



Three Shires
Hospital

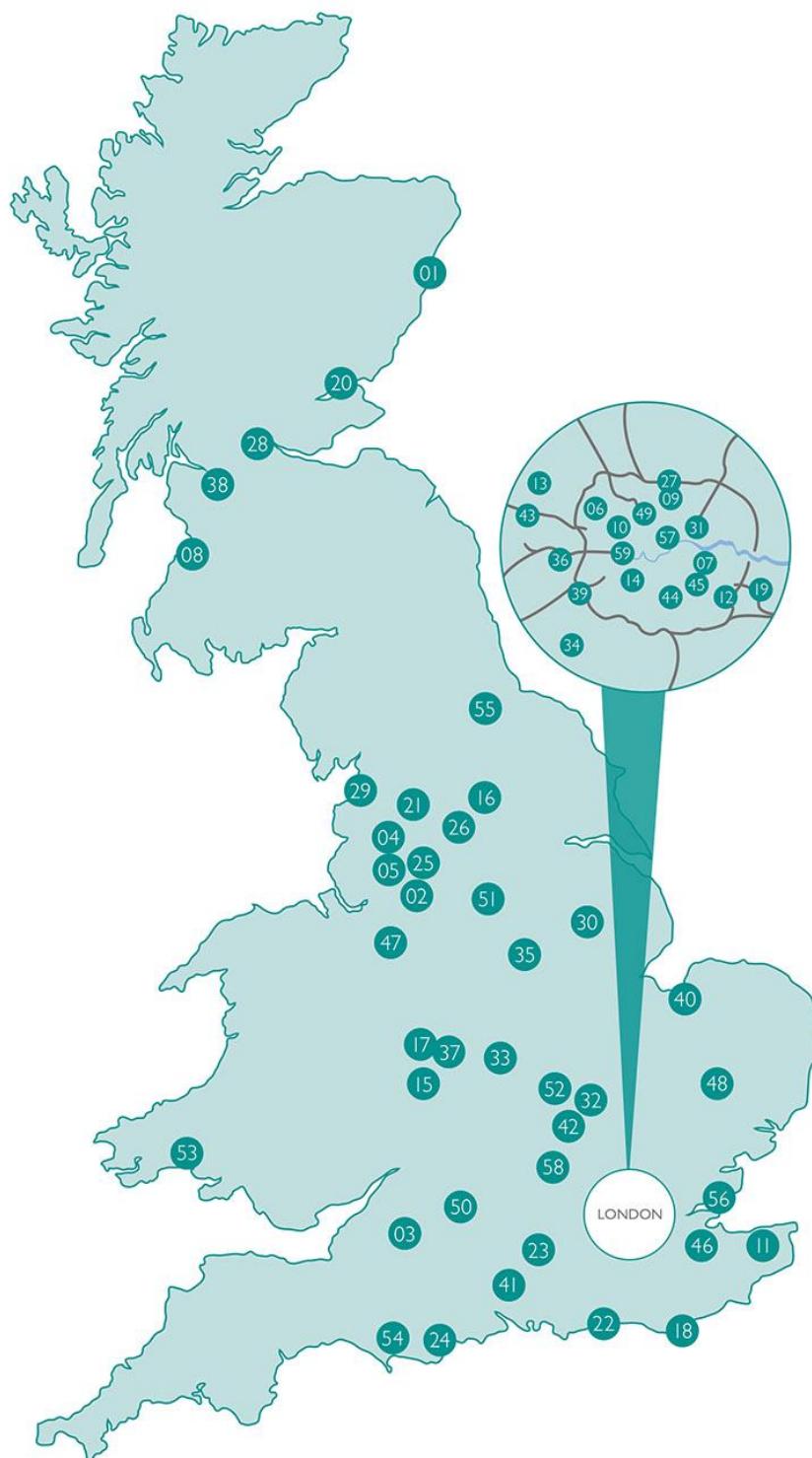
QUALITY ACCOUNTS 2018

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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



Built in the 1980s, Three Shires Hospital is under a management contract with BMI Healthcare appointed by the Joint Venture Company owned by St Andrew's Healthcare and BMI Healthcare. The Hospital performance is reviewed every month by Three Shires Hospital Ltd Board, attended by directors of both organisations.

Whilst the hospital is managed within the framework of any other BMI Healthcare facility the additional governance structure does ensure that the focus is maintained on short, medium and long term objectives supported by rigorous capital investment planning of both sustaining and investment capital and quality.

BMI Three Shires Hospital is a two storey building, in parkland, on the outskirts of Northampton. It is approximately half a mile from our local district general hospital from which the consultant population attends.

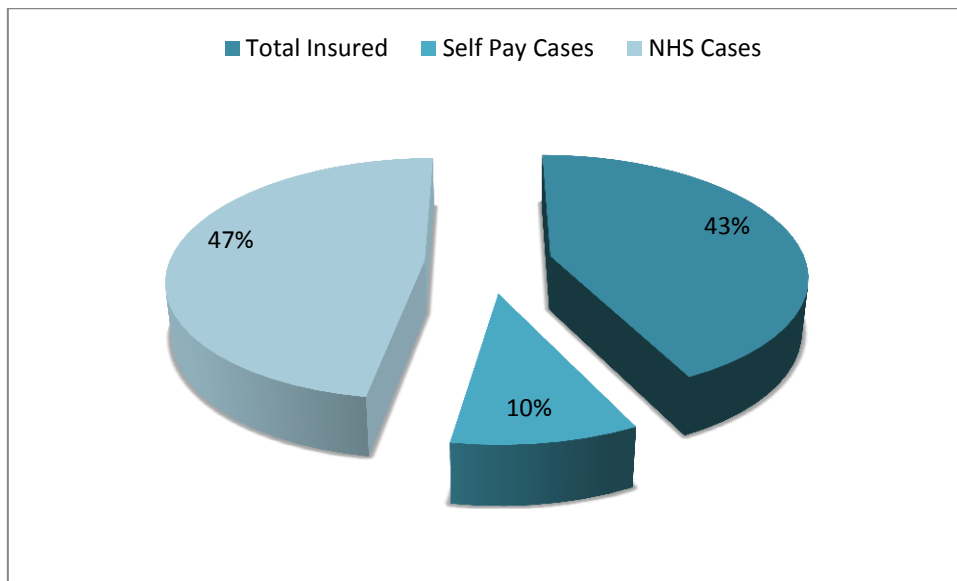
The hospital employs approximately 250 staff, we are very well supported by a local 'bank' of staff and as a leadership team the development of an inclusive culture is paramount to our business success and sustainability. Over the last four and a half years we have spent considerable time developing a customer service program for all our staff focusing on patient centered care at the heart of what we do. This has had a material impact in driving our patient satisfaction performance and improving the care journey of those we care for.

ACCREDITATION –

- 1 Joint Advisory Group on Gastro-intestinal (GI) Endoscopy (JAG) Accredited Endoscopy Suite
 - 4 Macmillan Quality Environment Mark approved (MQEM) Pods in the Chemotherapy Suite
- BMI Three Shires hospital has 3 Theatres together with an Endoscopy suite, Minor operations theatre, Imaging department, Physiotherapy, Pharmacy, Oncology Service, Health Screening, GP Extra Service and an Outpatients department with 12 consulting rooms. The hospital is supported by caring and professional staff, with dedicated nursing teams and Resident Medical Officers on duty 24 hours a day, providing care within a responsive and comfortable environment.

As well as a private patient and medically insured service we also offer an NHS Choose & Book referral programme, which patients may access via their General Practitioner. This enables them to receive consultation and surgery at BMI Three Shires Hospital through a contract with Nene and Corby Clinical Commissioning Group (CCG) and Circle Musculoskeletal services (MSK). Approximately 50.14% of our current work load is NHS.

FIGURE 1: Pie Chart showing the Payor split from April 2017-March 2018, or the financial year (FY) 2017/18, Data correct as of 23/05/2018.



In the event a patient’s condition urgently requires specialist care that BMI Three Shires Hospital cannot provide there is an Service Level Agreement (SLA) in place with Northampton General Hospital to transfer the patient via paramedic ambulance into their care.

Patient facilities are across two levels and briefly comprise of:

- Ward area – 46 beds in single rooms with en-suite facilities.

- Pediatric area comprising of 4 patient bedrooms and 1 consulting room.
- Ambulatory care unit comprising of 5 ambulatory care bays.
- 3 operating theatres – two with Laminar flow air controls.
- Endoscopy Suite and Minor ops Theatre.
- Pharmacy unit providing a service for inpatients and outpatients.
- Imaging Service- Consisting of:
 - General Radiography-including all Plain Film, Leg length Measurements, Full Spine Imaging, Intravascular Ultrasound (IVU's) & Colon Transit Studies.
 - Fluoroscopy-including GI tract Imaging & Arthrograms.
 - MRI-including Magnetic resonance cholangiopancreatography (MRCP), Magnetic resonance Arthrography, Magnetic resonance Head & Neck Angiography.
 - Ultrasound-including Abdomen, Pelvis, Thyroid, Testes, Soft Tissue & Vascular, and Musculoskeletal Ultrasound.
 - Interventional MSK Ultrasound-including Aspiration, Dry Needling & Therapeutic Injections.
- Physiotherapy department comprises both individual treatment rooms, hand therapy services and a fully resourced gym facility.

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 Three Shires Hospital is registered as a location with the CQC 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 inspection visit of BMI Three Shires Hospital LTD. on 17, 18 June and 13 July 2015 and an unannounced inspection on 27 June 2015. During this inspection four core services (Surgery, Outpatients, Care of Young Person and Termination of Pregnancy) were inspected against the key five line of enquiry which are:

SAFE
 CARING
 RESPONSIVE
 EFFECTIVE
 WELL-LED

Termination of pregnancy was inspected but not rated by the CQC.

CQC Ratings Grid

FIGURE 2: The CQC rating grid as published on the 3rd December 2015 and released the following statement of compliance:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Surgery	Good	Good	Good	Good	Requires improvement	Good
Services for children and young people	Requires improvement	Requires improvement	Not rated	Requires improvement	Inadequate	Inadequate
Outpatients and diagnostic imaging	Requires improvement	Not rated	Good	Good	Requires improvement	Requires improvement
Termination of pregnancy	Not rated	Not rated	Not rated	Not rated	Not rated	Not rated
Overall trust	Requires improvement	Requires improvement	Good	Good	Inadequate	Requires improvement

****NB:** BMI Three Shires Hospital ceased providing termination of pregnancy services in October 2016.

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

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

There has been ongoing focus on robust reporting of all incidents, near misses and outcomes. Data quality has been improved by ongoing training and database improvements. New reporting modules have increased the speed at which reports are available and the range of fields for analysis. This ensures the availability of information for effective clinical governance with implementation of appropriate actions to prevent recurrences in order to improve quality and safety for patients, visitors and staff.

At present we provide full, standardised information to the NHS, including coding of procedures, diagnoses and co-morbidities and Patient Reported Outcome Measures (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 (IPC) continues under the leadership of the Group Head of Infection Prevention and Control, in liaison with the Infection Prevention and Control Lead nurse in BMI Three Shires 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.

FIGURE 3: Hospital attributable Infection rate FY 2017/18

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

Surgical Site Infection (SSI) rates are also submitted to Public health England for all Orthopaedics surgical procedures.

