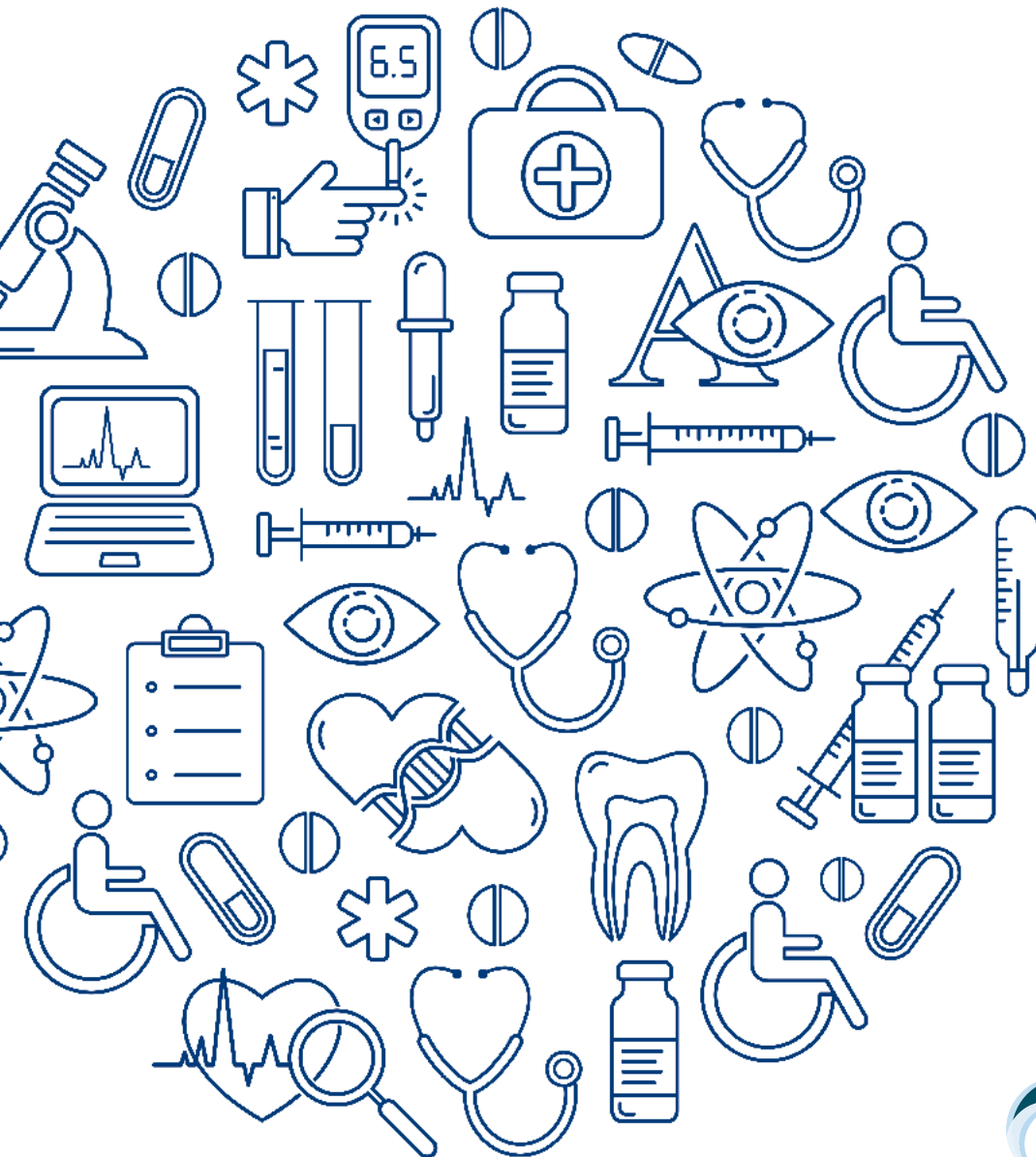


Cancer Centre London

Quality Account

April 2017 – March 2018



cancer centre
london



Contents

Welcome to Aspen Healthcare	4
Statement on Quality from Aspen Healthcare's Chief Executive	7
Introduction to Cancer Centre London	9
Statement on Quality Accountability Statement	10
Quality Priorities for 2018 - 2019 Patient Safety Clinical Effectiveness Patient Experience	11
Statements of Assurance Review of NHS Services Provided 2017 - 2018 Participation in Clinical Audit Participation in Research Goals Agreed with Commissioners Statement from the Care Quality Commission Statements on Data Quality Quality Indicators	14
Review of Quality Performance 2017 - 2018 Patient Safety Clinical Effectiveness Patient Experience	24
External Perspective on Quality of Services	27

Welcome to Aspen Healthcare

Cancer Centre London is part of the Aspen Healthcare Group

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, a number of which are in joint partnership with our Consultants.

Aspen Healthcare (Aspen) is the proud operator of four acute hospitals, two specialist cancer centres and three day-surgery hospitals in the UK. Aspen Healthcare's current facilities are:

- **Cancer Centre London**
Wimbledon, SW London
- **The Chelmsford Private Day Surgery Hospital**
Chelmsford, Essex
- **The Claremont Hospital, Sheffield**
- **The Edinburgh Clinic, Edinburgh**
- **Highgate Private Hospital**
Highgate, N London
- **The Holly Private Hospital**
Buckhurst Hill, NE London
- **Midland Eye, Solihull**
- **Nova Healthcare, Leeds**
- **Parkside Hospital**
Wimbledon, SW London

Aspen Healthcare's facilities cover a wide range of specialties and treatments providing consulting, diagnostic and surgical services, as well as state of the art oncological services. Within these nine facilities, comprising over 250 beds and 19 theatres, in 2017 alone Aspen has delivered care to:

- more than 43,000 patients who were admitted into our facilities
- just under 9,000 patients who stayed as an inpatient for overnight care
- over 34,000 patients who required day case surgery
- almost 310,000 patients who attended our outpatient departments
- more than 370,000 patients who attended our diagnostic departments.

