

# ASPEN HEALTHCARE



## Quality Accounts 2019 - 2020

CANCER CENTRE  
LONDON

CLAREMONT  
PRIVATE HOSPITAL

HIGHGATE  
PRIVATE HOSPITAL

MIDLAND EYE  
PRIVATE CLINIC

NOVA  
HEALTHCARE

PARKSIDE  
PRIVATE HOSPITAL

THE EDINBURGH  
CLINIC

THE HOLLY  
PRIVATE HOSPITAL

Welcome to exceptional healthcare



Our mission is to provide first-class independent healthcare for the local community in a safe, comfortable and welcoming environment; one in which we would be happy to treat our own families.



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# Welcome to Aspen Healthcare

Aspen Healthcare was established in 1998 and is a UK-based private healthcare provider with extensive knowledge of the healthcare market. The Group's core business is the management and operation of private hospitals and other medical facilities, such as day surgery clinics, many of which are in joint partnership with our Consultants.

Aspen Healthcare facilities cover a wide range of specialties and treatments providing consulting, diagnostic and surgical services, as well as state-of-the-art oncological services.

We deliver this care always with our mission statement underpinning everything that we do: **"Our mission is to provide first-class independent healthcare for the local community in a safe, comfortable and welcoming environment; one in which we would be happy to treat our own families."**

Aspen Healthcare is now one of the main providers of independent hospital services in the UK and, through a variety of local contracts we provided 18,525 inpatient and day case NHS patient episodes of care last year, comprising nearly 43% of our inpatient numbers.

We work very closely with other healthcare providers in each locality including GPs, Clinical Commissioning Groups and NHS Acute Trusts to deliver the highest standard of services to all our patients.

It is our aim to serve the local community and excel in the provision of quality acute private healthcare services in the UK.

We are pleased to report that in 2019 our patient satisfaction ratings continued to improve with 99% of our inpatients and day patients rating the overall quality of their care as 'excellent', 'very good' or 'good', and 98% of inpatients and outpatients stating that they were 'extremely likely' or 'likely' to recommend the Aspen Healthcare hospital/clinic they visited.

Across Aspen Healthcare we strive to go 'beyond compliance' in meeting required national standards and excel in all that we endeavour to do. Although every year we are happy to look back and reflect on what we have achieved, more importantly we look forward and set our quality goals even higher to constantly improve upon how we deliver our care and services.

**Within these eight facilities, comprising over 250 beds and 18 theatres, in 2019 alone Aspen has delivered care to:**



More than  
**44,000**  
patients who were  
admitted into  
our facilities



Just over  
**8,300**  
patients who stayed  
as an inpatient for  
overnight care



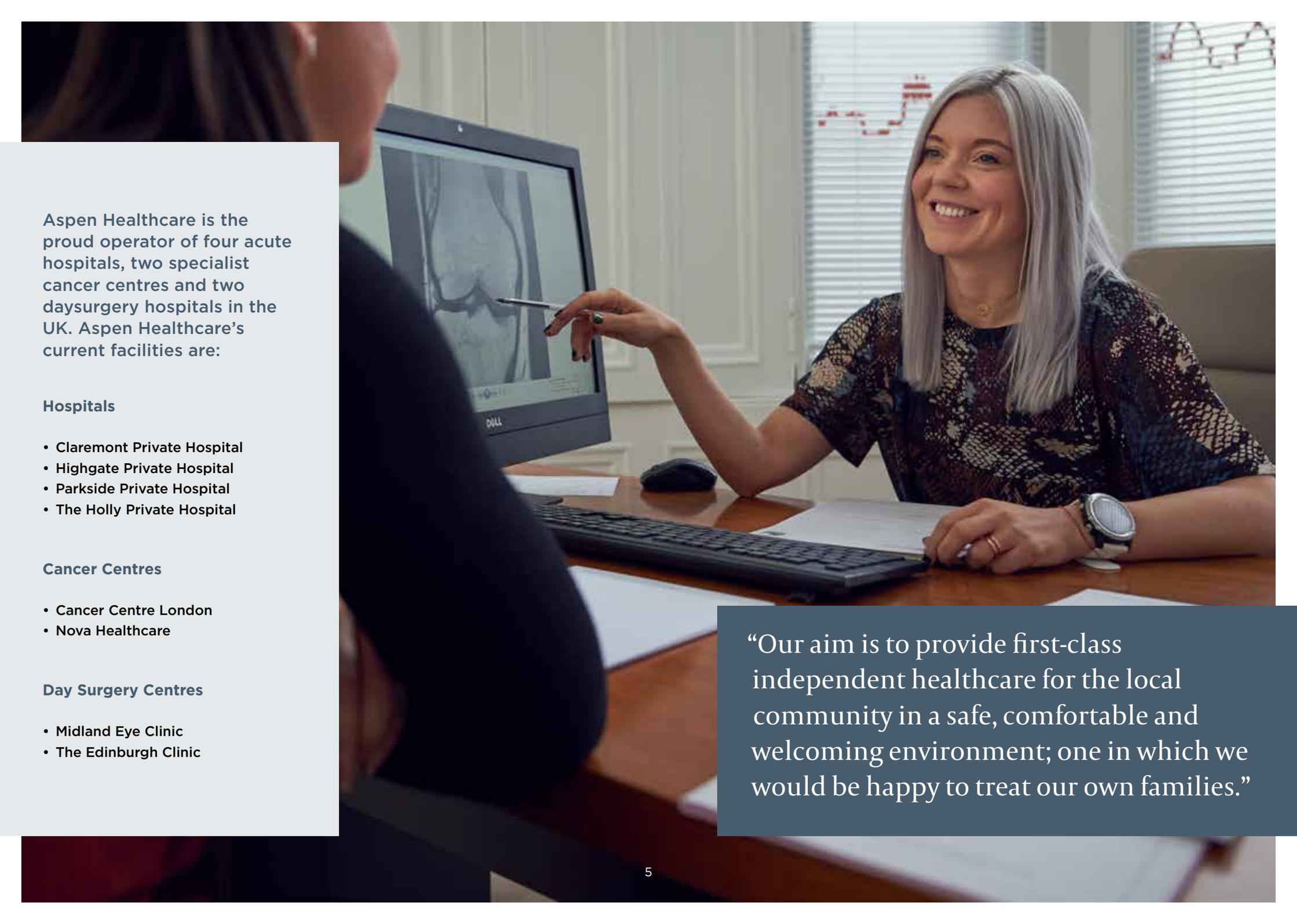
Over  
**35,700**  
patients who  
required day  
case surgery



Almost  
**306,000**  
patients who attended  
our outpatient departments



Over  
**70,000**  
patients who  
attended our diagnostic  
departments.



Aspen Healthcare is the proud operator of four acute hospitals, two specialist cancer centres and two daysurgery hospitals in the UK. Aspen Healthcare's current facilities are:

#### Hospitals

- Claremont Private Hospital
- Highgate Private Hospital
- Parkside Private Hospital
- The Holly Private Hospital

#### Cancer Centres

- Cancer Centre London
- Nova Healthcare

#### Day Surgery Centres

- Midland Eye Clinic
- The Edinburgh Clinic

“Our aim is to provide first-class independent healthcare for the local community in a safe, comfortable and welcoming environment; one in which we would be happy to treat our own families.”

# Introduction to Aspen Healthcare Facilities

## Cancer Centre London

### Facilities

- 6 consulting rooms
- 12 chemotherapy chairs
- Nuclear Medicine
- PET/CT
- Radiotherapy
- Chemotherapy

### Awards and Accreditations

- WorldHost® Business Status
- Macmillan Quality Environment Mark (MQEM)
- CHKS Cancer Standards Accreditation

## Claremont Private Hospital

### Facilities

- 12 consulting rooms
- 46 beds
- 3 theatres
- Pharmacy
- Endoscopy
- MRI
- CT
- Ultrasound
- X-Ray

### Awards and Accreditations

- WorldHost® Business Status
- AfPP for Theatres
- Joint Advisory Group (JAG) Accreditation
- Finalist LaingBuisson Awards 2019: Private Hospital of the Year

## Highgate Private Hospital

### Facilities

- 11 consulting rooms
- 41 beds
- 4 theatres
- Pharmacy
- Endoscopy Suite
- MRI
- CT
- Ultrasound
- X-Ray

### Awards and Accreditations

- WorldHost® Business Status
- AfPP for Theatres
- Joint Advisory Group (JAG) Accreditation

## Midland Eye Clinic

### Facilities

- 3 consulting rooms
- 1 theatre
- Pre-assessment room
- Diagnostics room
- Recovery room

### Awards and Accreditations

- WorldHost® Business Status
- AfPP for Theatres
- Finalist LaingBuisson Awards 2019: Public Private Partnership

## Nova Healthcare

### Facilities

- 3 consulting rooms
- 3 day care beds/seats
- 4 ambulatory patient treatment bays
- Gamma Knife
- Nuclear Medicine
- PET/CT
- Radiotherapy
- Chemotherapy

### Awards and Accreditations

- WorldHost® Business Status

## Parkside Private Hospital

### Facilities

- 38 consulting rooms
- 75 beds
- 4 theatres
- 4 treatment rooms
- 12 day care beds/seats
- 5 HDU beds
- Pharmacy
- Endoscopy Suite
- MRI
- CT
- Ultrasound
- X-Ray
- DEXA
- Stereotactic mammography

### Awards and Accreditations

- WorldHost® Business Status
- AfPP for Theatres
- Winner UK Business Awards 2019, Wellbeing at Work Award
- Finalist LaingBuisson Awards 2019: Nursing Practice and Management Excellence
- Macmillan Quality Environment Mark (MQEM)

## The Edinburgh Clinic

### Facilities

- 8 consulting rooms
- 7 day care beds/seats
- 1 theatre
- 1 treatment room
- MRI
- CT
- Ultrasound
- X-Ray
- DEXA

### Awards and Accreditations

- WorldHost® Business Status
- AfPP for Theatres

## The Holly Private Hospital

### Facilities

- 24 consulting rooms
- 39 beds
- 5 theatres
- 6 treatment rooms
- 8 day care beds/seats
- 6 private rooms with seats
- 6 chemotherapy bays/beds
- Pharmacy
- MRI
- CT
- Ultrasound
- X-Ray
- DEXA
- Mammography

### Awards and Accreditations

- WorldHost® Business Status
- AfPP for Theatres
- Macmillan Quality Environment Mark (MQEM)
- Silver Investors in People
- Winner International Customer Experience Awards 2019
- Winner UK Employee Experience Awards 2019

## Care Quality Commission (CQC) and Health Improvement Scotland (HIS) Ratings

CQC Criteria	Cancer Centre London	Claremont Private Hospital	Highgate Private Hospital	Midland Eye	Nova Healthcare	Parkside Private Hospital	The Edinburgh Clinic	The Holly Private Hospital
Safe	Good ●	Good ●	Good ●	Good ●	Good ●	Good ●	Regulated by Health Improvement Scotland. Rated <b>Good</b>	Good ●
Effective	Good ●	Good ●	Good ●	Good ●		Good ●		Good ●
Caring	Good ●	Outstanding ★	Good ●	Good ●	Good ●	Good ●		Good ●
Responsive	Good ●	Good ●	Good ●	Good ●	Good ●	Good ●		Good ●
Well-led	Good ●	Outstanding ★	Outstanding ★	Outstanding ★	Good ●	Good ●		Outstanding ★
Overall rating								

## Award-winning Healthcare

Aspen Healthcare is a multi-award winning independent healthcare group. In the last year we have won numerous awards including:

**International Customer Experience Awards 2019**

Winner: Employee Empowerment



**UK Customer Experience Awards 2019**

Winner: Customer-Centric Culture



**Patient Safety Congress 2019 Poster Competition**

Winner: Culture for Learning and Change



**Training Journal Awards 2019**

Bronze Award: Best Customer Experience Programme



**LaingBuisson Awards 2019**

Finalist: Private Hospital Group



**Healthcare Investor Awards 2019**

Finalist: Private Hospital Group of the Year



# Aspen Healthcare - United with the NHS in the Covid-19 Pandemic

During the Covid-19 pandemic, Aspen Healthcare united with the NHS to ensure more beds, ventilators and extra healthcare staff were made urgently available to help the national health service manage the response to the coronavirus pandemic.

As well as making our full capacity available to the NHS, we also provided 21 anaesthetic machines and ventilators and other lifesaving kit to NHS Trusts and Hospitals. 38 of our clinical staff were seconded to work in local NHS hospitals and 50 staff volunteered to work in the Nightingale Hospitals.

We were proud to support the NHS at this time.

Below you can see how our hospitals and clinics supported the NHS during the Covid-19 pandemic.

## **Parkside Private Hospital supporting the NHS during the pandemic**

Parkside Private Hospital supported St George's Hospital during the Covid-19 pandemic to ensure patients received the time critical surgery they needed.

In response to Covid-19, St George's Hospital had to redeploy its personnel, reducing capacity in some departments, for example theatres, as staff were reallocated to ICU and wards.

Parkside Private Hospital was able to accept and treat ambulatory trauma cases and diagnostic requests, offloading pressure on the NHS Trust. Parkside also supported the NHS by providing diagnostics and time critical medical and surgical elective treatment for NHS patients. This in turn freed up capacity in the NHS Trust to put their resources into treating Covid-19 patients.

### **Parkside Hospital:**

- Supported the national Covid-19 initiative releasing 7 of our anaesthetic ventilator machines to the NHS-South West London Elective Orthopaedic Centre in Epsom, which was earmarked as a Covid-Centre and lent several infusion pumps to the NHS.
- Established links with our local NHS Trust, St George's Hospital (SGH), as a step-down facility for ambulatory trauma cases, plastics and diagnostics.
- Developed step down protocol and referral pathway for patients.
- Accepted NHS admissions from St George's ranging from ambulatory trauma (orthopaedics) to general surgery and plastics. First admission received on 31 March 2020.
- Undertook CT and MRI scans referred to us by St George's.
- Introduced robust pre-screening for patients attending appointments/being admitted into

Parkside i.e. pre-screening calls and screening questionnaires carried out at entry points to hospital for patients.

