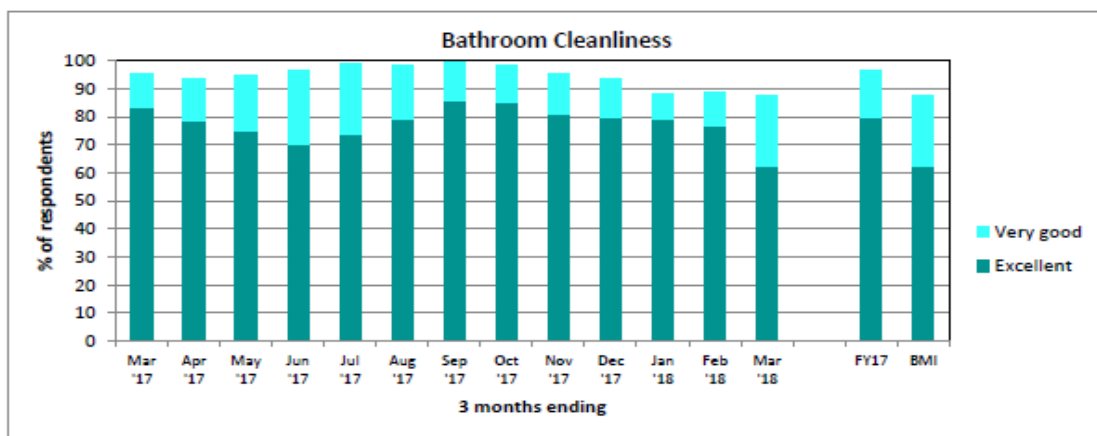
The overall results of these audits is closely monitored and reviewed regularly to determine any areas for improvement and to implement the latest evidence-based practice. All of these measures have helped us to maintain excellent standards in clinical hygiene, which in turn ensures greater safety and a low risk of infection for our patients.

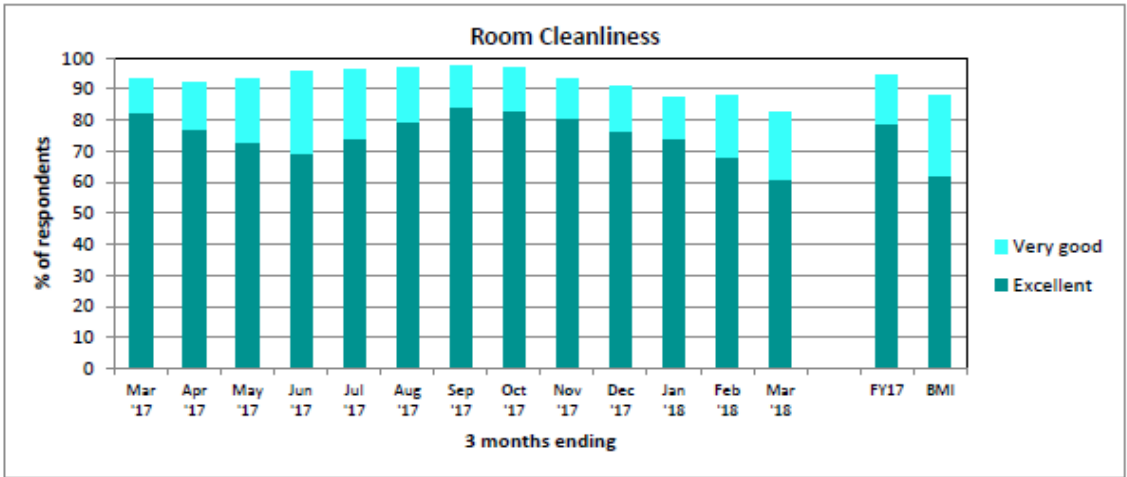
The Consulting rooms, waiting areas and patient rooms are inspected rigorously each day to monitor the standard of cleanliness as is the theatre environment. Audits are reviewed and monitored with actions taken to address any areas of concern with remedial action being taken immediately.

High Impact Intervention Care bundles are used to ensure compliance against key policies in infection control standards. BMI The Winterbourne Hospital regularly audits the following care bundles to support cycles of review and continuous improvement:

- Venous Cannulae – results of which show 100% compliance with all elements in the bundle
- Urinary Catheters – results of which show 100% compliance with all elements in the bundle
- Surgical Site Infection – results show 100% compliance with all elements of the care bundle

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)

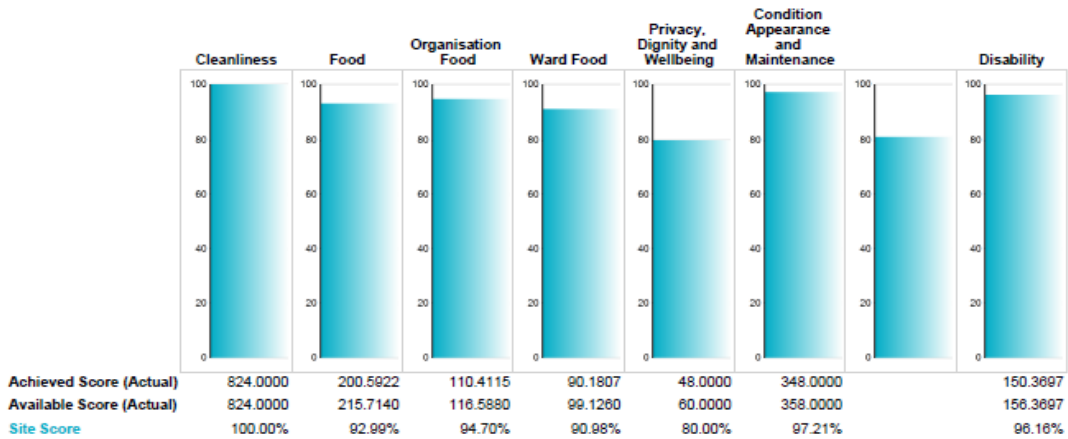
At BMI Healthcare, we believe a patient should be cared for with compassion and dignity in a clean, safe environment. Where standards fall short, they should be able to draw it to the attention of managers and hold the service to account. PLACE assessments will provide motivation for improvement by providing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

BMI WINTERBOURNE HOSPITAL- Collection: 2017



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 have undertaken a targeted training programme for members of staff to ensure understanding and implementation in relation to the Duty of Candour.