We have delivered this care always with Aspen Healthcare's mission statement underpinning the delivery of all our care and services:

“ 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. ”

Aspen is now one of the main providers of independent hospital services in the UK and, through a variety of local contracts we provided 18,000 NHS patient episodes of care last year, comprising nearly 41% of our patient 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 2017

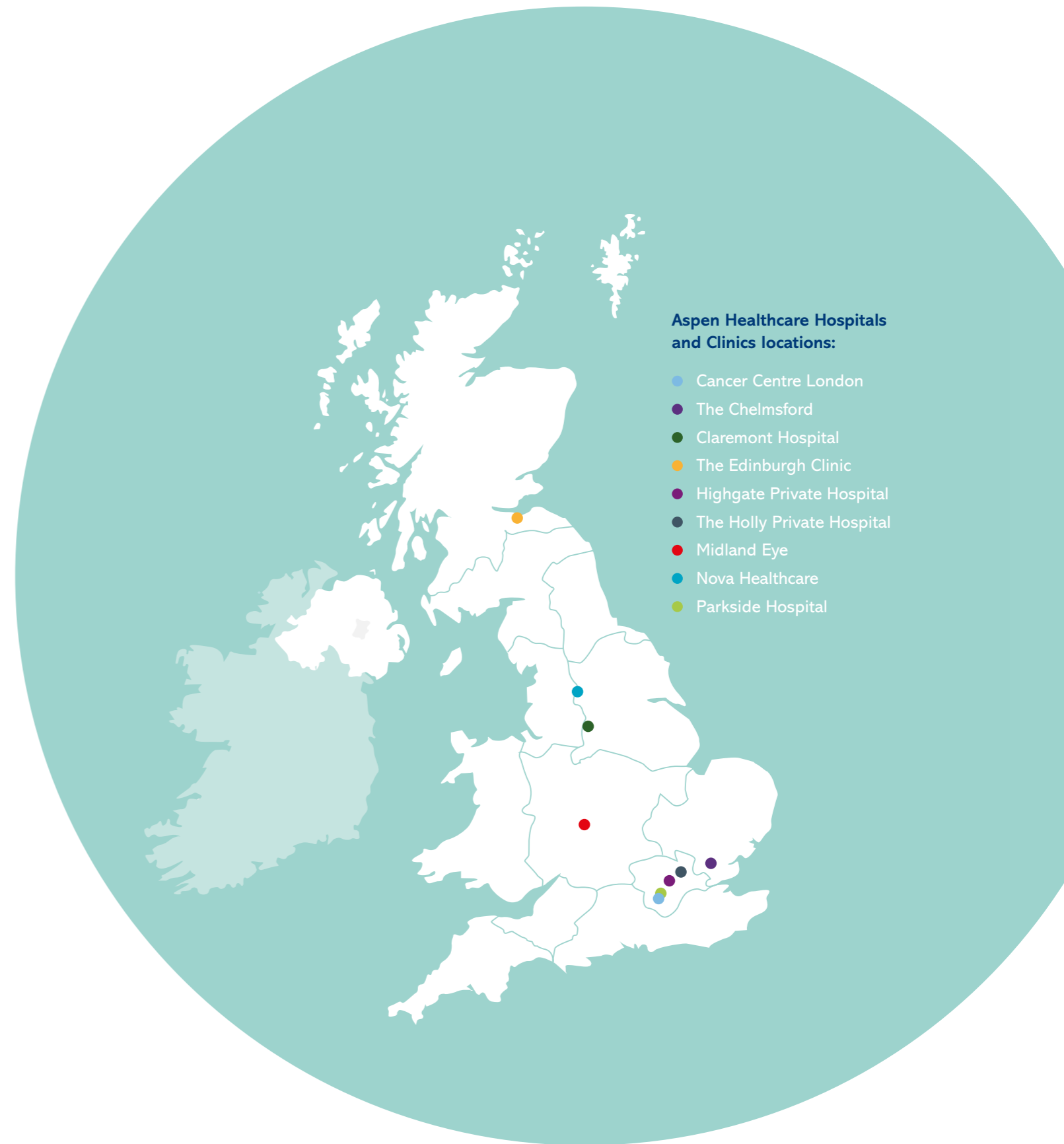
99.4%

of our inpatients and day patients rated the overall quality of their care as 'excellent', 'very good' or 'good'.

99%

of inpatients and outpatients stated that they were 'extremely likely' or 'likely' to recommend the Aspen hospital/clinic they visited.

Across Aspen 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.



Aspen Healthcare Hospitals and Clinics locations:

- Cancer Centre London
- The Chelmsford
- Claremont Hospital
- The Edinburgh Clinic
- Highgate Private Hospital
- The Holly Private Hospital
- Midland Eye
- Nova Healthcare
- Parkside Hospital





Statement on Quality from Aspen Healthcare's Chief Executive

Welcome to the 2017-2018 Quality Account, 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 Cancer Centre London. This report focuses on the quality of services we provided over the last year (April 2017 to March 2018) and, importantly, looks forward to setting out our plans for further quality improvements in the forthcoming year.

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'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's Quality Strategy, which focuses on the three dimensions of quality: patient safety, clinical effectiveness and patient experience.

All our hospitals and clinics in England have now been externally inspected by the health and social care regulator, the Care Quality Commission (CQC). 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 our managers, clinicians and staff at Cancer Centre London 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 (2018-2019), as agreed with the Aspen Senior Management Team, are outlined within this report.