FIGURE 4: SSI rates FY 2017/18

Measure	Rate (per 100 procedures)
Hips	0.00000
Knees	0.00000

BMI Three Shires Hospital is proud that it has had no incidence of Healthcare acquired infections (HCAI's) in the last 12 months. This has been achieved through a robust uptake of IPC best practice across the Hospital and as evidenced in the IPC and Hand hygiene audit programme,

The IPC audits completed by BMI Three Shires over the last year as follows:

- World Health Organisation (WHO) Hand Hygiene Assessment
- Hospital Site self-assessment & associated action plan
- Theatre Asepsis- Standard Precautions
- Operating Theatre Asepsis PIT
- Central Venous Catheter- Theatre
- Catheter Care Bundle Audit- Theatre
- Peripheral IV Cannula Care Bundle- Theatre
- SSI Intra-operative- Theatre
- Theatre Hand Hygiene PIT
- Mattress and Pillow Audit- Outpatients
- Mattress and Pillow Audit- Ward
- Daniels Healthcare Sharps Audit

Over the year there has been focused activity on the WHO 5 moments of Hand Hygiene, aseptic non touch technique (ANTT) and other infection prevention activities.

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

FIGURE 5: Patient quotes from Patient satisfaction survey FY 2017/18



The Patient satisfaction Survey for the FY 2017/18 shows that an average of 80% of those patient surveyed felt that the 'Bathroom cleanliness' rated as either very good or excellent. And an average of 80 % rated the 'Room cleanliness' as either very good or excellent

FIGURE 6: 'Bathroom Cleanliness' scores for the FY 2017/18

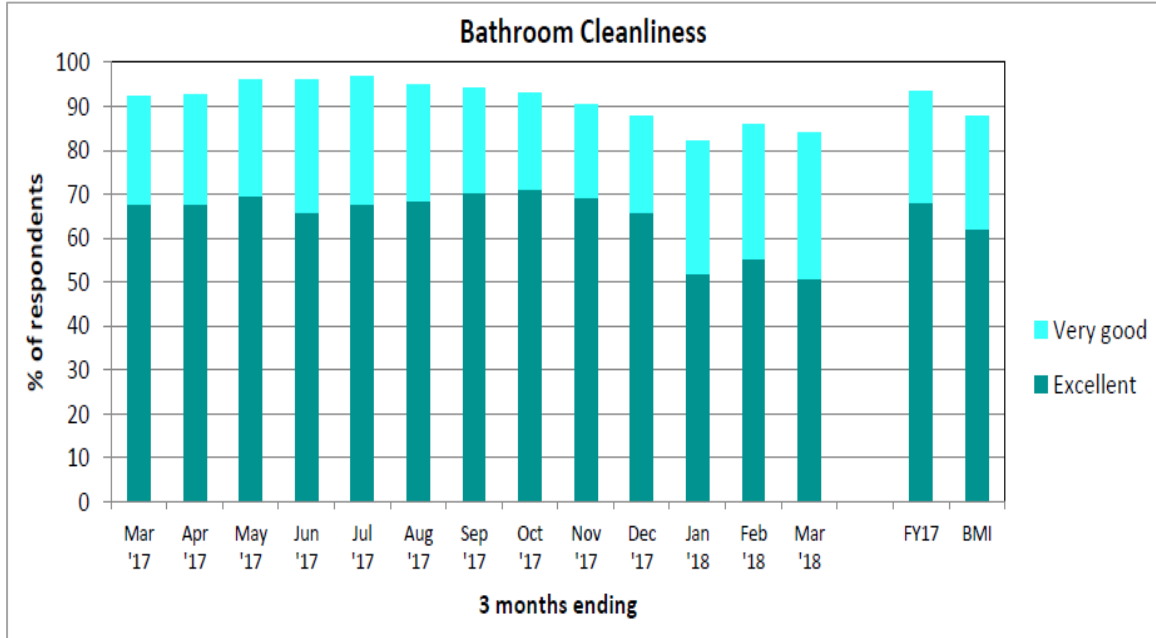
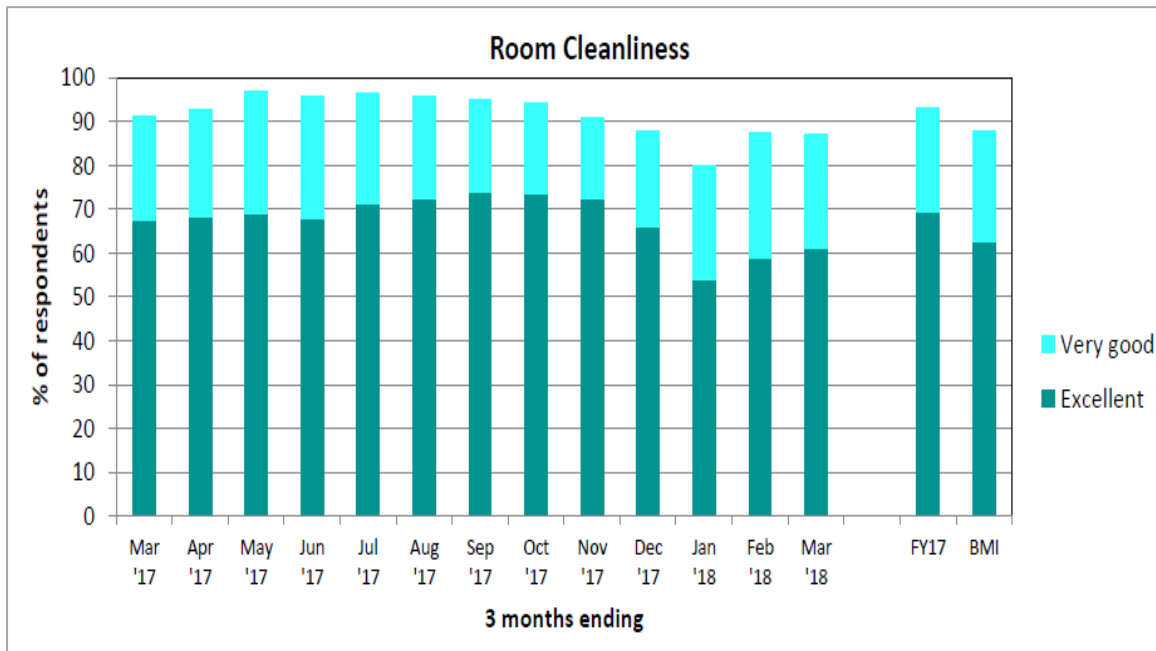


FIGURE 7: 'Room Cleanliness' scores for the FY 2017/18



Patient Led Assessment of the Care Environment (PLACE)

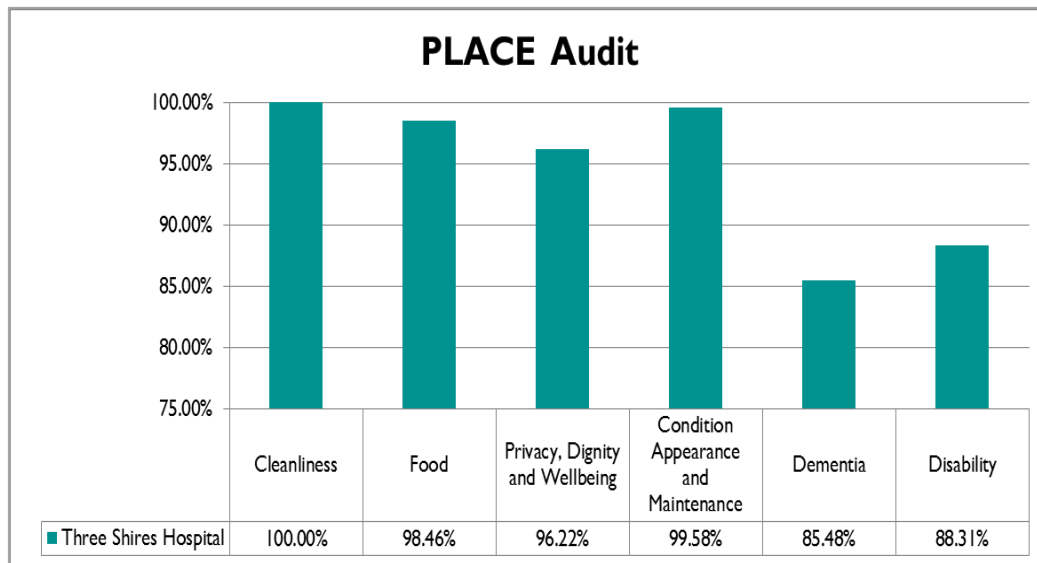
At BMI Healthcare, we believe a patient should be cared for with compassion and dignity in a clean, safe environment. Where standards fall short, they should be able to draw it to the attention of managers and hold the service to account. PLACE assessments will provide motivation for improvement by providing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

FIGURE 8: The PLACE Audits % scores – All Areas.



BMI Three Shires Hospital PLACE scores have improved year on year. The newly decorated rooms and planned program of refurbishment have shown an increase in the results as has the improved patient menus and patient food choices. There are further plans to engage with external teams to support and train staff in Dementia and Disability initiatives.

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.

FIGURE 9: *Duty of Candour applicable incidents FY 2017/18.*

Duty of Candour Incidents
3

The Duty of Candour was triggered in three Incidents in 2017/18. These incidents related to surgical complications resulting in a return to theatre, an unplanned transfer to another Hospital and the unexpected death of patient.

In all case the initial Duty of Candour was completed on the same day as the incidents. Key contacts were given and follow up action discussed. There were no trends in the three incident and no outstanding actions.

BMI Three Shires in committed to:

- Ensuring there is a culture of open and honest conduct.
- Making sure that the process for Being Open is cascaded to all employees.
- That the principles of Being Open are applied to incidents and complaints at a local level consistently.
- Identifying leads for investigations, ensuring that designated individual has not been involved in the incident.

- Ensuring the Duty of Candour is followed as soon as reasonably practicable after the incident requiring disclosure.
- Working with Local Partners to ensure a systematic approach to all patient within the Local Health Economy

Venous Thrombo-embolism (VTE)

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

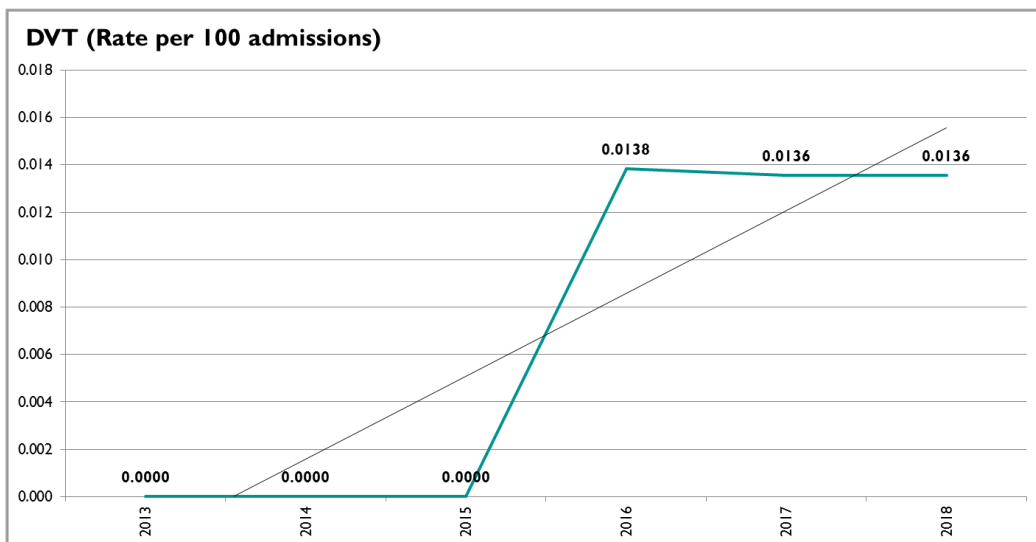
We see this as an important initiative to further assure patient safety and care. We audit our compliance with our requirement to VTE risk assessment every patient who is admitted to our facility and the results of our audit on this has shown