All incidents that result in a need to exercise our Duty of Candour are recorded. Each time this is required the staff, including Consultants ensure that the patient has a full explanation of the incident, why it happened and what they are doing to prevent recurrence. This is all logged in the patient notes and a letter of apology is also provided to the patient.

In total there were 2 incidents where Duty of Candour was exercised by staff with the following outcomes:

- Lessons Learnt: staff have a greater understanding of their roles and responsibilities towards maintaining patient safety and to the escalation of concerns process
- The hospital staff dealt with the incidents immediately by ensuring the patient and their family received a full explanation of what went wrong and why and also what measures we put in place to prevent or reduce the risk of recurrence

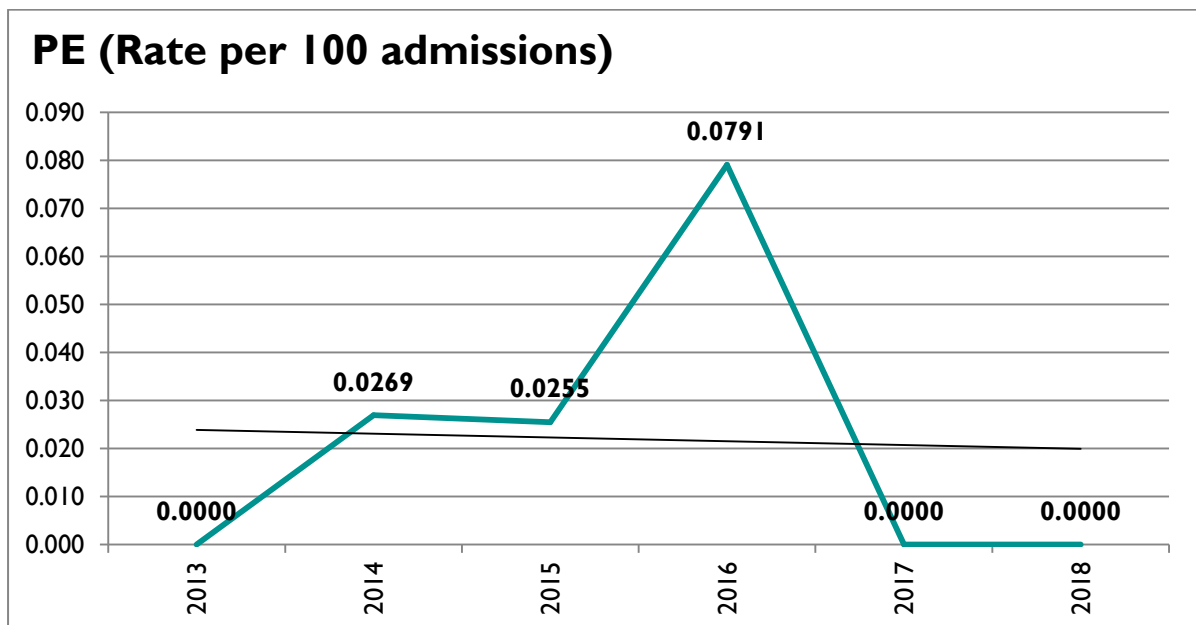
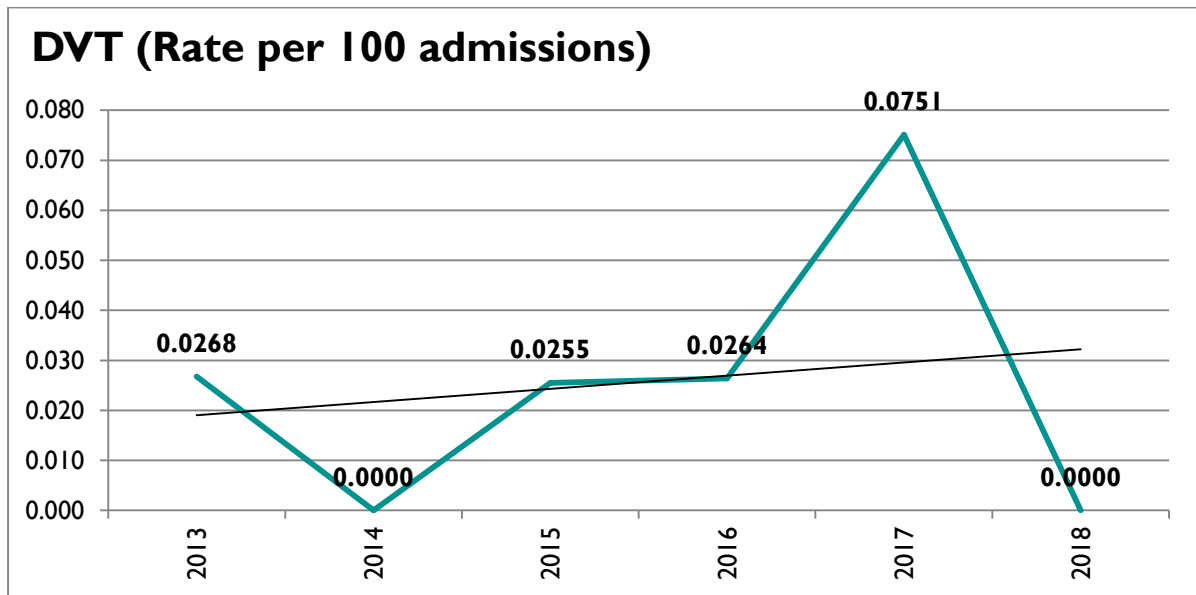
Venous Thrombo-embolism (VTE)

