BMI The Park Hospital, Nottingham - Statement from NHS Nottingham West Clinical Commissioning Group

NHS Nottingham West Clinical Commissioning Group (CCG) is one of the commissioners for BMI The Park Hospital, Nottingham. In this role the CCG has responsibility for monitoring the quality and performance of services at The Park and is satisfied that the information contained within this quality account is consistent with that supplied to us throughout the year.

Our statement is corroborated by the following CCGs who also commission services from The Park: NHS Nottingham North and East CCG, NHS Rushcliffe CCG, NHS Nottingham City CCG, NHS Mansfield and Ashfield CCG and NHS Newark and Sherwood CCG.

There are a number of ways in which we review and monitor the performance and quality of the services we commission at The Park. This includes visits to services, a quality dashboard and quality schedule which is monitored on a monthly basis and acts as an early warning sign of any quality issues. We also hold monthly quality and contract review meetings attended by commissioners from both the contract management and quality teams. These mechanisms allow us to triangulate and review the accuracy of the information being presented in order to formulate opinions about the quality of services provided to patients at both organisation and service level.

We commend The Park for its continued efforts to improve patient and carer safety and experience of the organisation. They have achieved all of the Commissioning for Quality and Innovation Schemes (CQUINS) set during 2015/16 and have worked with us to develop stretching schemes for 2016/17, including implementation of an Ambulatory Care Pathway (ACP) following surgery. This will facilitate the delivery of minimally invasive procedures, such as early mobilisation, that support quicker recovery and healing times in comparison to the traditional techniques employed. Plans are in place to support the pathway through a dedicated area with its own reception, admission, treatment areas and recovery bays. A second initiative will be introduction of the Edmonton Frailty Tool. The tool uses indicators of frailty, coded on general practice systems, to identify patients for further screening and assessment. It will be used to identify ‘at risk’ patients for their level of frailty, leading to the development of appropriate care plans and referrals to other agencies.

The Park reported no serious incidents or Never Events between April 2015 and end of March 2016. There was one incident, (a patient fall) during 2015/16 which did not meet the National Serious Incident Framework threshold however, required internal root cause analysis investigation by The Park. This investigation report was shared with commissioners and provided assurance of lessons learned and actions put in place to minimise future risks.

There have been no reported incidences of C-diff or MRSA since April 2015. Post-operative infections have been reported on a monthly basis as part of the 2015/16 CQUIN programme.
and demonstrate minimal levels of identified post-operative infection attributable to The Park Hospital.

Between April 2015 and end of March 2016 The Park reported only 1 formal complaint which was about the treatment by the Consultant. The patient had a meeting with the Consultant and was offered a second opinion with another Consultant. The hospital has demonstrated a commitment to improve its handling of complaints and to ensure that lessons are learned across the organisation in response to patient feedback through active participation in peer review using the Patients Association Good Practice Standards on complaints handling. The Park also has representation at the Nottingham and Nottinghamshire Health and Social Care Complaints Network.

Consistent participation in undertaking the Family and Friends Test (FFT) has been demonstrated. Monthly reporting shows excellent response results for both in-patient and out-patient areas.

Patient engagement is evident through The Park’s implementation of Patient Led Assessment of the Care Environment (PLACE). This has ensured involvement of both patients and staff in assessing the quality of the patient environment, patient’s privacy and dignity, food, cleanliness and general building maintenance.

A quality visit was undertaken in February 2016. The visiting team comprised quality, contract management and infection prevention and control representatives from the Nottingham City and Nottinghamshire CCGs and an independent nurse. It was a positive visit whereby assurance of infection prevention and control, staff engagement and satisfaction and strong patient focus was gained. Continued refurbishment in clinical areas was recommended and commissioners are pleased to see that The Park has identified refurbishment of inpatient and outpatient rooms in their 2016/17 priorities for service development and improvement.

We will continue to work closely with The Park in 2016/17 to ensure ongoing high quality services are provided in line with commissioning priorities.