In 2017-2018 we maintained our excellent record on reducing avoidable harm across our organisation, and saw further improvements made to both patient safety and increasing our already high levels of patient satisfaction. We remain committed to monitoring all aspects of our patients' experience within Cancer Centre London, ensuring this feedback is effectively utilised to continue to drive quality improvement. Our staff survey in 2017 also showed further improvement in staff engagement and a pride to work for Aspen. You will find more details outlined within the relevant sections of this report.

I would like to thank all our staff who everyday 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.

The majority of information provided in this report is for all the patients we have cared for during 2017-2018, 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.

Des Shiels
Chief Executive
Aspen Healthcare

“ I just wanted to say a very big thank you to you all for all the kindness, compassion and professionalism you have shown me during my radiotherapy treatment. I know how lucky I have been to have been looked after by the 'A' team. ”

K.H, London
2017



Introduction to Cancer Centre London

Cancer Centre London (CCL) was established in 2003 and is a specialist oncology centre registered to treat adult patients (18 years and older) who have cancer with chemotherapy and radiotherapy. Based in Wimbledon, London the Centre offers an extensive range of oncology patient support services and works closely with Parkside Hospital, enhancing a holistic service to this group of patients who also require the provision of expert cancer surgery and inpatient beds. The multi-disciplinary team at Cancer Centre London comprises internationally renowned and pioneering medical and clinical oncology Consultants, onsite resident medical officers, pharmacists/ pharmacy technicians, oncology nurses, radiographers, physicists, healthcare assistants, an outpatients team, an Information Centre co-ordinator and is supported by our hotel service teams.



Vital Statistics

- | | | | |
|-----------------------------|----|---------------------------------|---|
| ✓ Chemotherapy chairs | 12 | ✓ Radiotherapy | 2 |
| ✓ Consulting rooms | 6 | ✓ MRI | |
| ✓ Pathology | | ✓ Physiotherapy | |
| ✓ Pharmacy | | ✓ Nuclear medicine | |
| ✓ Nurse-led breast care | | ✓ Counselling | |
| ✓ Complementary therapies | | ✓ Pain management services | |
| ✓ Dietician | | ✓ Palliative care | |
| ✓ Cancer Information Centre | | ✓ Support Groups | |
| ✓ Blood Cancer treatments | | ✓ Photodynamic therapy | |
| ✓ Lymphoedema | | ✓ International Patient Service | |
| ✓ Onsite parking | | ✓ Accepts all major insurers | |

- Caspe Healthcare Knowledge Systems (CHKS) accreditation (Cancer Standards) and ISO 9001:2008 certification. July 2017 – July 2020.
- Bupa accredited Breast Cancer Unit
- Bupa accredited Haemato-oncology Unit
- Aspen Quality Symposium CEO Award Winners – Impact of 4D CT
- CHKS Quality Improvement Finalist – International Hospital category
- LaingBuisson Award Finalist for Innovation in Technology category - Data Mapping
- Macmillan Environment Quality Mark
- WorldHost® Customer Care Training

“ I have really appreciated your specialist care and advice in minimising side effects. It really has been a breeze thanks to all of you! ”

S.C , Middlesex
2017

Statement on Quality

Cancer Centre London is proud to present this Quality Account and we hope it helps to demonstrate our commitment to quality and safety. We have aimed to measure our progress objectively, identifying where we need and want to improve in 2017-2018 centred on the areas of patient safety, clinical effectiveness and patient experience.

The Cancer Centre London team are committed to delivering high quality care which ensures the patient is at the centre of everything we do. The Care Quality Commission (CQC) independent assessment of Cancer Centre London was rated as 'Good' in 2016.

The Quality Account is actively owned by all the teams at Cancer Centre London. We have a genuine desire to drive forward our quality initiatives over the next year, modelled on our Quality Governance Framework and Quality Strategy. This Quality Account also helps us to openly report on what we do and what we need to improve upon.

At Cancer Centre London we hold a range of quality meetings where we discuss our

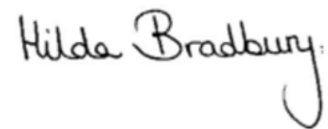
quality measures, outcomes and plans. The Quality Improvement meetings are used to discuss radiotherapy related measures and our comprehensive Quality Management Review meetings are used to discuss overall quality at the Cancer Centre London. Our local Quality Governance Committee is held quarterly and provides information, outcomes and quality data on all aspects of our patients' journey, including feedback from our patients. Our local Quality Governance Committee feeds into our Group Quality Governance Committee which is chaired by Aspen's CEO. The committee provides assurance to the Aspen Board that we are responsive to any changes in values, expectations and perceptions and ensures that services provided to our patients are based on best practice.

Accountability Statement

Directors of organisations providing hospital services have an obligation under the 2009 Health and Social 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 in this report is accurate.



Hilda Bradbury, Director, Cancer Centre London
Date: 01 April 2018

This report has been reviewed and approved by:

Professor Trevor Powles, Medical Advisory Committee Chair, Cancer Centre London
Mr Des Shiels, Chief Executive Officer, Aspen Healthcare
Mrs Judi Ingram, Clinical Director, Aspen Healthcare.

Quality Priorities for 2018-2019

Aspen'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 2018-2019. 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's Quality Governance Committee which meets quarterly, to monitor, manage and improve the processes designed to ensure safe and effective service delivery.

Cancer Centre London 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.

The key quality priorities identified for 2018-2019 are as follows:

Patient Safety

Continue to embed Aspen's STEP-up to Safety Programme

Aspen Healthcare aims to be a recognised leader in patient safety and our STEP-up to Safety programme (STEP-up) is an innovative staff engagement initiative for all our staff, helping them to fully understand their role in patient safety. This programme has resulted in a significant improvement in safety measures, including an increase in safety reporting whilst having a reduction in the number of incidents reported with harm. It was also shortlisted as a finalist for many national safety awards last year.