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

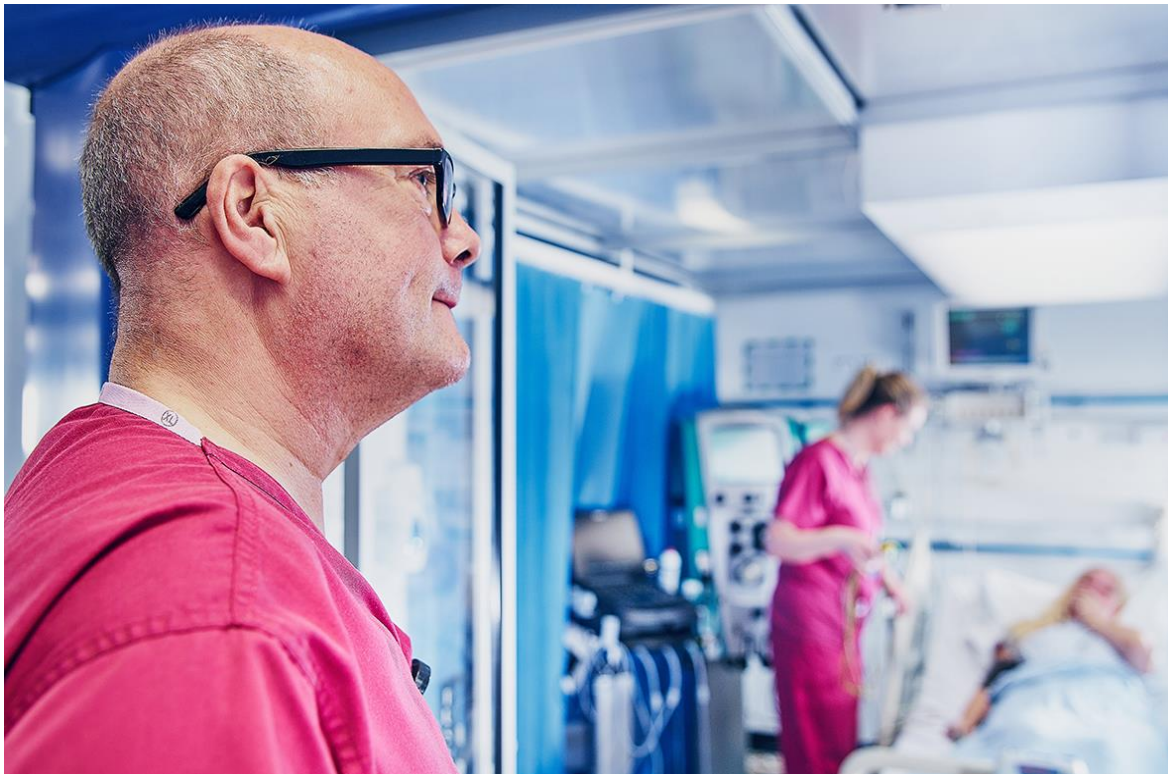
We see this as an important initiative to further assure patient safety and care. We audit our compliance with our requirement to VTE risk assessment every patient who is admitted to our facility and the results of our audit on this has shown;

Winterbourne Hospital	VTE				
	2018	2017	National Average	Highest National Score	Lowest National Score
	100.00%	99.55%	95.77%	100.00%	81.60%

BMI Winterbourne 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.



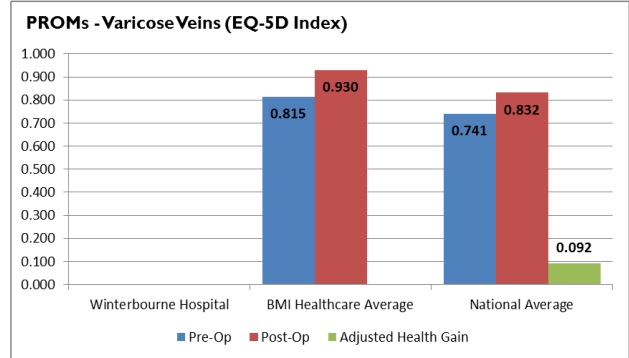
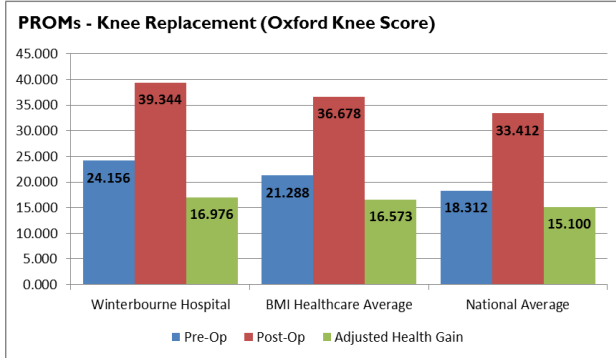
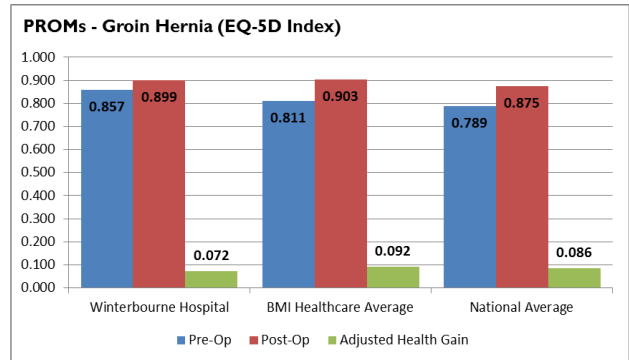
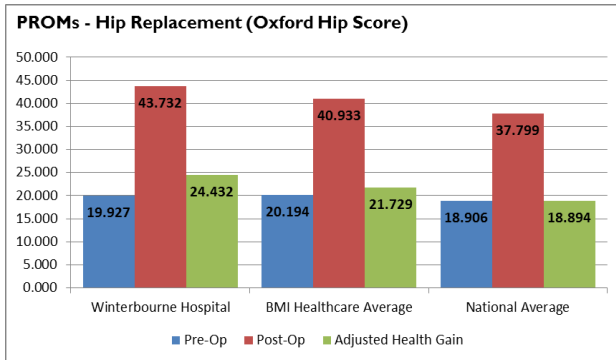
BMI Winterbourne has mirrored the organisation’s exemplar status in it’s execution of VTE prevention and management, and continues to follow best practice, ensuring Pre/On Admission and Post-operative VTE risk assessments, proactive patient management; including the use of pharmaceutical and mechanical prophylaxis where applicable and regular monitoring and audit regimes.



