

Chief Executive's Statement

I am pleased to welcome you to our Quality Accounts 2015.

Now in their sixth year, Quality Accounts continue to provide a truly objective metric for us, and others, to gauge the quality of our 59 hospitals and the services they provide against a broad range of criteria.

The past year has seen another step change in the way healthcare providers are externally challenged on the quality they provide. Following a spate of high profile controversies around patient safety, the Care Quality Commission, the UK's health regulator, has introduced a new inspection regime designed to raise standards.

No healthcare provider can afford to be complacent and whilst I believe BMI's hospitals provide safe and effective care, we should always be striving for improvement.

To this end we recently introduced a new Quality Strategy, which articulates how we will provide the best possible care and strive for continual improvement, and live up to our brand promise 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 patients, their insurers, and commissioners expect and deserve.

BMI hospitals have been enthusiastic participants in the pilot programme of the new CQC inspection regime for private providers, and to ensure our facilities are prepared we have developed a self-assessment tool to enable hospitals to compare their perceptions of themselves with those of the external inspectors. The rigorous inspection process itself also underpins the sharing of best practice between hospitals which further drives improvement and consistency.

BMI Healthcare strives to provide the best care but the ultimate arbiters of whether we succeed are our patients. We are committed to monitoring every aspect of the care we provide, and the results of the detailed questionnaires we ask patients to complete inform improvement. We aim to provide a consistent, high quality patient experience and an environment that empowers our consultants to excel. Providing a dependably high quality of care requires constant focus on improvement; the most recent independent research conducted for BMI shows that over 98% of our patients rate their care as excellent or very good.

The information available here has been reviewed by the Clinical Governance Board 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 application, professionalism and ceaseless commitment to improvement is recognized here and in the positive experiences of the patients we care for. Since I joined BMI late last year, I have witnessed this firsthand on my many visits to our hospitals and I am committed to ensuring we build on that success.



Jill Watts, Group Chief Executive



BMI The Beaumont Hospital



BMI The Beaumont Hospital in Bolton, Lancashire is part of BMI Healthcare, Britain's leading provider of independent healthcare with a nationwide network of hospitals & clinics performing more complex surgery than any other private healthcare provider in the country. Our commitment is to quality and value, providing facilities for advanced surgical procedures together with friendly, professional care.

BMI The Beaumont Hospital has 20 rooms all offering the comfort of en-suite facilities, satellite TV and telephone. The hospital has three operating suites, including one specifically designed for orthopaedic surgery.

These facilities combined with the latest in technology and on-site support services; enable our consultants to undertake a wide range of procedures from routine investigations to complex surgery.

This specialist expertise is supported by caring and professional medical staff, with dedicated nursing teams and Resident Medical Officers on duty 24 hours a day, providing care within a friendly and comfortable environment.

In response to patient feedback during the last 12 months there have been a number of facility developments including the creation of several dedicated waiting rooms for outpatients attending for minor surgery as “walk-in, walk-out” patients. This has ensured that there is a quiet space available away from the general waiting areas for patients attending for minor operations.

In addition several of the rooms have been adapted to provide facilities for multi-occupancy so ensuring that patient's admission dates are not unduly delayed. is a concierge service for these changes have been reviewed following patient feedback BMI the Beaumont Hospital offers surgical services for adult patients as part of the Choose & Book offering in addition to the private and self-pay market. Medical services are offered to private patients. Over the 12 month period being reported this has accounted for 76% of activity with the remaining percentage being made up of private and self-pay cases.

BMI Healthcare is registered as a provider with the Care Quality Commission (CQC) under the Health & Social Care Act 2008. BMI the Beaumont Hospital is registered as a location for the following regulated services:-

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

The CQC carried out an unannounced inspection on 5th June 2013 and found that the hospital was fully compliant on the following standards that were inspected on the day:

Care and welfare of people using the services



Management of medicines



Safety, availability and suitability of equipment



Assessing and monitoring the quality of service provision



Complaints



The CQC report is available on the website however a summary from the CQC report is documented below:

During the visit we sampled four patient's care files. We found care had been delivered as documented, within each care pathway, for the particular specialty and treatment.

We observed staff speaking with patients in a professional but friendly manner. We saw that they knocked on doors and waited before entering patient's rooms. When we spoke with two patients we were told: "The staff has been great so far, everything has been explained and they have been extremely pleasant" and "The Nurses here have been like a family, nothing has been too much trouble, I can't praise them enough".

We found there were appropriate systems in place to ensure the safe management of medicines. The hospital had a pharmacy on site and employed two pharmacists. There were current corporate medicines policies and procedures in place for staff guidance.

The Beaumont had appropriate arrangements in place to monitor the quality of the service provided. Regular audits had been undertaken and these included health and safety, hand hygiene and infection control. Action plans had been implemented and updates on how these

were completed were discussed at head of department meetings and individual ward and department meetings.

We found information on how to make a complaint available for patients and visitors throughout the hospital via the "Please tell us" leaflets. We spoke with patients who said staff had informed them about how to raise issues and about the leaflets.

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

Regional Clinical Quality Assurance Groups monitor and analyse trends and ensure that the quality improvements are operationalised. There has been development of

At corporate level the Clinical Governance Board has an overview and provides the strategic leadership for corporate learning and quality improvement.

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

At present we provide full, standardised information to the NHS, including coding of procedures, diagnoses and co-morbidities and PROMs for NHS patients. There are additional external reporting requirements for CQC, Public Health England (Previously HPA) CCGs and Insurers

BMI 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. The data is 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.

1. Safety

1.1 Infection prevention and control

The focus on infection prevention and control continues under the leadership of the Group Director of Infection Prevention and Control and Group Head of Infection Prevention and Control, in liaison with the Infection Prevention and Control Lead Beaumont Hospital. The existing IP&C Lead left BMI in June 2014 and a new IP&C Lead was appointed in February 2015.



During the time the post was vacant and IP&C activities were maintained by the link practitioners.

We have had: -

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

Surgery	Year	Total No	No of SSI	No of SSI as %
Hip Replacement	April 2014 – March 2015	71	1	1.4%
Knee Replacement	April 2014 – March 2015	112	0	0%

Surgical site infection surveillance for all other operations is embedded in practice, through positive microbiology results and monitoring of post-operative antibiotics prescribed. All patients identified as having a post-operative infection undergo full review of notes by the HIPCL. All identified patients are reported on the Sentinel reporting system and monthly surveillance submissions to the corporate governance team. Actions arising from case reviews are reported at monthly Clinical Governance and quarterly IP&C meetings to ensure these are followed through to closure.