In 2018-2019, we will work to further embed this programme into 'how we do safety round here' at Aspen. This will include developing our Core Induction for all new staff to incorporate the STEP-up to Safety workshop; making STEP-up part of our mandatory staff training and promoting the involvement of our visiting Consultant staff with STEP-up. We will also support our staff in raising concerns by developing 'Stop the Line' – supporting them to feel able to raise safety concerns 'in the moment' of a busy healthcare environment.



Clinical Effectiveness

Develop a Consultant Handbook

Aspen Healthcare has a comprehensive clinical policy framework in place that is evidence-based and up-to-date, and all our doctors with admitting rights, (commonly called 'practising privileges'), are required to adhere to Aspen's policies and procedures. In recognition that many of our doctors may work with other providers, we will develop a handbook of the key elements of our clinical policies to enable them to readily access and comply with our policy framework.

Patient Experience

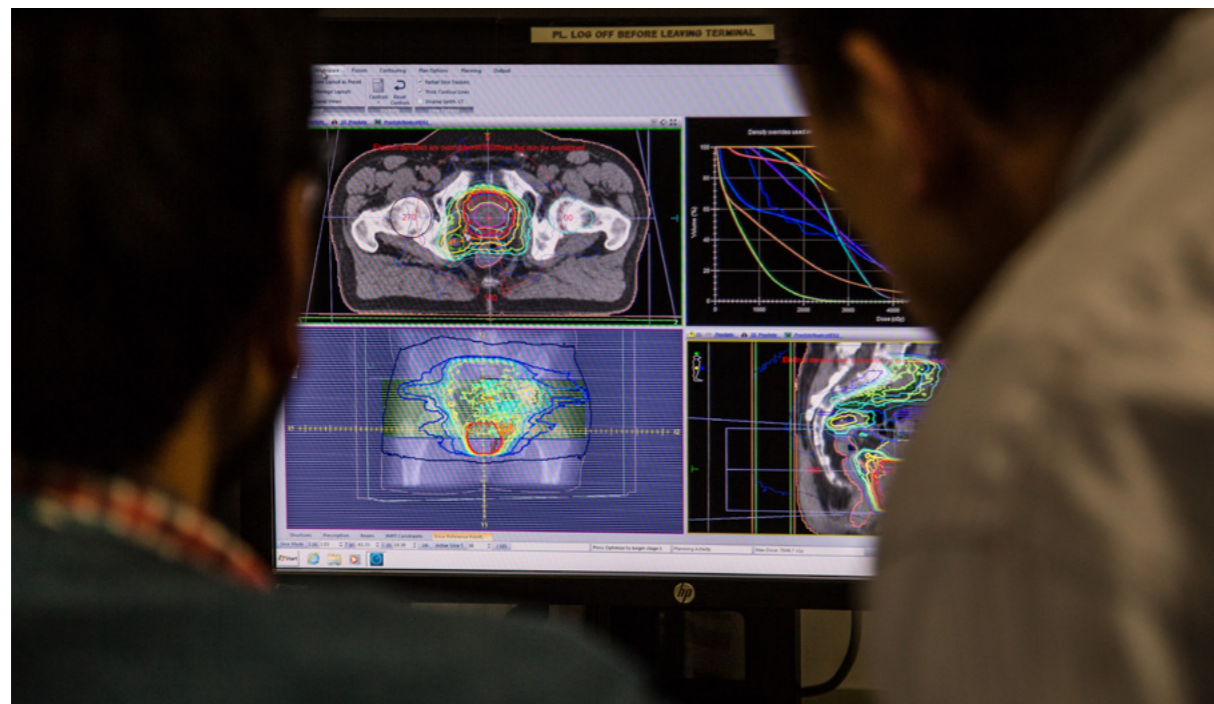
Implement Dementia Self-Assessment Framework

Dementia is an umbrella term used to describe a range of progressive neurological disorders. In 2015, 850,000 people were living with dementia and their number is predicted to increase, with one in six of those aged over 80 developing dementia.

Aspen Healthcare has a dementia strategy and pathway in place and in 2018-2019 we will adapt NHS Improvement's dementia assessment and improvement framework to further improve our care standards for those living with dementia during their stay in our hospitals/clinics. This national improvement framework describes what 'outstanding' care looks like and provides a system of assurance and continual improvement and learning. The framework combines national policy, guidance and best practice from organisations achieving an 'outstanding' rating from the national regulator - the Care Quality Commission (CQC) - and consists of eight standards that we will strive to meet.

While targeting the areas above, we will also:

- Strive to further improve upon all our quality and safety measures
- Continue with our programme of development relating to other quality initiatives
- Continue to develop our workforce to ensure they have the skills to deliver high quality care, in the most appropriate and effective way.



“ Thank you all so much for being so caring and for making such a scary horrible experience so much easier to deal with. You are all amazing people! ”

J.P. London
2018

Statements of Assurance

Review of NHS Services Provided 2017 - 2018

Cancer Centre London did not treat any patients on behalf of the NHS during April 2017 to March 2018.

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 April 2017 to March 2018, zero national clinical audits and zero national confidential enquiries covered services that Cancer Centre London provides.

During that period Cancer Centre London participated in 0% national clinical audits and 0% national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiries that Cancer Centre London (CCL) was eligible to participate in during April 2017 to March 2018 were zero.