Patient Reported Outcome Measures (PROMS)

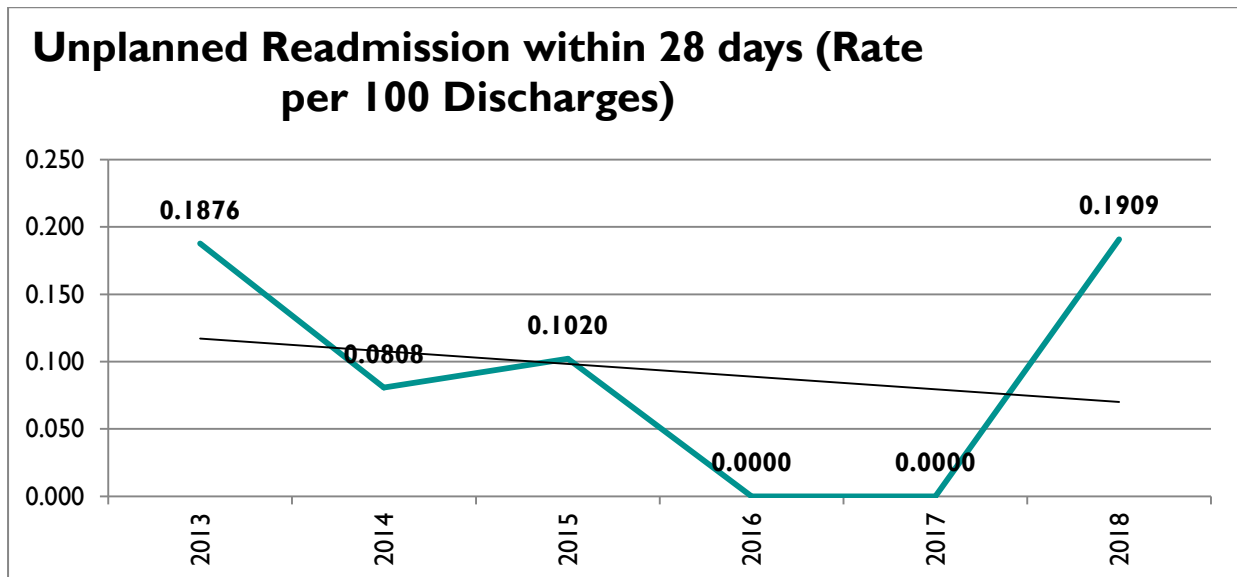
Patient Reported Outcome Measures (PROMs) are a means of collecting information on the effectiveness of care delivered to NHS patients as perceived by the patients themselves. PROMs are a Department of Health led programme.

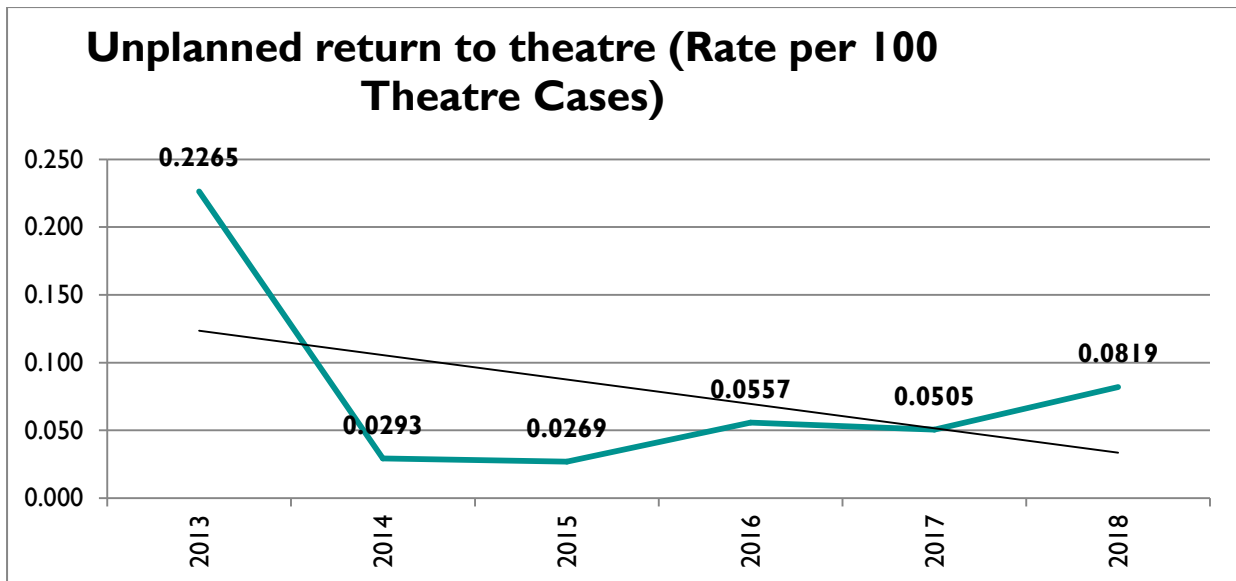
For the current reporting period, the tables below demonstrate that the health gain between Questionnaire 1 (Pre-Operative) and Questionnaire 2 (Post-Operative) for patients undergoing hip replacement and knee replacement at BMI Winterbourne. The graphs demonstrate a favourable performance against national benchmarks overall with positive improvements in patient reported outcome following surgery. These continue to be monitored closely as a means of achieving successful outcomes for our patients undergoing major joint replacement and hernia repair surgery. BMI, The Winterbourne Hospital does not undertake varicose vein surgery for NHS patients.



Unplanned Readmissions & Unplanned Returns to Theatre

Unplanned readmissions and Unplanned Returns to Theatre are normally due to a clinical complication related to the original surgery.





BMI Winterbourne rates for re-admission and return to theatre fall well below the National Averages and have shown a downward trend since reporting started in 2013. BMI The Winterbourne Hospital have invested in additional training and development for both the Pre-operative and Ward teams to focus on safety and quality of care. We have made pre-operative assessment a focus for identifying risk factors for patients early on in their journey and this has been realised in the low number of re-admissions and returns to theatre.