- Delivered paediatric dental lists for Kingston NHS Trust.
- Instituted Covid-19 pre-screening assessment for admissions including chest X-Ray, blood tests and swabs. These have been reported on a timely basis, which allows the referral pathway to be seamless.
- Implemented a fast track Practising Privileges process, for consultants not currently practicing at Parkside, so their expertise can be called upon for delivering patient treatment, when required.
- Set up provisions for our consultants to undertake telephone and virtual consultations.
- Relevant front-line clinical staff undertook PPE training.
- Adopted and adhered to all NHS guidelines around Covid-19.
- Observed social distancing measures within the working environment and adapted our facility i.e. waiting areas, office space in accordance to support this.
- 40 clinical and non-clinical staff volunteered to support the Nightingale Hospital. Approximately 10 attended training and a small number covered some shifts.



Clinical Director of Surgery at St George's, Ms Shamim Umarji was extremely pleased in the manner in which Parkside Hospital was able to respond, support and care for patients, during these challenging times.

### **Highgate Private Hospital working with the NHS during Covid-19**

During the Covid-19 pandemic, Highgate Private Hospital worked closely with Whittington Health NHS Trust to care for patients within the local healthcare community.

In preparation for what was thought to be an unprecedented number of Covid-19 admissions, the Hospital Director and Matron established



effective communications with senior Whittington Trust colleagues that resulted in IT links being created between the two hospitals to enable Highgate Hospital beds to be set up as one of the Whittington's 'wards' on their PAS/portal and resulted in post-operative orthopaedic trauma patients being admitted to Highgate. Daily outpatient space was created for immune-suppressed patients to receive biological infusions, and also for regular Parkinson's and Falls Clinics. Highgate was delighted to welcome these patients to the Hospital, to provide a safe environment for their care and to lighten the load for our NHS colleagues.

As the pressure on the NHS beds lifted, but self-isolation guidance continued to affect Whittington staffing levels, Highgate sent 30 clinical staff to work on the Whittington wards to help care for frail elderly patients, many of whom had tested positive to Covid-19. This was a very different workload compared to the elective surgical work our clinical staff are used to, but they rolled up their sleeves to nurse these patients. They even created a WhatsApp Group entitled 'HIGHWHITT' to enable key individuals from both sites to communicate with each other regularly about shift patterns, training, challenges and solutions.

## Aspen Healthcare partnering with the NHS

Speaking about the experience, Douglas Watson, Hospital Director at Highgate Hospital said, "It has been a privilege to work together, help the NHS and save lives during this challenging period in history."

### **The Holly Private Hospital supporting the NHS during the Covid-19 crisis**

During the Covid-19 crisis The Holly Private Hospital made available to the NHS its full capacity. From the outset the hospital provided 5 life-saving ventilators to Whipps Cross Hospital.

In addition, the hospital worked closely with Barts Health and Barking, Havering and Redbridge (BHR) Trusts (predominantly with Whipps Cross Hospital and Royal London and Queen's Hospital) to care for patients from the local community.

The hospital provided time critical surgery across a range of specialties including: urology, endoscopy, pain management, general surgery and spinal cases as well as outpatient ophthalmology for BHR and outpatient urology for Whipps Cross.

In addition, the hospital made available the following equipment:

- 4 x volumetric pumps to King's College
- PPE to covid testing GP Practice in Bishop's Stortford
- Theatre scrubs to Whipps Cross
- Volunteers to staff to Nightingale Hospital.

### **Claremont Private Hospital supporting the NHS during the Covid-19 crisis**

Claremont Hospital supported its local NHS partners during the Covid-19 pandemic making available all its facilities and staff to support Sheffield Teaching Hospitals, Doncaster and Bassetlaw caring for patients in the local community.

The hospital seconded 4 Operating Department Practitioners and 4 Scrub Nurses to Sheffield Teaching Hospitals.

In addition, the hospital delivered priority endoscopy cases for Sheffield Teaching Hospitals, Doncaster and Bassetlaw Hospitals.

### **The Edinburgh Clinic**

The Edinburgh Clinic offered full capacity, equipment and staffing to NHS Scotland but due to the clinic being a day unit without beds it was initially not required in the fight against Covid-19.

The Edinburgh Clinic did however lend their ventilator and other equipment to The Edinburgh Royal Infirmary to assist them with their Covid-19 critical care.

### **Nova Healthcare providing continuity of care during Covid-19**

The specialist cancer centre located in St James's Trust Teaching Hospital continued to provide life-saving cancer treatments to the Trust during the Covid-19 pandemic, ensuring that patients had continuity of life-saving care despite the pandemic.

### **Cancer Centre London fighting cancer during the pandemic**

Cancer Centre London provided full capacity to the local NHS Trusts and hospitals during the pandemic and continued to provide life-saving cancer treatments during the Covid-19 pandemic ensuring that patients had continuity of life-saving care despite the pandemic.

### **Midland Eye Clinic**

Midland Eye Clinic offered full capacity, equipment and staffing to NHS England but due to the clinic being an ambulatory day unit with no beds it was not required to provide services in the fight against Covid-19.

A woman with short brown hair, wearing a white lab coat, is looking through a black and white microscope. She is in a laboratory setting with other people and equipment visible in the background. The image has a dark blue overlay on the right side containing text.

PART 1

# Statements on Quality

# Statement on Quality from Chief Executive, Rob Anderson

**Welcome to the 2019 - 2020 Quality Account for Aspen Healthcare, which describes how we did this year against our quality and safety standards.**



On behalf of Aspen Healthcare, I am pleased to provide our latest annual Quality Account for the Group. This report focuses on the quality of services we provided over the last year (April 2019 to March 2020) and, importantly, looks

forward to setting out our plans for further quality improvements in the forthcoming year.

Since starting my role at Aspen Healthcare in July 2019, I have spent a lot of time visiting our facilities across the country – the commitment, care and compassion shown by everyone I have met is something to be proud of and I'd like to thank our staff for their unwavering commitment to delivering the best care to our patients; it is our team who make the Aspen Healthcare culture truly something to be proud of.

As this last year draws to a close, I am pleased to be able to reflect on how we have further improved our safety and quality of care. At Aspen Healthcare we aim to excel in the provision of the highest quality healthcare

services and work in partnership with the NHS, to ensure that the services delivered result in safe, effective and personalised care for all our patients. Each year we review the quality priorities we agreed in the previous year's Quality Account. These quality priorities form part of Aspen Healthcare's overall quality framework which centres on nine drivers of quality and safety, helping to ensure that quality is incorporated into every one of our hospitals and clinics, and that safety, quality and excellence remain the focus of all we do, whilst delivering the highest standards of patient care. This is underpinned by Aspen Healthcare's Quality Strategy, which focuses on the three dimensions of quality: patient safety, clinical effectiveness and patient experience. Our hospitals are subject to the same Care Quality Commission (CQC) inspection regime as all private and NHS hospitals in England and to inspection by Health Improvement Scotland (HIS) in Scotland. These comprehensive inspections have provided external validation of the quality and safety of care we deliver and we are proud to report that all our hospitals and clinics have been rated as 'Outstanding'

or 'Good', with commendations received on our staff's professionalism, kindness and compassionate care.

This Quality Account presents our achievements in terms of clinical effectiveness, safety and patient experience, and demonstrates that all managers, clinicians and staff across Aspen Healthcare are committed to providing the highest standards of quality care to our patients. The Account aims to provide a balanced view of what we are good at and where additional improvements can still be made. In addition, our quality priorities for the coming year (2020 - 2021), as agreed with the Aspen Healthcare Senior Management Team, are outlined within this report.

In 2019 - 2020 we maintained our excellent record on reducing avoidable harm across our organisation and high levels of patient satisfaction. We remain committed to monitoring all aspects of our patients' experience, ensuring this feedback is effectively utilised to continue to drive quality improvement.

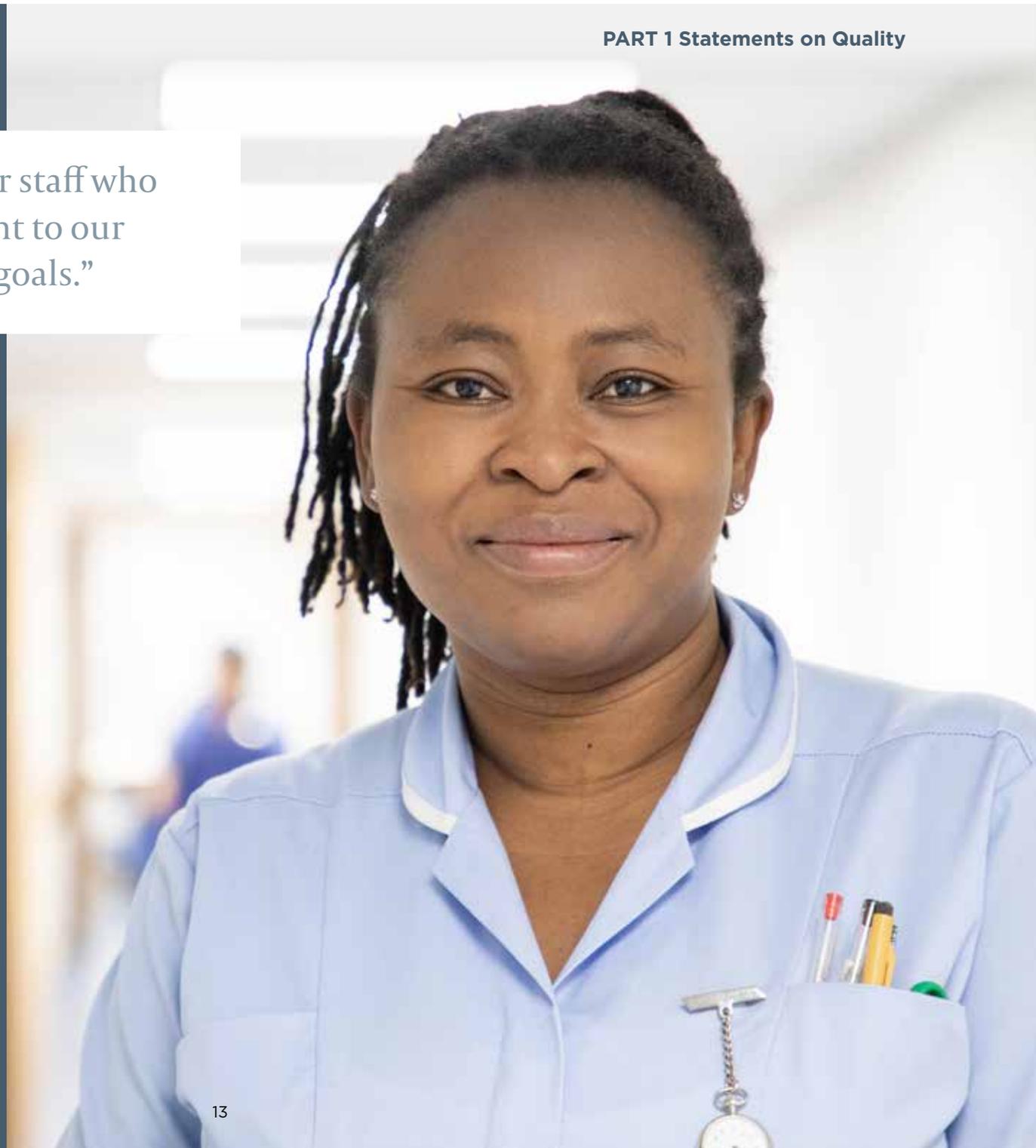
I would like to thank all our staff who every day show commitment to our values, high standards and goals, and for their contribution to the continuous improvements we strive to make to our patients' care and experience.

“I would like to thank all our staff who every day show commitment to our values, high standards and goals.”

The majority of information provided in this report is for all the patients we have cared for during 2019 - 2020, both NHS and private. To the best of my knowledge the information included is an accurate and fair reflection of our performance. I hope that this Quality Account provides you with a clear picture of how important quality improvement, patient safety and patient experience are to us at Aspen Healthcare.



**Rob Anderson**  
Chief Executive  
Aspen Healthcare



# Statement on Quality from Associate Medical Director and Responsible Officer, Dr Charlotte Raynor



We are currently facing the most challenging period of healthcare provision for a generation with the current Covid-19 pandemic. We may therefore question why there is need to produce a quality

account at this time. Quality is everyone's responsibility and always needs to be at the centre of care that is provided for patients.

Aspen Healthcare has responded to the Covid-19 pandemic working in partnership with the NHS to enable equity of care across the sector during the acute pandemic.

We have implemented robust infection prevention and control pathways, including pathways for Covid protected patients, Covid risked-managed patients and staff screening, and we have introduced a specific Covid consent process supplemented by new patient information.

We continue to update staff with regular training and have further developed our STEP-Up to Safety programme. In addition, Aspen Healthcare has introduced virtual consultations.

As we move into the recovery phase of Covid, we will continue to adapt and update our assessments, consent and treatment pathways to ensure the safe care of our patients, implementing any new guidance as and when this becomes available.

## Paterson Inquiry

The report of the independent inquiry into the issues raised by Paterson was published in February 2020.<sup>1</sup> The Chair, The Right Reverend Graham James stated that the report "is not simply a story about a rogue surgeon...It is far worse, it is the story of the healthcare system which proved itself dysfunctional at almost every level when it came to keeping patients safe. Patients were let down by both the NHS Trust and an independent healthcare provider who failed to supervise him appropriately and did not respond correctly to well evidenced complaints about his practice."

Tools were in place to regulate Mr Paterson's practice; they were just not used appropriately. Whilst many will say governance processes have improved with the implementation of revalidation as part of the Responsible Officer Regulation, there remains a need to further drive patient safety.

Safeguarding quality is not the responsibility of a single organisation or reliant on a single process. Its success is dependent on the culture within and between organisations which, in turn, needs to be underpinned by robust systems and processes and clarity around roles and responsibilities. It is a collective endeavour and a collective responsibility.<sup>2</sup>

## Medical Practitioners Assurance Framework (MPAF)

The Medical Practitioners Assurance Framework (MPAF) has been developed to improve consistency around effective clinical governance for medical practitioners across the independent sector and to raise the bar in medical leadership.