Training and Education

IP&C is included in the mandatory training requirements for all clinical and non-clinical staff and incorporates e-learning, face-to-face interactive presentations and practical assessments. During the period the HIPCL post was vacant training was provided off site at other BMI hospitals. However now the new HIPCL is in post 4 clinical sessions have been facilitated to

allow staff whose training had expired to attend. Bespoke sessions have also been facilitated for theatre staff, housekeeping and porters. An ongoing timetable of bi monthly training is planned going forward to include face to face sessions on:

- IPC part 1 – introduction to IPC in the clinical areas, topics covered include hand hygiene, chain of infection and sharp safety
- IPC Care Bundles/High Impact Intervention
- IPC Aseptic Non-Touch Technique – theoretical and practical training

Hand hygiene assessments are undertaken as part of the face to face training session. ANTT practical assessments are required to be completed every 12 months and carried out within the clinical areas (after staff have received the theory training) by link staff or Clinical Managers.

Table of compliance with IPC Training as at April 2015:-

Certification name	Total Assigned	Not yet started	In progress	Completed	Percentage Compliant
Infection Prevention and Control Awareness	55	0	0	55	100%
Infection Prevention & Control in Healthcare	59	2	12	45	76%
Infection Prevention & Control – High impact intervention/Care bundles & ANTT	39	5	5	29	74%

The newly appointed HIPC has developed a clear plan to increase compliance to the training to achieve 90% in the next three months.

Audit

The newly appointed Hospital Infection Prevention and Control Lead (HIPCL) has during their 3 months induction undertaken auditing across the hospital using the Infection Prevention Society Quality Improvement Tools (QIT). Areas audited include:

- Endoscopy
- Theatres
- In-patient areas – ward
- Out-patient areas – physiotherapy
- Out/In-patient areas – hydro-therapy pool
- Out/In-patient areas – Radiology
- Outpatient/consulting rooms

As a result of the audit detailed action plans have been devised, outlining areas of non-compliance, rationale, action required, individual responsible and date for completion. These actions plans are reviewed against progress at every local IP&C meeting to ensure areas of non-compliance are being addressed. These audits form a baseline against which the hospital can year on year demonstrate improvement within IP&C practice and against environmental challenges.

Antimicrobial Monitoring

A baseline hospital antimicrobial self-assessment has been undertaken by the pharmacy department. From this an antimicrobial stewardship action plan has been developed which is led by the pharmacy department. Reports on progress against actions are fed back to the IP&C meetings. Results can be seen below –

Criteria	Optimum Score	Actual Score	RAG Rating
Antimicrobial Management	9	8	Green
Operational delivery	35	2	Red
Clinical Governance	10	1	Red
Education and Training	4	0	Red
Antimicrobial Pharmacy Service	5	0	Red
Patient, carers and public	19	16	Green

The local policy for anti-infective prescribing is currently being developed by one of the pharmacy staff who has experience as working as an antibiotic pharmacist within the HNS. This policy is currently with the microbiologist for review and comment.

Mattress Audit

In March 2015 an audit of bed mattresses and pillows was undertaken – examining cover and foam integrity. 20 Mattresses were audited and as a result of this stringent audit a significant number of mattresses have been replaced. The ward HealthCare Assistants have been educated by the HIPCL in undertaking mattress audits and a monthly audit of mattress integrity is now implemented allowing prompt identification and replacement of non-compliant mattresses. Results will be taken to the local IP&C meetings to ensure on going compliance with audit.

Hand Hygiene

Audit of hand hygiene practice using a BMI tool adapted from the WHO 5 moments multimodal strategy has been reinstated. Initial audits have been undertaken covertly by the HIPCL as part of the QIT audits results are below –

Area	Number of Observations	Number non-compliances	% compliant HH observations
Theatre	10	0	100
Ward	10	1	90
Physio	10	1	90

OPD	10	1	90
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Areas of non-compliance were against adherence to "bare below the elbows" and not performing hand hygiene on removal of gloves. Staff who were non-compliant were educated at the time of the audit with regard to correct technique and the reasons for being bare below the elbows.

Since the initial audit link practitioners have been individually trained by the HIPCL to undertake hand hygiene audits and will undertake them on a monthly basis. These results will be fed back via team meetings and local IP&C meetings.

The WHO hand hygiene self-assessment framework is a systematic tool which is used to obtain a situation analysis of hand hygiene, promotion and practices within an individual health-care facility has been undertaken. The hospital scored a level of intermediate or consolidation. Areas for improvement are regarding - ongoing observation hand hygiene audits, indirect monitoring of hand hygiene compliance via monitoring alcohol gel consumption and rotation of hand hygiene posters to prevent poster blindness. These areas are being monitored via actions on the IP&C meeting action plan.

High Impact Intervention Audit

Audit of practice against the high impact interventions (HII) is fully embedded within theatres; however it is not as yet fully embedded in other clinical areas. This is a priority over the next quarter to ensure that HII audits of practice are embedded to give assurance of practice against national standards for infection prevention and control.

One area identified for improvement has been the introduction of Chlorprep across the hospital. Staff education is planned as a priority in the 1st quarter of the new year with the products now available as stock to be used in preference to skin cleansing with 70% alcohol swabs. Further work is planned to educate surgeons regarding use of Chlorprep as an effective means of skin disinfection pre-operatively.

Sharps Audit

In line with EU Directive 2010/32/EU BMI The Beaumont Hospital has introduced needle-safe devices wherever possible ensuring our cannula and venipuncture equipment are now needle-safe.

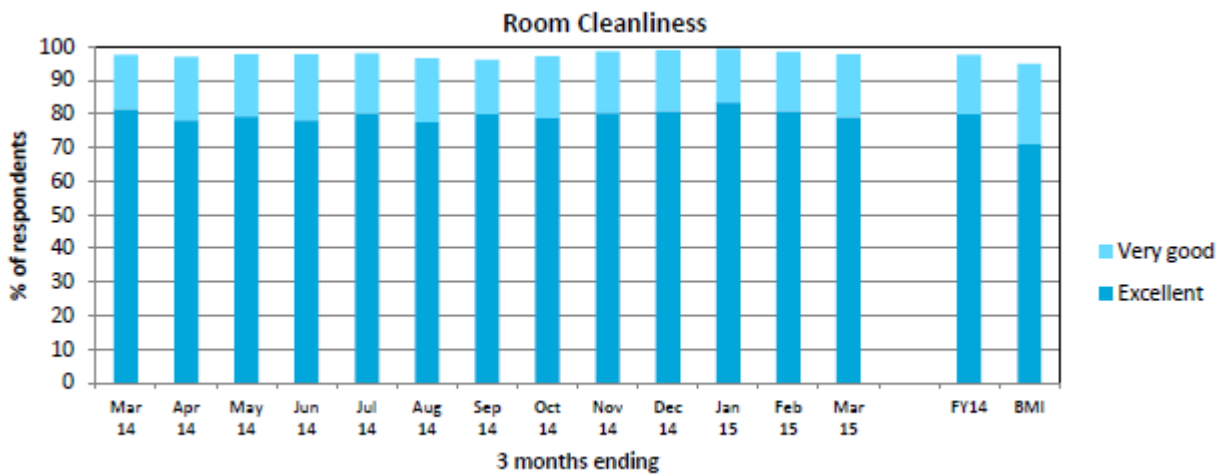
In conjunction with our sharps bin provider (Daniels) there has been an annual audit of our compliance with sharp bin practice carried out in February 2015. A summary provided by Daniels made the following recommendations:

- | |
|--|
| a) Train staff to put the temporary closure in place when unattended or when moved |
| b) Re audit 1 year |

Posters advising staff to use the temporary closure mechanism have been displayed in clinical areas as a reminder. The issue of using temporary closure mechanism has also been incorporated into the face to face IP&C training.