Vicky Bailey
Chief Officer
NHS Nottingham West Clinical Commissioning Group
June 2016
**Group Chief Executive's Statement**

I am pleased to welcome you to our Quality Accounts 2016.

Our 2016 Quality Accounts provide a transparent picture of BMI Healthcare’s performance over the period covered and present the outcomes of objective metrics on the quality status of our 59 hospitals and clinics.

Across BMI Healthcare, we have adopted a systems-based approach to the management of clinical risk with the focus being on establishing effective systems, processes and controls across the business, rather than focusing on the acts or omissions of individual employees. Our goal is to establish a managerial culture which promotes proactive consideration of clinical risks, so that appropriate mechanisms and strategies are put in place to control and minimise future risk.

A comprehensive clinical governance framework exists across BMI Healthcare to ensure patient safety. As part of the framework, every effort has been made to ensure strategies are in place to look both prospectively and retrospectively across the organisation. This means that our focus is on both preventing risk and identifying clinical outcome trends across the business, as well as ensuring appropriate controls are in place at all levels.

Because of the inherent risks associated with being a patient in a healthcare system and our continued and consistent focus on patient safety, a key part of our plan is to ensure that every effort is made to reduce the likelihood and consequence of an adverse event or outcome associated with the treatment of a patient in our hospital. No healthcare provider can afford to be complacent and whilst I believe BMI Healthcare's hospitals provide safe and effective care, we are always striving for improvement. And indeed, our internal audit processes continue to identify areas for ongoing improvement and investment. During the last year, we have also seen the onset of the new Care Quality Commission (CQC) inspection regime and a number of our hospitals have now been through the new process, with a steady flow of inspections expected over the next 12 months.

BMI Healthcare’s brand promise is to be “serious about health, passionate about care”. Its four core themes – safety, clinical effectiveness, patient experience and quality assurance – provide our staff with the platform to consistently deliver the care that patients, their insurers and commissioners expect and deserve. We continue seek new ways to enhance engagement with our Consultants and Allied Health Professionals, as well as our own staff, around important clinical governance topics like the focus on Duty of Candour. During the year we held a workshop for our medical leaders at our National Medical Advisory Conference for the Chairs of our hospital Medical Advisory Committees and provided updated policies and guidance for our staff. We regularly communicate with our staff and Consultants the importance of using the recognised procedures such as the World Health Organisation ‘Safer Surgery Checklist’ and we are clear that patient safety remains our top priority. As a learning organisation, we make sure that learning from incidents and a culture where it is safe to speak up are cultivated and nurtured by our leaders.

We are shortly to introduce Patient Recorded Outcome Measures (‘PROMs’) for all our private patients, as well as those outcomes we already capture for our NHS patients. The new national Private Healthcare Information Network (PHIN) website, which will launched shortly will also enable patients to make informed choices about their Consultants and care, through a comprehensive website covering the most popular private procedures and their outcomes.
BMI Healthcare strives to provide superior patient care, but ultimately our patients are the best judge of their care and treatment. We are committed to monitoring every aspect of the care we provide, and we invest significantly in obtaining patient feedback on all aspects of their stay with us. We also measure national survey information such as the ‘Friends and Family’ test and use all patient feedback to guide our investment plans, the treatments we offer and the all-round high quality patient experience we aspire to give. Even with relatively high scores, we strive to improve, and in the most recent figures at the end of 2015, patient satisfaction with overall quality of care had risen to 98.1%, with some of our hospitals scoring 100%.

The information available here in the Quality Accounts has been reviewed by the BMI Healthcare Clinical Governance Committee and I declare that, as far as I am aware, the information contained in these reports is accurate.

Finally I would like to thank all the staff whose dedication to caring for our patients and commitment to improvement are recognised here and in the positive experiences of the patients we serve every day.

Jill Watts, Group Chief Executive
Situated in the heart of Nottinghamshire, BMI The Park Hospital is a large private hospital with 85 en-suite bedrooms, satellite TV and telephone.