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.

BMI Winterbourne has zero reported deaths.

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.

BMI Healthcare BMI The Winterbourne Hospital- Patient Satisfaction Dashboard March 2018

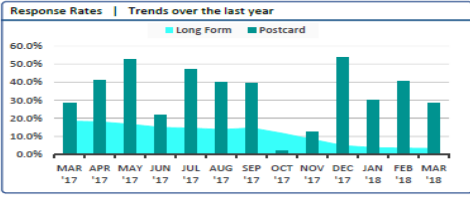
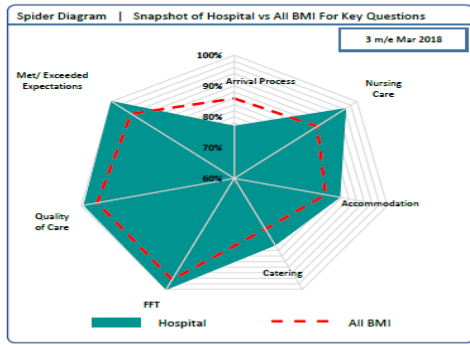
Top Bottom 5 | Most Improved / Deteriorated Scores

Top 5 Most improved Satisfaction Scores from March 2017 to March 2018

Question	Mar 2017	Mar 2018	Increase
How did we compare to your expectations?	93.0%	100.0%	7.0%
Information Pack received from the hospital	94.9%	100.0%	5.1%
Overall impression of nursing care	91.3%	96.3%	5.0%
Did...staff tell you who to contact after you left hospi	95.2%	100.0%	4.8%
Family had opportunity to speak to a doctor	95.5%	100.0%	4.5%

Bottom 5 Most deteriorated Satisfaction Scores from March 2017 to March 2018

Question	Mar 2017	Mar 2018	Decrease
Room Facilities	87.7%	68.2%	-19.5%
Greeting received on arrival at reception desk	92.8%	74.1%	-18.7%
Overall impression of the arrival process	93.2%	76.9%	-16.3%
Bathroom facilities	90.8%	75.0%	-15.8%
Overall impression - Pharmacy	96.4%	81.3%	-15.1%

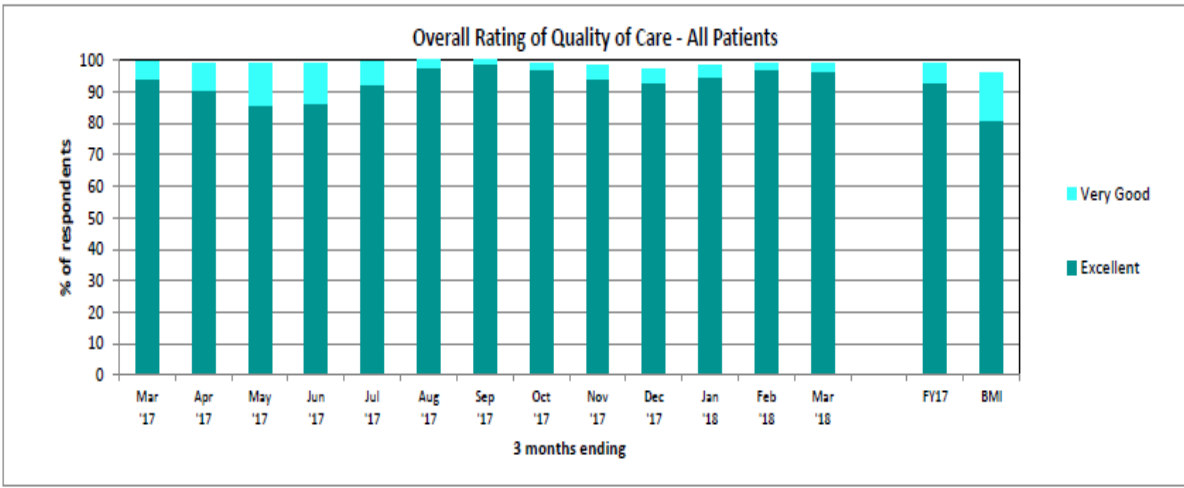
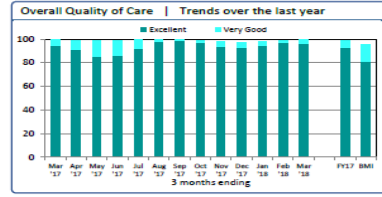


