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Welcome to Aspen Healthcare

Highgate Private Hospital 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

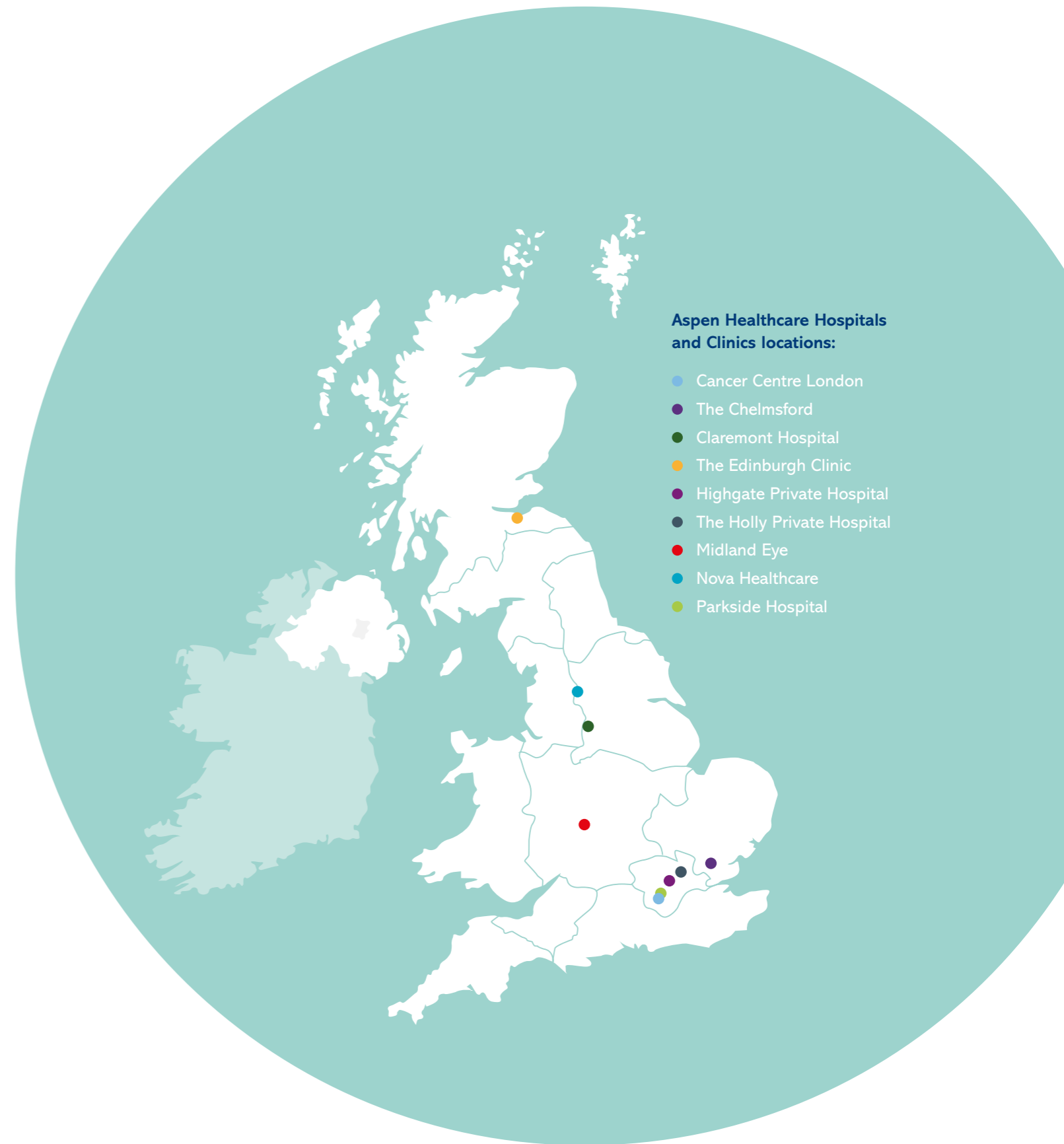
99.4%

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





“ I was taken care of right from the moment I walked in from reception to nurses and catering staff. Amazing team. Amazing nurses - they are all so friendly, caring and just kind. I thank everyone again for looking after me ”

VAM, London
(December 2017)