The framework was developed under the leadership of former National Medical Director at NHS England, Sir Bruce Keogh with expert input from a balance of Independent Healthcare Providers Network (IHPN) members and key external stakeholders. These included the Patients Association, General Medical Council, Care Quality Commission, Department of Health and Social Care, NHS England/Improvement and Royal Colleges. The MPAF is designed to align with existing legal and

<sup>1</sup> [www.gov.uk/government/publications/paterson-inquiry-report](http://www.gov.uk/government/publications/paterson-inquiry-report)

<sup>2</sup> Review of Early Warning Systems (Published in National Quality Board 2010, p9)

regulatory frameworks and work towards them being better implemented, rather than adding more bureaucracy.<sup>3</sup>

Aspen Healthcare will work with other healthcare providers to ensure that we have clearly defined and open governance structures and that we provide transparent standards for medical practitioners to operate within; through which healthcare providers will be held to account.

**By working within MPAF we will drive patient safety and quality through an approach aligned to The King's Fund's three lines of defence.**

**1. The first line of defence** is frontline professionals, both clinical and managerial, who deal directly with patients, carers and the public and are responsible for their own professional conduct and continued competence and for the quality of the care that they provide.

**2. The second line of defence** is the Boards and senior leaders of healthcare providers responsible for ensuring the quality of care being delivered by their organisations. They are ultimately accountable when things go wrong.

**3. The third line of defence** is the structure and systems that are external, usually at a national level, for assuring the public about the quality of care.

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<sup>3</sup> [www.ihpn.org.uk/resources/regulation/mpaf](http://www.ihpn.org.uk/resources/regulation/mpaf)





We must also recognise that everyone has a responsibility for quality improvement.

As part of the implementation of MPAF, Aspen Healthcare will further define the roles and responsibilities of:

- key committees in the clinical governance process for medical practitioners including the **Clinical Governance Committee** and the **Medical Advisory Committee**
- key roles relating to the clinical governance of medical practitioners including the Responsible Officer, Registered Manager, Nominated Individual, Fit and Proper Persons, Medical Advisory Committee Chair, Medical Appraisal Lead and Matron/Head of Clinical Services.

By implementing the MPAF into our structure we are making care safer and improving quality.

## Quality

We must recognise that everyone in an organisation has responsibility for **quality**. Quality means that patient care must be safe, patient-centred, timely and evidence-based. Quality also means that patient care should be efficient avoiding waste, be cost effective and refraining from services that are unlikely to be of benefit. Quality also means that care should be equitable.

We must also recognise that everyone has a responsibility for **quality improvement**; the aim being to continuously improve quality of care and outcomes for patients. We need to be proactive in not only making quality improvement a leadership priority but also ensuring that we share the responsibility throughout all levels giving all staff the

opportunity to contribute to and act upon and ideas for improvement. By using the data that we collect we can understand variation, we can predict and plan care and by doing this ensure that we focus on the needs and experience of the people that we are caring for.

However, we must be cognisant that some aspects of care which are important to patients are not always quantifiable. As healthcare professionals we need to consider how individual patients journey through our service. We need to recognise that we should welcome complaints and act on concerns using the learnings and experiences that patients share with us to improve the care that we provide.

Patient surveys give us very valuable insights into the quality of care that we give. “Did your nurse or doctor listen to you?” “Did they speak to you in words that you could understand?”, “Did they take the time to explain the plan for your care?” If the care that we give is right for the patient that often that means that we are achieving the quality that we strive to achieve. One of the recommendations from the Paterson Inquiry is that doctors should write to patients following consultation to explain treatment plans. We should ensure consent procedures allow them to reflect on treatment options; this is the key recommendation Paterson Inquiry.

We all need to recognise compassionate leadership builds connection across boundaries ensuring the voices of all are heard in the process of delivering and improving care.

We all need to recognise the importance of challenging the status quo, that we need a commitment to purpose, high quality performance, and performance management in order to deliver ongoing quality improvement.

We also must recognise the value of multidisciplinary team working and systems that function well as part of a healthy work culture to enable provision of optimal patient care. We each need to recognise the value of each member of our team. Ensuring provision of multidisciplinary team working was a key recommendation from the Paterson Inquiry.

We each need to STEP-Up to quality and safety. Aspen Healthcare’s STEP-Up to Safety programme is an exemplar of STEPPING-up to deliver safe, high quality care.

As an individual quality means doing it right when no one is looking, quality is generally transparent when present but easily recognised in its absence. As each of us embraces quality we will shift to proactive and predictive healthcare and we will then continuously improve quality of care, outcomes and improve the experience for all of our patients and improve our own work experience.

# Patient Satisfaction Results 2019



97.5%

Of our patients said they would be **'Likely'** or **'Extremely Likely'** to recommend this hospital to family/friends



99.1%

Of our patients told us the overall quality of care was **'Good'**, **'Very Good'** or **'Excellent'**



94.8%

Of our patients answered **'Yes, definitely'** when asked if they were involved as much as they wanted in decisions



98.6%

Overall impression of nursing care, **'Good'**, **'Very Good'** or **'Excellent'**



99.6%

Overall impression of your consultant, **'Good'**, **'Very Good'** or **'Excellent'**



96.7%

Overall impression of catering services, **'Good'**, **'Very Good'** or **'Excellent'**



96.0%

Overall impression of accommodation, **'Good'**, **'Very Good'** or **'Excellent'**



97.6%

Of our patients answered **'Yes, definitely'** when asked if they felt they were treated with dignity and respect



97.4%

Overall quality of discharge, **'Good'**, **'Very Good'** or **'Excellent'**

CANCER CENTRE  
LONDON

“Thoroughly recommend this Hospital... nothing is too much trouble with the staffing team.”

CLAREMONT  
PRIVATE HOSPITAL

“Absolutely amazing service and very friendly.”

HIGHGATE  
PRIVATE HOSPITAL

“Excellent hospital, excellent staff, excellent service. Very pleasant experience.”

MIDLAND EYE  
PRIVATE CLINIC

“I would most definitely recommend the staff, clinical and admin at Midland Eye! Totally professional in every way.”

ASPEN  
HEALTHCARE

NOVA  
HEALTHCARE

“Thank you to everyone for the excellent care mum and family received... The entire staff showed patience and understanding at a time which was very frightening for all.”

PARKSIDE  
PRIVATE HOSPITAL

“Very friendly staff go out of their way to make sure your stay there is remembered for all the right reasons. They are awesome and very professional.”

THE EDINBURGH  
CLINIC

“Fantastic service from the second I walked in the door to the second I left. All the staff were very friendly and assuring”

THE HOLLY  
PRIVATE HOSPITAL

“The staff are wonderful and very caring, I am so thankful I had my knee replacement done at the Holly, couldn't have wished for a better team.”

# Accountability Statement

## Accountability Statement

Directors of Organisations providing hospital services have an obligation under the 2009 Health Act, National Health Service (Quality Accounts) Regulations 2010 and the National Health Service (Quality Accounts) Amendment Regulation (2011) to prepare a Quality Account for each financial year.

This report has been prepared based on guidance issued by the Department of Health setting out these legal requirements.

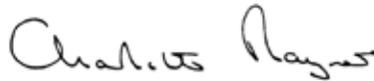
To the best of my knowledge, as requested by the regulations governing the publication of this document, the information is accurate



**Mr Rob Anderson,  
Chief Executive**

**Date:  
30th June 2020**

## This report has been reviewed and approved by:



**Dr Charlotte Raynor,  
Associate Medical Director  
and Responsible Officer**



**Rob Anderson,  
Chief Executive,  
Aspen Healthcare**

## PART 2

# Quality Priorities



# Quality Priorities for 2020 - 2021

Ensuring our patients receive consistently high quality, safe care with outstanding health outcomes and experience is at the centre of all we do. We aim to be ambitious for our patients, innovative and forward thinking in how we deliver safe, high quality and effective care for our patients.

Aspen Healthcare's Quality Strategy sets out our approach to quality and how we plan to progress a number of quality and safety improvement initiatives that we will be focussing on over the coming years.

National Quality Account guidelines require us to identify at least three priorities for improvement and the following information outlines our main priorities for 2020 - 2021. These priorities have been agreed with our senior management team and were informed by feedback from our patients and staff, audit results, national guidance and recommendations from the various hospital/ clinic teams across Aspen Healthcare.

Our quality priorities are regularly reviewed by Aspen Healthcare's Quality Governance Committee which meets quarterly, to monitor, manage and improve the processes designed to ensure safe and effective service delivery.

Aspen Healthcare is committed to delivering services that are safe, of a high quality and clinically effective; we constantly strive to improve our clinical safety and standards. The priorities we have identified will, we believe, drive the three domains of quality: patient safety, clinical effectiveness and patient experience.



## **Patient Safety**

Improving and increasing the safety of our care and services provided.



## **Clinical Effectiveness**

Improving the outcome of any assessment, treatment and care our patients receive, to optimise patients' health and well-being.



## **Patient Experience**

Aspiring to ensure we exceed the expectations of our patients.

# Patient Safety

## Work Towards Venous Thromboembolism (VTE) Exemplar Status

Venous Thromboembolism is a collective term for deep vein thrombosis (DVT) and pulmonary embolism (PE). VTE is a significant cause of mortality, long-term disability and chronic ill-health problems; many of which are avoidable. 1 in 20 people will have a VTE at some time in their life and the risk increases with age. It is estimated that as many as half of all cases of VTE are associated with hospitalisation for medical illness or surgery and that as many as two thirds of cases of hospital-associated thrombosis (HAT) are preventable.

The National VTE Exemplar Centre Network was established by the Department of Health with the aim of sharing best practice and improving patient care through more effective prevention and treatment of VTE. The network provides access to a wealth of information and best practice from all of the VTE Exemplar Centres in England. This includes examples of VTE prevention protocols, information to support the implementation of risk assessment and root cause analysis, patient information and presentations from clinical experts.

### Aspen Healthcare is committed to achieving VTE Exemplar Status which:

- conveys quality to patients and stakeholders;
- provides access to a community of health care professionals interested in quality and innovation in VTE;
- provides networking and sharing of resources and ideas, and recognition of excellence in VTE prevention care;
- provides a kite mark for quality VTE prevention care.

VTE Exemplar Centres provide leadership in improvement in thrombosis care locally.

Aspen Healthcare will commence working towards VTE Exemplar Centre status ensuring we meet the set criteria.

## Support our Staff in Having Safety Conversations

Aspen Healthcare is a leader in patient safety and our innovative STEP-Up to Safety staff safety engagement and training initiative helps our staff to fully understand their own roles in patient safety. The programme has resulted in a significant improvement in safety measures, including an increase in safety reporting. It has won numerous awards including a Training Journal Award (2019); International Customer Experience Award (2019); and UK Customer Experience Awards (2019, 2018). Step-Up was also a poster winner in the 2019 Patient Safety Congress in the 'Culture for learning and change' category given to evidence-based, innovative, quality or safety initiative projects that promote a positive, open, just culture that places importance on learning from mistakes.

### STEP-Up is based around four steps:

**Spot the problem:** is about encouraging staff to identify issues of safety, and think about their individual role in that.

**Talk:** is about encouraging a culture of reporting, a culture of openness. Spotting a problem is one thing but you need the right culture that enables and encourages you to tell others about it.

**Examine:** is about a culture of justice, looking at it in an objective way, not jumping to conclusions or scapegoating, but really exploring what the causes were.

**Prevent:** is about creating a culture of improvement, where you put things in place to prevent the incident happening again.

Recent feedback from our staff is that the most challenging aspect of 'STEP' is the 'T' for 'Talk'. In 2020 - 2021 we will further develop our STEP-Up programme and work to support our staff in effectively communicating to work as safely as possible. This will include exploring the skills required and what is said, when, where and by who, body language, and also whether it will be understood and is likely to be heard.



# Clinical Effectiveness

## **Achieve UKAS Point of Care Testing Accreditation ISO 22870:2006**

Currently both pathology laboratories at Aspen Healthcare are UKAS ISO 15189:2012 accredited. In 2021 we would like to achieve UKAS Point of Care (POS) testing accreditation ISO 22870:2006.

### **Benefits of POC Testing ISO 22870:2006**

The introduction of ISO 22870:2006 (Point of Care Testing – particular requirements for quality and competence), applied in conjunction with ISO 15189:2012 (Medical Laboratories – particular requirements for quality and competence), provides a platform for using international standards in the accreditation of organisations that provide POC testing.

Achieving accreditation will demonstrate that Aspen Healthcare complies with defined standards and best practice. Accreditation will provide assurance of the competence of the service, reduces risk and can act as a leverage for change or service improvement.

Achieving this will further assure the clinical safety and effectiveness of our services.

### **Achieving Accreditation**

In order to achieve accreditation, we need to complete the following:

- Onsite audits of Claremont Private Hospital, The Edinburgh Clinic and Midland Eye
- Review all training
- Introduce Urinalysis to The Holly Private Hospital
- Introduce and ensure all sites are taking part in external quality testing
- Re-audit all sites to ensure all pathways are being followed
- Apply for accreditation and achieve all the required standards.

## **Achieve Joint Advisory Group on Gastrointestinal Endoscopy (JAG) Accreditation for Aspen Healthcare Endoscopy**

JAG Accreditation is the formal recognition that an endoscopy service has demonstrated that it has the competence to deliver against the criteria set out in the JAG standards. The scheme was established in 2005 for all endoscopy services and providers across the UK in the NHS and the Independent Healthcare Sector. Along with the Global Rating Scale (GRS) it has supported Endoscopy Services across the UK to focus on standards and identify areas for development. The JAG scheme is regarded as one of the most innovative and effective in the healthcare sector, and has been used as a model and source of inspiration for similar schemes both in the UK and overseas.

At present two Aspen Healthcare Hospitals (Highgate Private Hospital and Claremont Private Hospital) have achieved and are maintaining their JAG accreditation.

The scheme has helped to raise the expectations of both patients and healthcare professionals, since the standards were introduced, and these in turn have contributed to the provision of high-quality environments for endoscopic patient care.

Consequently, we wish to further roll JAG accreditation across Aspen Healthcare.

Parkside Private Hospital has recently opened its newly refurbished Endoscopy Unit and is working towards achieving JAG Accreditation during 2020.