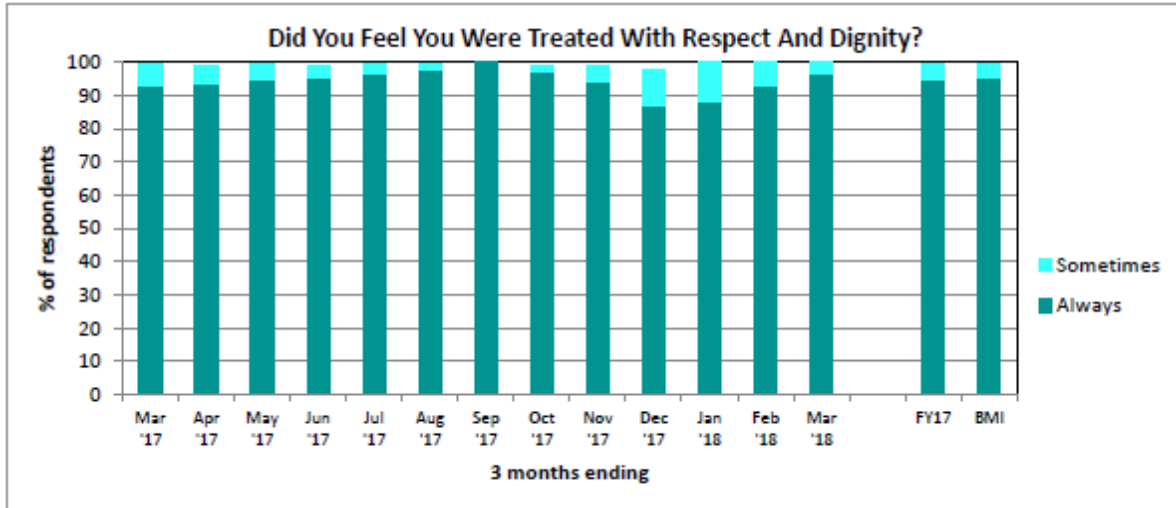
FFT | IP Response Rates & Score

	Response Rate	Would Recommend
IP Longform	3.3%	100%
F&F P'card	28.2%	

Ranking | How your hospital compares

This month: 2 out of 55 hospitals
 Last month: 2 out of 55 hospitals





How Likely are you to recommend our service to friends and family if they needed similar care or treatment?													
FFT Measure	Mar '17	Apr '17	May '17	Jun '17	Jul '17	Aug '17	Sep '17	Oct '17	Nov '17	Dec '17	Jan '18	Feb '18	Mar '18
% Recommend	100	100	100	100	100	100	100	0	100	100	100	100	100
% Not Recommend	0	0	0	0	0	0	0	0	0	0	0	0	0

NOTE: Oct 17 was a change in process and did not have any results to report (in the above chart)

Patient satisfaction has gone from strength to strength for BMI Winterbourne over the last year. Now recording 2nd place overall in the Group and consistently in the Top 3 in the Region. 100% of NHS patients in the Friends and Family survey said they would recommend us. One area identified recently for improvement has been the Greeting and Reception area, we have recently been refurbishing and changing our processes, so now we are focusing on getting that Right First Time and looking at how we can further improve our service.

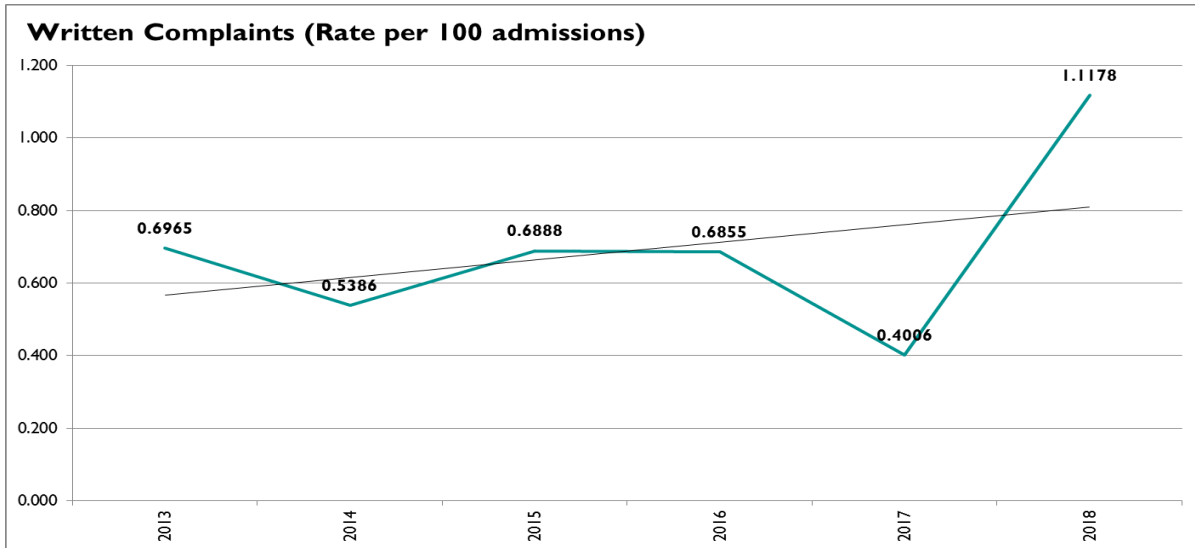
Complaints

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

Stage 1: Hospital resolution

Stage 2: Corporate resolution

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



The number of patient complaints has increased slightly with some pricing and booking related issues. In the last quarter of the year, a Referral Management Centre closed and BMI Hospitals, are in the process of taking over their responsibilities. Winterbourne has had a few processing issues during the transition, but have an action plan in place to improve this, including the recruitment of an additional full time bookings team member. This will continue to be monitored and we are confident those figures will normalise.

Complaints in relation to direct nursing care have greatly reduced year on year and is a reflection of our continued commitment to providing high standards of nursing care that are responsive to individual patient needs and also ensure evidence-based care delivery. The 6-Cs, a national initiative has been firmly embedded in to every day nursing practice. In addition, new Ward and Outpatients management have significantly improved team morale and the effectiveness of the departments and results have been pleasing.

CQUINS

In addition to the national CQUINs, BMI The Winterbourne Hospital were involved in the following:

- WHO Safer Surgery
- Infection Prevention and Control measures including High Impact Care Bundles (Urinary catheter care,)
- The public display of nurse staffing levels for the ward
- Falls assessment
- Pressure ulcer risk assessment
- Nutritional risk assessment
- Dementia Screening
- Smoking cessation information provision
- Weight loss information

All of the CQUINs are designed to maximize the standard of care delivered and reduce the risk of hospital or healthcare acquired harm.

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)

BMI Winterbourne has had zero safeguarding issues, however, all staff have completed additional training levels in both Adults and Children and Clinical staff have had specific FGM training.

National Clinical Audits

Provider Joint registry data shows the Quality of reporting has significantly improved for Winterbourne in the last year;

Winterbourne	2017	Year to date: 2018
Total completed ops	517	135
Hip procedures	299	69
Knee procedures	198	60
Ankle procedures	0	0
Elbow procedures	1	0
Shoulder procedures	19	6
NJR consent rate	81%	100%

As of April 2017, NJR consent rate has been 100% month on month and timeliness of reporting is significantly better than the National Average.