BMI The Park Hospital is committed to providing high standards of quality, care and value. By combining highly experienced doctors, nurses and high quality medical care with a calming environment and what we consider to be five-star hospitality, our patients will be more relaxed, and have a better experience which we hope will aid their recovery.

To ensure we deliver the best possible care, we have four operating theatres, fitted with state of the art digital technology, in addition to endoscopy, recovery and anaesthetic facilities. Coupled with our 4 bed intensive care unit, our theatres provide the perfect platform for our clinicians to carry out a wide range of procedures. The Park Hospital also has a Cancer Centre enabling the full cancer pathway from diagnosis, treatment to end of life care to be undertaken. Investment into the imaging department has also been undertaken in the past 12 months with a new wide bore MRI scanner. Within imaging we also have CT, ultrasound, mammography and plain film modalities available.

NHS patients account for approximately 26% of the activity undertaken at The Park Hospital, the majority of which is undertaken under the Choose and Book contract. Services offered under Choose and Book include Ophthalmology (cataract), Orthopaedics (Hip, Knee, Shoulder, Elbow, Spine, Foot and Ankle, Hand and Wrist), Gynaecology, Hernia repair, Urology (male and female urology, including prostate surgery), Colorectal, Oral surgery, Podiatric surgery, and GI/Liver.

The Park Hospital has also worked closely during the year with local NHS Acute Trusts and the Clinical Commissioning Groups to undertake additional work under the Generic Contract.

New services / developments that have been undertaken in the previous 12 months include:

• Hub and spoke Cancer services with BMI The Lincoln Hospital providing Chemotherapy and Radiotherapy to patients in Lincolnshire
• On-going Outpatient consulting room refurbishment
• New Digital Mammography
• Private GP services
• On-going refurbishment of patient bedrooms

The advantages of NHS patients receiving treatment at the Park Hospital include the service being Consultant led, with fast access to diagnostics and physiotherapy. Further benefits include very low infection rates, supported by the accommodation all being within single rooms.

BMI Healthcare are registered as a provider with the Care Quality Commission (CQC) under the Health & Social Care Act 2008 as well with the Hospital Improvement Scotland (HIS) and Healthcare Inspectorate Wales (HIW) for our hospitals outside of England. BMI The Park is registered as a location for the following regulated services:-

• Treatment of disease, disorder and injury
• Surgical procedures
• Diagnostic and screening
• Termination of Pregnancy
• Treatment of disease, disorder or injury
• Caring for children (Inpatient care 12-18 and Outpatient 2-18yrs)
• Caring for adults under 65 yrs
• Caring for adults over 65 yrs

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

The CQC carried out an unannounced inspection on 14th July 2014 and found to be fully compliant. The report was published on 15th August 2015.

Standards of treating people with respect and involving them in their care ✓
Standards of providing care, treatment & support which meets people's needs ✓
Standards of caring for people safely & protecting them from harm ✓
Standards of staffing ✓
Standards of management ✓

The next announced visit is planned for 20th and 21st July 2016
The Park has a local framework through which clinical effectiveness, clinical incidents and clinical quality is monitored and analysed. Where appropriate, action is taken to continuously improve the quality of care. This is through the work of a multidisciplinary group and the Medical Advisory Committee.

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

There has been on-going focus on robust reporting of all incidents, near misses and outcomes. Data quality has been improved by on-going 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](http://www.phin.org.uk).

This website gives patients information to help them choose or find out more about an independent hospital including the ability to search by location and procedure.
Safety

Infection Prevention and Control

The focus on Infection Prevention and Control continues under the leadership of the Group Head of Infection Prevention and Control, in liaison with the link nurse in The Park.