Local Audits

The external and internal reports of around thirty five local clinical audits were reviewed in April 2017 to March 2018. An integrated audit tool has been developed which encompasses audit from all departments. The tool specifies the action plans, frequency and continuous review from each audit. Results are fed back to relevant teams through head of department meetings, local team meetings, quality governance meetings and at the Medical Advisory Meetings. In addition, external audits are undertaken to ensure compliance with outside regulatory bodies. The audits undertaken during the period include:

External 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
- Kaplan Meier Survival Analysis Audit - Myeloma Patient Group
- British Society of Blood and Bone Marrow Transplantation
- Patients from CCL who had Autologous Peripheral Blood Stem Cell Harvests at The London Clinic
- Annual Pharmacy Quality Assurance Audit
- Autologous Stem Cell Transplant Outcomes - A National Perspective.

Internal Audits:

- Clinical Audit - delays to treatments, cancelled and uncompleted treatments, neutropenic sepsis and deaths.
- Infection, Prevention and Control (IPC), hand hygiene and environmental
- Privacy and Dignity
- Malnutrition screening tool
- Resuscitation
- Safeguarding
- Medical Records Audit including Consent Form Completion
- Breast Skin Reaction Audit
- Radiotherapy Patient Chart checks
- Radiotherapy Treatment Interruptions Audit
- Patient Positioning Verification Audit
- Pause and Check Audit
- Diode Dosimetry Audit
- Stereotactic Treatment Pathway Audit

- Quality System Audit
- Chemotherapy waiting times
- Pharmacy related audits including: checklist completions, allergy status recording, chemotherapy protocol adherence, controlled drugs and electronic prescribing compliance
- Participation in IPEM Dosimetry Audit Group G
- Unplanned admissions during treatment e.g. Neutropenic
- Patients with clinically defined post-operative Hickman/PICC line infection
- Number of extravasations events
- Neutropenia seen in patients receiving Daratumumab (Darzalex)
- CCL allergy status recording of Patients receiving SACT
- Unlicensed medicines audit
- Medical Gas Storage audit
- Group Medicines Management Audit
- Review of treatment outcomes to date, for patients receiving Daratumumab Immunotherapy
- Multiple Myeloma Survival Outcomes at CCL
- Neutrophil levels in patients being treated with Lenalidomide for Multiple Myeloma.
- Treatment delays audit to determine if any trends for the Medical Advisory Committee (MAC) to address – presented and discussed at the MAC
- Medicines Management audit tool stipulates audits to be completed; from April 2017 to March 2018, there have been 3 controlled drug, 3 medicines management, 2 prescribing, 2 medical gas and 3 medicines security audits.
- Bi-annual patient safety medicines quality audit.

Cancer Centre London has taken the following actions to improve the quality of healthcare provided as a result of the above audits:

- ensured appropriate systems and checks are in place that minimise the risk of harm
- ensured that staff are aware of the systems in place to report incidents
- developed ways to share learning from any incident and record that learning to help reduce the likelihood of reoccurrence
- regularly reviewed our practice and policy guidelines to ensure these reflect latest national guidance
- improved record keeping for the resuscitation equipment checklist
- improved acute skin care management for breast patients.

Cancer Centre London had its Oncology Standards Survey undertaken by Caspe Healthcare Knowledge Systems (CHKS), part of Capita Health Partners in July 2017. The Cancer Centre attained full accreditation of its oncology services and ISO certification; both are valid until July 2020. CHKS will be undertaking an annual surveillance visit in July 2018. Cancer Centre London has been shortlisted for the CHKS Quality Improvement Award 2018, by the CHKS Accreditation Panel - one of only three internationally to be selected. The winner will be announced at the annual CHKS Top Hospital Awards ceremony in May 2018.

Participation in Research

Cancer Centre London did not participate in any research projects during April 2017 to March 2018.

Goals Agreed with Commissioners

Cancer Centre London's income in April 2017 to March 2018 was not conditional on achieving quality improvement and innovation goals through the Commissioning for Quality and Innovation (CQUIN) payment framework because no NHS patients were treated within this service during 2017-2018 at Cancer Centre London.

Statement from the Care Quality Commission

Cancer Centre London is required to register with the Care Quality Commission (CQC) and its current

registration status is to provide the following regulated activities:

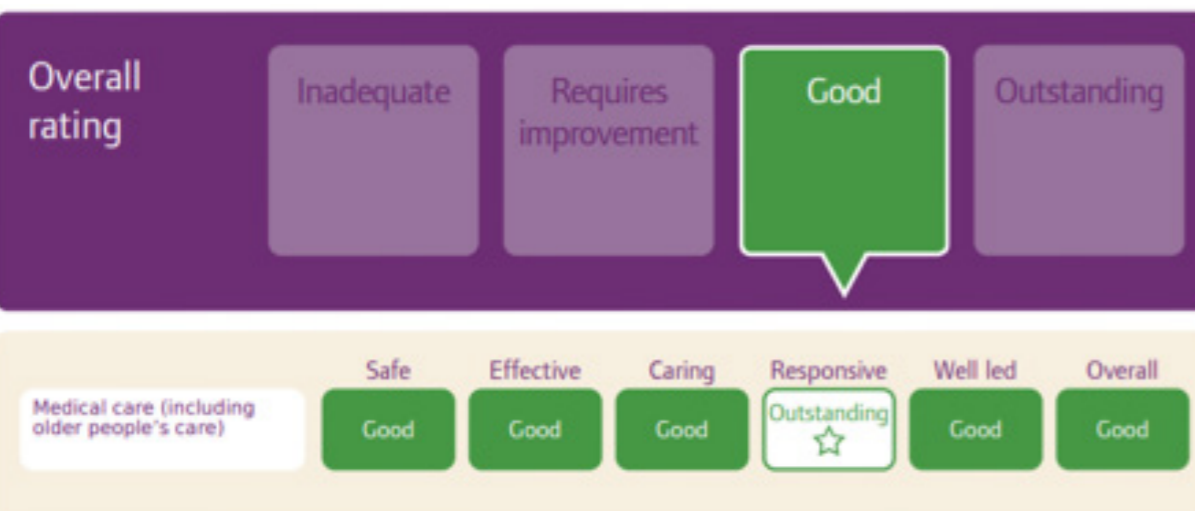
- Diagnostic and/or screening services
- Treatment of disease, disorder or injury.

