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Welcome to Aspen Healthcare

Midland Eye 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

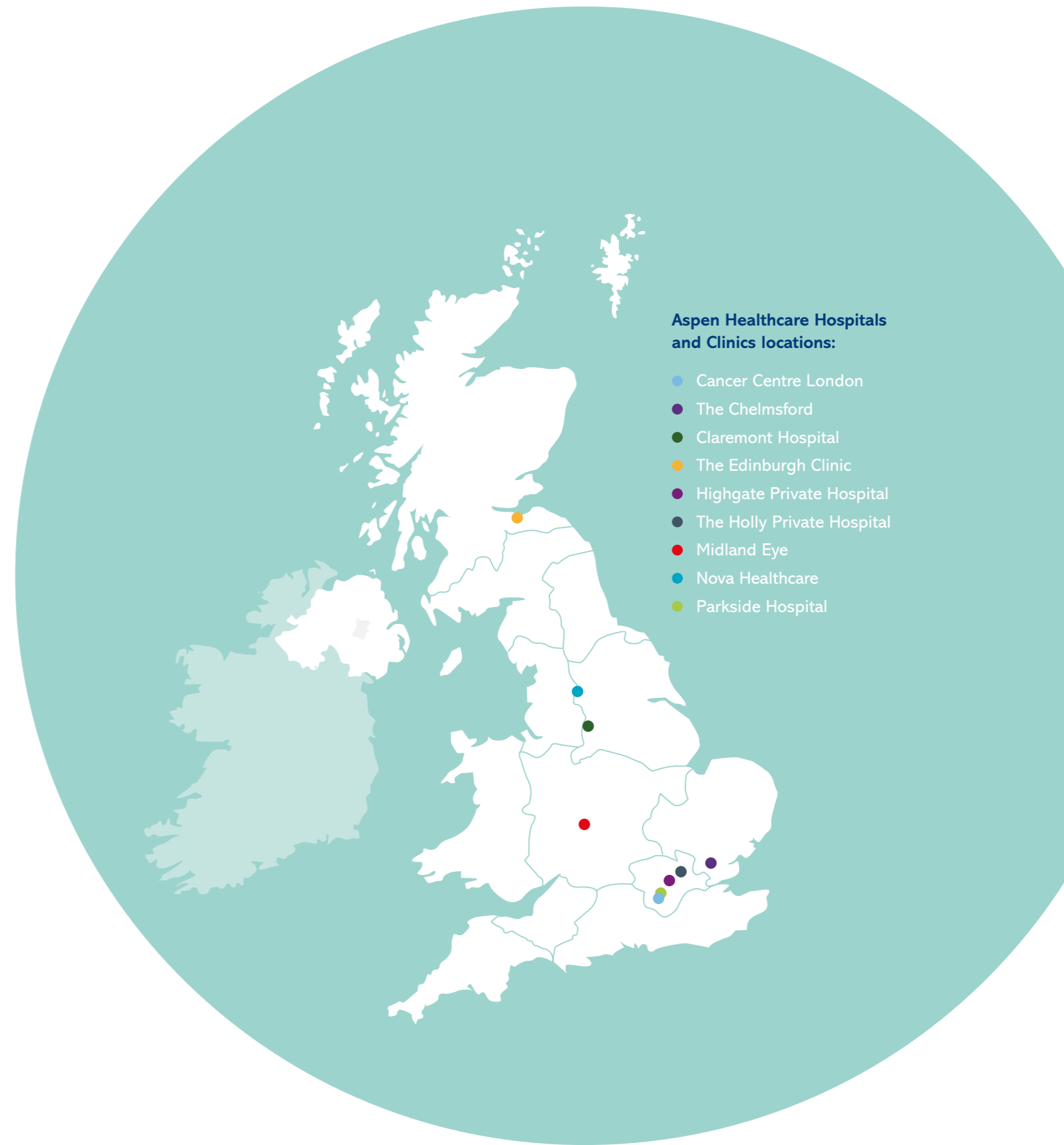
99.4%

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 just wanted to thank you all for a very good experience when I visited for my appointment. Everyone was friendly and helpful and the Consultant explained everything very clearly and set my mind at rest. **”**

Mrs L W, Birmingham

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 Midland Eye. 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 Midland Eye 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 Midland Eye 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



Introduction to Midland Eye

Midland Eye is an ambulatory day surgery clinic, established in 2003 and is located in Solihull, West Midlands. The Clinic offers specialist consultation rooms, on-site diagnostic testing and operating facilities for all ophthalmic eye conditions.