FIGURE 10: VTE risk assessment comparisons FY 2017/18

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

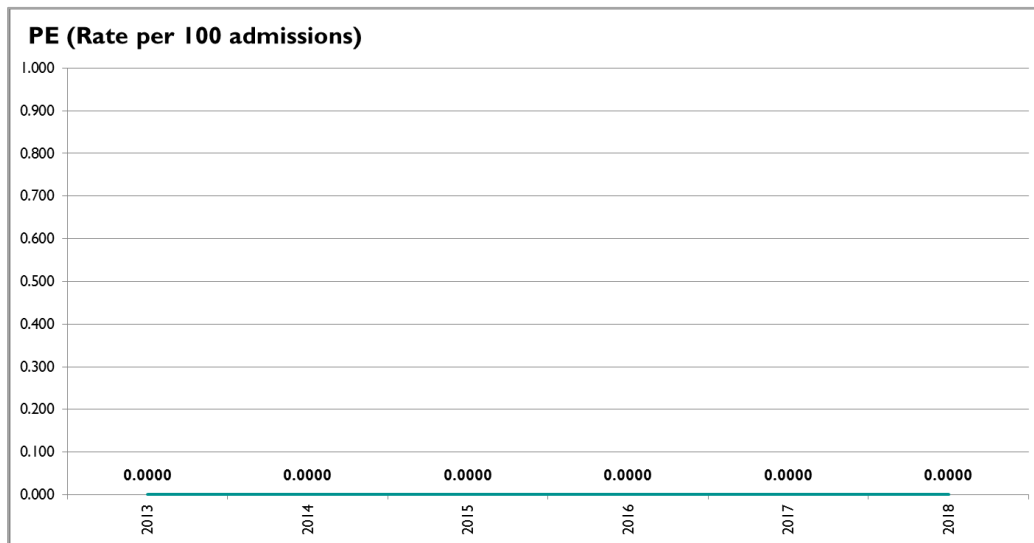
BMI Three Shires Hospital reports the incidence of Venous Thromboembolism (VTE) through the corporate clinical incident system. It is acknowledged that the challenge is receiving information for patients who may return to their GPs or other hospitals for diagnosis and/or treatment of VTE post discharge 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. .

FIGURE 11: Line chart showing rate of Deep vein thrombosis (DVT's) per 100 admissions, year on year for last five years

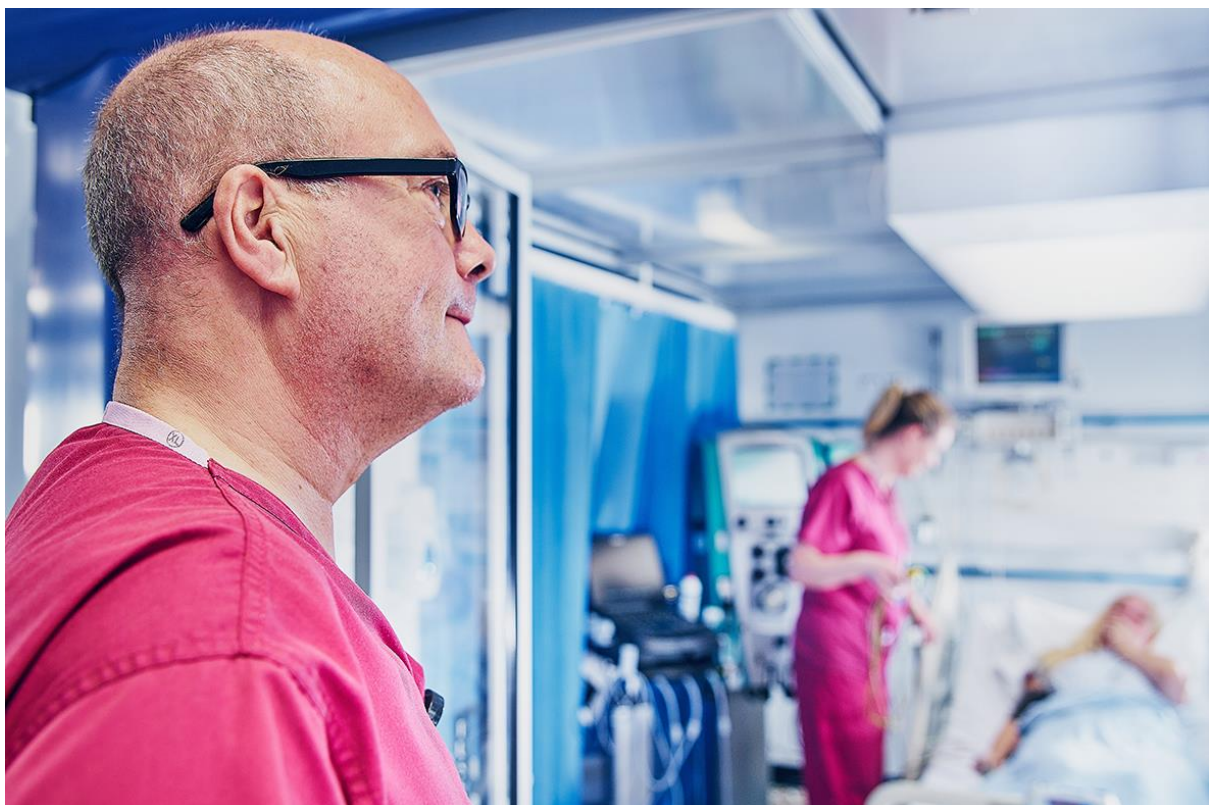


Although there has been an increase in the rate of occurrence of DVT's, this increase is negligible from 0 occurrences for every 100 admissions to 0.0136 occurrences for every 100 admissions.

FIGURE 12: Line chart showing rate of pulmonary embolisms (PE) per 100 admissions, year on year for last five years



This rate has remained constant since 2013 at 0.0 occurrences for every 100 admissions



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.

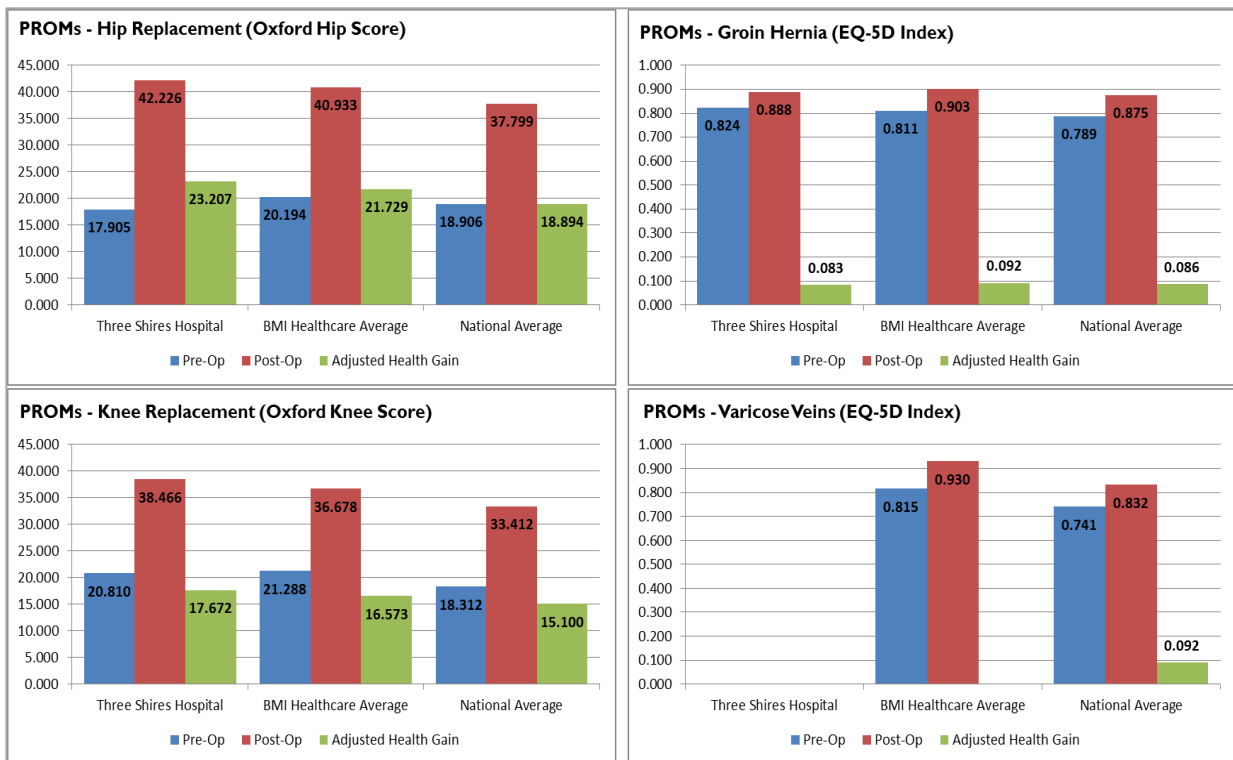
For the current reporting period, the tables below demonstrate that the health gain between Questionnaire 1 (Pre-Operative) and Questionnaire 2 (Post-Operative) for patients undergoing hip replacement and knee replacement at BMI Three Shires Hospital.

BMI Three Shires Hospital Exceed the National average in all areas of the Oxford Hip and Knee scores, exceed the BMI average for the Post op and Adjustable Health Gain measures for both joint replacements, but is under performing in the pre op scoring for both joint replacements.

BMI Three Shires Hospital Exceed the National average in Groin hernia scores, exceed the BMI average for the Pre op and Adjustable Health Gain measures for both, but is under performing in the post op scoring

BMI Three Shires Hospital doesn't measure itself against the EQ-SD index for varicose veins.

FIGURE 13: Latest PROMs data available from HSCIC (Period: April 2016 – March 2017)



Unplanned Readmissions & Unplanned Returns to Theatre

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

BMI Three Shires is pleased that it's continued work to reduce unplanned admission and returns to theatre shows in the steady decrease demonstrated in the graphs below. Each patient episode which results in either of these outcomes is investigated fully at BMI Three Shires and actions are assigned to further reduce the occurrences of these incidents.