The Holly Private Hospital will be working towards the refurbishment of its Endoscopy Unit during 2020 and hopes to be able to achieve accreditation in late 2020 or early 2021.

# Patient Experience

## Implement The Golden Patient Initiative Across Aspen Healthcare

This priority was first implemented at Parkside Private Hospital in 2019 - 2020 and is now being extended to all Aspen Healthcare facilities in 2020 - 2021.

### The Golden Patient

There are many reasons for delays in operating lists but many are predictable and preventable (examples include the patient not having been sent for; the patient having eaten or consumed liquids; test results not being available; unavailable equipment; or inadequate staffing levels). These delays between cases typically mean an operating list overruns and this can lead to further delays for other patients and cancellations.

Delays can impact on the quality of care of patients awaiting surgery and undermine the timeliness, efficiency and effectiveness of care, leading to significant dissatisfaction for patients and relatives.

The Golden Patient is a pre-selected first patient due to have surgery the following day, who and is medically fit with a clear surgical plan. They should have already been seen by an anaesthetist and be ready for the first theatre slot.

The identification of a 'Golden Patient' has been shown to:

- Enhance patient experience at Parkside Private Hospital
- Help different teams work as a cohesive unit
- Improve theatre utilisation
- Reduce delays and late finishes
- Improve consultant engagement.

This initiative has already improved operation start times at Parkside and can be used across Aspen Healthcare to improve theatre services and meet clinical targets more readily. It will be rolled out across Aspen Healthcare in the coming year.

## Working towards Excellence in Discharge

Aspen Healthcare is embarking on a patient discharge quality improvement programme, an initiative that was developed as a consequence of the company's leadership development programme; The Aspen Healthcare People Academy.

Six participants of the leadership programme were tasked to review patient discharge processes and see where improvements could be made. Results from the Howard Warwick Patient Satisfaction Survey (HWPSS) were used to develop a base line for the strategy.

Different facilities within the group scored higher than others across sections of the HWPSS. We believe that implementing an Aspen Healthcare-wide policy is not the best strategy as each hospital/clinic has very distinct patient needs, ward and hospital geography and paperwork (Claremont Private Hospital's discharge sheet, for example, is different to the rest of Aspen Healthcare as this is a requirement with the local NHS Trust). Whole hospital systems differ between sites making comparisons difficult. However, we can use our insights to target any recurring issues and identify areas of success across Aspen Healthcare, to fine tune systems at a local level and further improve patient experiences.

## Ensuring Patients Have the Right Information

During 2020 - 2021, Aspen Healthcare will ensure that the recommendations of the Medical Practitioners Assurance Framework and the Paterson Inquiry are fully in place to ensure patients have the right information at the right time to understand their treatment and care fully.



# Statements of Assurance

## Review of NHS Services Provided 2019 - 2020

During April 2019 to March 2020, Aspen Healthcare facilities have provided and/or sub-contracted the following NHS services.

NHS services provided at facility	Cancer Centre London	Claremont Private Hospital	Highgate Private Hospital	Midland Eye Clinic	Nova Healthcare	Parkside Private Hospital	The Edinburgh Clinic	The Holly Private Hospital
Ear, Nose and Throat		3	3			3		3
General Surgery		3	3			3		3
Gynaecology		3						3
Neurosurgery		3				3		3
Ophthalmology	3	3		3		3	3	3
Orthopaedics		3	3			3	3	3
Urology		3	3			3	3	
Anaesthetics (Pain management)			3			3		3
Plastics						3		
Oral and Maxillary Facial Surgery								3
Clinical Oncology								
Neurosurgery Gamma Knife					3			
Vascular			3				3	
Radiotherapy	3							
Endoscopy			3					
Imaging (includes CT, MRI, Ultrasound and X-Ray)	3	3				3	3	3

Aspen Healthcare Limited has reviewed all the data available on the quality of care in all of these NHS services. The income generated by the NHS services reviewed in 2019 - 2020 represents 100% of the total income generated from the provision of NHS services by Aspen Healthcare for 1st April 2019 to 31st March 2020.



# Participation in Clinical Audit

## National Audits

National clinical audits are a set of national projects that provide a common format by which to collect audit data. National confidential enquiries aim to detect areas of deficiencies in clinical practice and devise recommendations to resolve them.

During the period, April 2019 to March 2020, Aspen Healthcare participated in and completed 100% of all:

- national clinical audits and;
- national confidential enquiries

we were eligible to participate in, in relation to the provision of NHS Services.

Participation in national clinical audits is a helpful tool in helping us develop clinical practice as evidenced in the Case Studies found later in this document.

The national clinical audits and national confidential enquiries that Aspen Healthcare Limited was eligible to participate in during April 2019 to March 2020 are as follows:

## National Audits

	Claremont Private Hospital	Highgate Private Hospital	Parkside Private Hospital	The Holly Private Hospital
<b>National Joint Registry</b>	786 (95%)	79 (100%)	390 (100%)	260 (100%)
<b>Elective Surgery PROMs (results listed in detail later)</b>	YES	YES	YES	YES
<b>Bariatric Surgery Registry</b>	YES	NA	NO	NA
<b>British Spine Registry</b>	YES	NO	NO	NO
<b>Breast and Cosmetic Implant Registry</b>	YES	YES	YES	YES
<b>Serious Hazards of Transfusion</b>	YES	YES	YES	YES
<b>Safety Thermometer</b>	100% submitted Zero harm	100% submitted Zero harm	100% submitted Zero harm	100% submitted Zero harm
<b>PLACE</b>	YES	YES	YES	YES
<b>Sit &amp; See™ Audit</b>	YES	YES	YES	YES
<b>GIRFT - surgical site infection (results not yet published)</b>	YES	YES	YES	YES
<b>GIRFT - Thrombosis Survey (extended to June 2020 due to Covid-19 so results not published)</b>	YES	YES	YES	YES

**Cancer Centre London participated in the following National audits:**

- Environmental Agency Audit/Inspection
- Radiation Protection Advisor Audit - Radiotherapy
- Radiation Protection Advisor Audit - Radioisotope
- Radiation Protection Advisor Audit - Diagnostic CT
- Four Isotope Calibrator Dosimetry Audit
- CHKS Cancer Standards
- ISO 9001:2015

**Note: Midland Eye Clinic, The Edinburgh Clinic and Nova Healthcare audits**

National clinical audits were not conducted at Midland Eye Clinic, The Edinburgh Clinic and Nova Healthcare between April 2019 and March 2020 as the services provided at the facilities do not cover the specialities associated with the audits.

The reports of national clinical audits were reviewed by the provider in April 2019 to March 2020 and Aspen Healthcare intends to take the following actions to improve the quality of healthcare provided:

- To continue to ensure patients receive information about the relevant register such that they can make an informed choice about their data being included.
- To ensure consented registry forms continue to be submitted in a timely manner.

## Participation in Clinical Audit

### National Confidential Enquires

Aspen Healthcare facilities participated in and collected data for The National Comparative Audit Enquiry into Patient Outcome and Death (NCEPOD) during April 2019 to March 2020.

There were no deaths to report in this period.

### Local Audits

All Aspen Healthcare facilities use an Integrated Audit Tool to monitor patient safety and clinical effectiveness. Standards are set for each audit with reference to regulation, national guidance and Aspen Healthcare policy, with the intention of monitoring compliance with these standards. The audits are undertaken monthly or quarterly, and can be increased in frequency if necessary. The results obtained from audits are rated using a RAG system, with targets pre-set within the tool. Audit results are monitored locally within Quality meetings, and also corporately at Group Quality Forums. Action plans are created for those audits which show a decrease in compliance: these are comprehensive and specific, with named persons to complete the plans. Aspen Healthcare is committed to a continuous improvement programme, and audit is an important part of this.



### The audits undertaken are listed below:

Completed	Description
Venous Thromboembolism (VTE)	Patient risk assessment documented.
Record Keeping (general)	Documentation in clinical records compliant with national and local standards and requirements.
Pre-admission Assessment and Frailty Score	Documented in the clinical record.
Consultant Record Keeping	Documentation in clinical records compliant with national and local standards and requirements.
Consultant Visits	Documentation in clinical records that a consultant has reviewed their patient at least once each day during their inpatient stay.
Practice Privileges	Documentation supporting the granting of practice privileges to Consultants is accurate and up-to-date.
Bi-ennial Reviews	Documented to evidence Consultants' appraisal and revalidation are accurate and up-to-date.
Intentional Rounding	Patients routinely visited by nursing staff a minimum of hourly during the day and every two hours at night.
National Early Warning System (NEWS2)	Observations fully recorded to aid early detection of potential deteriorating conditions.
Pain Management	Pain, as perceived by the patient, is well controlled.
Health Records Access Request	Progress and completion of Health Record Access Request clearly audited and monitored.
Patient Consent	Consent process completed accurately.
Safeguarding (Adults and Children)	Staff training completed.
Operating Theatre Traceability	All equipment, prostheses and implant recorded accurately.
Maintaining Normothermia	Documented compliance with measures taken to prevent perioperative hypothermia in patients having surgery.
World Health Organisation (WHO) Surgical Safety Checklist	Process accurately undertaken for every patient having a surgical procedure.
Surgical Safety Observational Checklist	Independent observer determined robust surgical safety processes are embedded within the Theatre department.

Completed	Description
Theatre Team Brief	Documented evidence of relevant communications between all members of the theatre team prior to an operating list commencing.
Cosmetic Surgery	Documented national and local standards are met.
Fasting	The time patients are fasted pre-surgery in the context of local and national standards.
Cardiac Arrest	Documented that in the event of a cardiac arrest, local and national standards are met.
Medicines Management	Includes a range of processes that determine how medicines are used and looks at compliance with national standards and legislation.
Controlled Drugs	The ordering, supply and destruction of controlled drugs meets national and local standards.
Prescribing	Documented the appropriateness, accuracy and legibility of prescribing meets national and local standards.
Medical Gases	Ensured medical gases are used safely and stored securely.
Security	The ordering and supply of medicines (other than controlled drugs) meets national and local standards.
Prophylactic Antimicrobial Prescribing and Usage	Documented to help change prescribing practice to help slow the emergence of antimicrobial resistance and ensure that antimicrobials remain an effective treatment for infection.
Patient Group Directives	The documentation and use of the directives meet national and local standards.
Blood Transfusion Compliance	Ensured national and local standards met.
Post Discharge Telephone Calls	Undertaken within a specified timeframe to check if patients have any concerns/problems.
Physiotherapy	Ensured national and local standards met.
Diagnostics	Ensured national and local standards met.
Resuscitation	Equipment checks fully and accurately recorded.
Information Governance	Documented that national and local standards met.
Patient Led Assessment of the Care Environment (PLACE)	An annual appraisal of the non-clinical aspects of NHS and independent/private healthcare settings, undertaken by teams made up of staff and members of the public (known as patient assessors).
Patient Privacy and Dignity Audit	Interviewed with randomly selected patients to understand if each patient believes they have been treated with dignity and respect and their privacy protected.
15 Steps Challenge	Completed an observational study to understand how patients and visitors perceive the hospital environment within 15 footsteps of entering the facility.

## Participation in Research

Four NHS patients at Claremont Private Hospital participated in a *Smith and Nephew patient app survey* on the ‘Outcome, Assessment and Validation in TKA patients using PROMIS, CATs and the Oxford Knee Score.’ This research went through Mrec/Lrec, HRA national research ethics committee and was covered by Aspen Healthcare’s local research policy.

There were no NHS patients recruited during the reporting period for this Quality Account to participate in any other research approved by a research ethics committee.

### Goals Agreed with Commissioners

Of all Aspen Healthcare facilities, a proportion of income at Nova Healthcare and Claremont Private Hospital in April 2019 to March 2020 was conditional on achieving quality improvement and innovation goals, through the Commissioning for Quality and Innovation payment framework.

**Claremont Private Hospital CQUIN:** By undertaking lying and standing blood pressure measurement, ensuring no hypnotics, anxiolytics or antipsychotics were prescribed without rationale, and a mobility assessment completed on all patients over 65 with a stay of longer than 48 hours, we successfully achieved the CQUIN.

**Nova Healthcare CQUIN:** After review, NHS England proposed that the small value contract exemption was applied and a separate scheme not offered (section 6.6 of the guidance).

Further details of the agreed goals for April 2019 to March 2020 and for the following 12-month period are available electronically at: [www.england.nhs.uk/nhs-standard-contract/cquin/cquin-17-19/](http://www.england.nhs.uk/nhs-standard-contract/cquin/cquin-17-19/)



# Statements on Data Quality

Aspen Healthcare recognises that quality improvement is never finished, and that extends to data quality and data protection. We continue to identify opportunities to improve and then act on these as a responsible healthcare provider.

The highest standards of data quality are part of the foundation of effective care delivery and essential to further improvement and refinement in the safety and quality of care.

We have a comprehensive Information Governance policy framework which is subject to regular review and updated to reflect changes in the practical and regulatory landscapes. The constituent policies set and support our high standards for record keeping, accuracy, completeness, and validity. All our staff are required to read and accept these policies periodically.

We undertake activities to identify any potential issues with data quality and ensure that these are reconciled. For example, we have dedicated support to reconcile clinical coding, have undertaken audits of paper records, and made changes to filing methods. We are making system changes to reduce the potential for errors and to facilitate secondary uses of data while complying with the National Data Opt-Out.

## Data Security and Protection Toolkit

Aspen Healthcare achieved 'Standards Met' for the Data Security and Protection Toolkit submission made in March 2019. We have met the requirements for March 2020. As of 31st March 2020, this submission has not been published. The DSP Toolkit deadline has been extended nationally in response to pandemic Covid-19.





## Secondary Uses System (SUS)

All Aspen Healthcare facilities submitted records during April 2019 to March 2020 to the Secondary Uses Service for inclusion in the Hospital Episode Statistics which are included in the latest published data.