BMI Winterbourne also follows the National Clinical audits as required in the BMI Framework;

Audits include the following;

Clinical	
WHO Observational	Monthly
Theatres	Bi monthly
IPC	Bi monthly
IPC Observational	Bi monthly
VTE	Quarterly
Controlled Drugs	Quarterly
Medicines Management	Quarterly
Deteriorating Patient (NEWS)	Quarterly
Health Documentation	Quarterly
MAIN Superior Patient Care	6 monthly
Pathology	6 monthly
Physiotherapy	6 monthly
Imaging	6 monthly

Results of audits in the reporting period have been excellent with no major concerns, percentage compliance scores improved throughout 2017 and continue to be high in 2018, broadly achieving 100% or close to this at all times.

Priorities for Service Development and Improvement

People – Recruitment and retention of staff is a priority and the national shortage of some clinical staff is of concern. Plans are in place to continue to attract the right staff by ensuring that the benefits and salary package include development for all staff. Staff in all areas is now at the required level with the exception of Ward areas. Further work is underway to address this and fill the remaining posts. Open days and use of social media has assisting recruitment so far this year.

Governance – A clear framework for Governance is in place led nationally by BMI Healthcare. Locally all Heads of Department are engaged in Governance via the committee structure and issues and learnings are cascading through all staff groups via this mechanism. The Quality & Risk Manager assists Heads of Department in keeping up to date and focused with all aspects of Governance and audit.

Maximising Efficiency – Further development of an ambulatory care pathway this year will ensure that most day cases travel through the hospital via this route. This will have benefits for patients by ensuring a shorter stay in hospital and also improve the efficiency and use of staffing and facility resources.

Business Growth – Focus areas are orthopaedic surgery, General surgery, Urology, including the provision of prostate mapping and prostate MRI service and minimal access vein procedures in OPD. A case will be put forward to seek funding to install a static MRI on site to service significant local demand for this service. The service is currently provided on a mobile unit visiting 2 days per week.

Safety Thermometer

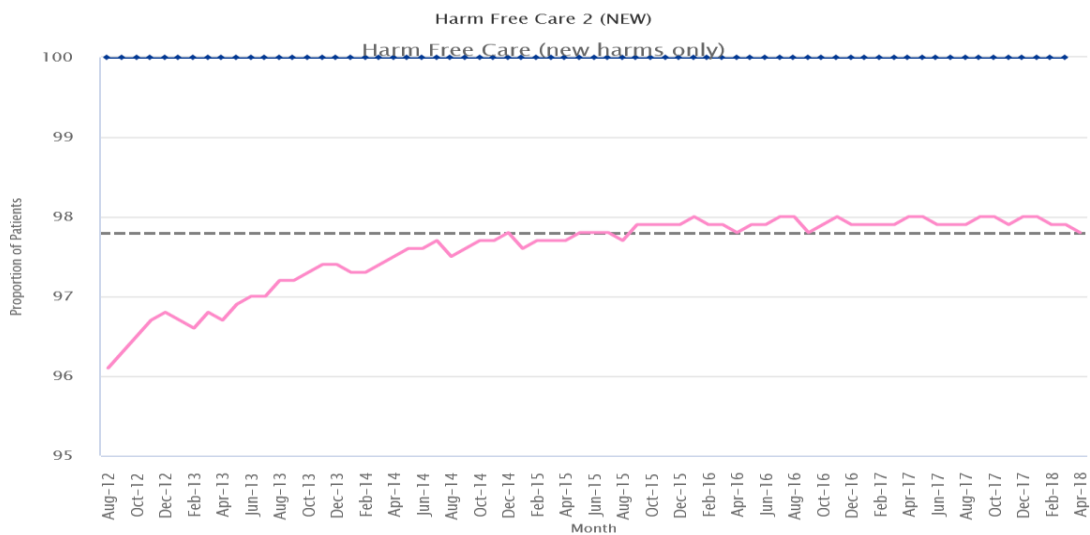
BMI Healthcare is fully compliant and supportive of the reporting guidelines in relation to the NHS Safety Thermometer. This is part of BMI Healthcare hospitals’ engagement with local Clinical Commissioning Groups nationwide. The measures reported on a monthly basis relate to the following;

VTE Risk Assessment & Treatment

Catheter related Urinary Tract Infection

Falls

Pressure Ulcers by Category



This graph from the Safety Thermometer website shows the excellent overall ‘Harm Free’ performance from BMI Winterbourne in Blue against the National Averages in Pink.

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



Winterbourne Hospital	Staff Recommendations			
2018	2017	National Average	Highest National Score	Lowest National Score
87.00%	88.00%	73.18%	89.98%	50.44%

BMI The Winterbourne Hospital has made considerable improvements on staff recommendation over the past couple of years, indicated by the scores well above National Average. Focussed attention on recruitment and retention has been achieved with new staff members joining the clinical teams. There has been significant achievement in personal professional development that has assisted staff to feel valued and make BMI, The Winterbourne Hospital a good environment in which to consolidate and develop their careers.

Quality Indicators

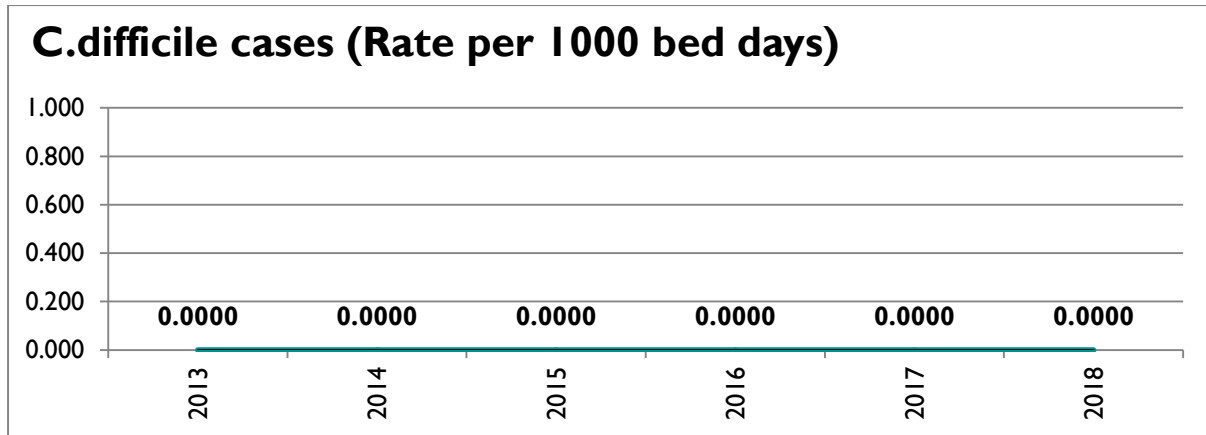
The below information provides an overview of the various Quality Indicators which form part of the annual Quality Accounts. Where relevant, information has been provided to explain any potential differences between the collection methods of BMI Healthcare and the NHS.