The CQC has not taken enforcement action against Cancer Centre London during April 2017 to March 2018.

Cancer Centre London has not participated in any special reviews or investigations by the CQC during the reporting period.

Cancer Centre London was inspected by the CQC in May 2016 and was found to be fully compliant with the five domains reviewed and, as at 31st March 2017, Cancer Centre London does not have any conditions of registration.

In August 2016 the CQC published its Inspection Report of Cancer Centre London and awarded an overall rating of 'Good'.



Cancer Centre London was rated as **Outstanding** in its responsiveness to patients' domain and **Good** in the safe, effective, caring and well-led domains.

Identified areas, by the CQC, of outstanding practice included:

- The service was extremely responsive to its patients and their families
- Waiting times for radiotherapy treatments were minimal
- Appointments were made to fit around patients' preferences and other commitments, for example, if they were working or had carer responsibilities
- Patients waited under an hour for their chemotherapy treatment after their medical consultation
- Patients had individualised treatment plans, and there was a wide range of information as well as local support available to them
- There had only been four complaints, all minor, about the service in the last year. If a patient or relative had a concern, staff aimed to resolve it at once
- Heart sparing radiotherapy which had won the LaingBuisson Award for Innovation in Technology in 2015
- A radiotherapy technique for controlling Dupuyten's disease had excellent results.

The CQC also identified the following area for improvement:

- Cancer Centre London should consider improving temperature control in the chemotherapy suite and its clinic room, and review the suitability of the second chemotherapy clinical room for treatment.

In November 2017 a bespoke air handling unit was installed in the chemotherapy suite and the clinic room. In addition, the treatment room was extended and upgraded.

Statements on Data Quality

Cancer Centre London recognises that good quality information underpins the effective delivery of patient care and is essential if improvements in quality of care and value for money are to be made. Information Governance is high on the agenda and robust policies and procedures are in place to support the information governance process. A robust integrated audit ensures that all departments adhere to national standards and continuous quality improvement.

Information Governance Toolkit attainment levels:

The Information Governance Toolkit is a performance assessment tool, produced by the Department of Health, and is a set of standards the organisations providing NHS care must complete

and submit annually by 31st March each year. The toolkit enables organisations to measure their compliance with a range of information handling requirements, thus ensuring that confidentiality and security of personal information is managed safely and effectively.

Aspen Healthcare's Information Governance Assessment Report overall score for April 2017 to March 2018 was 72% and was graded satisfactory, achieving Level 2 in all categories and meeting national requirements.

Cancer Centre London will be taking the following actions to improve data quality:

- Ensure all staff complete Information Governance training relevant to their role
- Continue to audit medical records.

Secondary Uses System (SUS)

Cancer Centre London did not submit records during April 2017 to March 2018 to the Secondary Uses Service for inclusion in the Hospital Episode Statistics which are included in the latest published data.

Clinical Coding Error Rate

Cancer Centre London was not subject to the Payment by Results clinical coding audit during April 2017 to March 2018 by the Audit Commission.



Quality Indicators

In January 2013, the Department of Health advised amendments had been made to the National Health Service (Quality Accounts) Regulations 2010. A core set of quality indicators were identified for inclusion in the quality account.

Not all indicator measures that are routinely collated in the NHS are currently available in the independent sector and work will continue during 2018-2019 on improving the consistency and standard of quality indicators reported across Aspen Healthcare.

A number of metrics have been chosen to summarise our performance against key quality indicators of effectiveness, safety and patient experience.

Cancer Centre London considers that this data is as described in this section as it is collated on a

continuous basis and does not rely on retrospective analysis.

Cancer Centre London constantly reviews ways to improve data collection submissions, and the quality of its services, by working with the Private Healthcare Information Network (PHIN). Data is collected and published about private and independent healthcare, which includes quality indicators. Aspen Healthcare is an active member of PHIN and is working with other member organisations to further develop the information available to the public. See: www.phin.org.uk.

When anomalies arise, each one of the indicators is reviewed with a view to learning why an event or incident occurred so that steps can be taken to reduce the risk of it happening again.

Number of Patient Safety Incidents, including Never Events

Source: From Aspen Healthcare's incident reporting system:

2016-2017		% of patient contacts	2017-2018		% of patient contacts
Serious Incidents	0	0%	Serious Incidents	0	0%
Serious Incidents resulting in harm or death	0	0%	Serious Incidents resulting in harm or death	0	0.008%
Never Events	0	0%	Never Events	0	0%
Total	0	0%	Total	0	0.008%



Serious Incidents are events in health care where the potential for learning is so great, or the consequences to patients, families and carers, staff or organisations are so significant, that they warrant a comprehensive investigation to be completed.

Never Events are a subset of serious incidents that have been classified by NHS England. They have the potential to cause serious patient harm or death and are deemed largely preventable if comprehensive safety safeguards had been effectively put in place.

Incident reporting is a key element of Cancer Centre London's patient safety programme. There is a real commitment to learn from any actual (or potential) error or mishap to reduce the likelihood of the incident reoccurring, and of any future harm to our patients.

Recognising and reporting any incident (or near miss) is the first step to learning and all our staff are encouraged to report these. Incidents are classified by degree of harm (or potential to harm). We undertake robust investigations of all serious incidents (using a human factors and system-based approach), and also investigate

those incidents that have resulted in low or no harm if they had the potential to cause harm. These investigations are undertaken in an open and transparent approach with our patients. We take our responsibility to be honest with our patients (Duty of Candour) very seriously and are committed to acknowledging, apologising and explaining when things do go wrong.