Environmental cleanliness

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



1.2 Patient Led Assessment of the Care Environment (PLACE)

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.

In 2013 we introduced PLACE, which is the new system 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.

Table - Place Audit Results BMI Beaumont May 2014.

Element Audited	% score
Cleanliness	100%
Food Overall	93%
Ward Food	97%
Organization of Food	90%
Condition, Appearance and Maintenance of facilities	92.5%

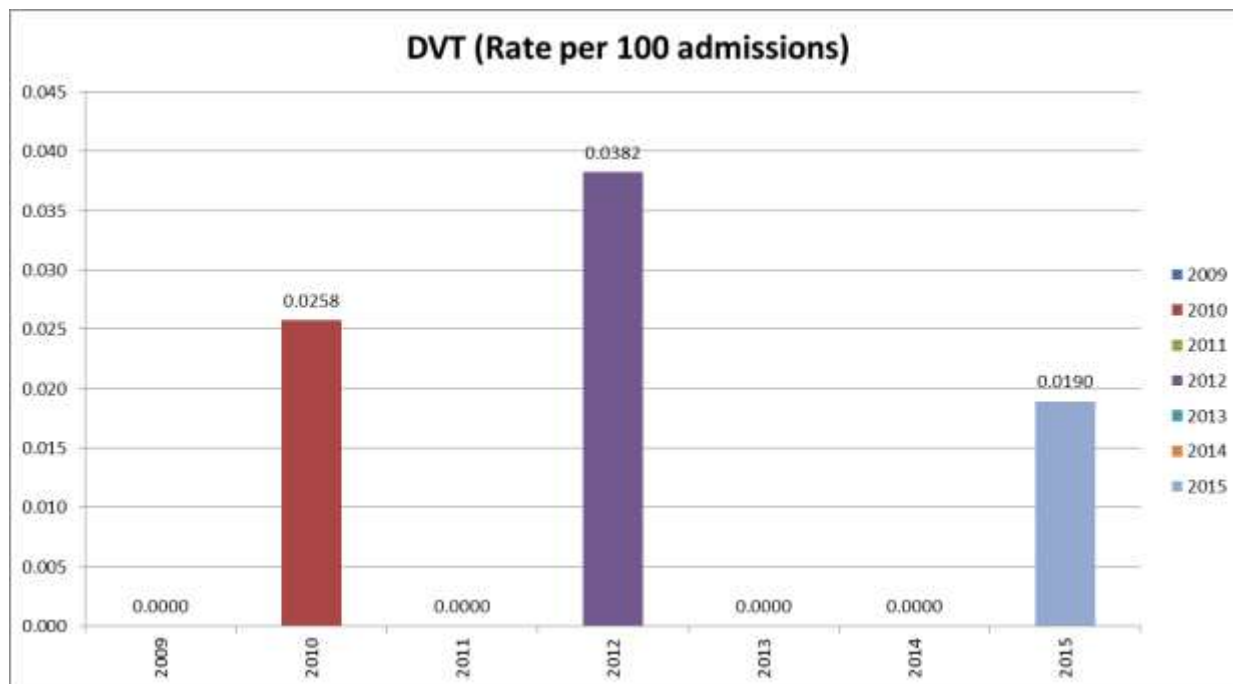
There are some notable improvements from the previous year's audit when changes with the food offering have increased the patient's satisfaction. There have also been some internal redecoration of some areas with a planned programme of ongoing refurbishment identified for the coming 12 month period.

1.3 Venous Thrombo-embolism (VTE)

BMI Healthcare, holds VTE Exemplar Centre status by the Department of Health across its whole network of hospitals including, BMI The Beaumont Hospital. BMI Healthcare was awarded the Best VTE Education Initiative Award category by Lifeblood in February 2013 and were 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 have scored 98.25% over the last 12 month period. This is above the target compliance rate by 3%. These risk assessments continue to be a focus for all relevant clinical staff whom all have access to the results and their performance via feedback at clinical meetings.

BMI The Beaumont 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. .



2. Effectiveness

2.1 Patient reported Outcomes (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 is a Department of Health led programme.

For the current reporting period, the tables below should demonstrate the health gain between Questionnaire 1 (pre-operative) and Questionnaire 2 (post-operative) for patients undergoing hip replacement and knee replacement at The Beaumont Hospital however as can be seen unfortunately there has been less than 30 patients have participated during the reporting period and as a result no score is available.

A local focus over the last 12 month period has been to increase the number of participating patients led by the pre-assessment team and there is some evidence of this increase however there has not been an increase in the number of patients who have completed the postoperative questionnaire. The Physiotherapy team at the hospital will continue to encourage patients to continue with the process and participate.

Oxford Hip Score average			
April 14 – September 14	Q1	Q2	Health gain between reporting periods
BMI The Beaumont Hospital	*	*	*
England	18.16	40.081	21.922

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Oxford Knee Score average			
April 14 – September 14	Q1	Q2	Health gain between reporting periods
BMI The Beaumont Hospital	*	*	*
England	19.401	36.103	16.702

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2.2 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.

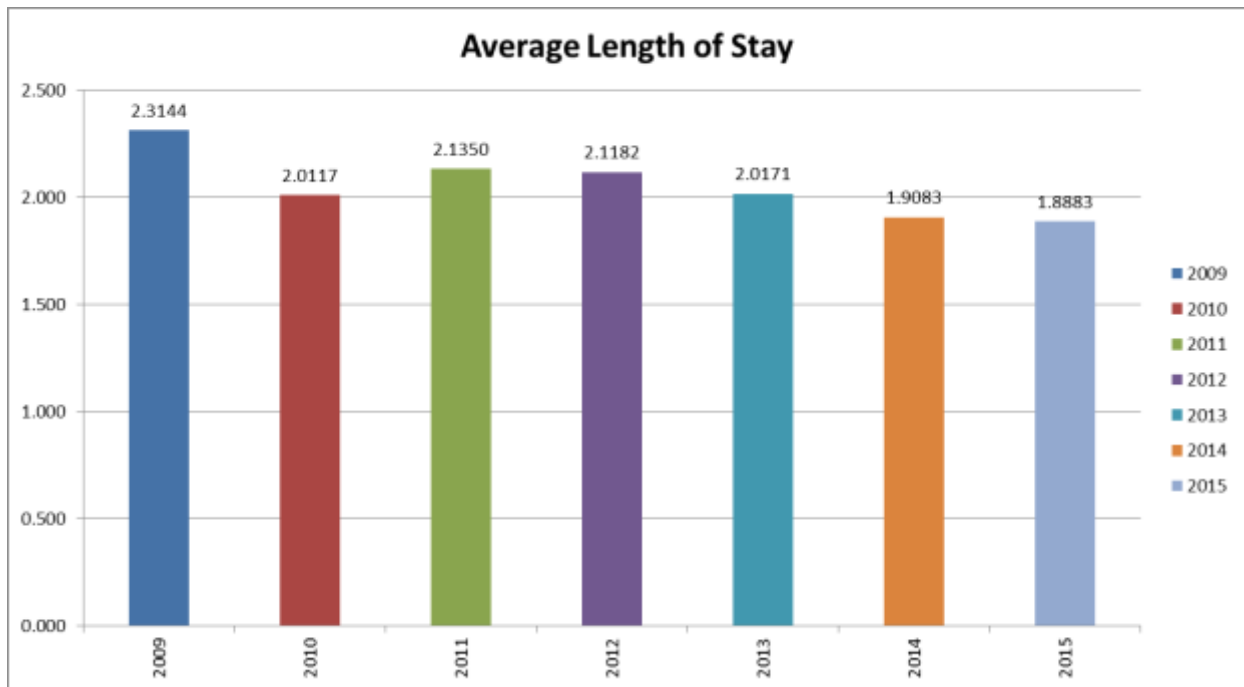
ERP is based on the following principles:-