In addition, Midland Eye provides ophthalmology consultation services at Abbey Medical Centre, Kenilworth for Warwickshire patients.

Vital Statistics

- ✓ Pre Assessment Room 1
- ✓ Consulting Rooms 3
- ✓ Diagnostic Room 1
- ✓ Theatre 1
- ✓ Ambulatory Recovery 1
- ✓ On-site Parking
- ✓ All major insurers accepted



“ I would like to thank everyone at Midland Eye for their kindness and professional expertise. We could not have had a better reception and everyone did their very best to allay any fears I may have had. The operation was a great success. **”**

Mr G P, Stoke

Statement on Quality

Midland Eye is proud to present our fifth Quality Account and 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 2018-2019, centred on the areas of patient safety, clinical effectiveness and patient experience.

The Quality Account is actively owned by all the teams at Midland Eye. We have a genuine desire to drive forward our quality initiatives over the next year, modelled on the Aspen Quality Governance Framework and Quality Strategy. This Quality Account also helps us to openly report on what we do well and what we need to improve upon. Our local Quality Governance Committee meets 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 Chief Executive. The committee provides assurance to the Aspen Board that we are responsive to any changes in values, expectations and perceptions, and ensures that our services provided to 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.

Erica Bowen, Clinic Manager, Midland Eye
Date: 8th May 2018

This report has been reviewed and approved by:

Mr Mark T Benson, Medical Advisory Committee Chair, Midland Eye
Mr Des Shiels, Chief Executive, Aspen Healthcare
Mrs Judi Ingram, Group Clinical Director/Chief Nurse, Aspen Healthcare
Mrs Rachel Bradbury, Director of Clinics, 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.

Midland Eye 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.

Promote Patient Involvement in Serious Incident Investigations

Providing healthcare is a complex business and even with good planning, training and policies, incidents will inevitably occur. The reporting of incidents is positively promoted to ensure that every opportunity is taken to minimise the likelihood of reoccurrence and, reduce future risk to our patients, visitors and staff, as well as to ensure that learning is sought and widely shared.

Serious incidents are events where the potential for learning is so great, or the consequences to patients, families and carers, staff or organisations are so significant, that a comprehensive response is justified. These incidents will usually, but not always, have caused significant harm, damage or disruption.

Aspen has a comprehensive approach to investigating any serious incidents and ensures a robust investigation is always undertaken. Informing and apologising to any patient involved in such an incident and ensuring our Duty of Candour requirements are met, are in place. We now wish to further enhance this by seeking more involvement of patients and/or their carers in the incident investigation. This would include enabling patients and/or carers to contribute to the development of the investigation's terms of reference when writing to inform them of, and apologise about, the incident as well as requesting that they inform us of any additional matters they wish us to include as part of the incident investigation.

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
- Meet and exceed the Infection Prevention requirements of our NHS contracts.



Statements of Assurance

Review of NHS Services Provided 2017 - 2018

During April 2017 to March 2018, Midland Eye provided 13,536 NHS episodes of care and there were 1,599 ophthalmic operations.

Midland Eye has reviewed all the data available to them on the quality of care in 100% 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 Midland Eye 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, no national clinical audits and no national confidential enquiries covered NHS services that Midland Eye provides.

The national clinical audits and national confidential enquiries that Midland Eye was eligible to participate in during April 2017 to March 2018 were zero.