The outcome of each serious incident investigation is reviewed at both local and Aspen Group Quality Governance Committees, ensuring learning is identified and shared, and that any required recommendations from the investigations are completed. Learning from incidents is also shared with staff at departmental meetings.

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 collected at Cancer Centre London as it is an outpatient facility.

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.

Indicator	Source	2016 - 2017	2017 - 2018	Actions to improve quality
Number of people aged 16 years and over readmitted within 28 days of discharge	CQC performance indicator Clinical audit report	n/a	n/a	n/a
Number of admissions risk assessed for VTE	CQUIN data	n/a	n/a	n/a
Number of Clostridium difficile infections reported	From national Public Health England/ Scotland returns	0	0	Ongoing monitoring of infections.
Number of patient safety incidents which resulted in severe harm or death	From hospital incident reports (Datix)	0	0	Continue to monitor data.
Responsiveness to personal needs of patients	Patient satisfaction survey data – for overall level of care	98%	100%	Continue to monitor and review data.
Friends and Family Test - patients	Patient satisfaction survey – rated extremely likely/likely	98%	100%	Continue to monitor and review data.
Friends and Family Test - staff	Staff satisfaction survey	57%	65%	Survey staff biennially and review response.

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 no patients that died within the reporting period (April 2017 to March 2018) and, therefore, no case record reviews were required.

Infection Prevention and Control

Infection Prevention and Control (IPC) is a high priority for Aspen Healthcare and is at the heart of good management and clinical practice.

During 2017-2018 work continued in developing Aspen's IPC infrastructure. Effective systems are now in place to prevent and control health care associated infections (HCAI) and ensure the safety of our patients and/or their relatives, staff and visiting members of the public.

Cancer Centre London continues to carry out IPC Environmental Audits in all patient-centred clinical areas. Added to this, Cancer Centre London also audits hand hygiene and insertion of peripheral cannula.

In conjunction with Parkside Hospital, Cancer Centre London held three scheduled IPC Committee meetings during 2017-2018 and aims to hold quarterly meetings in 2018-2019. The minutes of these meetings are circulated to all staff and feed into the governance and quality agenda. IPC is a standing item on the Medical Advisory Committee agenda and all issues related to IPC are discussed.

There was only one



healthcare associated infection at CCL in 2017-2018.

Infection	2016-2017	2017-2018
MRSA positive blood culture	0	0
MSSA positive blood culture	0	0
E. Coli positive blood culture	0	1
Clostridium difficile hospital acquired infections	n/a	n/a



Complaints

Whilst Cancer Centre London strives to provide consistently excellent care and services, there are occasions when service users have reason to complain. Every complaint is considered a valuable

source of feedback and information on how our services can be improved. All complaints are investigated and any opportunity for learning or service improvement acted upon.

Number of Complaints

2016-2017

5

2017-2018

4

% per 100 Admissions

2016-2017

0.03%

2017-2018

0.03%

Changes have been made throughout the year in response to issues raised and these include:

- A process put in place to ensure that all staff keep the patients informed when there is likely to be a delay in their appointment or treatment
- Focus on good communication feedback sessions and customer care training e.g. WorldHost®
- As delays in appointments/treatment were identified we now closely monitor punctuality in our patients being seen in all departments, including outpatients via our patient feedback questionnaire
- Turnaround times for patients receiving chemotherapy treatment is closely monitored and recorded by both oncology pharmacy and the chemotherapy suite, to ensure that patients are treated promptly
- Patient questionnaire feedback is reviewed on a quarterly basis to ascertain that communication is good and to monitor that staff are friendly and caring to patients.

“To all the lovely people in radiotherapy, THANK YOU, you have all been wonderful, kind, caring, efficient and altogether faultless.”

A.C. Surrey
2018



Review of Quality Performance 2017-2018

This section reviews our progress with the key quality priorities we identified in last year's Quality Account.

Patient Safety

Involving Patients in Monitoring Hand Hygiene

It is well known that the hands of healthcare workers can become contaminated with microorganisms during the course of their duties, with hand hygiene being the leading measure in preventing the transmission of healthcare acquired infections. To minimise healthcare acquired infections, we have in place a robust hand hygiene policy and training, and undertake regular audits of our staff compliance with good hand hygiene practice.

In 2017 we developed this further by involving our patients by asking them to participate in the monitoring of this. Patients were provided with a

proforma to document whether staff cleaned their hands before and after giving them care. The results were reassuringly positive at all our Aspen hospitals and clinics and this patient-centred safety initiative will now be regularly used to complement our existing hospital-based hand hygiene programme.

We undertook a Patient Survey of staff handwashing procedures in the chemotherapy suite and outpatient department in the final quarter of 2017, results are displayed in the table below.

	Yes	No
Did Nurses and other clinical staff always wash their hands or use hand rub before they gave you any care?	80%	20%
Did Nurses and other clinical staff always wash their hands or use hand rub after they gave you any care?	80%	20%
Were all staff 'Bare Below the Elbows'?	100%	0%

Patient Safety Survey

Providing healthcare is inherently complex and risky. Patient safety involves the prevention of avoidable harm to patients associated with the delivery of healthcare. Our patients' experience is essential to understanding the impact of harm and how we can work together to improve patient safety.

Patients are central to the services we provide and we wished to meaningfully engage with them to further develop ways to improve our safety. We had little knowledge about how, if on occasions, patients have felt unsafe and the reasons for this. Building upon the work we have developed in previous years in providing patients with information and tips on how to keep safe whilst an inpatient/day case, we introduced a new survey that explored our patients' perceptions of safety. The survey enabled us to work in partnership with our patients and has provided us with areas for improvement, to support our service delivery and ensure our patients always feel safe.