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 2015 to March 2016, the hospital had:

<table>
<thead>
<tr>
<th>Hospital Attributable Infection</th>
<th>Rate (per 100,000)</th>
</tr>
</thead>
<tbody>
<tr>
<td>MRSA</td>
<td>0.0000</td>
</tr>
<tr>
<td>MSSA</td>
<td>0.0000</td>
</tr>
<tr>
<td>E.Coli</td>
<td>0.0000</td>
</tr>
<tr>
<td>C.difficile</td>
<td>0.0000</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Measure</th>
<th>Rate (per No. of Procedures)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hips</td>
<td>0.02593</td>
</tr>
<tr>
<td>Knees</td>
<td>0.02381</td>
</tr>
</tbody>
</table>

- No cases of hospital apportioned Clostridium difficile in the last 12 months.
- SSI data is also submitted to Public Health England for Orthopaedic surgical procedures. Our rates of infection are:
  - Hips 0.02593
  - Knees 0.02381
- The hospital has undertaken audits across a number of different areas, specifically focusing on:
  - Hand hygiene
  - Catheters
  - Environmental
  - Insertion of intravenous cannulas

In order to promote infection prevention & control and maintain the high level of compliance previously demonstrated in past audits, we continue to support our staff with focused activities on hand hygiene, aseptic non touch technique and other activities. For example, all staff members are required to undertake either a clinical or non-clinical focussed training package as appropriate for their role, which includes a hand hygiene competency assessment. The eLearning package for infection prevention and control is part of the mandatory training programme.

We are actively involved in raising awareness of infection prevention and control throughout the year for patient visitors and staff; for example we take part in World Organisation Hand hygiene Awareness day. The ‘Hand Hygiene Champion’ who is a nurse checks the hand wash technique of all staff twice a year; this includes the use of the ‘glow and tell’ box.
Documentation audits of the IPC risk assessments and blood culture collection are recorded each month and demonstrate 100% compliance.

Patient bed mattresses and couches are also monitored for infection risks, at least annually and a replacement programme is in place if IPC requirements are not met.

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

The graph below details the patient satisfaction scores for 2015 – 2016 for room and bathroom cleanliness scores of excellent and very good. There is a rolling program for refurbishment of the patient rooms/bathrooms.
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.

- **Cleanliness**: 99.7%- each room is checked and signed off before the patient is shown to their room.
- **Food**: 90.07%.
- **Privacy, dignity and wellbeing**: 78.26%.
- **Condition, appearance and maintenance**: 87.31%- it is acknowledged that some of the rooms need to be refurbished. There is a plan to commence a rolling program of refurbishment in 2016, which will also include upgrading all rooms on the inpatient wards with wet rooms. Once completed this will result in an increase in the number of rooms with suitable access for patients with disabilities which has been identified as an area of focus.

<table>
<thead>
<tr>
<th>Hospital</th>
<th>Cleanliness</th>
<th>Food</th>
<th>Privacy, Dignity and Wellbeing</th>
<th>Condition Appearance and Maintenance</th>
<th>Dementia</th>
</tr>
</thead>
<tbody>
<tr>
<td>Park Hospital</td>
<td>99.79%</td>
<td>90.07%</td>
<td>78.26%</td>
<td>87.31%</td>
<td>0.00%</td>
</tr>
</tbody>
</table>

![PLACE Audit](image)
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.

Venous Thrombo-embolism (VTE)

BMI Healthcare, holds VTE Exemplar Centre status by the Department of Health across its whole network of hospitals including, The Park. 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 that we are 100% complaint in assessing patients, who may be at risk.

The Park 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.
There were 4 cases of Hospital Acquired Thrombus (HAT) identified in May 2015. In response an in-depth investigation and review of each case was undertaken. No statistically significant themes were identified. A more in-depth audit of cases was undertaken to look at any hidden themes. This audit did not find any lessons to learn and the Integrated Governance Committee accepted the findings. There have been no further incidents of HATs since May 2015.
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.
Effectiveness

Patient Reported Outcome Measures (PROMS)

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

For the current reporting period, the tables below demonstrate that the health gain between Questionnaire 1 (Pre-Operative) and Questionnaire 2 (Post–Operative) for patients undergoing hip replacement and knee replacement at The Park Hospital is comparative with the reported national average for hip replacement and better than the reported national average for knee replacements.