The percentage of records in the published data which included the patient's valid NHS number was:

	Cancer Centre London	Claremont Private Hospital	Highgate Private Hospital	Midland Eye Clinic	Parkside Private Hospital	The Holly Private Hospital
Admitted Patient Care	100%	100%	100%	100%	100%	100%
Outpatient Care	100%	100%	100%	100%	100%	100%

The percentage of records in the published data which included the patient's valid General Medical Practice Code was:

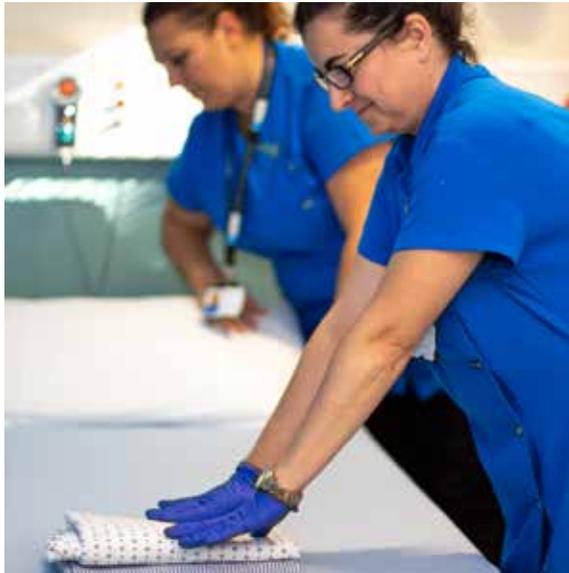
	Cancer Centre London	Claremont Private Hospital	Highgate Private Hospital	Midland Eye Clinic	Parkside Private Hospital	The Holly Private Hospital
Admitted Patient Care	100%	100%	100%	100%	100%	100%
Outpatient Care	100%	100%	100%	100%	100%	100%

### Note:

We do not submit SUS for Nova Healthcare as this is done by The Leeds University Hospitals' Trust and The Edinburgh Clinic does not upload SUS as they do not follow NHSE Commissioning rules.

## Clinical Coding Error Rate

No Aspen Healthcare facilities were subject to the Payment by Results clinical coding audit during April 2019 to March 2020 by the Audit Commission.



# Speaking Up Arrangements

Aspen Healthcare aims to promote a working environment, where staff feel safe and are encouraged in raising concerns, and to have a healthy speaking up culture. Aspen Healthcare is committed to being responsive to feedback and is focused on learning and continual improvement. Each Aspen Healthcare facility promotes an open and supportive culture that encourages staff to speak up about any issues of patient care, quality, safety or wrong doing.

Effective speaking up arrangements are in place to protect patients and improve the experience of our staff. Aspen Healthcare has nominated the Group Chief Nurse and Head of Clinical Services and Group Human Resources Director as named Executive Leads and as Aspen Healthcare's Freedom to Speak up Guardians, and both have completed the national Freedom to Speak Up (FTSU) Guardians training.

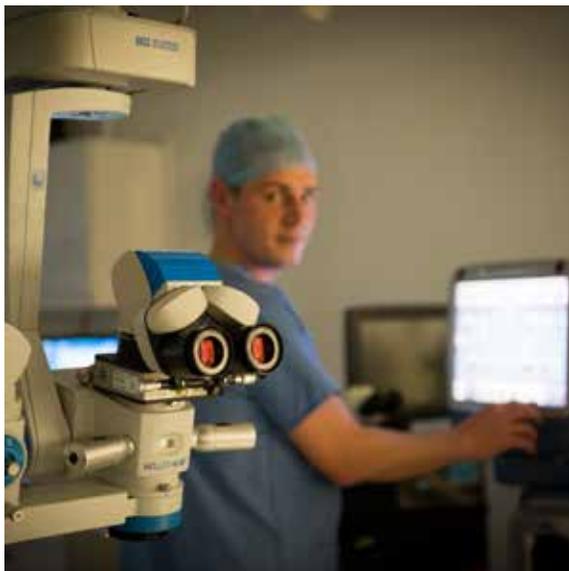
An up-to-date Speaking Up policy is in place which has been externally reviewed by a national whistleblowing charity and a programme of ongoing promotional Speak Up posters and leaflets assure a high profile to encourage staff to feel able to speak up. This is regularly reinforced at induction, the Executive Roadshow and staff forums.

Senior leaders use speaking up as an opportunity for improvement to ensure learning is embedded in future practice, to deliver better quality care and improve staff experience, and we continually review and improve our systems to support speaking up. Any Speak Up issues that raise immediate patient safety concerns

are quickly escalated and investigated, ensuring all staff who do speak up do not suffer any detriment, and that lessons learnt are shared widely across the Aspen Healthcare sites.

Positive outcomes from speaking up cases are shared and promoted and, as a result, staff are more confident to speak up. Our staff engagement and staff patient safety culture surveys demonstrate this. The latest survey shows that staff are not only aware of our policy but have confidence in our speaking up processes, with 83% of staff reporting that they would freely speak up if they saw something that may negatively affect patient care.

Aspen Healthcare's bespoke STEP-Up to Safety staff training and engagement programme remains central to this and forms part of our mandatory training with all staff required to attend. Aspen Healthcare has also completed the national Freedom to Speak Up self-assessment and has a developmental plan in place to further enhance its speaking up arrangements.



# Quality Indicators

## Number of Patient Safety Incidents, including Never Events

Source: Aspen Healthcare's incident reporting system DATIX

In the reporting period, 1 April 2019 to 31 March 2020, there were zero Never Events recorded at Aspen Healthcare facilities. One Serious Incident was recorded at The Edinburgh Clinic which was investigated.

## Hospital Level Mortality Indicator and Percentage of Patient Deaths with Palliative Care Code

This indicator measures whether the number of people who die in hospital is higher or lower than would be expected. This data is not currently routinely collected in the independent sector.

## Learning from Deaths

Aspen Healthcare has a 'Reporting, Management and Review of Patient Deaths' policy which is in line with the national guidance on 'Learning from Deaths'.

There were 11 deaths across the Group from April 2019 - March 2020.

10 of these were expected deaths from patients who were receiving end-of-life care at Parkside Private Hospital.

One patient death was reported as unexpected and this was reported with Claremont Private Hospital. The patient died within the 28 day reporting period from an unrelated condition at another hospital. A case review took place and no learning was identified.



## Patient Reported Outcome Measures

Patient Reported Outcome Measures (PROMs) assess general health improvement from the patient perspective. These currently cover four clinical procedures in the NHS and one clinical procedure in the independent sector and calculate the health gains after surgical treatment using pre- and post-operative surveys. Nova Healthcare and Cancer Centre London do not treat any patients that are eligible for any of the Aspen Healthcare PROMs related procedures.

### Claremont Private Hospital

Patient Reported Outcome Measures (PROMs)	2018 - 2019	2019 - 2020
<b>Hip replacement surgery:</b>		
Number of cases	<b>69</b>	<b>34</b>
% of respondents who recorded an increase in their EQ-5D index score following operation	<b>92%</b> (National NHS Comparator n/a)	<b>94%</b> (National NHS Comparator n/a)
<b>Knee replacement surgery:</b>		
Number of cases	<b>88</b>	<b>36</b>
% of respondents who recorded an increase in their EQ-5D index score following operation	<b>84%</b>	<b>75%</b>
<b>Cataract Surgery (private patients only):</b>		
Number of cases	<b>4</b>	
% of respondents who recorded an increase in their Catquest rating following operation	<b>100%</b>	<b>None submitted</b>

### Highgate Private Hospital

Patient Reported Outcome Measures (PROMs)	2018 - 2019	2019 - 2020
<b>Hip replacement surgery:</b>		
Number of cases	<b>11</b>	<b>4</b>
% of respondents who recorded an increase in their EQ-5D index score following operation	<b>100%</b> (National NHS Comparator N/A)	<b>75%</b>
<b>Knee replacement surgery:</b>		
Number of cases	<b>3</b>	<b>13</b>
% of respondents who recorded an increase in their EQ-5D index score following operation	<b>67%</b> (National NHS Comparator N/A)	<b>54%</b>

## Midland Eye Clinic

Patient Reported Outcome Measures (PROMs)	2018 - 2019	2019 - 2020
<b>Cataract Surgery (private patients only):</b>		
Number of cases	<b>51</b>	<b>42</b>
% of respondents who recorded an increase in their Catquest rating following operation	<b>75%</b>	<b>86%</b>

## Parkside Private Hospital

Patient Reported Outcome Measures (PROMs)	2018 - 2019	2019 - 2020
<b>Hip replacement surgery:</b>		
Number of cases	<b>19</b>	<b>37</b>
% of respondents who recorded an increase in their EQ-5D index score following operation	<b>100%</b> (National NHS Comparator N/A)	<b>86%</b> (National NHS Comparator N/A)
<b>Knee replacement surgery:</b>		
Number of cases	<b>21</b>	<b>40</b>
% of respondents who recorded an increase in their EQ-5D index score following operation	<b>67%</b> (National NHS Comparator N/A)	<b>75%</b> (National NHS Comparator N/A)
<b>Cataract Surgery (private patients only):</b>		
Number of cases	<b>6</b>	<b>12</b>
% of respondents who recorded an increase in their Catquest rating following operation	<b>67%</b>	<b>92%</b>

### The Edinburgh Clinic

Patient Reported Outcome Measures (PROMs)	2018 - 2019	2019 - 2020
<b>Cataract Surgery (private patients only):</b>		
Number of cases	<b>20</b>	<b>49</b>
% of respondents who recorded an increase in their Catquest rating following operation	<b>85%</b>	<b>84%</b>

### The Holly Private Hospital

Patient Reported Outcome Measures (PROMs)	2018 - 2019	2019 - 2020
<b>Hip replacement surgery:</b>		
Number of cases	<b>18</b>	<b>34</b>
% of respondents who recorded an increase in their EQ-5D index score following operation	<b>72%</b> (National NHS Comparator N/A)	<b>73%</b>
<b>Knee replacement surgery:</b>		
Number of cases	<b>29</b>	<b>41</b>
% of respondents who recorded an increase in their EQ-5D index score following operation	<b>76%</b>	<b>80%</b>
<b>Cataract Surgery (private patients only):</b>		
Number of cases	<b>3</b>	<b>15</b>
% of respondents who recorded an increase in their Catquest rating following operation	<b>67%</b>	<b>73%</b>

## Other Mandatory Indicators

All performance indicators are monitored on a monthly basis at key meetings and then reviewed quarterly at both local and corporate level Quality Governance Committees. Any significant anomaly is carefully investigated and any changes that are required are actioned within identified time frames. Learning is disseminated through various quality forums in order to prevent similar situations occurring again.

	Cancer Centre London		Claremont Private Hospital		Highgate Private Hospital		Midland Eye Clinic		Nova Healthcare		Parkside Private Hospital		The Edinburgh Clinic		The Holly Private Hospital	
	2018 2019	2019 2020	2018 2019	2019 2020	2018 2019	2019 2020	2018 2019	2019 2020	2018 2019	2019 2020	2018 2019	2019 2020	2018 2019	2019 2020	2018 2019	2019 2020
<b>Other Mandatory Indicators</b>																
Number of people aged 0 – 14 years re-admitted within 28 days of discharge	NA	NA	0	0	NA	NA	NA	NA	NA	NA	0	0	NA	NA	0	0
Number of people aged 15 years and over readmitted within 28 days of discharge	NA	NA	6	7	7	11	0	0	0	0	23	9	0	0	3	11
Percentage of admissions risks assessed for VTE	NA	NA	97%	100%	100%	100%	NA	NA	100%	100%	79.5%	99%	100%	100	100%	86.4%
Number of Clostridium difficile infections reported	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Number of patient safety incidents which resulted in severe harm or death	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0
Responsiveness to personal needs of patients	96%	97%	99%	99%	99%	98.7%	0	99.3%	99.5%	100%	98.5%	96.2%	97%	99%	99.6%	97.9%
Friends and Family Test - patients	98%	98%	100%	98.4%	70%	96.9%	100%	99.7	97.5%	99.2%	99%	95%	97%	96%	99%	98%
Friends and Family Test - staff	65%	76%	92%	90%	79%	79%	96%	95%	NA	92%	NA	NA	75%	92%	NA	73%



## Infection Prevention and Control

Infection prevention and control (IPC) is a key element of our focus on improving patient safety and avoiding harm. There are a number of ways in which we measure and monitor our performance in relation to infection, including incident reporting for all Blood Stream Infections and Clostridium difficile Associated Diarrhoea.

### **This process includes:**

- assessment of reported incidents
- investigation of serious incidents
- specific audits and reviews of practice, such as hand hygiene, clinical environment and sharps safety among others.

We strive constantly to learn from audits and incidents to improve practice and the clinical environment for the safety of our patients, visitors and staff.

The monitoring and reporting of healthcare associated infections to Public Health England and Scotland has been a national priority for many years. Aspen Healthcare participates fully in these processes and published data has demonstrated that we maintain low levels of these infections in comparison to other Independent Sector Organisations and the NHS.

We know that our patients and their families expect our hospitals and all aspects of our clinical services to be safe and clean. We are able to provide confidence and assurance that we are maintaining a strict emphasis on infection prevention and control.

Infection Prevention and Control is a key part of the Aspen Healthcare Quality and Governance Structure with our hospitals and clinics feeding in to the Corporate reporting systems. Oversight is maintained by the Consultant Nurse for Infection Prevention and Control who leads the Group IPC Service and the Director of Infection Prevention and Control who reports to Aspen Healthcare Board.

## Number of Hospital Acquired Infections

The table below outlines all hospital acquired infections recorded during the reporting period and does reflect the patient profile at some sites where we are treating immuno-suppressed patient groups and providing cancer treatments.

Infection	Cancer Centre London		Claremont Private Hospital		Highgate Private Hospital		Midland Eye Clinic		Nova Healthcare		Parkside Private Hospital		The Edinburgh Clinic		The Holly Private Hospital	
	2018 2019	2019 2020	2018 2019	2019 2020	2018 2019	2019 2020	2018 2019	2019 2020	2018 2019	2019 2020	2018 2019	2019 2020	2018 2019	2019 2020	2018 2019	2019 2020
MRSA positive Blood Stream Infections	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
MSSA positive Blood Stream Infections	0	0	0	0	0	0	0	0	0	0	2	2	0	0	0	0
E. Coli positive Bloods Stream Infections	0	0	0	0	0	0	0	0	0	0	7	7	0	0	0	0
Clostridium difficile hospital acquired infections	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Klebsiella Positive Blood Stream Infections	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1
Enterobacter Blood Stream Infections	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Pseudomonas Blood Stream Infections	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0



# Complaints

**Aspen Healthcare performance standards stipulate that reportable complaints should be acknowledged within three working days. Reportable complaints tend to be more formal and require an investigation and a written response. As an internal benchmark, we try to resolve complaints within 20 days and measure ourselves accordingly.**

We use information and themes gleaned from complaints received to make changes and improvements to our services, and complaint themes shape our priorities for quality improvement.