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 Highgate Private Hospital. 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 Highgate Private Hospital 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 Highgate Private Hospital, 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

Pharmacy



“ All of the staff were amazing and extremely friendly. Nothing was too much for them. Everything was run very smoothly and efficiently. ”

*EH, Great Yarmouth, Norfolk
(January 2018)*

Introduction to Highgate Private Hospital

Situated in the heart of North London, Highgate Private Hospital has been established for more than thirty years and has been a part of the Aspen Healthcare Group since 2003. Highgate Private Hospital prides itself on its high standards of nursing care, friendly atmosphere, and continual investment in medical technology, staff, training and facilities. The hospital consists of forty three luxury en-suite patient bedrooms, four fully-equipped operating theatres, a minor operating room, endoscopy unit, eleven outpatient consulting rooms, Private GP services and an onsite Pharmacy for both in-patient and outpatient dispensing.

Highgate Private Hospital is proud to build on its legacy of serving patients with first class private healthcare for over thirty years and welcomes all patients, whether NHS, insured or paying for their own treatment.

During 2017-2018, 37,371 patients attended for outpatient care, 4,512 came for day case surgery and 1,485 were treated as in-patients.

Vital Statistics

✓ Total beds	43	✓ Private GP services
✓ In-patient and day case beds	41	✓ MRI
✓ Enhanced care level 1 beds	2	✓ CT
✓ Total theatres	4	✓ Ultrasound
✓ Consulting rooms	11	✓ X-ray
✓ Endoscopy suite		✓ Parking
✓ Pathology		✓ Accept all major insurers
✓ Physiotherapy		✓ 24/7 Resident Medical Officer or Doctor onsite
✓ Pharmacy		



- Private GP service & OPD service available; 8am to 8pm Mon-Fri and 8am to 1pm Sat.
- Offering a range of surgical options including Orthopaedics, Spinal, General and Gastroenterology
- Medical Admissions
- Highgate Private Hospital participates in the NHS eReferral Service, allowing patients to choose their healthcare provider
- Resident Medical Officer onsite 24 hours a day, 7 days a week
- Pharmacy onsite
- Imaging and Diagnostic Service onsite
- Worldhost® Business Status in customer service training
- Association of Perioperative Practice (AfPP) theatre standards accreditation.

Statement on Quality

Highgate Private Hospital is proud to present its fourth Quality Account report for the financial year 2017-2018. Our commitment to quality is evidenced by our high quality performance and aspiration to continually improve all outcomes and experiences for our patients.

Highgate Private Hospital strives to provide effective leadership to all staff in the hospital, to ensure that all services provided are both safe

and compliant with regulatory requirements while meeting our customers' expectations.

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 the 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.



Mark Hawken, Hospital Director
Date: May 2018

This report has been reviewed and approved by:

Dr Voi Shim Wong, Medical Advisory Committee Chair, Highgate Private Hospital
Mrs Christine Etherington, Quality Governance Committee Chair, Highgate Private Hospital
Mr Des Shiels, Chief Executive, Aspen Healthcare
Mrs Judi Ingram, Group 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.

Highgate Private Hospital 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.

Patient Safety

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

Clinical Effectiveness

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

Patient Experience

Aspiring to ensure we exceed the expectations of all our patients.

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.

Improve the Effectiveness and Standards of our Handover Practice and Clinical Communication

Safe, effective clinical care depends on reliable, flawless communication between caregivers. Handover communication relates to the process of passing patient-specific information from one caregiver to another, from one team of caregivers to the next, or from caregivers to the patient and family for the purpose of ensuring patient care continuity and safety. Poor handover communication between units and amongst care teams might not include all the essential information, or information may be misunderstood and cause delay in diagnosis or treatment, missed or duplicated tests, incorrect treatment or errors, and a poor patient experience.

In 2018-2019 we will develop a standardised approach to handover communication, with associated training for our staff, utilising a recognised model such as ISBAR (Identify, Situation, Background, Assessment, and Recommendation). Handover tools, such as ISBAR, are easy to remember and can be used to frame conversations, especially critical ones, requiring a clinician's immediate attention and action. These tools enable clarification of what information should be communicated between members of the team, and how. It will also help to develop teamwork and support our culture of patient safety.