Latest PROMs data available from HSCIC (Period: April 2014 – March 2015)
Enhanced Recovery Programme (ERP)

The ERP is about improving patient outcomes and speeding up a patient’s recovery after surgery. ERP focuses on making sure patients are active participants in their own recovery and always receive evidence based care at the right time. It is often referred to as rapid recovery, is a new, evidence-based model of care that creates fitter patients who recover faster from major surgery. It is the modern way for treating patients where day surgery is not appropriate.

ERP is based on the following principles:-

1. All Patients are on a pathway of care  
   a. Following best practice models of evidenced based care  
   b. Reduced length of stay

2. Patient Preparation  
   a. Pre Admission assessment undertaken  
   b. Group Education sessions  
   c. Optimizing the patient prior to admission – i.e HB optimisation, control co-morbidities, medication assessment – stopping medication plan.  
   d. Commencement of discharge planning

3. Proactive patient management  
   a. Maintaining good pre-operative hydration  
   b. Minimising the risk of post-operative nausea and vomiting  
   c. Maintaining normothermia pre and post operatively  
   d. Early mobilisation

4. Encouraging patients to have an active role in their recovery  
   a. Participate in the decision making process prior to surgery  
   b. Education of patient and family  
   c. Setting own goals daily  
   d. Participate in their discharge planning

At BMI The Park we are in the process of implementing an Ambulatory Care Pathway (ACP) which will commence on 16th of May 2016.

The ACP facilitates, as appropriate, the delivery of minimally invasive procedures that support quicker recovery and healing times in comparison to the traditional techniques employed. Initially the service will be delivered from the Ambulatory area located near Wollaton ward sharing the pre-op reception; further refurbishment is planned to move the facility to the clumber suite to further support the patient pathway by providing a dedicated area with its own reception, admission, treatment areas and recovery bays.
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. Most of the incidents reported for both of these categories were due to patients requiring drainage of collections of fluid or haematomas. All other causes of either of these incidents are subjected to in depth investigations, to identify trends and ensure that practice is correct and where appropriate that learning is shared. These are discussed in all the governance forums from ward to board to ensure improvement can be made.

Unplanned Readmission within 31 days (Rate per 100 Discharges)

Unplanned return to theatre (Rate per 100 Theatre Cases)
BMI The Park considers that the data shown is due to our procedures and protocols within the BMI Clinical Strategy. There have been low numbers of unplanned re-admissions, due to infected wounds. A review of the incidents was undertaken with the Company Consultant Microbiologist and a comprehensive action plan was developed. All the actions were completed and the occurrence of these incidents has reduced.
**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. Below are the results for the period 2015-2016 of the patients overall impression of the following areas:

- Admission (arrival process)
- Nursing care
- Accommodation
- Catering
- Discharge process
- Overall patients expectations

![Graph of Your Overall Impression Of The Arrival Process](image1)

![Graph of Your Overall Impression of Nursing Care](image2)
The above graphs demonstrate that the patient satisfaction scores for:
Admission process, Nursing Care, Accommodation, Catering, Departure process have increased over the past 2 years. We have met the patient’s expectations 94% of the time and exceeded expectations at least 45% of the time.
We have a Patient Satisfaction Group which reviews the data and feedback comments. Action to increase the Site performance within the Company is agreed and taken forward as necessary.
**Complaints**

In addition to providing all patients with an opportunity to complete a Satisfaction Survey BMI The Park 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 for Independent Adjudication if they are not satisfied with the outcome at the other 2 stages.

The majority of written complaints received from private and insured patients were financially related. When reviewing all complaints for all patients (private, insured and NHS) the Clinical treatment was the main cause for complaint. Every complaint received is investigated thoroughly. Each complaint is discussed at ward and department meetings and shared throughout the governance framework to ensure that lessons are learnt and actions are taken. ‘You said, we did’ information is on display in public areas.