During the last year, our Patient Relations Managers have continued to provide a confidential advice and local resolution service. They ensure that individual concerns - whether from patients, relatives or their representative - are addressed effectively and the appropriate actions are taken to resolve those concerns and improve services for the future.

Our local senior management teams meet weekly to review all complaints and seek to work cohesively to ensure comprehensive and thorough investigation, and timely responses.

We welcome feedback from patients, their relatives and carers on any aspect of our services. Patients also leave feedback on the NHS Choices website, Facebook and Google+. When a comment is posted on our facilities' websites and/or the NHS Choices website, it is circulated to the relevant teams to share with staff and, if needed, to allow them to look into any issues raised in the comment and to make any necessary improvements to services. Positive comments are used to help support staff morale and to allow teams to identify where they are doing well and what we are doing right.

Negative comments are used in the same way; to identify any issues, address concerns and make improvements to our services. We also respond to all comments that are posted.

Complaints by Site	2018 - 2019		2019 - 2020	
	Number	% per 100 Admissions	Number	% per 100 Admissions
<b>Cancer Centre London</b>	2	0.02%	0	0.00%
<b>Claremont Private Hospital</b>	33	0.50%	25	0.06%
<b>Highgate Private Hospital</b>	58	0.14%	78	0.19%
<b>Midland Eye Clinic</b>	3	0.01%	2	0.01%
<b>Nova Healthcare</b>	0	0.08%	0	0.00%
<b>Parkside Private Hospital</b>	99	0.09%	69	0.06%
<b>The Edinburgh Clinic</b>	7	0.03%	6	0.03%
<b>The Holly Private Hospital</b>	63	0.50%	39	0.43%
<b>Total</b>	265	0.17%	<b>219</b>	0.13%

## Complaints

### Changes made at facilities as a result of complaints

<b>Claremont Private Hospital</b>	The hospital introduced staff training on the application of post-operative surgical supports.
<b>Cancer Centre London</b>	Cancer Centre London did not have any complaints during this period.
<b>Highgate Private Hospital</b>	A new senior management team including the Hospital Director, Director of Nursing and Finance Director have been appointed to lead the hospital and drive quality improvements.
<b>Midland Eye Clinic</b>	The clinic completed duty of candour refresher and values and customer care training for the Midland Eye Clinic team. All difficult cases and complications are peer reviewed as part of the Medical Advisory Committee meetings. A review of patient information on the website was completed.
<b>Nova Healthcare</b>	Nova did not have any complaints during this period.
<b>Parkside Private Hospital</b>	The hospital introduced an awareness campaign and price lists in each consulting room to provide additional clarity around hospital fees and pathology charges. The hospital delivered staff training to remind staff to ensure patients are aware of charges prior to treatment/tests/diagnostics.
<b>The Edinburgh Clinic</b>	The Clinic received a number of complaints related to delays in patients receiving reports and results and have consequently reviewed the administration and process of reporting results back to patients. This work has involved improving information management processes, and reviewing GP administration support.

<b>The Holly Private Hospital</b>	Most complaints focussed on consultant behaviour so the Hospital introduced daily KPIs on consultant behaviour issues such as late changes to lists, arriving late for clinic etc. Any consultants involved in a formal complaint are now invited to meet with the Senior Management Team. The Matron now participates in all complaints related to nursing care, admission and discharge supporting the Director of Clinical Services.
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A man with short, light-colored hair, wearing a dark suit jacket, a white shirt, and a green and white striped tie, is smiling and looking towards the camera. He is standing in front of a wall made of dark, textured stone tiles. The background is slightly out of focus.

**PART 3**

# Quality Performance

# Quality Performance 2019 – 2020

This section reviews our progress with key quality priorities over the last year.

## Patient Safety

### Implementation of National Early Warning Score (NEWS2)

The National Early Warning Scoring (NEWS2) is a tool developed by the Royal College of Physicians which improves the detection and response to clinical deterioration in adult patients and is a key element of patient safety and improving patient outcomes.

NEWS2 is now embedded across all Aspen Healthcare facilities ensuring that we identify any patients who are deteriorating, resulting in earlier treatment and the saving of lives.

All clinical staff have face-to-face training on NEWS2 in addition to the eLearning module that all clinical staff undertake.

- The NEWS2 Champion sits with our Quality and Governance Team and engages with national forums in relations to NEWS2.
- We audit compliance with NEWS2 on a quarterly basis via the Aspen Healthcare Integrated Audit Tool. Any non-compliance is addressed and discussed at local and Group meetings as stated previously, and action plans put in place.
- Aspen Healthcare also participates in the National Deterioration Forum which is an e-platform for discussion and sharing information relating to the management of deterioration across the system.

### NEWS2 making a difference:

A 35-year-old woman had an AP resection and had been recovering well from surgery. However, at around 10 days post operatively, she started to feel unwell although, because she was relatively young and fit, she was able to compensate and did not demonstrate any observations which gave cause for concerns. As a result of the trends seen in her NEWS2 score, the doctors and nurses were able to rapidly establish that her bowel was leaking and that she was in the early stages of sepsis. Treatment began and she recovered and went on to have two children. A great tribute to how early warning can give rise to early treatment.

### Venous Thromboembolism Exemplar Status

Venous Thromboembolism is a collective term for deep vein thrombosis (DVT) and pulmonary embolism (PE). VTE is a significant cause of mortality, long-term disability and chronic ill-health problems; many of which are avoidable. 1 in 20 people will have a VTE at some time in their life and the risk increases with age. It is estimated that as many as half of all cases of VTE are associated with hospitalisation for medical illness or surgery and that as many as two thirds of cases of hospital-associated thrombosis (HAT) are preventable.

The National VTE Exemplar Centre Network was established by the Department of Health with the aim of sharing best practice and improving patient care through more effective prevention and treatment of VTE. The network provides access to a wealth of information and best practice from all of the VTE Exemplar Centres in England. This includes examples of VTE prevention protocols, information to support the implementation of risk assessment and root cause analysis, patient information and presentations from clinical experts.

Aspen Healthcare committed to working towards VTE Exemplar Centre status in 2019 - 2020 and used the framework to identify opportunities for improvement. Areas around standardisation of charts, encouraging collaboration through reviewing the standards and current practice have been beneficial in improving Aspen VTE prevention and treatment of VTE. Due to the impact of Covid-19 Pandemic this work was paused and will continue in to 2020 - 2021 as Aspen re-engages with ongoing progress to achieve Exemplar status.

### How to Have a Safe Conversation

Aspen Healthcare is a leader in patient safety and our STEP-up to Safety staff engagement and training programme continues to help our staff fully understand their own roles in patient safety. The programme has resulted in a significant improvement in safety measures, including an increase in safety reporting.

Feedback from our staff has been that the most challenging aspect of 'STEP' is the 'T' for 'Talk'.

In 2019 - 2020 work continued with the Aspen STEP-up to Safety programme. Having those difficult conversations is reinforced through local sessions and empowerment of the STEP-up Ambassadors at each site. All staff participate in the programme and all sites record and share compliance on their Quality Dashboard. The Covid-19 pandemic has emphasised the importance of a safety culture and the crucial role front line staff have in ownership of patient safety and a freedom to speak up.



# Clinical Effectiveness

## Expand Participation in National Audits

The Healthcare Quality Improvement Partnership (HQIP) aims to improve healthcare outcomes by enabling providers to measure and improve their services. HQIP commissions, manages, supports and promotes a series of national programmes of quality improvement. These include a national clinical audit programme, clinical outcome review programmes and the National Joint Registry on behalf of NHS England and other healthcare departments and organisations. The national audits and programmes importantly, provide clinical audit information for those who receive our care and services.

The independent sector has previously been limited to which national audits and registries it can submit to. Aspen Healthcare is keen to participate in as wide a range of relevant audits as possible, enabling the review and improvement of our practice and to improve benchmarking of our performance and outcome measures and to share best practice with other healthcare providers, both NHS and the independent sector.

Aspen Healthcare had hoped to be able to start participating in HQIP audits in 2019; however the pilot to enable health procedures provided by independent healthcare providers in England to be included in future HQIP national clinical audits was just launched in October 2019 and should be completed by July 2020.

Aspen Healthcare reviewed all national HQIP audits throughout the Quality Account period and none of the audits were relevant to the services we provide to patients. During 2020/21 we will continue to monitor the national audit programmes and where an audit applies, and in liaison with HQIP, submit all relevant data.

## Improve Staff Awareness of Acute Kidney Injury

Acute Kidney Injury (AKI) is sudden damage to the kidneys that causes them to not work properly. It can range from minor loss of kidney function to complete kidney failure. AKI normally happens as a complication of another serious illness.

It is important that AKI is detected early and treated promptly as, without prompt treatment, abnormal levels of salts and chemicals can build up in the body, which affects the ability of other organs to work properly. Someone with AKI can deteriorate quickly and unexpectedly.

Aspen Healthcare implemented face-to-face training for our nursing staff supported by our anaesthetist body and also developed online training slides to educate the nursing teams in the detection and early treatment of AKI. We made changes to the fluid balance chart to ensure that measurements of fluid are captured accurately and the charts are audited regularly to ensure they are completed.

Staff now feel more confident in flagging potential AKI with the clinicians and we continue to maintain our knowledge with annual updates. We have had no reported incidents of acute kidney injury in our patient group.

### Commence Quality Standards for Imaging (QSI) Accreditation

**Quality Standards for Imaging (QSI) Accreditation** is the primary quality assurance and governance framework for imaging services and is the only UK-wide recognised accreditation scheme for diagnostic imaging services. The accreditation process and information obtained from regular self-assessment and active monitoring of imaging processes will be used to devise appropriate strategies to ensure services are safe, cost-effective and timely, and that risks are well managed. This accreditation will also help demonstrate to patients, commissioners, and our regulators a clear commitment to the delivery of a high-quality patient centred imaging services and the meeting of recognised accredited standards. The accreditation will support Aspen Healthcare's quality improvement culture where both imaging services management and operational requirements are meshed together to ensure that resources are well managed and delivering high quality pre-examination, examination, reporting and post examination processes, as well as ongoing evaluation and continual improvement.

Aspen Healthcare commenced preparation for accreditation in 2019 - 2020. We originally planned to utilise the ISAS Traffic Light Ready (TLR) tool to undertake a detailed gap analysis in readiness for the next stages of accreditation.

Information gathering has commenced and we have decided to identify a pilot site to roll out the programme rather than taking the original group approach to accreditation.

A new business case will be presented and resources identified in 2020 - 2021 to progress this project.



# Patient Experience

## Implement GREATix

Much attention is focused on 'negative' events with our staff being encouraged to report incidents via our risk management system, Datix. Although it is vital to learn from any errors/near misses in healthcare with these having a very important part to play in our safety culture, it is also as important to balance this with the recognition of positive performance and to share and transfer examples of good/excellent practice

In 2019 - 2020 Aspen Healthcare developed an online GREATix reporting tool to empower any staff member to submit an online nomination when they observe excellence in patient care or excellent practice from another member of staff or team. This is complemented by a paper GREATix version, that can be used by staff and our patients. The nomination is then reviewed and direct feedback sent to the individual staff member. In addition, GREATix themes or valuable learning examples can be discussed, shared and celebrated at governance and staff forums.

GREATix, as a positive reporting system, is likely to develop additional benefits in patient safety alongside traditional incident reporting. It is hoped that benefits are seen on staff morale and culture, its use as an improvement tool, and another method of enhancing learning from our patients' experience.

The implementation of GREATix commenced in the summer of 2019 and, as part of the launch, a bespoke GREATix video was produced and sent to every staff member. The video highlighted to staff the importance of learning and sharing the GREATix things we do and how these contribute to keeping our patients safe.

During 2019 - 2020 **538** GREATix reports were submitted across Aspen Healthcare celebrating the achievements of our staff who:

- Went the extra mile
- Gave great care
- Stepped-up to safety or
- Showed great team work.

Submissions came from staff, Consultant medical staff and from patients and their relatives/carers. Every member of staff involved in a GREATix is given personal feedback, thanking them for the GREATix work they undertook for our patients and teams.

At the beginning of 2020 each site throughout Aspen Healthcare developed a monthly GREATix newsletter. This newsletter is developed by the local Governance Teams and is displayed in each department so that staff and visitors can see all of the good work that goes on within Aspen Healthcare to make improvements to the patient pathway.

## Implement The Golden Patient

There are many reasons for delays in operating lists but many are often predictable and preventable. These delays typically mean an operating list overruns and this can lead to further delays for other patients and cancellations. Delays can impact on the quality of care and undermine the timeliness, efficiency and effectiveness of care, as well as causing significant patient dissatisfaction.

The identification of a 'Golden Patient' has been shown to enhance patient experience whilst improving theatre efficiency and utilisation through early identification of an elective patient.

Aspen Healthcare implemented a pilot Golden Patient project to improve the start time of the first operation in theatres. A patient was pre-selected and nominated as the Golden Patient, the day before they were due to be operated on. The nominated patient was then scheduled at the start of the theatre list for the following day. The list can only be changed if an emergency occurs overnight. The 'Golden Patient' is prioritised and optimised for theatre and the theatre staff ensure all surgical instruments are prepared.





The pilot project commenced in early 2019 at Parkside Private Hospital and progressed throughout that year and into 2020. Both staff and Consultants were asked to contribute and agree the process for the project to ensure clarity around their understanding of the aims and goals with clear actions that we required from them all to ensure success.

We saw many learnings from this project which included;

- the patient pathway and patient experience improved
- departments worked as a cohesive team
- we improved theatre utilisation
- we reduced late theatre finishes
- Consultants stopped experiencing delays attributed to the hospital
- Consultants appeared more engaged with prompt starts.