Local Audits

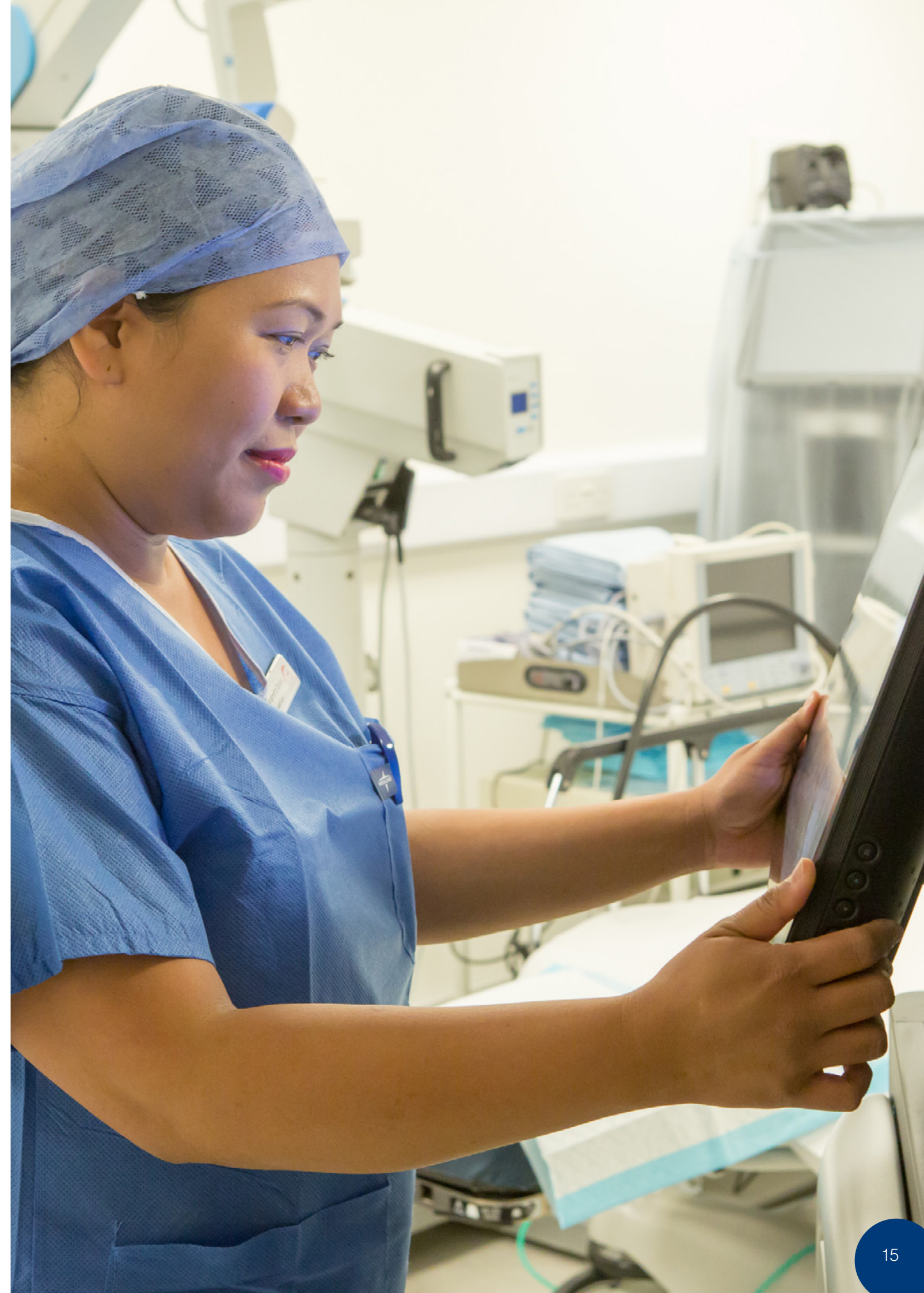
The reports of fourteen local clinical audits were reviewed by the provider in April 2017 to March 2018. The audits undertaken during the period include:

- Infection, Prevention and Control (IPC), Environmental Audits
- Hand Hygiene
- Resuscitation Management
- Surgical Safety (WHO) Checklist completion
- Falls Risk Assessment compliance
- Consent Form completion
- Safeguarding Adults
- Controlled Drugs

- Theatre Traceability
- Consultant Practising Privileges
- Consultant Biennial Review
- Information Governance
- Medical Records
- Privacy and Dignity.

Following completion of these audits Midland Eye has taken the following actions to improve the quality of healthcare provided:

- Consent form and patient record compliance are agenda items at Medical Advisory Committee (MAC) and Local Governance Meetings. Consent spot checks have been conducted by the Clinic Manager and Theatre Lead to improve compliance where this had fallen below 95%
- Resuscitation scenarios have been undertaken during 2017 in conjunction with our resuscitation trainers. Improvement actions identified have all been implemented
- Medicine Management audits are agenda items at the Medical Advisory Committee (MAC) and Local Governance Meetings. The Group Pharmacy Lead worked with us to improve compliance where this had fallen below 95%
- Surgical safety and team brief compliance monitored constantly with spot checks undertaken by the Theatre Lead, where this had fallen below 100%.



Participation in Research

The number of patients receiving NHS services provided or sub-contracted by Midland Eye in April 2017 to March 2018, that were recruited during that period to participate in research approved by a research ethics committee, was thirty.

- The research study was Femtis Laser Lens assisted with LensAR FS laser.