FIGURE 14: Line chart showing rate of unplanned re-admissions, within 28 days of discharge. Per 100 Discharges, year on year for last five years

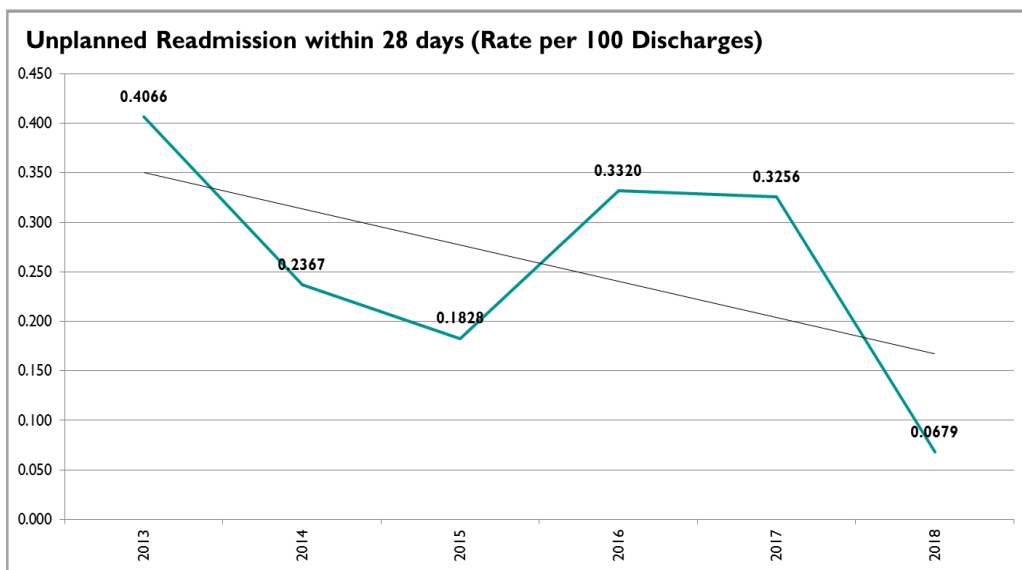


FIGURE 15: Line chart showing rate of unplanned returns to theatre, per 100 theatre cases, year on year for last five years

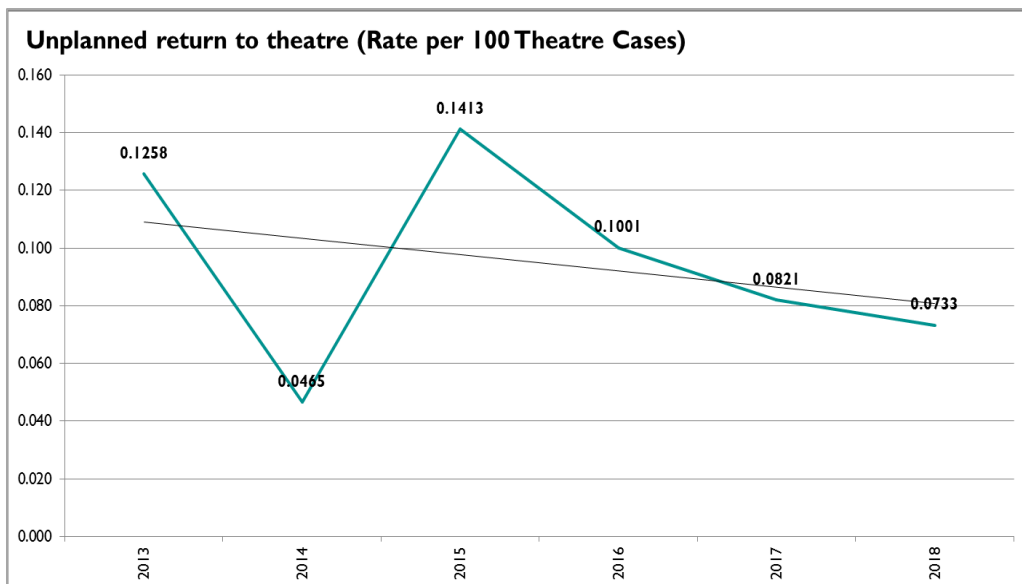
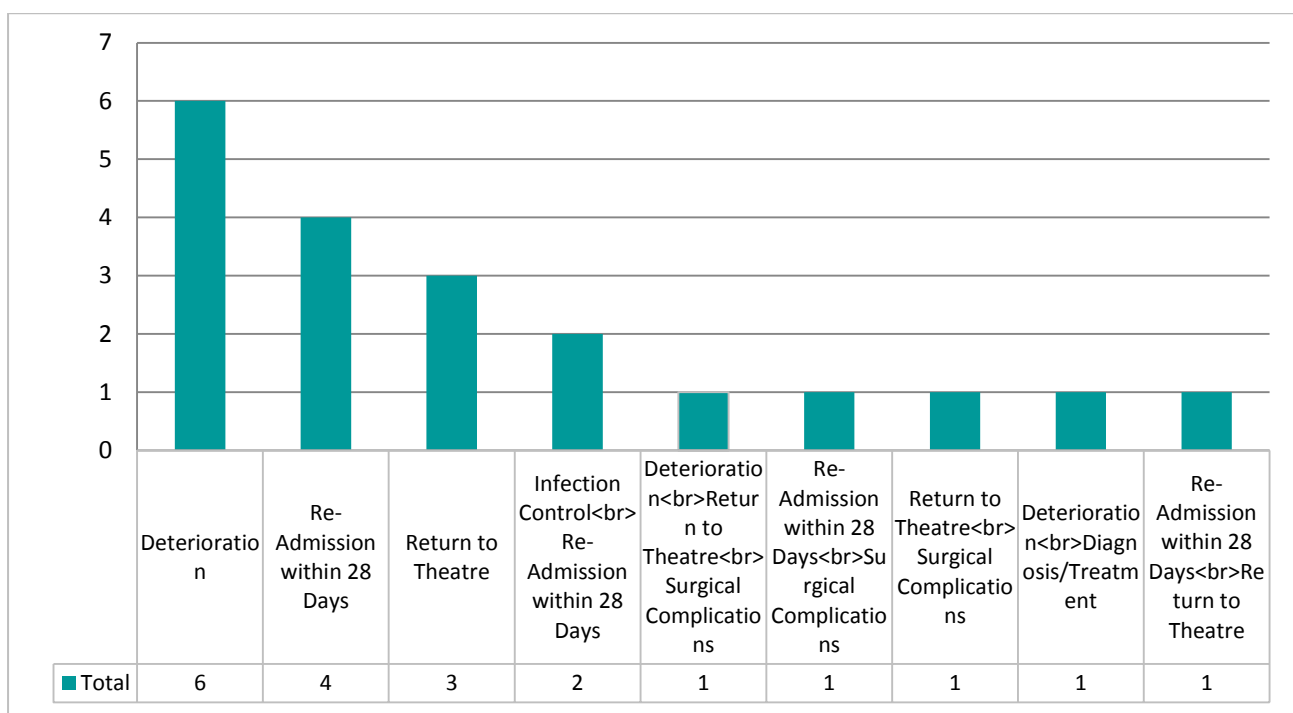


FIGURE 16: Breakdown of incident over the FY 2017/18



Learnings from Deaths

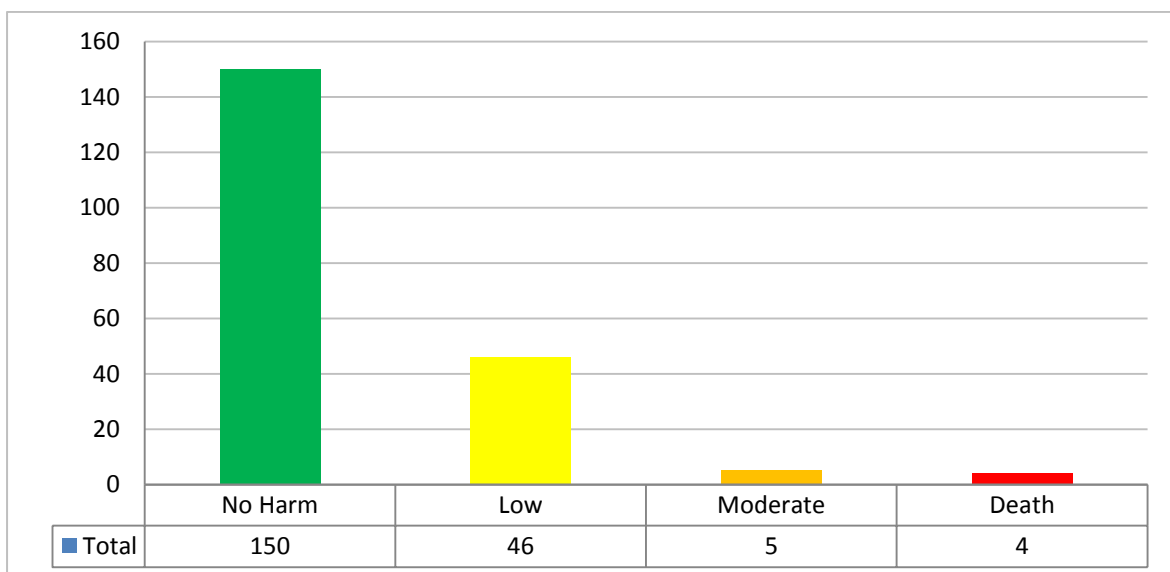
Preservation of life and avoidance of unnecessary death is an essential objective for healthcare providers; BMI Healthcare recognises this and is committed to ensuring that its hospitals and the organisation as a whole learn from the death of any patient whilst under our care. Sharing these lessons learnt 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 finding are then shared to all hospitals through the National monthly Clinical Governance Bulletin, to ensure lessons are learnt across the company.

FIGURE 17: Bar Chart showing numbers of Deaths as compared to all other incident in FY 2017/18



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.

FIGURE 18: Bar chart showing percentage of response to the Patient Satisfaction survey which rated the ‘Overall Quality of Care’ as ‘Excellent’ or ‘Very good’ in FY 17/18

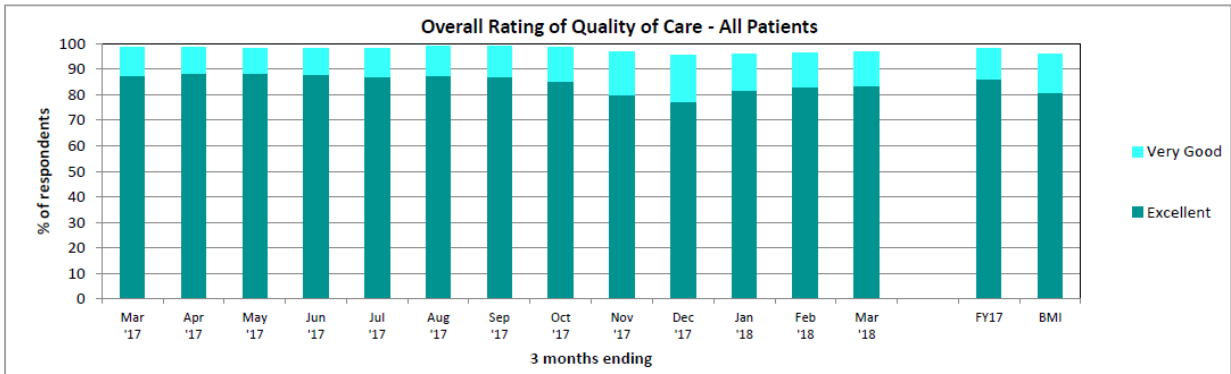


FIGURE 19: Bar chart showing percentage of response to the Patient Satisfaction survey which rated the ‘Overall Impression of Nursing Care’ as ‘Excellent’ or ‘Very good’ in FY 17/18