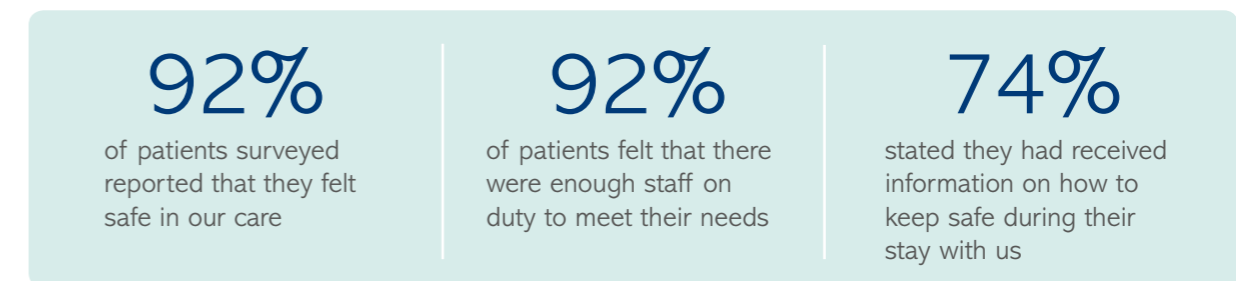
The survey was launched in early 2018 and 92% of patients surveyed reported that they felt safe in our care. 92% of patients felt that there were enough

staff on duty to meet their needs with 74% stating they had received information on how to keep safe during their stay with us. Other comments made included the friendliness and professionalism of our staff and the need to give accurate indications of waiting times and delays. Results from the survey will help us to build on strategies to further support our patients to feel safe under our care.

A total of 51 patients were surveyed during the period 15th – 31st January 2018.

The results of this short survey (see below) have been shared with staff at appropriate forums and areas for improving our patients' perceptions of their safety will be agreed to further improve their safety.

In 2018-2019 a patient information leaflet 'Making your stay with us safe: simple steps to keep yourself safe' will be introduced at CCL. The effectiveness of this information will be assessed when the Patient Safety Survey is repeated in 2019.



“ Thank you all for your amazing kindness you have shown me coupled with your incredible care and attention at a challenging time in my life. ”

C.E, Kent
2018

Clinical Effectiveness

Improve Practical Training Compliance

In order to ensure that the care we provide is at its most efficient and effective we aimed, over the last year, to increase our focus on face-to-face practical training sessions' training compliance for all our staff. This training complements our comprehensive eLearning suite of training programmes.

Each hospital/clinic has developed an annual practical training programme and they reported back regularly on their compliance to the hospital/clinic's Senior Management Team and Governance Committee. The oversight of this was monitored at Aspen's Group Quality Governance Committee, chaired by our Chief Executive. A new monitoring system was also introduced called 'Wired', which provides much improved visibility for each hospital/clinic overall and each member of staff's compliance at the touch of a button. This has resulted in an increased focus on compliance with all training, including practical mandatory training. Ensuring all our staff have undertaken training to support them in their roles, will remain a priority for Aspen Healthcare.

Compliance with Cancer Standards – Multidisciplinary Team Discussions

Multidisciplinary team (MDT) working impacts both on patient assessment and management, and is an imperative element of patient care. A key objective of multidisciplinary teams is to ensure that patients are managed by a specialist team and aims to ensure that all patients receive timely treatment and care, that there is continuity of care, and that patients get adequate information and support.

An objective this year at our facilities has been to discuss every cancer patient at an MDT meeting, whether hosted directly by the facility, or in liaison with their NHS MDT Co-ordinators to ensure that the MDT discussion proformas are available in the Aspen hospital or clinic's patient notes, prior to any treatment.

We have developed and will continue to use in 2018, a tool within the Aspen audit programme to capture data, which evidences that patients are being discussed at a MDT and their treatments documented are in line with the MDT discussion.

The development of MDTs for various tumour sites have been a priority in 2017-2018 at CCL. The Breast MDT is well established and weekly meetings are undertaken. The lung and pulmonary nodule MDT started in 2017 and meetings are undertaken monthly. The upper and lower GI tract MDT commenced early in 2018 and Urology and Skin MDTs are currently being developed.

Patient Experience

Mystery Shopper – Assuring the Best Patient Experience

Aspen is genuinely committed to delivering and excelling at providing an excellent patient experience and in being responsive to our patients' needs. In seeking to ensure the provision of high customer service standards and further improving upon our patients' overall experience, we undertook 'mystery shopper' calls to our Bookings departments to measure the quality of service and standard of interaction when a patient books an appointment with one of our hospitals/clinics by telephone. The 'mystery shoppers' posed as a

prospective patient and gathered information about their service experience.

Findings identified that 100% of staff welcomed and introduced themselves on the call and all staff referred to 'the patient' by their name. Areas for improvement included ascertaining any additional outpatient needs and assessments that may have enhanced the patient's experience.

This information provides us with valuable insight, enabling us to have an understanding of the patient experience and further improve our standards.

External Perspective on Quality Of Services

What others say about our services:

Cancer Centre London requested Healthwatch Merton, Merton Health and Wellbeing Board and Wandsworth Clinical Commissioning Group

to comment on this Quality Account. Prior to publication no comments had been received.



Thank you for taking the time
to read our Quality Account.

Your comments are always welcome and we would be pleased to hear
from you if you have any questions or wish to provide feedback.

Please contact us via our websites:

www.cancercentre-london.co.uk

www.aspen-healthcare.co.uk

Or call us on:

020 8247 3351

020 7977 6080

Cancer Centre London

Head Office, Aspen Healthcare

Write to us at:

Cancer Centre London

49 Parkside

Wimbledon

London SW19 5NB

Aspen Healthcare Limited
Centurion House (3rd Floor)
37 Jewry Street
London EC3N 2ER