Additionally we were able to develop a Theatre Etiquette which was implemented and this was supported with a late start escalation protocol. Staff told us they felt able to escalate concerns regarding late starts as they now had the tools to address the issues in a positive way without feeling they would be blaming others if things did not go to plan.

Over the first 10 months of the project we were able to audit 180 lists which showed:

- **63 (35%)** were categorised as **Green (starting on time) up by 5%**
- **117 (65%)** were categorised as **Amber (without learning) up by 15%**
- **0** were categorised as **Red (with learning) down by 20%**

The project's success culminated with the Parkside Private Hospital team winning the annual Aspen Healthcare Quality Symposium Award. Furthermore, it has been agreed that the project will be rolled out across all other Aspen Healthcare sites during 2020.

### Self-Assessment of ISCAS Complaints Code

Aspen Healthcare takes pride in the delivery of quality care and services and always seeks to utilise all feedback, including patient complaints, as a mechanism of learning and improvement. Our approach to complaint management is a key element of our commitment to customer focus, and is part of our wider quality management system.

Aspen Healthcare, as an independent healthcare provider, voluntarily subscribes to the Independent Healthcare Sector Complaints Adjudication Service (ISCAS). This provides complainants with access to independent adjudication on complaints about any ISCAS subscriber when they have not been able to resolve their complaint locally with the provider.

Best practice standards set by ISCAS for subscribers to the adjudication scheme are outlined in the ISCAS Code of Practice for Complaints Management. The ISCAS Code provides a framework for the management of complaints made by complaints about the provision of independent healthcare services.

In 2019 - 2020 Aspen Healthcare has undertaken a self-assessment of complaints management against all components of the ISCAS code. This has provided us with an opportunity to assess ourselves against each standard of the code, identify any areas for improvement, with the aim to monitor and continually improve the effectiveness of our complaints handling in light of best practice and good governance.

### Capture Learning From Follow-up

Aspen Healthcare routinely contacts the majority of patients 48 to 72 hours after their discharge (next day for day cases) to assess their recovery, compliance with their discharge treatment plan (medications, diet, activity, etc.), and to resolve and ask about any clinical issues they may have.

Although the patient will have already have been provided with the information needed for safe care at home, they may not have fully recalled this or comprehended everything at the time of discharge, and these calls provide the opportunity to confirm their understanding and enhance compliance. The calls are well received by our patients and may help prevent an unnecessary readmission or accident and emergency visit.

A post discharge telephone follow-up form is used by staff, and in 2019 - 2020 we aim to capture the learning from these calls to identify any improvements required to our discharge management, and to enhance our patients' experience.

We commenced discharge calls for patients who underwent surgical procedures at each Aspen hospital during 2019/2020. The aim was always to ensure that patients were safe at home and that any clinical issues could be captured and resolved.

A set of questions was devised and placed within the patient pathway booklets to ensure that a standard and structured set of questions were asked.

We took consent prior to each patient's discharge, asking if they were happy to be called and at the same time confirming the correct contact number. In addition, we provided each patient with a contact telephone number should they need to call the hospital outside of the discharge call.

The calls were undertaken by staff from each site trained in the use of the set of questions. Any issues or concerns raised during the calls were channelled to the correct teams so they could be resolved in a timely manner. The calls were well received with many patients commenting on how reassured they felt and how the addition of the call enhanced their experience.

An audit of calls is undertaken on a quarterly basis and this audit informs our clinical leads of any changes that may be required to practice. During 2019 - 2020 we were able to capture learning from these calls which included:

- We noted questions related to medicines were common. We changed practice so that our pharmacy teams contact all patients who take home newly prescribed medicines or have complex prescriptions. This has helped to troubleshoot any issues at the same time checking compliance.
- We updated our patient feedback questionnaire to include a reference to the discussion of medicines. This allows us to audit patients' perception of the information they receive regarding take home medicines.

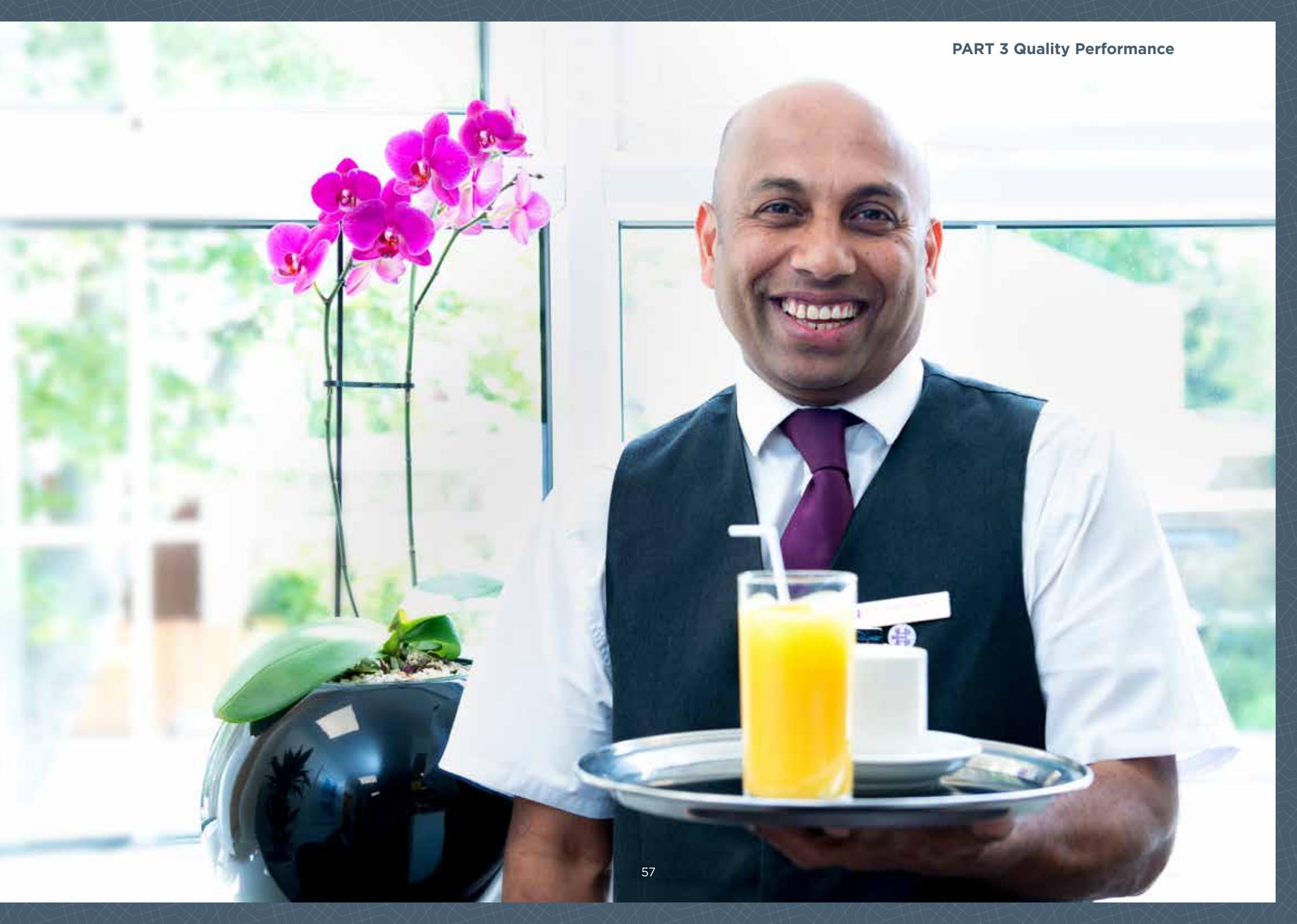
Further work on capturing of learning will continue in 2020 - 2021.

## **Develop Online Accessibility Guides for Disabled Patients and Visitors**

In the UK, 1 in 5 people have a disability - this could be visual, hearing, motor or cognitive (affecting memory and thinking). Aspen Healthcare aims to anticipate our patients' needs as well as we can and endeavours to provide access to our facilities for people with a disability. However, for patients and visitors with access problems visiting any unfamiliar facility may be a stressful and anxious experience and we recognise that everyone's accessibility needs are different.

Having detailed and accurate access information is important in helping us assure the best experience for people with a disability.

In 2019 - 2020 we developed online information and guides for disabled patients and visitors, providing information and detail on how accessible our facilities are. This helps us to communicate our facilities and services to disabled people and other visitors who require specific accessibility information



# External Perspective on Quality of Services

Aspen Healthcare has shared this Quality Account with our partner NHS Trusts and CCGs and invited further feedback, queries and comments.

## **Statement from NHS Sheffield Clinical Commissioning Group**

For a number of years NHS Sheffield Clinical Commissioning Group (CCG) has had contract with Claremont Hospital. In relation to the provision of NHS elective care, managed under the conditions of the NHS Standard Contract. This has been and continues to be a very positive business relationship where we have been able to constructively discuss any issues that have arisen and practically resolve in a timely manner. The Director of Clinical Services has provided the clinical support to the contract and again has worked in a very positive way to resolve any clinical issues, according to the contract requirements.

NHS Sheffield CCG has had the opportunity to review and comment on the information in this quality account prior to publication. Claremont Hospital has considered our comments and made amendments where appropriate. The CCG is confident that to the best of its knowledge the information supplied within this account is factually accurate and a true record, reflecting the Trust's performance over the period April 2019 – March 2020.

Please note as this is a Aspen Healthcare Wide Quality Account, NHS Sheffield CCG can only comment and assure on anything that has arisen from the contract we share with Claremont Hospital.

Submitted by Beverly Ryton on behalf of:-

**Alun Windle**

Acting Chief Nurse

and

**Isabelle Barker**

Contract Manager

Aspen Healthcare has not received any further formal comments from any of our NHS Trust or CCG partners.



PART 4

## Case Studies

Some examples of  
best practice across  
Aspen Healthcare.

## Educating Patients on the Impact of Dietary and Herbal Supplements whilst Undergoing Cancer Treatment

### Cancer Centre London has successfully introduced a dietary and herbal supplement patient education initiative to maximise the quality of patient care.

The use of vitamins or mineral supplements in cancer patients is reported to be between 64% and 81% (compared with 50% of the general population using dietary supplements) and the risk of herb-drug interactions is reported in 54.9% of patients using complementary medicine.

The Team at Cancer Centre London noticed that several of their patients were raising queries about the impact of supplements with Pharmacy. Between April and September 2019, 54% of our medicine related queries related to complementary medicine and 67.5% of time was spent on supplement related queries.

#### **To improve the quality of care, the Cancer Centre London Team developed a patient information factsheet with:**

- information about supplements and cancer prevention
- general advice around taking supplements whilst on cancer treatment and patient safety.

The factsheet was submitted to the Medicine Advisory Committee and received Consultant approval. It is given to patients by one of our Pharmacists either before treatment begins, or at first cycle; when a full drug history of medicines, including any dietary or herbal supplements, is obtained to check if any products interfere with cancer treatments.

The patient information fact sheet received such positive feedback that the team decided to further progress the initiative by introducing a patient education session in April 2019, to provide dietary and herbal supplement advice. The information session is held quarterly and informs patients embarking or already on cancer treatment of the latest advice around taking vitamins, minerals and herbal supplements during their cancer treatment.

It features:

- a presentation from our Dietitian on 'Diet and Cancer'
- case studies with specific advice on supplements and cancer treatments
- a question and answer session allowing patients to discuss any worries or concerns.

The presentation is updated before each session with emerging data to ensure it is up-to-date and relevant.

Patient feedback from our education sessions show that they have helped raise patient awareness of the impact of supplements and improved patient experience. Patients feel more informed and empowered in managing their own care too.



## Managing Controlled Drugs on the Wards

**The ward at Claremont Private Hospital is set out in a long corridor with 21 of the available beds in individual rooms. Sometimes it can be difficult to find colleagues quickly, as staff are invisible when in rooms caring for their patients and it can take a few minutes to walk from one end of the ward to the other.**

Legislation dictates that the keys for the controlled drug (CD) cupboard MUST be held by the nurse in charge of the ward and for this reason each CD cabinet only has one key to access it. Typically, the nurse in charge will also hold the keys for the myriad other locked cabinets on any ward. The keys for the cupboard inevitably get passed from nurse to nurse throughout each shift, and this then leads to a frustrating and exceptionally time-consuming search on a number of occasions each day to try to find the keys to facilitate a timely administration of drugs. On the surgical ward at Claremont Private Hospital, this search was carried out on an almost hourly basis and it is estimated that nursing staff could spend around 30 to 40 minutes each shift simply looking for “the keys”.

The Ward Manager attended a two-day conference at the Excel Arena in London in 2016. Security experts, Abloy UK, were presenting various security solutions one of which was the CLIQ Key Management System. This had been successfully applied to many industrial facilities but was seen as suitable for healthcare institutions also.

Nursing efficiency and medicine management can be a major cause of concern, with drugs needing to be secured effectively whilst giving nurses quick and convenient access. Traditional control measures didn't allow this. PROTEC2 CLIQ is an access control system based on mechanical high-security disc cylinders combined with encrypted electronic locking and identification. Each CLIQ key provides power to the lock; therefore, no batteries or wires are required to the lock the drug cabinet, making it an ideal retrofit solution – even for applications such as mobile drug trolleys.

PROTEC2 CLIQ was combined with the TRAKA21 key management system, which provides nurses access to a single key for the duration of their shift. By simply entering a PIN code to access a specific key which they validate using the programming unit, they can then access every cabinet they are authorised to open.

David Bell, Ward Manager at Claremont Private Hospital led the project, “Following a trial of the CLIQ System we invested in a fully installed system which has proved to be a total hit with the nursing staff. It is saving nurses time and

frustration and is a much safer and regulatory compliant system, not only because lost keys can easily be deleted from the system (and so cannot be used to open any cupboards) it also keeps an audit trail of who opened which cupboard and when. Most importantly though, it means patients don't have to wait long for medication anymore.”

“In October 2018, a pharmacy audit found that 72% of patients felt that their pain killers were given promptly and on time. Since the installation of CLIQ, this figure has jumped to 92% – almost an immediate success and a worthwhile financial investment in quality.”