Improve Availability of Patient Reported Outcome Measures Data

Patient Reported Outcome Measures (PROMs) collect information on the effectiveness of care delivered to patients as perceived by the patients themselves, based on responses to questionnaires before and after surgery. In 2018-2019 we will work to improve the registration of patients for PROMs for certain surgical procedures, to complement the availability of our existing information on the quality of services and patient outcomes, and improve the validity of the outcome data collected.

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.

Implementation of Complainants Survey Toolkit

We will further develop our management of complaints by utilising NHS England's Complainants Survey Toolkit to assess and measure complainants' experiences. This will permit us to survey complainants in a consistent and systematic way, and will provide a means of recording how complainants experience our complaints system and the extent to which we learn from complaints. This survey will also help us to assess the effectiveness of our approach and management of complaints, and will inform and drive improvements in our complaint handling and resolution.

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
- Embed our 2018-2019 Commissioning for Quality and Innovation (CQUIN) initiatives so they become 'business as usual', and work to implement any locally agreed CQUINs with our commissioners
- Meet and exceed the Quality Schedule of our NHS Contracts.



“ Everything was great. The support staff (nurses, physiotherapist, surgeon etc.) have been amazing and I have felt 100% supported and looked after. ”

DC, London
(January 2018)

Statements of Assurance

Review of NHS Services Provided 2017 - 2018

During April 2017 to March 2018, Highgate Private Hospital provided and/or sub-contracted five NHS services:

Speciality
✓ Anaesthetics (Pain Management)
✓ ENT
✓ Endoscopy
✓ General Surgery
✓ Trauma and Orthopaedics

Highgate Private Hospital has reviewed all the data available to them on the quality of care in all of these NHS services.

The income generated by the NHS services reviewed in 2017-2018 represents 100% of the total income generated from the provision of NHS services by Highgate Private Hospital for 1st April 2017 to 31st 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, one national clinical audit and one national confidential enquiry covered NHS services that Highgate Private Hospital provides.

During that period Highgate Private Hospital participated in 100% national clinical audits and 100% 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 Highgate Private Hospital was eligible to participate in during April 2017 to March 2018 are as follows:

- National Joint Registry
- Peri-operatives Management of Surgical Patients with Diabetes Study.

The national clinical audits and national confidential enquiries that Highgate Private Hospital participated in, and for which data collection was completed during April 2017 to March 2018, are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

National Confidential Enquiry		
Name of Audit	Participation	Number of cases submitted
Peri-operatives Management of Surgical Patients with Diabetes Study	Yes	250 (100%)

National Clinical Audits		
Name of Audit	Participation	Number of cases submitted
National Joint Registry	Yes	58 (100%)

Local Audits

The reports of twenty five local clinical audits were reviewed by Highgate Private hospital in April 2017 to March 2018 and the following actions to improve the quality of healthcare provided will be taken:

- Emphasis on ensuring all staff are trained in Information Governance
- Ensuring that Information Governance procedures are always followed, with supporting standard operating procedures
- Ensuring that Standard Operating Procedures are in place for administration and record keeping in theatres. Working to ensure good

compliance in theatres in completing the surgical safety checklists

- Audits of Consultant daily visits to patients to be shared and reviewed at Medical Advisory Committee meetings
- Working closely with the Decontamination facility to improve traceability of items
- Ensuring that any environmental issues that are identified as a result of the infection prevention & control audits are reviewed and rectified, with action improvement plans developed where necessary.

Audit	Average % Compliance April 2017 - March 2018
Patient Falls	100%
Venous Thrombosis Embolism (VTE)	100%
Patient Consent - consent process accurately completed and recorded	98.5%
Record Keeping	97.8%
Controlled Drugs	100%
Surgical Safety	97.3%
Surgical Safety – Observational	100%
National Early Warning Score (NEWS) Chart	100%
Practicing Privileges	95.5%
Consultant Visits	97.7%
Traceability	96.8%
Resuscitation	100%
Safeguarding	100%
Information Governance	96%
Intentional Rounding	98.3%
Diagnostics	99.3%
Imaging Safety	98.3%
Physiotherapy	98%
Transfusion Compliance	100%
Infection Prevention and Control (IPC) Standards	100%
Surgical Site Infection Audit	100%
IPC Environment & Clinical Practice Audit	95.4%
Urinary Catheter Audit	98%
Peripheral Vascular Devices Audit	99%
Hand Hygiene Audit	95%

Participation in Research

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

Goals Agreed with Commissioners

A proportion of Highgate Private Hospital income in April 2017 to March 2018 was conditional on achieving quality improvement and innovation goals agreed between Highgate Private Hospital and any person or body they entered into a contract, agreement or arrangement with for the provision of NHS services, through the Commissioning for Quality and Innovation payment framework.