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 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*

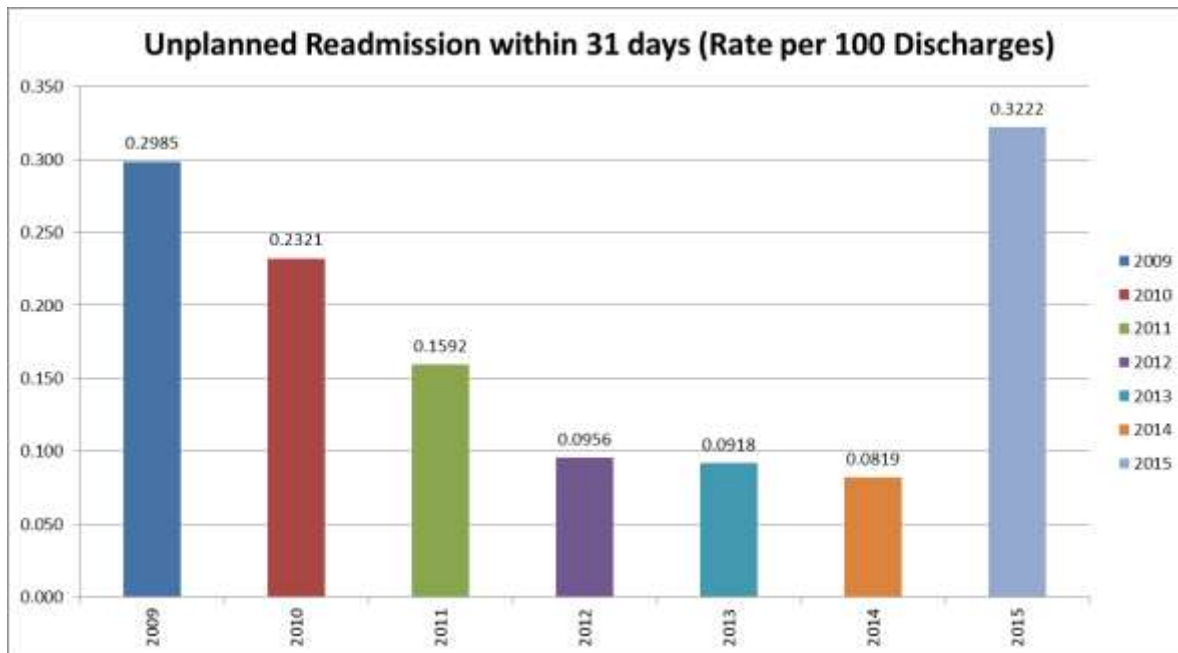
The local team has continued to review local pathways and year on year the average length of stay for patients has reduced. The reduction in the last 12 month period can be attributed to the continued focus on pre-operative patient engagement over the last 12 months which has included the increased engagement of the pharmacy team with specific groups of patients. In addition pharmacy staff have commenced pre-discharge counselling for a broader range of patients to ensure that they are fully aware of their medications, the reasons why they are taking them and the importance of taking these according to the instructions. This will continue to be a focus over the next year.

The chart below demonstrates the continued reduction in length of stay

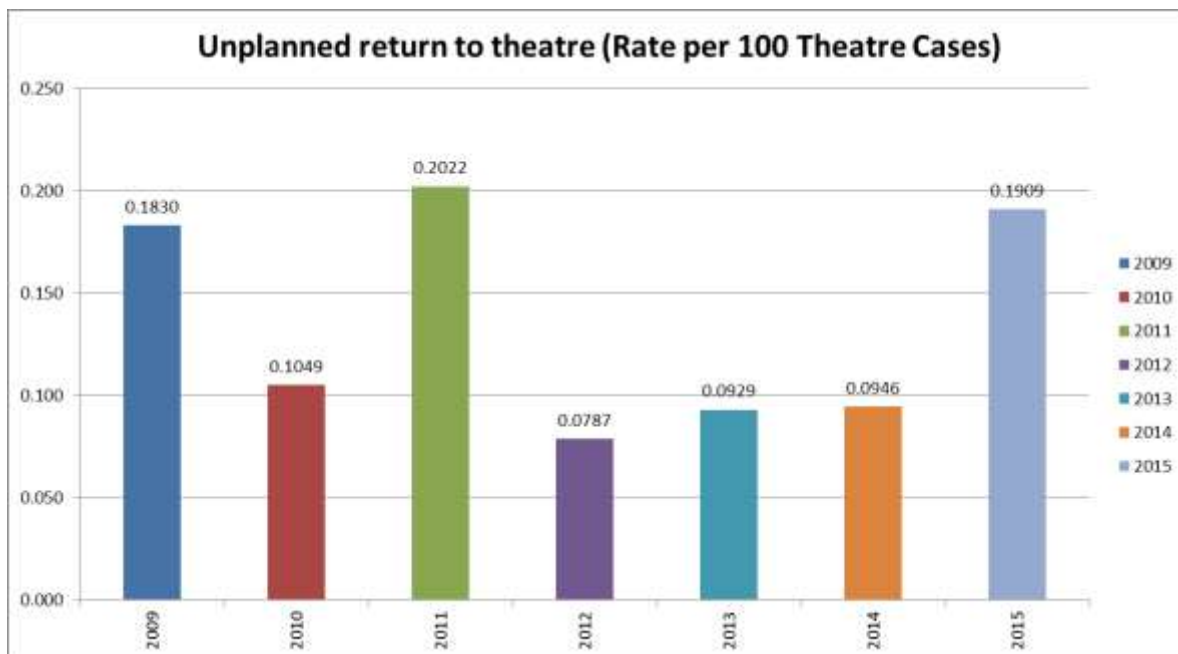


2.3 Unplanned Readmissions within 31 days and unplanned returns to theatre.

Unplanned readmissions and unplanned returns to theatre are normally due to a clinical complication related to the original surgery.