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.

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



BMI Winterbourne has zero cases to report.

Hospitals responsiveness to the personal needs of its patients

Winterbourne Hospital	Responsiveness			
2018	2017	National Average	Highest National Score	Lowest National Score
94.27%	94.02%	69.22%	78.00%	60.10%

BMI Winterbourne scores on responsiveness continue to be way above the National Averages.

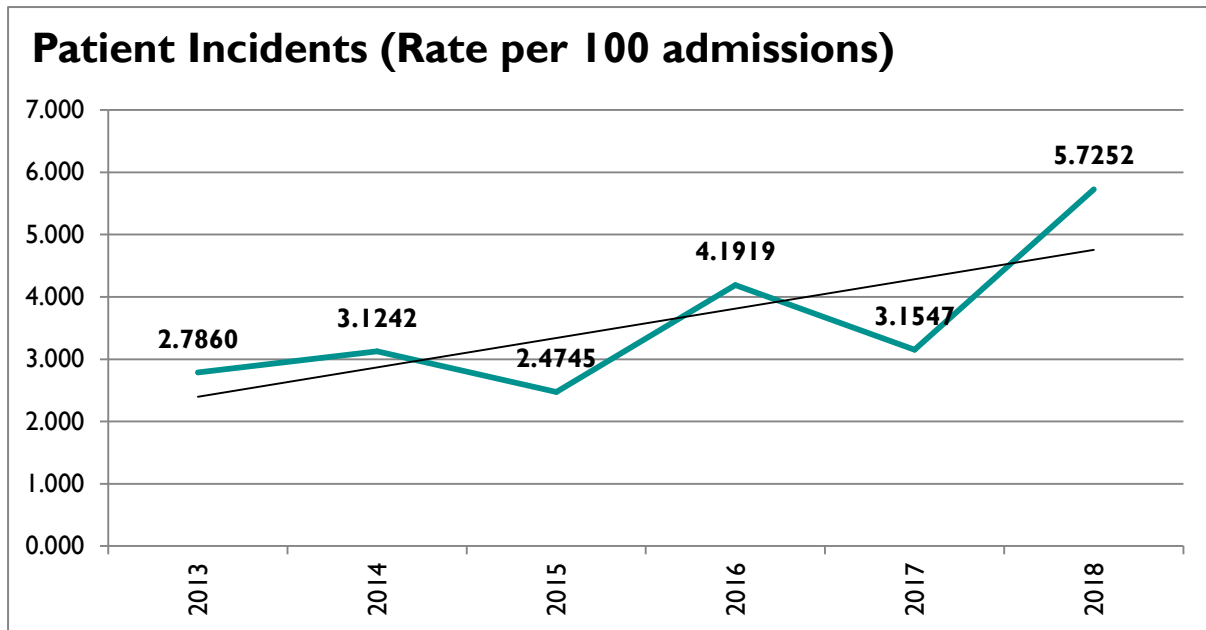
BMI The Winterbourne Hospital considers that this data is as described for the following reasons due to a continuing focus on improving the patient experience. BMI The Winterbourne Hospital within the BMI Group ranking has remained within the Top 3 for the provision of quality care in the last 6 months . Continued focus will assist all staff to deliver care that meets or exceeds the patients expectations and the feedback will provide staff with clear areas for achieving success.

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

Winterbourne Hospital	VTE			
2018	2017	National Average	Highest National Score	Lowest National Score
100.00%	99.55%	95.77%	100.00%	81.60%

BMI, The Winterbourne Hospital considers that this is due to the focus of attention within the pre-assessment department to ensure that all patients receive information and are risk assessed. The ward staff are committed to maintaining this quality and safety standard by ensuring that risk assessments are reviewed as required by policy or when the patient condition changes. All clinical staff undergo training in VTE to ensure their knowledge and competence in this field is up to date. We work closely with our Consultant and NHS colleagues to ensure clear reporting of all VTE events

Patient Safety Incidents



BMI Winterbourne Hospital considers that this is due to the dedicated and ongoing commitment to providing a safe environment for patients. We consider this data to be very encouraging as it demonstrates that the change in culture within the hospital reflects an improved reporting of incidents which are then investigated thoroughly. The results of the investigations are fed back to staff who are then able to gain a greater understanding and provide quality data to support ongoing improvement and attention to detail in relation to patient safety.

We will continue to maintain focus on this extremely important aspect of care that aims to reduce any and all risks to patients during their inpatient stay at BMI, The Winterbourne Hospital and our intention to provide a safe, effective and caring environment for patients.

In addition, BMI Winterbourne has shown a positive trend of reporting of patient related incidents across multiple areas as staff are encouraged to report anything in which there has been a patient related incident or accident or simply when a process has failed to be executed as it should e.g. equipment failure or medication unavailable, etc. Winterbourne actively promotes a culture of lessons to be learned and not seeking to apportion blame. Each incident is investigated, the level of investigation depends on the type of incident and if necessary, full RCAs are completed with cross departmental involvement to ensure root causes are identified and corrective and preventive actions identified.

Patient Recommendation Results

Winterbourne Hospital	Patient Recommendations			
2018	2017	National Average	Highest National Score	Lowest National Score
99.68%	99.67%	97.07%	100.00%	75.61%

The BMI Winterbourne considers that this that this performance is due to the commitment and dedication of all staff across clinical and non-clinical areas to provide the highest possible standard of care to patients.

We are extremely proud that we have maintained our excellent record in relation to patient recommendation during this past year. The focus of attention is to continue to maintain the standards to meet or exceed our patients' expectations.

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