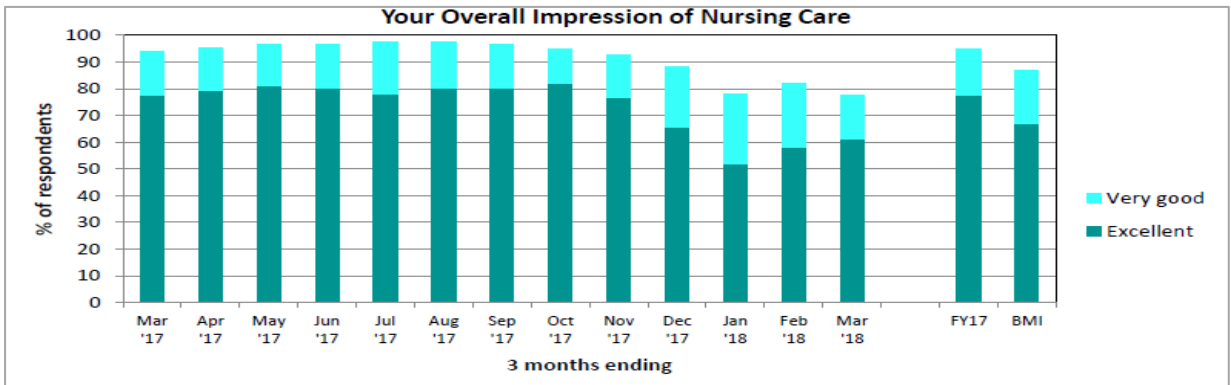
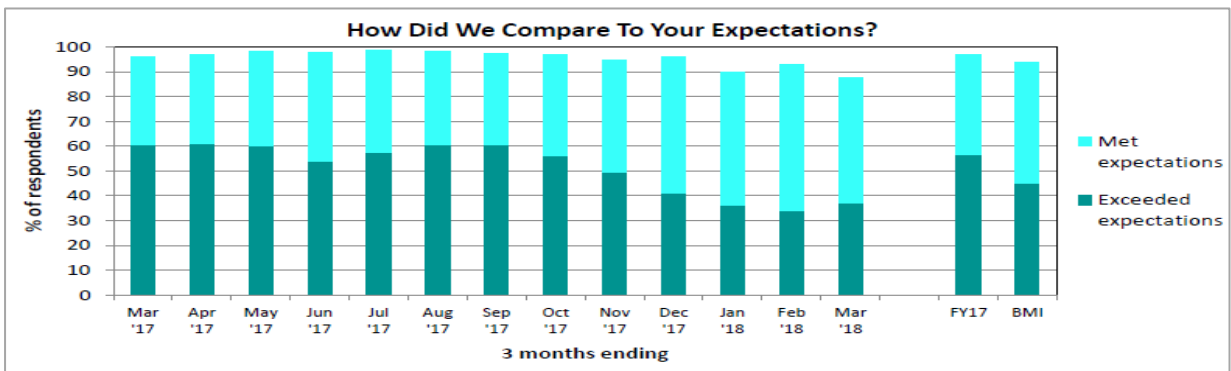


FIGURE 20: Bar chart showing percentage of responses to the Patient Satisfaction survey which asked patients ‘How did we compare to your expectation?’ who said ‘Met’ or ‘exceeded’ expectations in FY 17/18



BMI Three Shires experienced a drop in ‘Overall Quality of care’, ‘Impression of Nursing care’ and ‘comparison to expectations’ in the last quarter of the financial year. This trend is common across all areas of the satisfaction survey. Whilst the causes for this are not explicit in the survey this does coincide with a number of issues encountered by the hospital in the latter half of the financial year.

Including, unexpected cancellations of surgeries and clinics due to inclement weather and a power supply issue. These issues are being addressed at a local and committee level.

FIGURE 21: Table and Bar chart showing percentage of 'Insured of Self-pay (ISP)' Patients who would recommend BMI Three Shires services to their friend ad family if they needed similar care

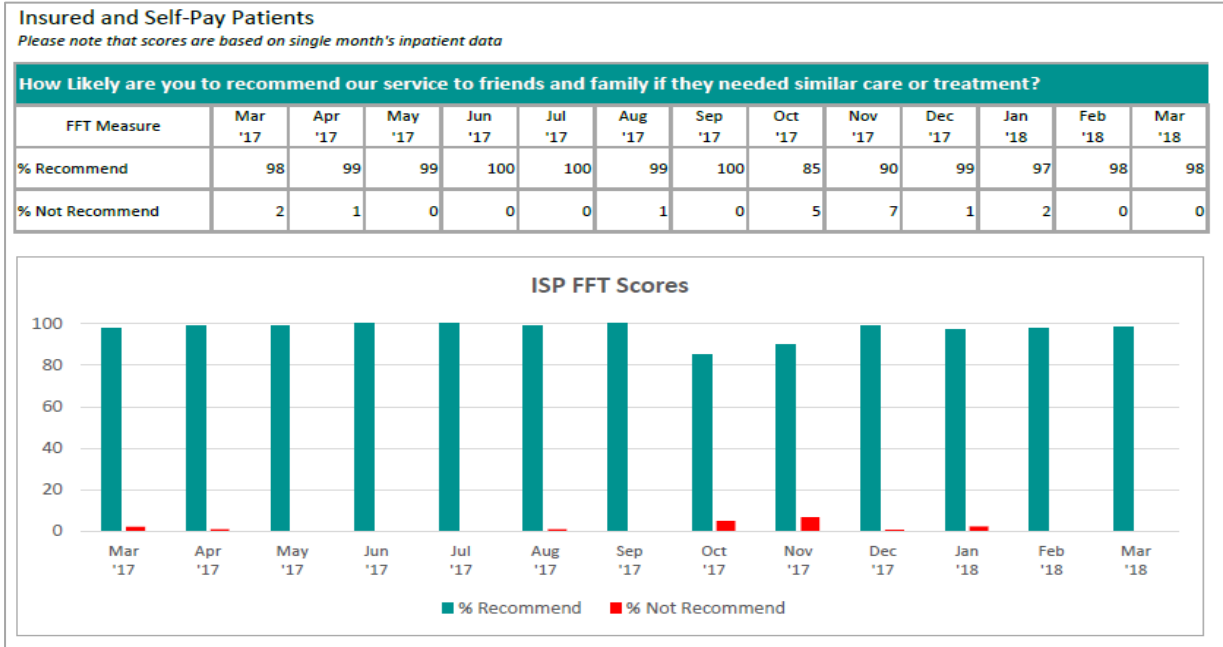
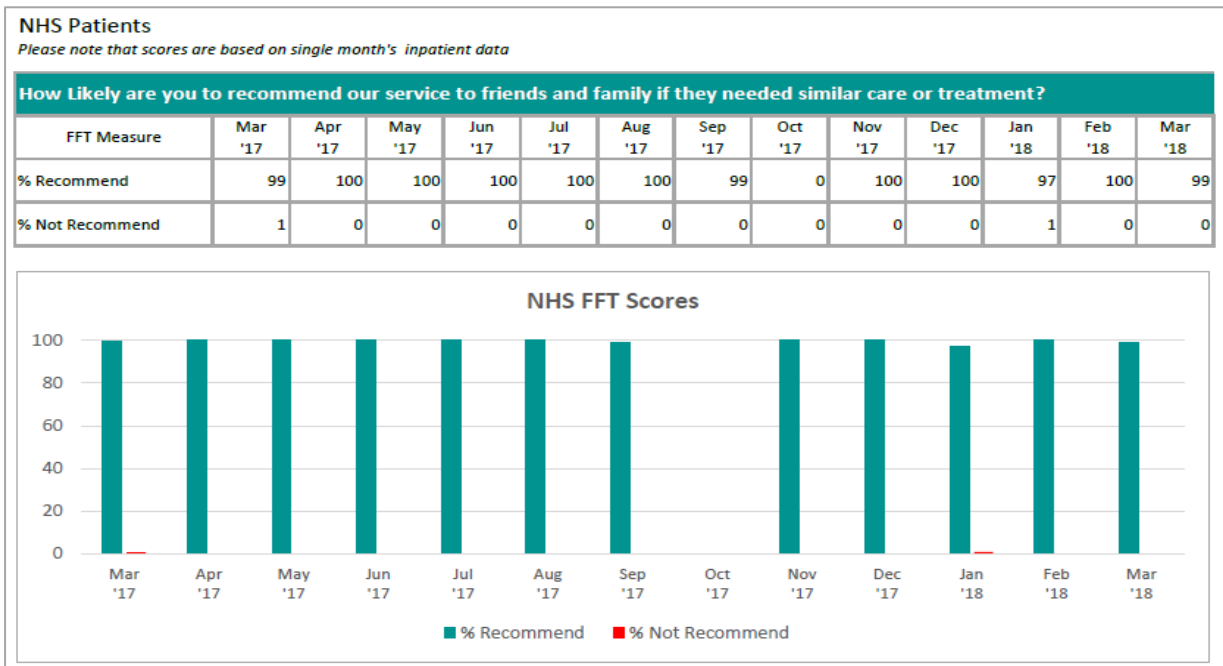


FIGURE 22: Table and Bar chart showing percentage of NHS' Patients who would recommend BMI Three Shires services to their friend ad family if they needed similar care



BMI Three Shires Friend and family tests scores show that the vast majority of patient would recommend the Hospital.

- The lowest percentage of ISP Patients who would recommend BMI Three Shires was 85%
- The lowest Percentage of NHS Patient who would recommend BMI Three Shires was 97%
- The anomaly in the NHS data in October 2017 was due to no NHS patients responding to the survey that month.

FIGURE 23: Table showing BMI Three Shires patient’s satisfaction scores in FY 17/18, as compared to the National average, and highest and lowest national scores.

Three Shires Hospital	Patient Recommendations				
	2018	2017	National Average	Highest National Score	Lowest National Score
	98.97%	99.26%	97.07%	100.00%	75.61%

Despite the drop seen in the responses in Q4, BMI Three Shires, Patient Satisfaction for both 2017 and 2018 exceed the national average. Whilst this is pleasing BMI Three Shires Hospital is committed to continuing to listen to patient’s feedback and make improvements. Locally these results are reviewed and staffs are encouraged to make small changes to enhance the patient experience. These tasks are monitored through the local Patient Experience working group.

Complaints

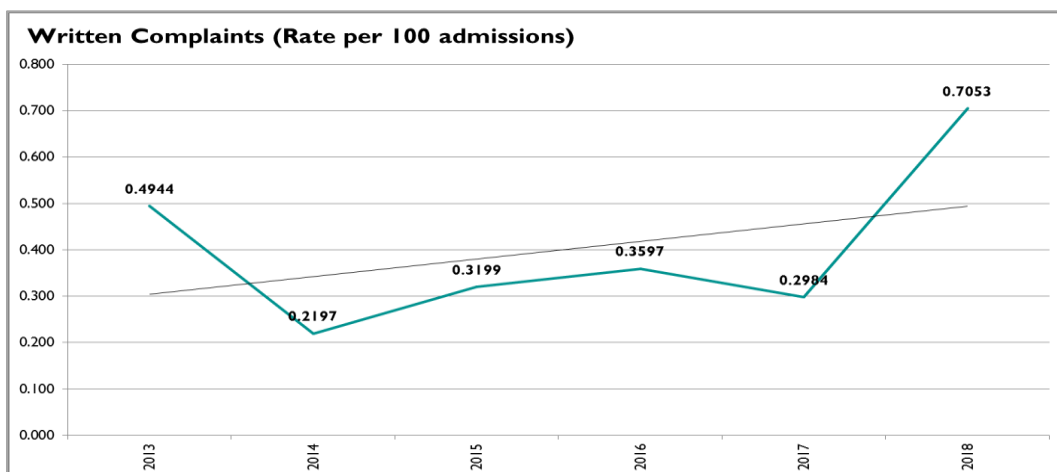
In addition to providing all patients with an opportunity to complete a Satisfaction Survey BMI Three Shires Hospital actively encourages feedback both informally and formally. Patients are supported through a robust complaints procedure, operated over three stages:

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.

FIGURE 24: Line Chart showing the rate of written complaints received for every 100 admissions



BMI Three Shires, Strives to give its Patient the best possible experience during their admission. The increase in the rate of complaints reported, although small, is regrettable. In the coming FY BMI Three Shires will continue to address patient concerns in a timely manner and initiate improvement projects to ensure all of our patients experience the best care and service possible.