The last reporting period has shown an increase in the number of reported unplanned readmissions within 31 days. A detailed review has been undertaken and this increase can be attributed to a number of factors; the main one being an increased focus on incident reporting as one aspect of the re-launched governance agenda led by the Director of Clinical Services who took up post at the end of April 2014. All incidents of readmission are investigated and the lessons learnt from these investigations are discussed at the relevant clinical meetings including clinical governance and with the departmental teams through team meetings and daily communication meetings. This will continue to remain a focus over the next 12 months.



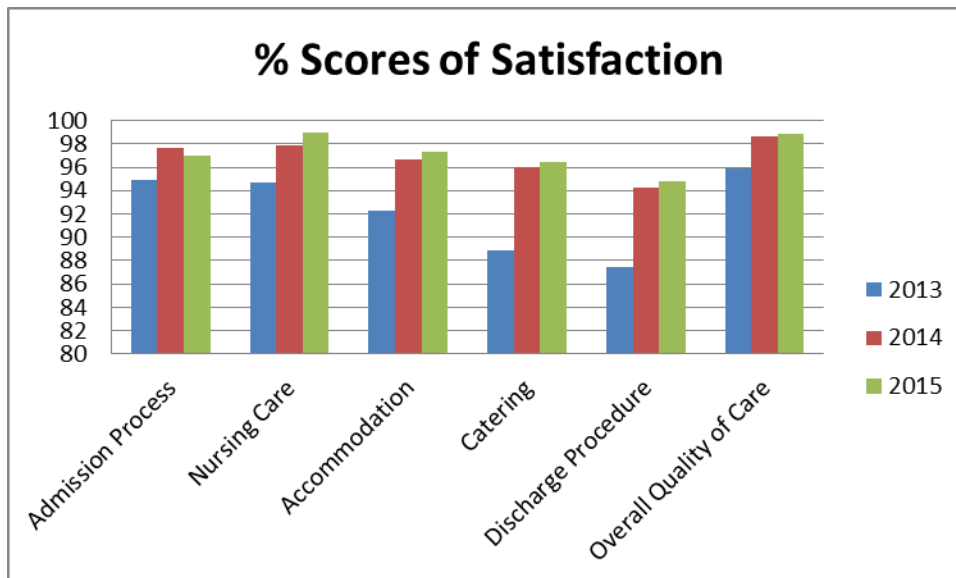
As identified in the previous section an increased result in unplanned returns to theatre is noted and once again is partially attributed to the increased reporting culture being cascaded throughout the clinical teams. There has been an increased requirement on pre-assessment over the last 12 months which has resulted in additional staff being recruited and trained to undertake these clinical assessments. Detailed reviews of monthly data has not identified any specific trends in relation to specialties or individual consultants and all reasons for returns were appropriate and clinically relevant. These rates will continue to be monitored on a monthly basis and detailed investigations will be conducted in to each individual case.

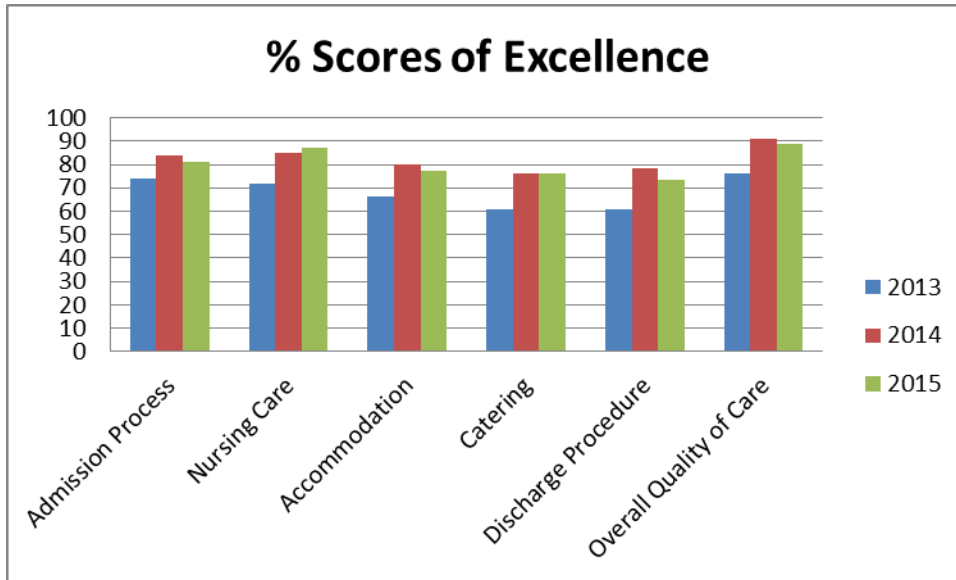
3. Patient experience

3.1 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.

The Beaumont Hospital teams have continued to focus on the feedback from patients who use the services at the hospital and this can be demonstrated visually by the graphs below. All areas of % Satisfaction have shown an increase over the last 12 months with the exception of the admission process. A group of staff from across a range of departments have identified that the main area of improvement required relates to the patients perceptions of the speed of admission. In the last few months a number of process reviews have already commenced in relation to the timing of admission related to the time to surgery, the scheduling of patients within the theatre list order and improved communication of what patients should expect. These changes are in the initial stages and will require further monitoring and review over the coming months.