Further details of the agreed goals for April 2017 to March 2018 and for the following 12-month period are available electronically at www.england.nhs.uk/nhs-standard-contract/cquin/cquin-17-19/

Statement from the Care Quality Commission

Highgate Private Hospital is required to be registered with the Care Quality Commission (CQC) and its current registration status permits us to be able to provide the following regulated activities:

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

The Care Quality Commission has not taken any enforcement action against Highgate Private Hospital during April 2017 to March 2018 and there have not been any special reviews or investigations by the CQC during this reporting period.



	Safe	Effective	Caring	Responsive	Well led	Overall
Medical care (including older people's care)	Good	Good	Good	Good	Outstanding	Good
Surgery	Good	Good	Good	Good	Outstanding	Good
Outpatients	Good	Good	Good	Good	Outstanding	Good

In December 2016 the CQC published its Inspection Report of Highgate Private Hospital and awarded an overall rating of 'Good'. We received a rating of 'Outstanding' in the Well-led domain and 'Good' in the Safe, Effective, Caring and Responsive domains.

Areas identified, by the CQC, of outstanding practice included:

- Leadership and culture of service, governance, risk management and quality
- Vision and strategy

- Public and staff engagement
- Innovation, improvement and sustainability.

The CQC also identified a few areas for improvement and these were:

- Address the nursing staff vacancies in outpatients and diagnostic imaging
- The provider should ensure there is an effective system for checking that Consultants with approved practising privileges underwent the appropriate checks when working at the hospital

- The provider should ensure cleaning products are stored in locked cupboards as required by the Control of Substances Hazardous to Health Regulations 2002 (COSHH).

Of the three recommendations identified by the CQC, one was addressed on the day of the inspection and the other two recommendations have also been actioned.

Statements on Data Quality

Highgate Private Hospital recognises that good quality information underpins the effective delivery of patient care and is essential if improvements in quality of care are to be made. We ensure that our Information Governance policies guide and inform our standards of record keeping, supporting the delivery of care and treatment and that accuracy, completeness and validity of these records are monitored on a monthly audit basis to continually improve data quality.

In 2018-2019 Highgate Private Hospital will ensure the following actions are taken to further improve data quality:

- Use of a professional accredited Clinical Coder to meet the requirements of the NHS contract
- Regular reviews of the data reports submitted to the Secondary Uses Service to correct omissions and/or errors in data
- A specific role within the Contracts Department dedicated to cross checking all NHS tracker data to ensure accuracy
- To maintain our Patient Administration System (APAS) software ensuring all upgrades and new fields are readily available to our staff to enter required information

- Continue to offer technical support to our Consultants in the online use of the APAS patient administration system secure view of clinic and operating lists, when they are not at the hospital
- Regularly review all aspects of patient administration processes to ensure patient data is accurately captured at all times.

Information Governance Toolkit attainment levels:

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.

Secondary Uses System (SUS)

Highgate Private Hospital submitted 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. The percentage of records in the published data which included the patient's valid NHS number was:

100% for admitted patient care; 100% for outpatient care.

And which included the patient's valid General Medical Practice Code was:

100% for admitted patient care; 100% for outpatient care.

Clinical Coding Error Rate

Highgate Private Hospital 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.

Highgate Private Hospital 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.

Highgate Private Hospital continually reviews how to improve data collection submissions, and the quality of its services, by working with the Private Healthcare Information Network (PHIN). Data is now 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	2	0.005%	Serious Incidents	0	0%
Serious Incidents resulting in harm or death	2	0.005%	Serious Incidents resulting in harm or death	1	0.008%
Never Events	2	0.005%	Never Events	0	0%
Total	2	0.005%	Total	1	0.008%

NB. All Never Events are also recorded as serious incidents so there is a duplication as reported above.