CQUINS

Sign Up for Safety Campaign



In December 2015 BMI Health applied to Sign up for Safety by submitting our actions for the following five pledges:

- **Put safety first** – Committing to reduce avoidable harm in the NHS by half through taking a systematic approach to safety and making public your locally developed goals, plans and progress. Instil a preoccupation with failure so that systems are designed to prevent error and avoidable harm
- **Continually learn** – Reviewing your incident reporting and investigation processes to make sure that you are truly learning from them and using these lessons to make your organisation more resilient to risks. Listen, learn and act on the feedback from patients and staff and by constantly measuring and monitoring how safe your services are
- **Be honest** – Being open and transparent with people about your progress to tackle patient safety issues and support staff to be candid with patients and their families if something goes wrong
- **Collaborate** – Stepping up and actively collaborating with other organisations and teams; share your work, your ideas and your learning to create a truly national approach to safety. Work together with others, join forces and create partnerships that ensure a sustained approach to sharing and learning across the system
- **Be supportive** – Be kind to your staff, help them bring joy and pride to their work. Be thoughtful when things go wrong; help staff cope and create a positive just culture that asks why things go wrong in order to put them right. Give staff the time, resources and support to work safely and to work on improvements. Thank your staff, reward and recognise their efforts and celebrate your progress towards safer care.

BMI Healthcare as a company was successful in their application with Sign up for Safety in March 2016. Sign up for safety is a campaign to make all our healthcare services the safest in the world. Whilst predominantly focused on the NHS the campaign welcomes independent healthcare companies or individual hospitals to participate to make all healthcare services safer. The ambition of sign up to safety is to halve avoidable harm over the next three years and save 6,000 lives as a result.

By signing up to the campaign we have committed to listening to patients, Carers and staff, learning from what they say when things go wrong and taking action to improve patient's safety helping to ensure patients get harm free care every time, everywhere.

BMI Three Shires Hospital made an additional commitment to this strategy by implementing the 'Sign up to safety campaign' as part of the 16/17 SAC contract with NHS Nene and Corby Clinical Commissioning Group (CCG). This allowed us to take forward work streams identified as important

to the hospital for improving patient safety, care and effectiveness. This incentivizes collaboration with the county-wide sign up to safety campaign in our locally commissioned area and aims to improve on the positive work already implemented within our ever day practice to ensure both the safety welfare of those we care for.

At the heart of BMI Three Shires Sign up to Safety pledge is the philosophy of locally led, self-directed safety improvement. We believe that each staff member, no matter what role they play or where they work, can contribute to our patient safety aspirations and care for our patients in the safest way possible.

There are three main primary drivers in the BMI Three Shires Hospital commitment to Sign up to Safety and LISTEN; LEARN and ACT. These are as follows and are represented by the process maps below.

- PRIMARY DRIVER 1: Reducing avoidable harm from failures or omissions in care.
- PRIMARY DRIVER 2: To ensure leadership for learning and safety improvement locally.
- PRIMARY DRIVER 3: Reducing avoidable harm by sharing and implementing learning.

FIGURE 25: PRIMARY DRIVER 1: Reducing avoidable harm from failures or omissions in care.

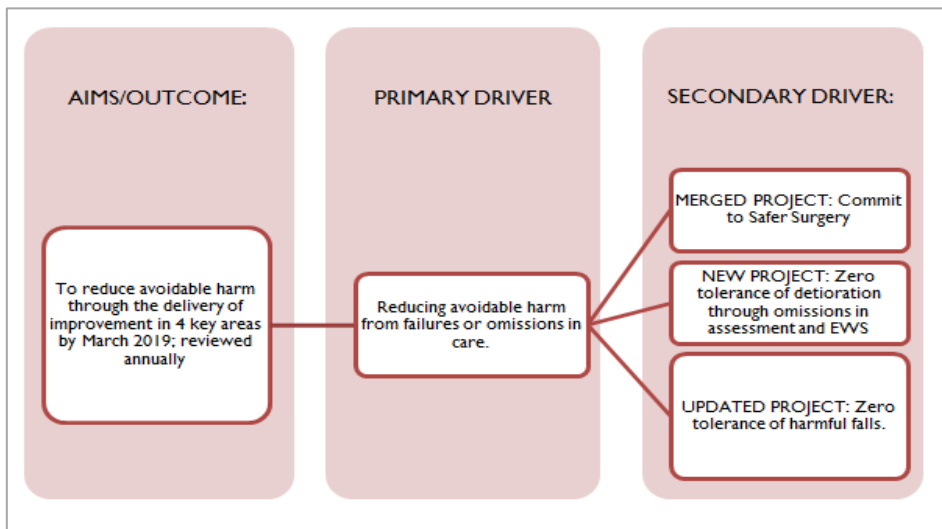


FIGURE 26: PRIMARY DRIVER 2: To ensure leadership for learning and safety improvement locally.

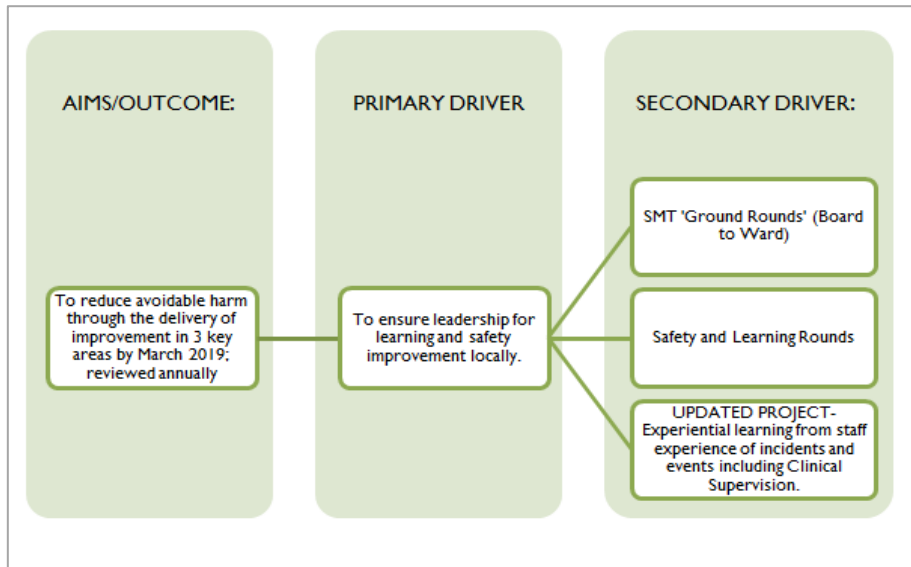
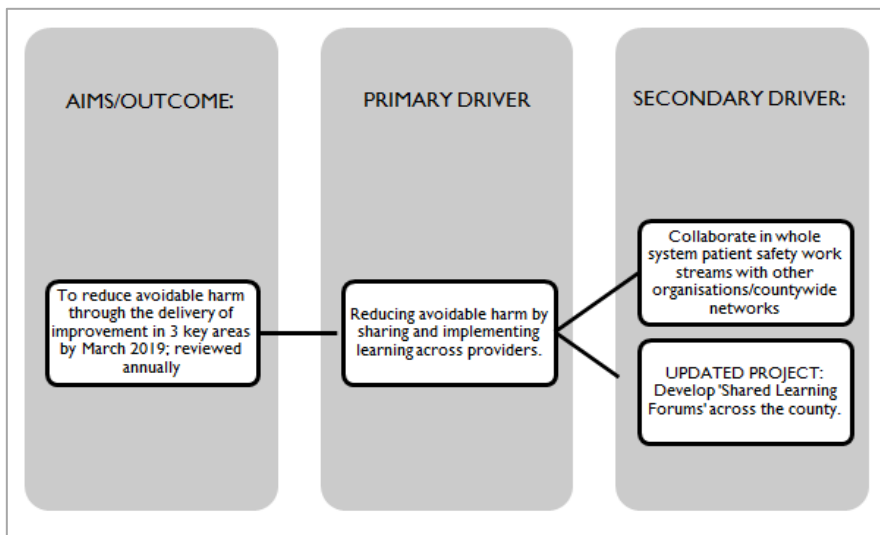


FIGURE 27: PRIMARY DRIVER 3: Reducing avoidable harm by sharing and implementing learning.



In FY 17/18 BMI Three Shires has continued to work on the project, has updated its primary drivers and crucially has completed some important collaborative work towards ensuring patient safety, care and effectiveness are paramount in the local health economy. Including:

- Ensuring there is a commitment to safer surgery as laid down in corporate policy and as evidence in the self-assessment & Integrated audits programmers and by the zero occurrences of Never Events at the Hospital.
- Embedding the new protocols and pathways for Patient to received pre-op assessments, including the use of a tracker to follow and monitor patients through their pre-operative journey, thus ensuring that each stage is met in a timely manner.

- An increased visibility of the Senior Management Team (SMT) in Theatres, inclusive of scheduled audit days where SMT Members as scheduled to spend the day be in the clinical theatre environment .
- Collaborative working in the local health economy to gather and analyze data and create a joint approach to common within the health economy in common areas, such as VTE, Management of the deteriorating patient, inclusive of NEWS and the Duty of Candour.

Health and Well-being Charter

At the beginning of FY 2017/18, TSH completed a Health and well-being survey published by The workplace wellbeing charter. The survey looked at eight areas

- Leadership
- Absence
- Health and Safety
- Mental Health and Wellbeing
- Smoking
- Physical Activity
- Healthy Eating
- Alcohol and Substance Abuse

These areas were assessed and analysed and result were published

FIGURE 28: Published results of The Workplace Wellbeing Charter survey, in each of the eight categories

Leadership	Number#	Percentage%
Fully Met	9	52.9%
Partially Met	6	35.3%
Not Met	2	11.8%
N/A	0	0%

Absence	Number#	Percentage%
Fully Met	10	83.3%
Partially Met	1	8.3%
Not Met	0	0%
N/A	1	8.3%

Health and safety	Number#	Percentage%
Fully Met	9	75%
Partially Met	2	16.7%
Not Met	0	0%
N/A	1	8.3%

Mental Health and Wellbeing	Number#	Percentage%
Fully Met	8	50%
Partially Met	3	18.75%
Not Met	5	31.25%

N/A	0	0%
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Smoking	Number#	Percentage%
Fully Met	6	75%
Partially Met	2	25%
Not Met	0	0%
N/A	0	0%


Physical Activity	Number#	Percentage%
Fully Met	5	55.6%
Partially Met	0	0%
Not Met	4	44.4%
N/A	0	0%

Healthy Eating	Number#	Percentage%
Fully Met	5	50%
Partially Met	0	0%
Not Met	5	50%
N/A	0	0%


Alcohol and Substance Abuse	Number#	Percentage%
Fully Met	5	45.5%
Partially Met	2	18.2%
Not Met	3	27.3%
N/A	1	9%

From these results BMI Three Shires Hospital derived a Purpose Project Plan

FIGURE 29: Published results of The Workplace Wellbeing Charter survey



THE WORKPLACE WELLBEING CHARTER
NATIONAL AWARD - ENGLAND™



Serious about health.
Passionate about care.

BMI Three Shires Hospital
Health and Wellbeing Charter and Improvement Work Plan (Q1)

PURPOSE:
The Senior Management Team acknowledge the potential impact that work has on an individual's physical and mental health and that there is a persuasive case as well as a moral and legal duty for taking steps to promote employee well-being as far as reasonably practicable.

BMI Three Shires Hospital are committed to fostering a culture of co-operation, trust and mutual respect; where all individuals are treated with dignity, and can work at their optimum level. It recognises that work-related stress has a negative impact on our employees' which can lead to reduced satisfaction amongst both the workforce and patients.