There has been 1 NHS patient stage 2 complaint about the treatment by the Consultant. The patient has had a meeting with the Consultant and has been offered a second opinion with another Consultant.

There have not been any complaints progressed to stage 3 this year. We welcome all feedback and offer all complainants the opportunity to meet with the ED to discuss any concerns further.
CQUINS

The local CQUIN were agreed as below with all standards being achieved by the end of NHS Quarter 4

- Incident recording for post-operative infection- all infections that are reported to the Hospital from the local Trusts pathology department, GP and from patient follow ups with Consultants are reported on the BMI Company Clinical Incident Reporting System.
- Audit of appropriate clinical intervention following NEWS scoring (National Early Warning Score) for all patients with a stay greater than 24 hours
- Correct prescribing of antimicrobials in response to post-operative infection- as there are very small numbers of patient who suffer from post-operative infections- a prospective audit was conducted to examine the stewardship of antimicrobials for patients who have antibiotics prescribed and administered for either prophylactic (preventative) or active treatment.

National Clinical Audits

BMI The Park Hospital was only eligible to participate in National Joint Registry audit and all joint replacements are submitted to this. BMI Healthcare tracks the audits but our Consultants load their own information onto the National Joint Registry site. Year to date we have undertaken 179 hip and knee replacements. The breakdown of the information captured on the NJR site for BMI The Park hospital is shown below.

<table>
<thead>
<tr>
<th>Totals for this hospital</th>
<th>2015</th>
<th>Year to date: 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total completed ops</td>
<td>614</td>
<td>179</td>
</tr>
<tr>
<td>Hip procedures</td>
<td>286</td>
<td>81</td>
</tr>
<tr>
<td>Knee procedures</td>
<td>298</td>
<td>89</td>
</tr>
<tr>
<td>Ankle procedures</td>
<td>7</td>
<td>3</td>
</tr>
<tr>
<td>Elbow procedures</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Shoulder procedures</td>
<td>23</td>
<td>5</td>
</tr>
<tr>
<td>NJR consent rate</td>
<td>73%</td>
<td>84%</td>
</tr>
</tbody>
</table>

Research

No NHS patients were recruited to take part in research.

Priorities for Service Development and Improvement

- Planned refurbishment of inpatient patient rooms.
- Development of our new Ambulatory Care Area
- Planned refurbishment of Outpatient rooms
- Planned redesign of the main entrance area
- Planned refurbishment of CathLab
# 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 2015-March 2016** 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 will be the latest information available from the HSCIC website.

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Source</th>
<th>Information</th>
<th>NHS Date Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>Summary Hospital-Level Mortality Indicator (SHMI)</td>
<td>This indicator measures whether the number of patients who die in hospital is higher or lower than would be expected. This indicator is not something that is collected for the Independent Healthcare Sector.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of paediatric patients re-admitted within 28 days of discharge and number of adult patients (16+) re-admitted within 28 days of discharge</td>
<td>Sentinel Risk Management System which is used by all BMI Healthcare Hospitals</td>
<td>This figure provided is a rate per 1,000 amended discharges.</td>
<td>2011-2012</td>
</tr>
<tr>
<td>Percentage of BMI Healthcare Staff who would recommend the service to Friends &amp; Family</td>
<td>BMI Healthcare Staff Survey</td>
<td></td>
<td>NHS Staff Survey 2015</td>
</tr>
<tr>
<td>Number of C.<strong>difficile</strong> infections reported</td>
<td>Sentinel Risk Management System which is used by all BMI Healthcare Hospitals</td>
<td>This indicator relates to the number of hospital-apportioned infections.</td>
<td>April 2014 – March 2015</td>
</tr>
<tr>
<td>Responsiveness to Personal Needs of Patients</td>
<td>Quality Health Patient Satisfaction Report</td>
<td>The responsiveness score provided is an average of all categories applied to Patient Satisfaction questionnaires answered by BMI Healthcare inpatients.</td>
<td>June 2014 – January 2015</td>
</tr>
<tr>
<td>Number of admissions risk assessed for VTE</td>
<td>CQUIN Data</td>
<td>BMI Healthcare only collects this information currently for NHS patients.</td>
<td>April 2014 – March 2015</td>
</tr>
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<td>Number/Rate of Patient Safety Incidents reported</td>
<td>Sentinel Risk Management System which is used by all BMI Healthcare Hospitals</td>
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<td>October 2014 – March 2015</td>
</tr>
<tr>
<td>Number/Rate of Patient Safety Incidents reported (Severe or Death)</td>
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Re-Admissions within 28 Days of Discharge (Paediatric and Adult)