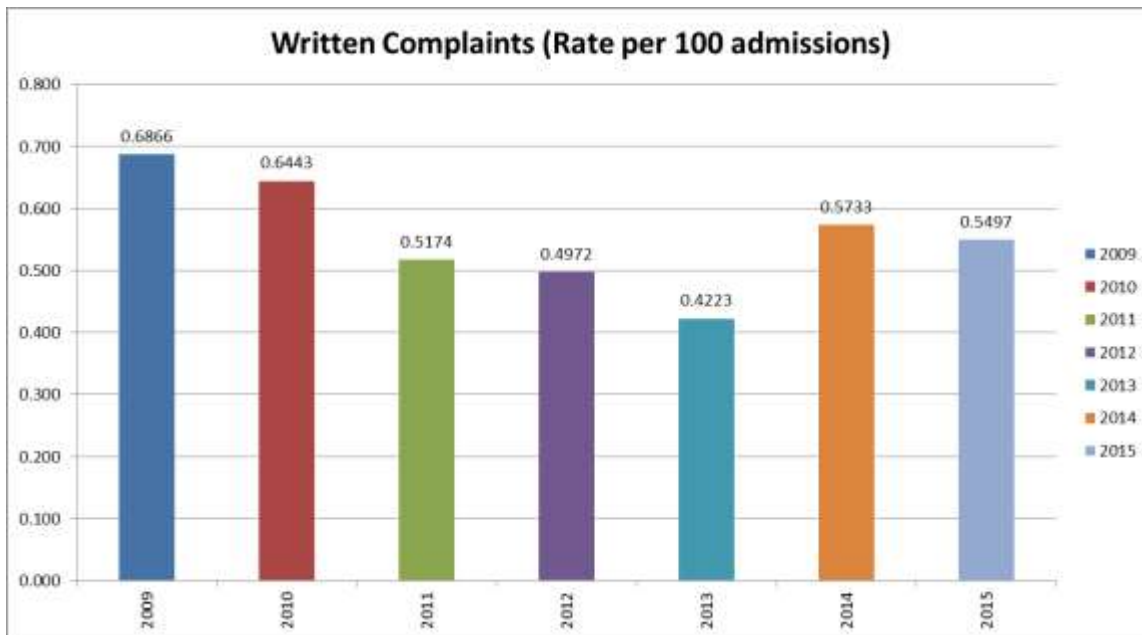
3.2 Complaints

In addition to providing all patients with an opportunity to complete a satisfaction survey BMI The Beaumont 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.



From 1st April 2014 and 31st March 2015, 29 written complaints were received at The Beaumont Hospital.

As last year, the main themes are around communication, financial costs, and the delay/cancellation of outpatient appointments. Two of the complaints received had two subject matters contained within them. The breakdown is as follows:

Amenities	1
Appointments, delay/cancellation (inpatient)	2
Appointments, delay/cancellation (outpatient)	5
Clinical Judgement	1
Clinical Treatment	4
Communication/information to patients (written and oral)	7
Consultant	2
Delay in obtaining test results	1
Financial Costs	5
Medical Treatment	1
Staff attitude	2

When analysing the breakdown within each theme, there are no particular trends, apart from patients not being made aware of additional charges for tests during consultation. This has been addressed with the Consultants concerned; every effort is made to draw patient's attention to the notices in waiting areas and consulting rooms advising of additional charges. The outpatient nurses will also advise patients if they are chaperoning.

4. CQUINS

In 2014/2015 BMI The Beaumont Hospital achieved CQUINS in the following areas:

<i>CQUINS</i>	<i>Scores</i>
Friends and Family Test (target of >30 % Q 4)	32%
NHS Safety Thermometer	100%
Audit of NEWS Scores	98%
Establishing Mental Capacity (over 65 years of age)	92%
Alcohol Intervention (assessment of all patients admitted)	100%
Lessons learnt from moderate to severe incidents	< 1% incidence rate

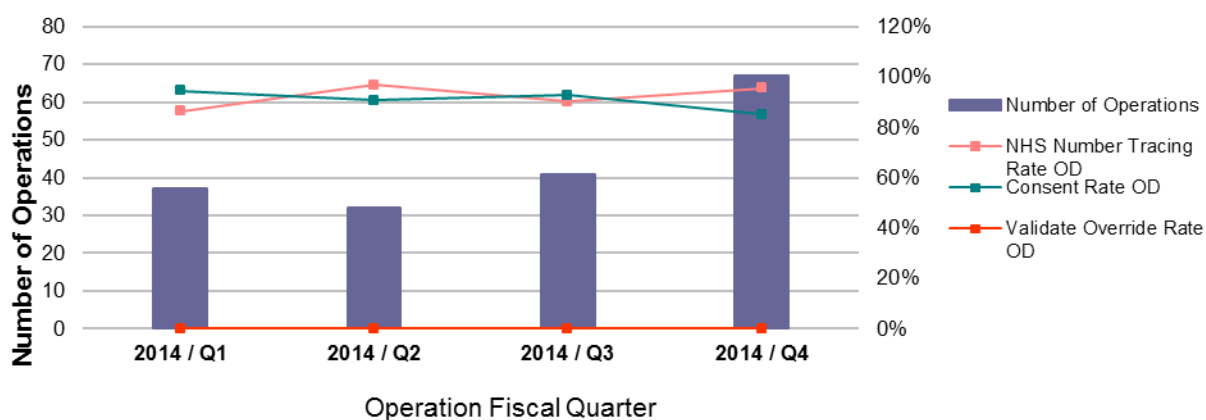
In addition BMI The Beaumont continued to fulfil all the previous year's CQUINs including post discharge phone calls and VTE risk assessment.

5. National Clinical Audits

BMI The Beaumont Hospital was only eligible to participate in National Joint Registry audit and all joint replacements are submitted to this. BMI hospital data is from page 196 onwards in latest NJS report.

NJR Summary Data BMI Healthcare - BMI The Beaumont Hospital – 2014

Fiscal Year	Fiscal Quarter	Fiscal Month	No. of Operations	Number in Edit	No. of Hips	No. of Knees	No. of Ankles	No. of Elbows	No. of Shoulders	Consent Yes	Consent No	Consent Don't Know	Consent Rate	NJS Number Supplied	NJS Number Traced	Tracing Rate	No. with Validate Override	Validate Override Rate
2014	Q1	April	8		4	4	0	0	0	8	0	0	100%	0	7	88%	0	0%
2014	Q1	May	13		5	8	0	0	0	12	0	1	92%	0	11	85%	0	0%
2014	Q1	June	14		3	11	0	0	0	13	0	1	93%	0	12	86%	0	0%
2014	Q2	July	16		7	9	0	0	0	16	0	0	100%	0	16	100%	0	0%
2014	Q2	August	5		1	4	0	0	0	4	0	1	80%	0	4	80%	0	0%
2014	Q2	September	14		6	8	0	0	0	12	0	2	86%	0	14	100%	0	0%
2014	Q3	October	15		7	8	0	0	0	15	0	0	100%	0	15	100%	0	0%
2014	Q3	November	13		3	10	0	0	0	10	0	3	77%	0	11	85%	0	0%
2014	Q3	December	11		1	10	0	0	0	11	0	0	100%	0	9	82%	0	0%
2014	Q4	January	19		10	9	0	0	0	15	0	4	79%	0	19	100%	0	0%
2014	Q4	February	29		12	17	0	0	0	23	0	6	79%	4	27	93%	0	0%
2014	Q4	March	22		11	11	0	0	0	22	0	0	100%	7	21	95%	0	0%
		Totals	179		70	109	0	0	0	161	0	18	90%	11	166	93%	0	0%



There has been a significant increase in the total number of operations performed at The Beaumont Hospital in the last quarter by 40%, which is also an increase on the previous year. The consent rate has remained relatively stable through the year and is similar to the previous year. The Pre-Assessment nurses continue to discuss the importance and value of participating in this audit with all relevant patients and continue

to ensure that any patients listed for shoulder, ankle and elbow replacement procedures are also approached.

6. Research

No NHS patients were recruited to take part in research.