The Staff Well-being improvement project for BMI Three Shires Hospital aims to set out how the hospital will promote the well-being of employees by:


- Having an integrated organisational approach to promote the health and wellbeing of staff and the workplace which aims to have a positive impact on the experience of service users.
- To ensure health and wellbeing is integrated into relevant local policies, procedures and training so that staff and managers understand the link between the application of the subject and the impact on health and wellbeing.
- To ensure that the work place is fit, safe and supports the health and wellbeing of staff through the regular review of reporting and acting on accidents and incidents in the workplace.
- Creating a working environment where potential work-related stressors as far as practicable are avoided, minimised or mitigated through good management practices, effective Human Resources and staff development.
- To equip managers with the knowledge, awareness and skills to support their staff, manage attendance and change and reduce stressors in the workplace through offering briefings, updates or training as needed.
- Developing a culture that is open and supportive of people experiencing stress or other forms of mental ill-health and establishing working arrangements whereby employees feel they are able to maintain an appropriate work life balance.
- Encouraging staff to take responsibility for their own health and well-being through effective health promotion programmes and initiatives.
- Encouraging staff to take responsibility for their own work and effectiveness as a means of reducing their own stress and that of their colleagues.
- To ensure the workforce has every opportunity to be healthy and well at all stages of their employment by sign posting staff to information which is available in a variety of formats

SGALLANT (Q&R MANAGER), BMI TH3 Health and Wellbeing Charter and Improvement Project
Nine CCG Q&RIN Q1 FY17-18


As at the end of Q4 2 FY 2017/18.

- 5 projects completed
- 3 remained in progress

FIGURE 30: Project status at the end of Q4 2017/18 Published results of The Workplace Wellbeing Charter survey



THE WORKPLACE WELLBEING CHARTER
NATIONAL AWARD - ENGLAND™



Serious about health.
Passionate about care.

ACTION PLAN (SUMMARY OF PROGRESS):

WORKPLACE WELLBEING TOPIC	FY17-18			
	Q1	Q2	Q3	Q4
PROJECT 1: Leadership	NOT STARTED	IN PROGRESS	IN PROGRESS	COMPLETE
PROJECT 2: Absence	NOT STARTED	IN PROGRESS	IN PROGRESS	COMPLETE
PROJECT 3: Health and Safety	NOT STARTED	IN PROGRESS	IN PROGRESS	IN PROGRESS
PROJECT 4: Mental Health and Wellbeing	NOT STARTED	IN PROGRESS	IN PROGRESS	IN PROGRESS
PROJECT 5: Smoking	NOT STARTED	IN PROGRESS	IN PROGRESS	COMPLETE
PROJECT 6: Physical Activity	NOT STARTED	IN PROGRESS	IN PROGRESS	COMPLETE
PROJECT 7: Healthy Eating	NOT STARTED	IN PROGRESS	IN PROGRESS	IN PROGRESS
PROJECT 8: Alcohol and Substance Abuse	NOT STARTED	IN PROGRESS	IN PROGRESS	COMPLETE

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 Children Nurses are trained to level 4 safeguarding (if applicable). Director of Clinical Services is trained to Safeguarding Level 4 Pediatrics and Safeguarding Level 3 for Adults.

There have been 2 Safeguarding reportable concerns:

- 1 raised against the hospital that was fully investigated and was deemed to be unfounded.
- 1 concern raised and investigates on a case of neglect and the families were given further support through social services.

All appropriate safeguarding training is available through our online platform as mandatory training.

Additional training on FGM and Honor Violence is provided for all staff, and there are safeguarding link roles being developed in all clinical areas.

National Clinical Audits

Three Shires Hospital engages with a number of national audits. We complete the National Joint Registry for all applicable patients.

- Breast Implant Registry
- BUPA Breast care quality audits
- BUPA Cataract quality audits
- BUPA Prostate quality audits
- PHE Point Prevalence Survey

Priorities for Service Development and Improvement

BMI Three Shires Hospital is committed to ensuring best quality service and patient outcomes. There are a number of improvements planned over the coming year.

In Patient Pediatric cases

We currently provide day case services for pediatrics, and now that the service has been developing there is a community need to have a wider range of services available in the independent service as many providers have closed this down. We aim to extend our services over the coming FY to inpatients also.

Staff Support

Two staff members have completed the Guardians office training as Freedom to Speak Up Guardians. We aim to support this as a hospital wide initiative and grow this as a clear service for staff to gain another line of support and signposting when required.

This is in line with our growing relationship with the RCN around staff listening events and staff health events.

Development of a 4th Theatre

Over the next FY we aim to complete works on the endoscopy department to redesign it as a 4th functioning theatre, with appropriate air changes and scavenging. There will need to be a significant investment in resources both equipment and manpower, but this would further reduce waiting times and enhance the patient experience.

Redesign of the admission process

We aim to redesign the pathway for inpatient and day case admissions. They would come to an admission lounge directly to theatre. This would allow for:

- Staggered admission times,
- Closer adherence to NICE guidance on fasting times,
- Better patient admission experience,
- Enhance efficiency on the ward area
- Better patient discharge process, staff would only be discharging in the morning as admissions would happen in the appropriate designed area.

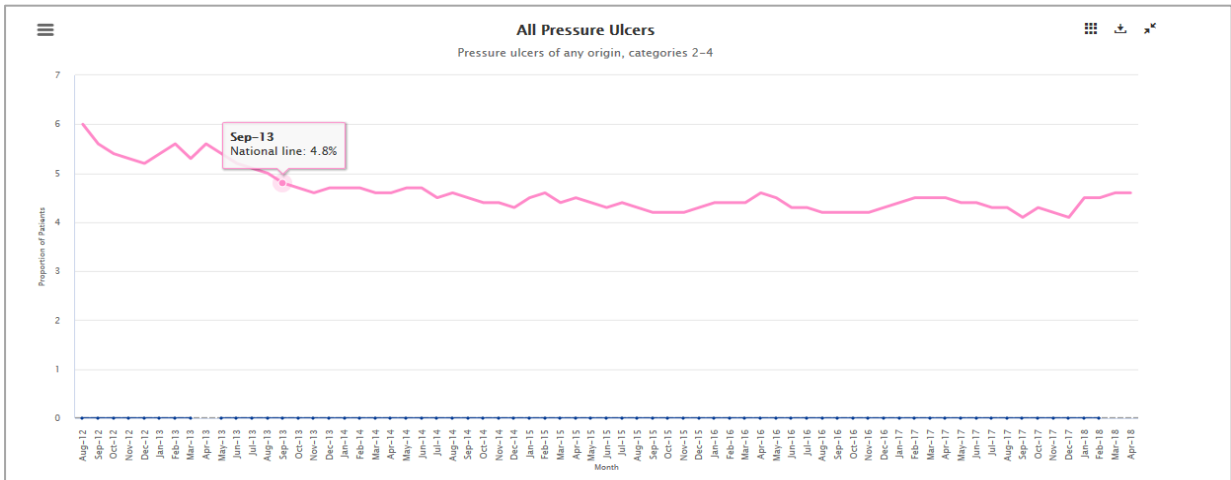
Safety Thermometer

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

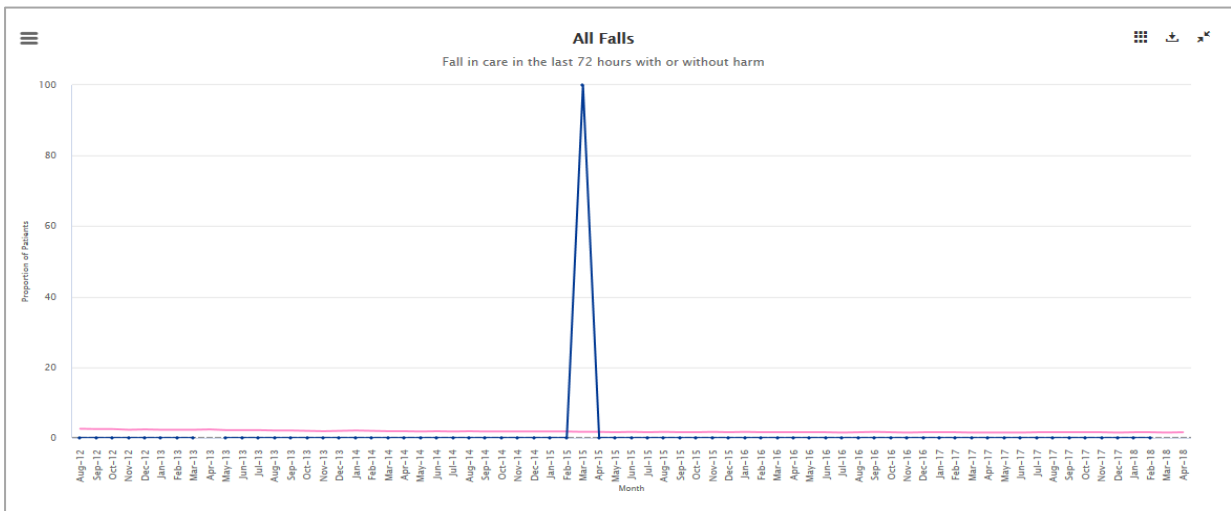
- VTE Risk Assessment & Treatment
- Falls
- Catheter related Urinary Tract Infection
- Pressure Ulcers by Category

FIGURE 31: (a – f) - Safety Thermometer data for the BMI Three Shires Hospital (Blue line and points) as compared to the national average (Pink line and points) and other comparators where available - prophylaxis for VTE and UTI for catheters (Red line and point)