It is clear to the nursing staff on the ward that CLIQ has been a total and instant success. Since installation, the system has been installed in many other of the Group's hospitals to similar success.





## Achieving JAG Accreditation

JAG accreditation is awarded to high-quality gastrointestinal endoscopy services and is the formal recognition that an endoscopy service has demonstrated that it has the competence to deliver against the criteria set out in the JAG standards. The scheme was developed for all endoscopy services and providers across the UK in the NHS and independent sector.

### Reasons for undergoing JAG accreditation

Highgate Private Hospital had invested in an Endoscopy Unit some years previously but it was under-utilised. When a new Endoscopy Lead was appointed for the department, she recognised there to was a real need for quality improvements in all areas from the team structure, to training and competencies, policies and procedures and staff confidence.

#### The team wanted to:

- develop a quality framework
- promote quality improvement
- encourage continuing improvement

and therefore, started working towards JAG accreditation. JAG accreditation is based on standards that have been developed with a multi-professional group of clinicians, managers and patients. The accreditation pathway involves self-assessment and quality improvement against the standards.

Accredited services submit evidence annually to demonstrate that they are continuing to meet the standards and have a 5-yearly on-site assessment carried out by an experienced assessment team.

#### The process involved:

- observing, listening and thinking about where to start the transformation process
- undertaking a series of audits
- looking at the entire patient pathway and journey from start to finish
- implementing patient satisfaction surveys that were specific to patients undergoing endoscopy procedures
- training sessions with staff in various departments from the wards to reception staff
- building good relationships with the consultant body and engaging them in Endoscopy Users Group meetings
- lots of team work!

### Results

Highgate Private Hospital achieved JAG accreditation in early 2019 and as a result of working on this initiative we have:

- improved the patient pathway
- introduced endoscopy competencies for nurses
- introduced safe sedation training
- developed great relationships with our consultants
- increased patient, staff and consultant confidence in the endoscopy service in our hospital
- developed links with our NHS partners and the Aspen Healthcare Group Endoscopy Lead.

In addition, we have happy, confident staff who want to work in endoscopy and we offer a great learning environment thanks to our Clinical Educator who has helped our theatre staff obtain their endoscopy competencies.

Lead Consultant, Dr Deepak Suri, Consultant Gastroenterologist said "The entire department has worked hard over the last year to achieve JAG recognition by investing in the new unit which is a clean and modern endoscopy environment. We are proud that the hospital has been recognised for the high quality and safety of the endoscopy services it provides and look forward to constantly improving on this great result."



## Rapid Access Age-Related Macular Degeneration (AMD) Service

University Hospitals Birmingham NHS Foundation Trust, formally Heart of England Trust, asked Midland Eye Clinic for additional support to provide rapid access NHS Age-related Macular Degeneration (AMD) clinics and injection sessions for new patients.

Midland Eye Clinic accepted all new macular referrals in a service deflection from July 2018 until January with the service being further extended until the end of March 2019. The service met the NICE guidelines of an appointment within 2 weeks of referral and followed existing treatment pathways. All new patients were to remain with Midland Eye Clinic for the duration of their pathway and not returned to Trust Hospitals to ensure continuity of care.

### Delivering a high-quality AMD service

From the first enquiry, the service at Midland Eye Clinic was commissioned within two months and was delivered by Consultants and Ophthalmic Technicians. Appointments were designed to be 'one stop' which allowed patients to have their OCT test, diagnosis and intravitreal injection at the same time.

Communications to referrers were coordinated by Birmingham and Solihull CCG and information was also posted on the Midland Eye Clinic website.

The service remained under constant review. As a result, staffing and appointment times were adjusted to maintain an effective flow of patients and additional safety checks were added to maintain patient safety.

The Ophthalmic Technicians developed a patient booklet to include details of their injections and out-of-hours contact details. This ensured that if the patient required urgent treatment elsewhere, they could take their booklet as an accurate record of their treatment at Midland Eye Clinic.

Low vision support services in Solihull were limited. In January 2020 the first AMD support Group met supported by two Ophthalmic Technicians and Consultants and received positive feedback from the patients who attended.

### Impact of the AMD Service

373 patients were accepted onto the AMD service between July 2018 and March 2019. Of these patients, 301 have since been discharged and 72 patients are still currently on an active treatment pathway during 2020.

Patient satisfaction for the service is 100% with all patients extremely happy with the services provided. The commissioners were also very satisfied with the service provided by Midland Eye.

## Dignity Sparing Garments for Cancer Patients Undergoing Treatment

**At Nova Healthcare we aim to be beyond compliance in the personalised attention and care that we offer our radiotherapy patients. Cancer treatment can be an emotional and challenging time and there have been several studies outlining that the sense of losing privacy and dignity is among the significant challenges our patients face.**

Other issues reported by patients include a loss of identity during treatment, feeling like ‘one of a number’, and body-image worries due to the side effects of aggressive cancer treatment, such as hair loss or surgical changes to the body.

### Another challenge for cancer patients

At Nova Healthcare, patients receiving radiotherapy to the breast were typically offered a standard hospital gown to wear during treatment. Over time, we found that it was sometimes difficult for patients to determine how these garments are worn and also how to secure and tie them. This was especially difficult for patients with reduced dexterity due to chemotherapy-induced peripheral neuropathy (causing numb, sometimes painful fingers).

The standard gowns, which are reusable, were sometimes frayed and the material tough from repeated washing and therefore were uncomfortable and ill-fitting. During treatment delivery the gown would need to be lowered fully exposing the patient’s full chest for treatment delivery, with resulting feelings of exposure and embarrassment reported by patients in feedback surveys.

### Responding to patient feedback

In response to patient feedback, the Radiotherapy Team at Nova Healthcare decided to source a suitable garment to improve the experience for our patients. This search led us to the ‘Radiant Wrap’ treatment gown. Designed by a patient who experienced the issues raised during treatment, the gowns are available in a multitude of colours and patterns. Patient are invited to choose their preferred gown for treatment restoring their sense of personal identity and individuality. When treatment is being delivered, the patient can slip one arm on the affected side out of the gown so tattoos can be visualised, keeping the other side covered and unexposed. The gowns are created in a soft touch material which is kind to skin which may be sensitive due to a radiotherapy skin reaction and they are easy to fasten with an extendable tie to fit patients of any size between XS and XXXL.

Trials of the gowns proved so popular we now give them as a gift to patients at the start of their journey and they are worn for the duration of their treatment, ensuring they can be worn for any future follow up appointments and examinations.

### Moving beyond success

The success of this project led us to further look at where we could improve how we do things to support the privacy and dignity of our patients. New initiatives include giving patients branded paper bags, in which treatment related items can be carried. Patients may require micro-enemas or vaginal dilators which they may not want to carry out of a consultation into a busy waiting area, so this was the perfect solution to reduce any potential embarrassment. We have also introduced personalised water bottles to regulate the amount of fluid that is taken if a full bladder is required, which has reduced our carbon footprint through a reduction in plastic waste and ensures our patients comply with the necessary preparation for their treatments. At the end of treatment, we have also introduced small gifts for patients to celebrate treatment completion.

We are also looking at how we can support other groups of patients, for example patients receiving radiotherapy to the pelvis. For this group of patients there is no product equivalent to the Radiant Wrap available on the market, therefore we are in the process of designing our own garment, suitable for function whilst providing comfort, style and dignity. In the spirit of partnership and teamwork, we have collaborated with a focus group of patients and treatment radiographers and we are hoping to move towards clinical testing of the garment later in 2020.





## The Golden Patient

In January 2019 Parkside Private Hospital implemented a quality improvement project to enhance the flow from patient admission to theatre list. This in turn had a positive effect on theatres productivity.

The hospital implemented a **Golden Patient** initiative encouraging better communication and teamworking across departments to ensure theatres lists started on time.

### Why we needed quality improvement

Operating lists were routinely starting at least half an hour late as patients were not ready for theatre when the list was due to start. As a result of this delay, consultants would not be able to move efficiently through their lists, patients were having to wait longer for their procedure and our theatres were not being used to their proper capacity.

It was clear that issues were caused by a lack of interaction between different teams across the hospital and a lack of insight into how the actions of one team could impact on the ability of other teams to carry out their essential functions in a timely manner.

### The solution we delivered

Led by the Surgical and HDU Manager, the teams involved throughout a patient's journey met and deliberated how to remove some of the barriers preventing patients from being prioritised for admission. Each teams' role and responsibilities were clarified and a process was agreed which involved identifying and preparing the first patient the day i.e. the Golden Patient.

The importance of open and ongoing communication throughout the process was emphasised.

### The new process ensures that:

- Lists are closed and printed the night before, so that staff can identify the Golden Patient and prepare accordingly.
- Night staff now prepare documentation, rooms and 'admit' the Golden Patient for the morning list.
- The Golden Patient is asked to arrive 15 minutes before other patients. The Reception Team prioritises them ensuring they are taken to the ward first.
- Theatre staff collect the Golden Patient from the ward, avoiding any delays involved in having to wait for ward staff to be free at a busy time.

The process was also explained to the consultants, asking for their support in confirming their lists, not making last minute changes and arriving for their theatre slot on time.

Each team received a flow chart setting out where their key responsibilities were in the process.

### Results and impact of our quality improvement initiative

We quickly started to see impact. In the first month, 30% of the lists started on time and in the second month that figure rose to 40%. We used a traffic light system of assessing how successful the process was for each list. Green means that the list started on time, amber means that it had a short (or unavoidable) delay and red signifies delay with learning points for those involved.

The proportion of amber and red lists also fell from one month to the next. 50.9% of lists were amber in the first month, compared to 47.6% in the second. 18.8% were red, compared with 11.9% in the second month.

### Over the past year, the Golden Patient initiative has enabled Parkside Private Hospital to:

- improve the patient pathway
- improve patient experience
- improve teamworking and communication across teams
- implement theatre etiquette
- implement a late start escalation protocol
- have a clear quick view of where things go wrong in the process and how to fix them
- reduce late theatre finishes
- improve theatre utilisation
- improve consultant engagement with more lists starting promptly.



## Introducing Free Refractive Clinics

**At The Edinburgh Clinic we established ourselves within the ophthalmology market, successfully growing our ophthalmic team, facility and referrer base over several years. Initially, the drive was purely to increase patient numbers and the ability to see all complexities of ophthalmic patients within the clinic.**

Although we had a large team of Ophthalmic Surgeons, we were finding capacity issues within key sub specialties. With the increasing success and demand, the issues were accentuated. More referrals meant more surgery and subsequent follow ups.

Chair time with the surgeons was decreasing as clinics were being overloaded beyond appropriate capacity. There was a domino effect, with a poor quality of service and inadequate time to fully discuss information around consent. The knock-on effect was causing a need for additional communications to reassure and inform patients regarding options and risks.

### Finding a solution

To reduce bottle necks in key clinics we decided to separate specific patient groups and allow for more quality time to be spent with those who wished to fully discuss the ever-growing options within the field of cataract and refractive surgery.

Outside of regular clinic times, patients considering refractive surgery were offered a lengthy complimentary consultation with a specialist Optometrist and Ophthalmic Nurse who carried out a variety of diagnostic tests and were able to discuss all the options, with the risks and benefits of each. Along with the surgical journey and recovery, patients' lifestyles were discussed to further customise suggested outcomes.

Following the consultation, patients were given a summary of the findings and time to consider their options along with recommendations, and if suitable, details of the appropriate sub specialised Ophthalmic Surgeons who were experts in carrying out such procedures. Patients could then call to arrange a full surgical consultation with the Ophthalmic Surgeon at their convenience. The second appointment required very little in the way of diagnostics or examinations and the time could be spent fully discussing the options with the surgeon. Further thinking time and consultations are offered after this, if required.

### 100% Satisfaction

Patients responded well to a survey sent following their appointments with 100% saying the clinic met their expectations and that they would recommend it. 100% of patients rated their care received as excellent. Consultant Ophthalmic Surgeons working at the clinic also provided excellent feedback judging the refractive clinic to be a great success in ensuring that the majority of those patients who do end up going for a consultation with a doctor are in fact suitable for lens surgery.

"It really was a pleasant and professional experience. The follow up phone calls from the nurse and the surgeon were appreciated. All very good and I have recommended to friends."

"Thank you for putting our mind at rest and the information given was excellent, all the staff are very helpful and nothing was too much trouble from making the appointment to attending the clinic appointment."





## The Adoption of Safety Crosses to Improve Quality

**Staff at The Holly Private Hospital have successfully implemented a Safety Cross Initiative to improve quality. The safety cross is a simple data collection tool.**

It is basically a one-month colour-coded calendar that notes daily safety and quality measures. All departments now have a Safety Cross and in several cases some departments have two or three which they use to monitor and report daily on agreed key performance measurements, with the aim being to effect quality improvements.

Each department measures unique metrics (e.g. from incident trends, environmental challenges, health and safety issues and any staff or patient safety issues) and the examples below are some of the many areas where we have seen real improvement:

- Theatres – poor consultant behaviour, changing lists
- Outpatients – late starts in clinic
- Pharmacy – medication errors
- Patient Relations – complaints
- Governance – overdue incidents not being closed
- Wards – oozing wounds

On days when an undesirable incident occurs, staff will colour their safety cross in red and incident free days are coloured in green. This means the team can focus on timely solutions that are within their sphere of influence as monthly data is plotted and displayed for patients, staff and visitors to view.

Data is reviewed at the 9.30am meeting where data trends are discussed and agreement on solutions sought either within those meetings or at other user meetings. The use of this visual data collection tool is invaluable in identifying areas for improvement.

Each Safety Cross is documented in order to supply trend evidence so that action can be taken to reduce incidences. Once the 'greens' outweigh the 'reds' then a new theme for quality improvement is identified.

**Through introducing Safety Crosses, The Holly Private Hospital team have been able to:**

- improve patient safety and promote good practice by raising awareness within the team and others regarding the incident(s) being tracked
- provide real time incidence data to let staff know on a daily basis how many days have gone by without a new incident occurring
- link data to improvement goals/initiatives
- provide individual personalised attention to the issues relevant to us and our patients in our hospital.



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