7. Priorities for service development and improvement

The Beaumont Hospital focus for service development and improvement will continue with several of the identified areas last year to ensure that these developments are fully embedded. The development of a static MR scanner at the site this year has been delayed however remains a priority for the hospital

Additional areas include:

- The ongoing development and expansion of outpatient based services supported by an upgraded facility to include an air exchange unit
- Consideration to the development of a discharge lounge for patients clinically fit for discharge who no longer require nursing care and are waiting to go home
- An increase in capacity for increasing the number of walk in, walk out theatre procedures

8. Mandatory Quality Indicators

8.1 The value of the summary hospital-level mortality indicator (SHMI) for the The Beaumont Hospital for the reporting period.

Unit	Reporting Periods (at least last two reporting periods)	National Average	Highest National Score	Lowest National Score
0	Oct 2012 – Jun 2014	0.9987	1.1849	0.58345

The Beaumont Hospital is not able to report on this data as described there have been 0 cases of peri-operative mortality at the hospital

The Beaumont Hospital (intends to continue its focus on ensuring that the clinical assessments of suitability for admission to the hospital are maintained to ensure that no patients are placed at risk by coming to the hospital

8.2 The Beaumont Hospital's patient reported outcome measures scores for

(i) Groin hernia surgery

Unit	Reporting Periods (at least last two reporting periods)	National Average	Highest National Score	Lowest National Score
0.058	Apr 14 – Sept 14	0.0786	0.278	-0.112

The Beaumont Hospital considers that this data is as described for the following reasons: a small number of this type of procedures are performed at the hospital

The Beaumont Hospital will continue to ensure that the local community is aware that this type of surgery is offered at the hospital and as a day case procedure.

(ii) Varicose vein surgery

Unit	Reporting Periods (at least last two reporting periods)	National Average	Highest National Score	Lowest National Score
No data	Apr 14 – Sept 14	-7.395	-1.957	-12.571

There has been no data provided for this procedure and therefore we are not able to provide any narrative.

(iii) Hip replacement surgery

Unit	Reporting Periods (at least last two reporting periods)	National Average	Highest National Score	Lowest National Score
*	Apr 14 – Sept 14	21.542	28.6	9.714

The Beaumont Hospital considers that this data is as described due to insufficient patient numbers.

The Beaumont Hospital intends to continue to ensure that the local community is aware of the facilities available at the hospital however the increasing number of patients with comorbidities may be a contributory factor for the insufficient numbers suitable for patients to be admitted to the facility. Robust clinical assessment will continue to be a focus to ensure that patient safety remains the main priority for the clinical teams.

(iv) Knee replacement surgery during the reporting period.

Unit	Reporting Periods (at least last two reporting periods)	National Average	Highest National Score	Lowest National Score
*	Apr 14 – Sept 14	16.641	24.429	5.833

The Beaumont Hospital considers that this data is as described due to insufficient patient numbers which is notable with the reduction in patients being reported for this procedure.

The Beaumont Hospital intends to continue to ensure that the local community is aware of the facilities available at the hospital however the increasing number of patients with comorbidities may be a contributory factor for the insufficient numbers suitable for patients to be admitted to the facility. Robust clinical assessment will continue to be a focus to ensure that patient safety remains the main priority for the clinical teams.

8.3 (i) The percentage of patients aged 0-14 readmitted to a hospital which forms part of the Beaumont Hospital within 28 days of being discharged from a hospital which forms part of the hospital during the reporting period.

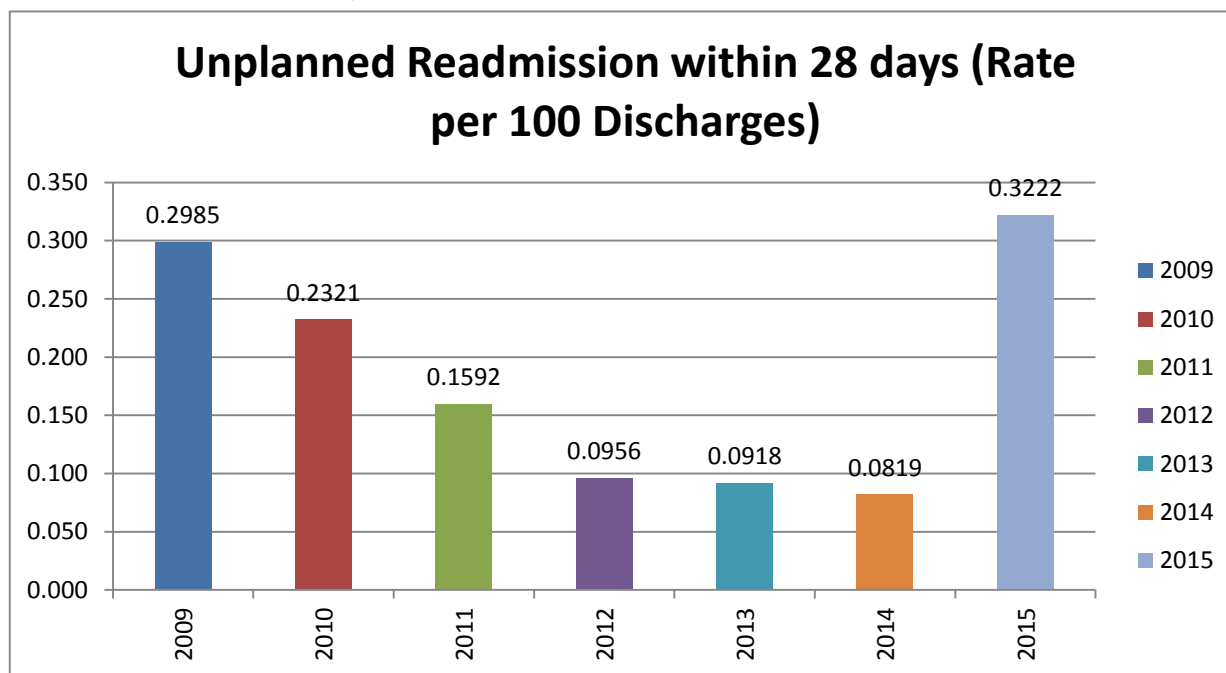
Unit	Reporting Periods (at least last two reporting periods)	National Average	Highest National Score	Lowest National Score
0%	Apr 11 - Mar 12	11.45	14.35	7.96

As the Beaumont Hospital does not admit any patients under the NHS contract who are under 17 years of age for procedures, there is a 0 score reported and therefore no actions required.

8.3.(ii) The percentage of patients aged 15 or over readmitted to a hospital which forms part of the Beaumont Hospital within 28 days of being discharged from a hospital which forms part of the hospital during the reporting period.

Unit	Reporting Periods (at least last two reporting periods)	National Average	Highest National Score	Lowest National Score
No data	Apr 11 – Mar 12	10.01	14.51	5.54

As the Beaumont Hospital does not admit any patients under the NHS contract who are less than 17 years of age for surgical procedures, the readmission rate only includes patients above 17 years of age. A detailed explanation of the increase in readmission rate is provided within section 2.3 earlier in this report.