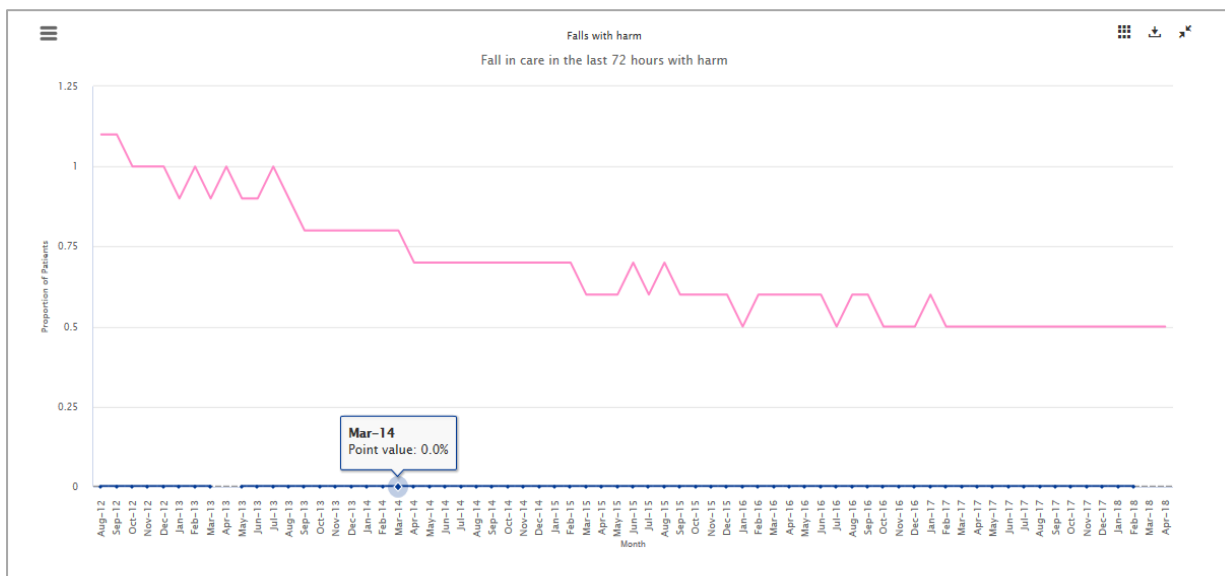
(a) – All pressure ulcers



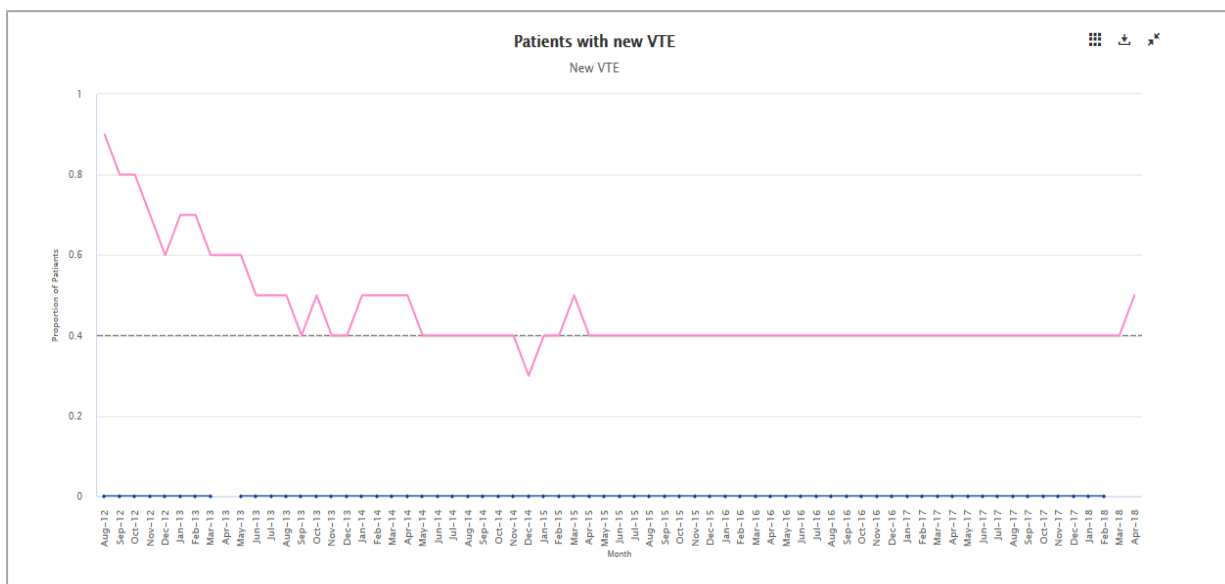
(b) – All Falls



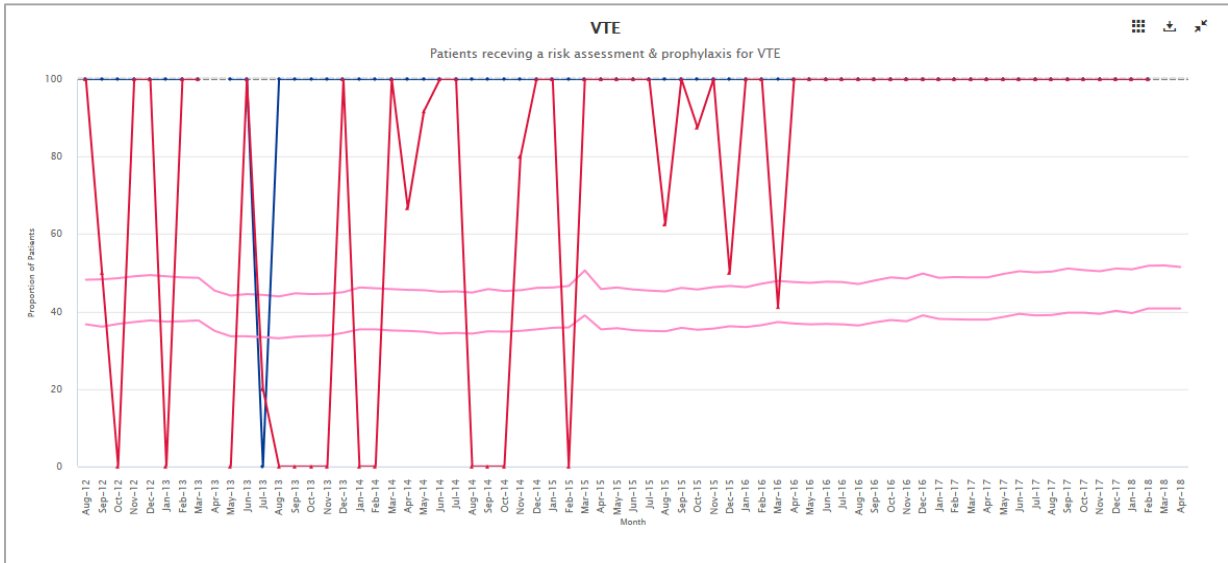
(c) – Falls with Harm



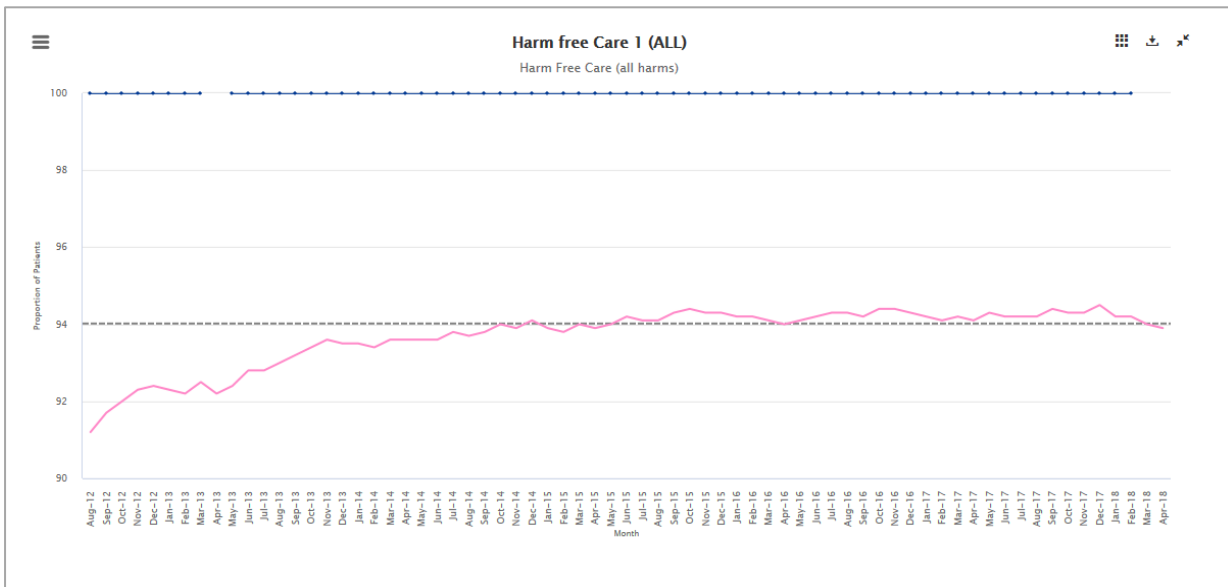
(d) – Patients with New VTE



(e) – VTE - Risk assessment and Prophylaxis



(f) – Harm Free Care (All)



The majority of the indicators show a nil response from BMI Three Shires Hospital. There is an erroneous data submission in the all falls data whereby the incorrect percentage has been populated.

This has only become apparent when BMI Three Shires Hospital has been able to view its own data submission in May 2018. Corrective action will be taken in consultation with the NHS Safety Thermometer.

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



FIGURE 32: Table showing BMI Three Shires Staff satisfaction scores in FY 17/18, as compared to the National average, and highest and lowest national scores.

Three Shires Hospital	Staff Recommendations			
	2018	2017	National Average	Highest National Score
84.00%	91.26%	73.18%	89.98%	50.44%

The BMI Three Shires Hospital is pleased that the results of the staff survey have exceeded National average for 2017 and 2018. The Hospital’s SMT is committed to empowering, education and continuing to foster open and transparent lines of communications as laid down in the Hospital’s visions and strategy its staff to feel with.



- Standardised role profiles are referred to during appraisal process as a minimum standard
- Committing to a 5 year education plan for training and development.
- Will educate all staff to have the ability to deliver evidence based care mapped against best practice pathways and clinical guidance
- Onsite education and clinical supervision facilitation through clinical educators and mentorship,



- Evolving our deliver of the BMI Story so that it is heard by all staff by using technology, staff forums, team building exercises, shared learning, events, website
- Communication strategy for each stakeholder created and shared
- Highlighting the patient forums, inviting patient participation

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.

FIGURE 33: Table showing the quality Indicators timeframe comparisons

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
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<p>Percentage of BMI Healthcare Staff who would recommend the service to Friends & Family</p>	<p>This information is taken from BMI Healthcare's Staff Survey which was conducted during 2017.</p>
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FIGURE 34: Table showing BMI Three Shires Adult re-admissions in FY 17/18, as compared to the National average, and highest and lowest national scores.

Three Shires Hospital	Re-Admissions (Aged 16+)			
2018	2017	National Average	Highest National Score	Lowest National Score
2.182	6.173	10.010	41.650	0.000

The BMI Three Shires has unfortunately had some re-admissions in this FY. All of these have been in the 16 + Age groups and However this figure remains lower that the national average

The BMI Three Shires Hospital has a Pediatric service but there have no Paediatric re-admission (0-15 age group) in the current reporting period.

FIGURE 35: The rate per 100,000 bed days of cases of C difficile infection reported within the hospital

Three Shires 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 BMI Three Shires Hospital has reported no incidence of C.Difficile in the last FY. It is considered that this is due top robust IPC Precaution and Techniques and is something that BMI Three Shires is proud to have achieved.

FIGURE 36: Hospitals responsiveness to the personal needs of its patients

Three Shires Hospital	Responsiveness			
2018	2017	National Average	Highest National Score	Lowest National Score
93.77%	93.60%	69.22%	78.00%	60.10%

The BMI Three Shires Hospital Has performed well above the national average in responding to its patents needs. BMI Three Shires, prides itself on its ability to listen to its patient concerns and address them appropriately. This is enhanced by the addition of the patient Experience committee which reviews data from all multiple sources.

FIGURE 37: The percentage of patients who were admitted to hospital and who were risk assessed for VTE (Venous Thromboembolism)

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

The BMI Three Shires is extremely proud of its commitment and drive to prevent avoidable Venous Thromboembolism by risk assessment and timely prophylaxis. This is borne out by the fact that zero incidences of VTE have been reported this FY

FIGURE 38: Patient Safety Incidents

Three Shires Hospital	Patient Safety Incidents (Rate per 1000 Bed Days)			
2018	2017	National Average	Highest National Score	Lowest National Score
214.890	149.691	43.292	149.700	11.200

Three Shires Hospital	Severe or Death (Rate per 1000 Bed Days)			
2018	2017	National Average	Highest National Score	Lowest National Score
1.091	0.000	0.250	2.300	0.000

The BMI Three Shires Hospital considers that this data describes a good reporting culture, this is shown by the large reporting rate, which far exceeds the National average, is 0.009 away from the highest score in 2017 and exceed the highest score in 2018.

Furthermore the rate of reported Deaths whilst it exceeds the national average is below the Highest National score.

FIGURE 39: Patient Recommendation Results

Three Shires Hospital	Patient Recommendations			
2018	2017	National Average	Highest National Score	Lowest National Score
98.97%	99.26%	97.07%	100.00%	75.61%

The BMI Three Shires is pleased to report a Patient recommendation rate above the National average and is committed to continue to listen to our patient and enhance our services appropriately according to their needs.

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