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 Highgate Private Hospital's patient safety programme. There is a real commitment to learn from any actual (or potential) error 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 key learning from the above serious incident was:

- Improvements to the booking process of patients
- Improvements to the clarity of the information given to Consultants in regard to consenting their patients.

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) at Highgate Private Hospital and, therefore, no case record reviews were undertaken.

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. Our PROMs outcomes are shown in the table below.

Patient Reported Outcome Measures (PROMs)	2016-2017	2017-2018
Hip replacement surgery: % of respondents who recorded an increase in their EQ 5D index score following operation	100% (National NHS Comparator 88.8%)	100% (National NHS Comparator N/A)
Knee replacement surgery: % of respondents who recorded an increase in their EQ 5D index score following operation	100% (National NHS Comparator 80.9%)	89% (National NHS Comparator N/A)
Groin hernia surgery:	72.7% (National NHS Comparator 50.3%)	71% (National NHS Comparator N/A)

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	16	11	All re-admissions are reported, investigated and reviewed through the hospital's incident reporting application, Datix. Trend analysis is undertaken each quarter and if any trends are found these are addressed with the specific Consultant by the Medical Advisory Committee (MAC) Chair and the Hospital Director. All data is shared at the local and corporate Governance Committees and MAC.
Number of admissions risk assessed for VTE	CQUIN data	100%	100%	Emphasis placed on maintaining the standard. VTE risk assessment and education commences at pre-admission assessment and is completed as a routine part of the admission process.
Number of Clostridium difficile infections reported	From national Public Health England/ Scotland returns	0	0	Regular Infection Prevention & Control audits of the clinical environment are undertaken quarterly. Any episodes of suspected or confirmed infections are escalated and investigated with an appropriate root cause analysis.
Number of patient safety incidents which resulted in severe harm or death	From hospital incident reports (Datix)	0	1	Incident involving a third-party patient and the consent process. Improvements made to the booking process, and information from third party stakeholders as a result of the investigation.
Responsiveness to personal needs of patients	Patient satisfaction survey data – for overall level of care	97.5%	98.25%	Continued monitoring of visits to patients (intentional nurse rounding) to ensure regular contact between clinical staff and the patient. Review of all patient complaints and in-patient surveys at quarterly Governance meetings with action plans formulated to address improvement areas identified within.
Friends and Family Test - patients	Patient satisfaction survey – rated extremely likely/likely	98.3%	98.8%	Emphasis on improving intentional rounding on patients to ensure regular contact between clinical staff and the patient.
Friends and Family Test - staff	Staff satisfaction survey	70%	70%	Staff satisfaction survey undertaken biennially. Monthly Staff Forums with the Hospital Director. Staff-led Engagement & Communication Forum followed by feedback to the Hospital Director and Senior Management Team. Development of a quarterly staff newsletter.

Infection Prevention and Control

A robust structure is in place at Highgate Private Hospital for monitoring Infection Prevention and Control (IPC) in the hospital environment. A clinical IPC Lead oversees all processes relating to IPC, with a local IPC Committee meeting held quarterly. This is led by the IPC Lead and a Consultant Microbiologist, reporting directly to the Group Nurse Consultant for IPC, and into the Aspen Group IPC Committee. Trained IPC Link Practitioners are based in every clinical area, and are proactive in managing the environment to ensure that cleanliness, sterility and clinical practice is optimised at all times. Activity and monitoring includes regular inspections of the clinical and non-clinical environment, auditing processes for clinical practice, and also investigation into occasions when infections or other IPC issues have been identified. Hand hygiene is a key element of IPC, with hand hygiene training and audits completed regularly.

Other IPC audits include monitoring of surgical site infections, urinary catheter-associated infections, peripheral vascular devices and wound surveillance for joint replacement procedures. Identified actions that resulted from audits include improved documentation for peripheral vascular devices, and environmental improvements to clinical areas (improved storage).

There have been



healthcare associated infections at Highgate 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	0
Clostridium difficile hospital acquired infections	0	0



Complaints

Highgate Private Hospital seeks to ensure that every opportunity is taken to make changes following all feedback, concerns and complaints to improve the care and services received by patients, users and their representatives.

When a complaint is received by the Hospital Director it is their responsibility to establish whether

any immediate and/or remedial action(s) should be taken – prior to the investigation - in the interest of safeguarding safety and quality. All complaints are shared with the department/individual/Head of Department named in the complaint to ensure full investigation/learning/remedial actions can be put in place as appropriate.