Unplanned readmissions normally are the result of a clinical complication related to the original surgery which requires further intervention than initially planned. All incidents of unplanned readmissions are reported via the internal Clinical Incident reporting systems. All incidents are reviewed and investigated as appropriate to help identify any frequency trends.

There haven’t been any paediatric re-admissions during this period; BMI The Park is encouraged by the results demonstrated. The Park considers that this data is as described due to our procedures and governance processes put in place that supports the delivery of a safe paediatric service.

BMI The Park is encouraged by the results demonstrated which at 3.15/1000 bed days is lower than the national average rate for adult readmission. The Park considers that this data shown is as a result of our procedures and governance of processes that supports the delivery of this service.

The Park are committed to continue to provide and analyse our Adult Re-Admission data and to implement any changes identified which may help to prevent re-admission while employing the safeguards which are embedded in our Clinical Strategy policy.
BMI The Park Hospital is proud of the result demonstrated here which exceeds the national average for staff recommending this site as a healthcare provider. We are reassured that the clinical strategy and governance structure which is in place contributes to the high level of confidence our staff have in the clinical services delivered here. Staff are kept informed of service development either through departmental meetings or monthly forums lead by the Executive Director.
The rate per 100,000 bed days of cases of C difficile infection reported within the hospital

BMI the Park is proud of the report of the rate of C. Diff infections acquired at The Park and considers that this data is because there is a robust antimicrobial stewardship process followed by the prescribers, a strong advocate for Infection Prevention and Control in the site lead who supports all departments by providing training, completing audits and monitors and reports on any identified trends concerning IPC incidents.
Hospital responsiveness to the personal needs of its patients

BMI The Park considers that this data is as described due to the commitment of all our staff to deliver a level of care that is appreciated by the patients. A robust Clinical strategy is in place which facilitates delivery of a safe and effective service. We are proud of our achievement in this area and are committed to maintaining the high standard of care which has supported the results achieved thus far.
The percentage of patients who were admitted to hospital and who were risk assessed for VTE (Venous Thromboembolism).

BMI Healthcare holds VTE Exemplar Centre status granted by the Department of Health across its whole network of hospitals including The Park Hospital. The Park considers that this data is as described because VTE is an important risk factor which we manage to ensure the delivery of safe and effective care particularly within an elective surgery environment. All patients admitted require an assessment of their risk for VTE, compliance with this is audited and supports the results demonstrated above. We are satisfied that the systems in place for managing the risk of VTE are robust. All Incidents of VTE are reported through the clinical incident system BMI The Park acknowledges a limitation of this process which is that the hospital may not be made aware of incidents that may occur after a patient is discharged from the hospital particularly where the diagnosis occurs at a different hospital or GP.

Patient Safety Incidents
The Park Hospital considers that this data is as a result of our commitment to providing appropriate care within a safe environment. All severe incidents are managed accordingly and reported via the internal Clinical incident reporting process. The Park hospital ensures that all severe incidents are appropriately reviewed and shared across the hospital to encourage shared learning as set out in the Clinical strategy.
Further Quality Indicators

Patient Recommendation Results

The Park is satisfied with the data which demonstrates that we are achieving better than the national average. Patient feedback is encouraged and actively sought. The information received is disseminated throughout the governance structure to ensure that we share successes and learn where we have not achieved a high standard. It is reassuring that a high proportion of our patients would be happy to recommend our service to others.