8.4 The Beaumont Hospital's responsiveness to the personal needs of its patients during the reporting period.

Unit	Reporting Periods (at least last two reporting periods)	National Average	Highest National Score	Lowest National Score
97.62%	2013-2014	68.7	85	54.4

The Beaumont Hospital continues to provide care that patients report as very positive with a score that is 28 points higher than the national average and 12.5 points above the highest national score. This is also a further increase from the previous annual report

The Beaumont Hospital will continue to ensure that patients remain at the centre of the care delivery process; a focus also when service reviews are completed. This approach plus appropriate levels of staff to patient ratios in all areas where care is delivered further supports this.

8.5 The percentage of patients who were admitted to The Beaumont Hospital and who were risk assessed for venous thromboembolism during the reporting period.

Unit	Reporting Periods (at least last two reporting periods)	National Average	Highest National Score	Lowest National Score
99%	Apr 14 – Jan 15	95	100	87

The Beaumont Hospital collects this data on a monthly basis for all patients admitted for procedures undertaken in the theatre suite and is pleased to report high levels of compliance. All relevant staff participate in the audit programme and the results of audits and any lessons learnt are shared at team meetings and considered as part of care delivery reviews.

8.6 The rate per 100,000 bed days of cases of C difficile infection reported within the Beaumont Hospital amongst patients aged 2 or over during the reporting period.

Unit	Reporting Periods (at least last two reporting periods)	National Average	Highest National Score	Lowest National Score
0	Apr 13 – Mar 14	14.7	37.1	0

The Beaumont Hospital is pleased to report a 0 rate and considers that this data is as described due to the admissions policy and robust screening processed in place plus the environment, staff training in infection control and the high standards of cleanliness that exist within the hospital.

8.7 The number and, where available, rate of patient safety incidents reported within the Beaumont Hospital during the reporting period, and the number and percentage of such patient safety incidents that resulted in severe harm or death.

Number of patient safety incidents reported

Unit	Reporting Periods (at least last two reporting periods)	National Average	Highest National Score	Lowest National Score
198	Oct 13 – Sep 14	20	139	0

Rate of patient safety incidents reported (Incidents per 100 Bed Days)

Unit	Reporting Periods (at least last two reporting periods)	National Average	Highest National Score	Lowest National Score
14.888	Oct 13 – Sep 14	3.589	7.496	0.0245

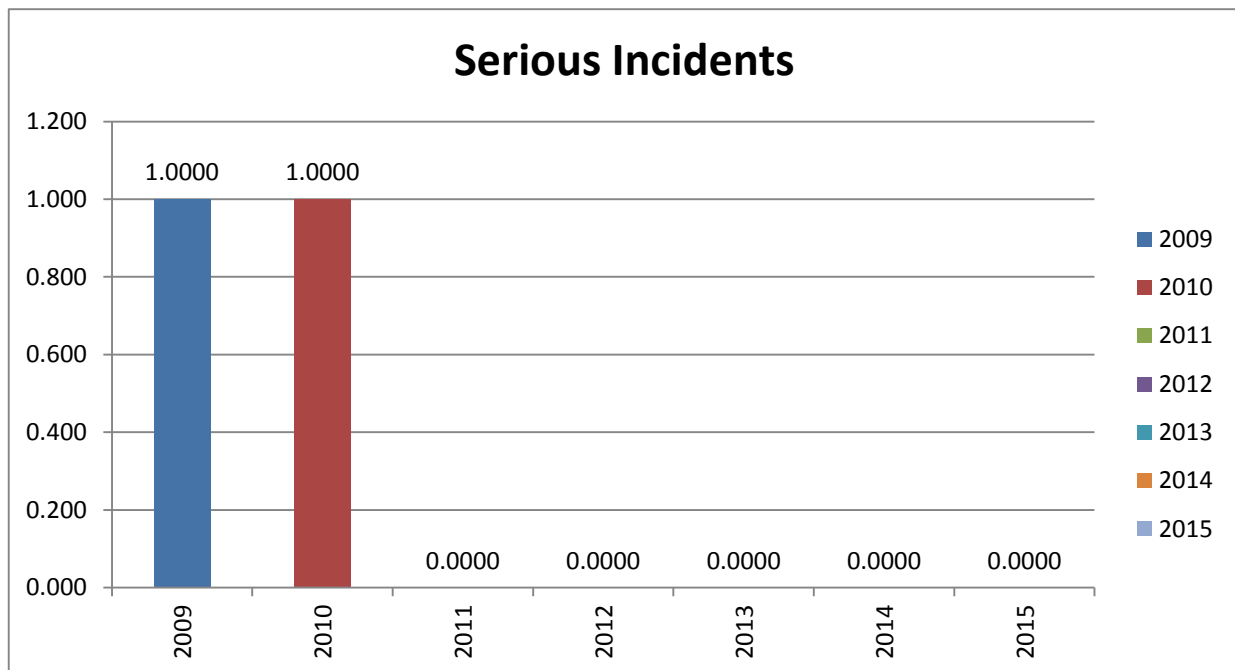
Number of patient safety incidents that resulted in severe harm or death

Unit	Reporting Periods (at least last two reporting periods)	National Average	Highest National Score	Lowest National Score
0	Oct 13 – Sept 14	40.2	97	0

Percentage of patient safety incidents that resulted in severe harm or death (Incidents per 100 Admissions)

Unit	Reporting Periods (at least last two reporting periods)	National Average	Highest National Score	Lowest National Score
0.00	Oct 13 – Sept 14	0.3	2.4	0.0

The graph below graphically demonstrates that there have been 0 serious incidents in the period being reported and for the previous 4 year period at The Beaumont Hospital.



The Beaumont Hospital has a very focused strategy to ensure that patient safety is paramount. This is supported by thorough clinical risk assessment which is completed either before or on admission for all patients. The hospitals focus on increased reporting and detailed investigations of all incidents has facilitated in addition to the clinical leadership at departmental level to ensure that incidents are discussed and reviewed with team members and any lessons learnt and used to review care delivery. This focus will continue and is an integral component of the ongoing clinical strategy at The Beaumont Hospital.

8.8 The percentage of staff employed by the Beaumont Hospital during the reporting period, who would recommend the Beaumont Hospital as a provider of care to their family or friends.

Unit	Reporting Periods (at least last two reporting periods)	National Average	Highest National Score	Lowest National Score
86.3%	2014	64.58	96.43	33.73

The score for The Beaumont Hospital has been collected by a specific staff survey continue to be a high score in within BMI Healthcare and supports the calibre and engagement of the hospitals staff.

9. Non-Mandatory Quality Indicators

9.1 The percentage of patients who received care as inpatients or discharged from A &E during the reporting period, who would recommend the Beaumont Hospital as a provider of care to their family or friends.

Unit	Reporting Periods (at least last two reporting periods)	National Average	Highest National Score	Lowest National Score
85.50%	Jun 13 – Jan 14	66.23	94.38	35.63

The Beaumont Hospital's result remains consistently above 80% and as stated above is testament to the calibre of the hospital staff and their commitment to providing excellent care.