Number of Complaints

2016-2017	2017-2018
70	62

% per 100 Admissions

2016-2017	2017-2018
1.7%	0.14%

The following improvement actions have been taken following the learning gained from the complaints received in 2017-2018:

- The Hospital Director and the Director of Nursing, Clinical Services & Governance (DoNCSG) have met with all Consultants in relation to feedback received from patients in relation to their Consultant's conduct. Consultants are reminded that they must demonstrate behaviours in line with the hospital's values. This includes reminding them of the terms of their practising privileges, and requirements specifically regarding visiting all their patients post-operatively. The Medical Advisory Committee meetings are scrutinising the key performance indicators more closely, and specialty representatives are meeting with Consultants who could improve on this.
- Complaints regarding the facilities often mentioned the poor WiFi service within the building, especially for inpatients. As a result, an upgrade of the ageing WiFi system within the hospital was carried out in 2017, with a notable decrease in complaints and red alerts about poor WiFi signals.
- Feedback on catering continues to improve, although some minor elements of the multi-faceted complaints were in regard to slow delivery of meals. As a response waiters are now on duty for an extra hour in the evening, until 21:00, which means that any patients whom are a late return from theatre do not have to wait such a long time before their meals are served.

- Pain management, including pharmacological and non-pharmacological, have been discussed at the hospital Practice Development Group, with plans to improve staff education on pain management. The new staff orientation package on the ward has been reviewed to ensure all new staff are competent in pain management techniques prior to independently managing a group of patients. This has reduced the number of pain-related complaints throughout the year, but will still continue to be a focus for the clinical teams in 2018.
- The outpatient charge sheets were improved early in 2017, however there was an increase in financial complaints during the year, which were mostly in relation to charging for outpatient procedures. The prices on the administration system (APAS) were rechecked, specifically for outpatient procedures, and anomalies found have been corrected. The charges for minor operations were also reviewed, and it was made clearer for staff on how each procedure is charged.

“ To all the ward staff with thanks and gratitude for your kindness and excellent care. ”

*HB, London
(November 2017)*



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.

At Highgate Private Hospital our patients surveyed rated our hand hygiene as 95.75%. A hand hygiene champion has been identified and an annual hand hygiene plan has been put in place. The champion undertakes regular audits as well as spot checks. All staff and Consultants are encouraged to participate in the hand hygiene washing technique audits.

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 95% of patients surveyed reported that they felt safe in our care. 97% of patients felt that there were enough staff on duty to meet their needs with 95% 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 while in our care.

95%

of patients surveyed reported that they felt safe in our care

97%

of patients felt that there were enough staff on duty to meet their needs

95%

stated they had received information on how to keep safe during their stay with us

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.

Wired has certainly help to improve our training as training records can now be found for staff in any service at the touch of a button. This enables managers to undertake spot checks which are not cumbersome or time consuming. This is extremely valuable for patient safety as we can have the confidence to know that we have the right people in the right place at the right time with the right skills.

Implementation of Cosmetic Clinical Quality Indicators (CQIs) / Q-PROMs (Patient Reported Outcome Measures)

As a cosmetic surgery provider we have worked towards collecting the clinical outcome measures as developed by the Royal College of Surgeons. An annual audit has been created to capture these, whilst systems are being developed to collect outcome measures for cosmetic surgery that can be published by individual surgeons and hospitals.

The capturing of more accurate information about the demographics of patients having cosmetic surgical procedures will enable more consistent audit standards and quality improvement, permitting activity and outcomes to be monitored whilst supporting improved patient choice and informed decision-making.

We have implemented the Cosmetic Q-PROMs and these will be completed by our cosmetic patients pre- and post-operatively, allowing for a measurement of how patients feel, which is then attributable to the surgical cosmetic intervention.

These will, over time, provide our patients with information which can be utilised to benchmark outcomes at both service and clinician level against national averages, as well as help us to further improve our services and standardise care.

Highgate Private Hospital has implemented processes to ensure that data is captured for Cosmetic Q-PROMs procedures. The team encourage patients to partake in the pre-surgery questionnaire, which can be completed electronically or manually, and our pre-admission team are on hand to support and answer any questions that patients may have.

Implementation of the Edmonton Frailty Tool

The Edmonton Frailty Tool uses indicators of frailty to identify patients for further screening and assessment. The tool assesses cognitive impairment, dependence in activities of daily living, burden of illness, self-perceived health, depression, weight loss, medication issues, incontinence, social support and mobility. The tool is a valid measure of frailty and has now been integrated into our pre assessment procedures to identify patients 'at risk' for their level of frailty. This leads to the development of appropriate care plans and optimum outcomes for our patients. An audit of the implementation of this tool has also now been added to our audit programme, to provide oversight and monitoring of the use of this tool, both at a hospital/clinic and Aspen Group level.

Our pre-assessment team has embraced the use of the Edmonton Tool which has enhanced our patient's journey and benefits the patient by ensuring more information is available about the patient. The audits completed are reflecting that the tool is being used appropriately and is enhancing our patient outcomes.

“ The operating team were so lovely, they kept me calm and made me laugh as they were preparing me for surgery. ”

ER, Fareham, Hampshire
(November 2017)

Patient Experience

Implement Online Patient Survey Data Collection

We have revised the majority of our patient feedback surveys in 2017-2018 to ensure they continue to inform how we are doing and to highlight areas that require further focus to enhance our patients' experience. In 2017-2018 we worked with our survey provider to develop online feedback data collection and have successfully completed this for the hospital inpatient/day case survey. This now permits the timely capture of our patients' feedback and the ability to respond to this more promptly. We have also developed online surveys for our clinics, and these will be rolled out later in 2018.

During 2018 we plan to continue to embed these online surveys, and to promote and increase patient online response rates, as we appreciate that these are a really important way to gather our patients' feedback.

At Highgate Private Hospital the team promote and encourage patients to complete the surveys for both inpatient and outpatient episodes. We welcome feedback from patients and actively take comments on board and look at ways to continually improve the services and care we provide.

Implement Patient Post Discharge 48-hour Telephone Calls

To further enhance our patients' experience of discharge from our hospitals and clinics, we have introduced routine follow-up telephone calls to patients after discharge. These calls support patients and their families after discharge from the hospital/clinic, improve patient and family satisfaction and are known to decrease re-admission rates. Patients identified are called 48-hours after their discharge by a member of the clinical team. These phone calls include a review of each patient's health status and confirm arrangements for any follow up appointments, as well as permitting clarification of any other questions they may have. An audit of the implementation of these discharge follow up calls has also been added to our audit programme, to provide oversight and monitoring at both a hospital/clinic and Aspen Group level. Our patients' overall satisfaction with their discharge will continue to be a focus over 2018.

The 48-hour follow-up phone calls have provided Highgate Private Hospital to achieve a real insight into our patients' experience. Some of these calls have also promptly resolved issues that may have led to a formal complaint. Patients stated they were

able to discuss concerns in real time. The patients have all expressed the benefits of these phone calls as they can review and clarify any instructions provided. The main theme is that patients have felt supported by the hospital.

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

Achieve 'Dementia Friendly' Clinical Environments

The number of people with dementia is increasing and, by 2025, it is expected that more than one million people will be living with dementia in the UK. A range of approaches were identified as being important in delivering better care for people with dementia and their families/carers while in hospital. These include education and training of staff, involvement of family carers, skilled assessment, individualised care and the availability of a specialist.

Aspen Healthcare has a Dementia Strategy which has guided our development and achievements in both dementia care and training. Over the last year we have worked to look at the clinical environment of care, to assist those people living with dementia when an inpatient at one of our hospitals/clinics and to help them manage the emotional impact that an admission may involve. This includes things like appropriate lighting, clear signage, use of accent colours, large face clocks, provision of calendars and memory aids, such as photographs to aid recall. The aim is to promote orientation whilst

maximising independence, self-esteem, confidence and safety. This work is still ongoing and will be further progressed in 2018-2019, led by our local Dementia Champions.

We have made great strides with 60% of Highgate staff becoming Dementia Friends. Clinical and non-clinical staff have stated how useful the training

has been and that it has given them confidence in communicating with a patient who may have dementia to ensure every patient has the best experience in our Hospital.

External Perspective on Quality Of Services

What others say about our services:

Highgate Private Hospital invited Haringey CCG, Islington CCG and Healthwatch Haringey 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.

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