Goals Agreed with Commissioners

A proportion of Midland Eye income in April 2017 to March 2018 was conditional on achieving quality improvement and innovation goals agreed between Midland Eye 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 <http://www.england.nhs.uk/nhs-standard-contract/cquin/cquin-17-19/>

Statement from The Care Quality Commission

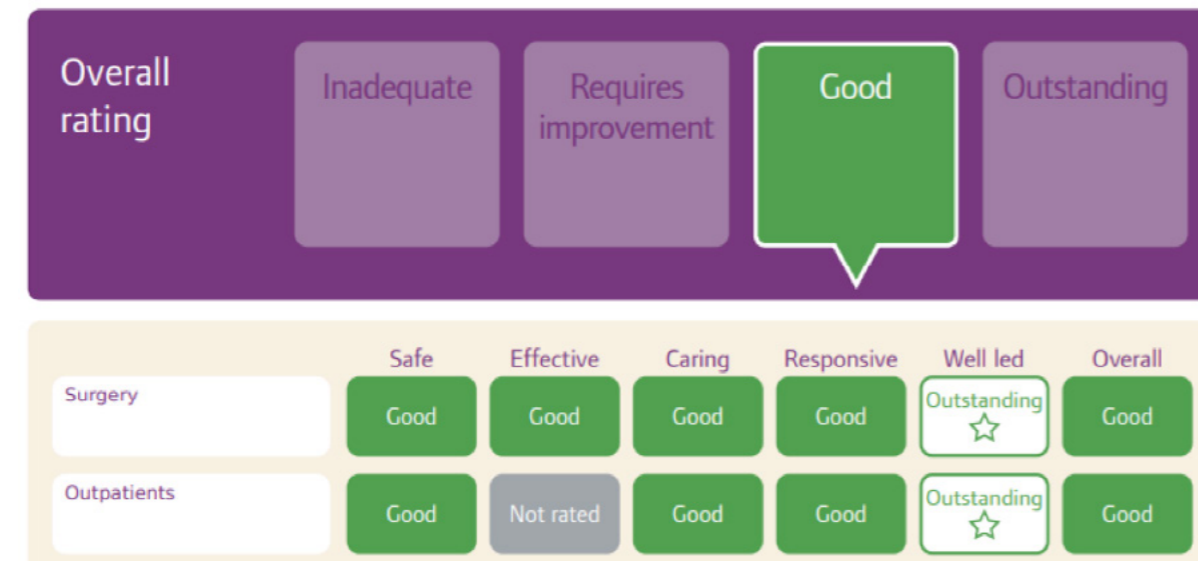
Midland Eye is required to register with the Care Quality Commission (CQC) and its current registration status is to provide the following regulated activities:-

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

The Care Quality Commission has not taken enforcement action against Midland Eye and

Midland Eye has not participated in any special reviews or investigations by the CQC during April 2017 to March 2018.

Midland Eye was inspected by The Care Quality Commission on the 26th and 27th of September 2017 with a further unannounced inspection on the 11th of October 2017. An overall rating of 'Good' was awarded to the clinic. Of note, The CQC rated Midland Eye as 'outstanding' for being 'well-led'.



Areas identified areas by the CQC of outstanding practice included:

- Patients were protected by a strong comprehensive safety system and a focus on openness, transparency and learning when things went wrong
- The safety systems in place kept patients safe from avoidable harm, which was reflected in an excellent track record in safety

- The Clinic invested in staff training, skills and competence. Competence of staff was integral to the service's aim of providing first-class healthcare.

Midland Eye does not have any conditions on its registration.

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

- Patient identifiable information was not always present on all pages within the paper notes, and the authorised signature sheet at the front of the notes was not always completed
- Correspondence letters to other health professionals did not always have a penned signature present. On the unannounced return visit, the Clinic had put measures in place to ensure these issues were rectified
- The Clinic did not have a designated area for recovery and patients recover from ambulatory surgery in the shared waiting area. Although no patients raised this as an issue, staff recognised that the shared waiting and recovery area was not ideal for patients' privacy.

All improvement actions were immediately addressed as appropriate, by Midland Eye.

Statements on Data Quality

Midland Eye takes data quality very seriously and recognises that good quality information is fundamental to the effective delivery of patient care and is essential if improvements in quality of care and value for money are to be realised.

Midland Eye now submits a subset of non-identifiable data to the Private Health Information Network (PHIN), an independent Information Organisation with a mandate to ensure that patients using independent healthcare facilities are able to access comparative performance measures including activity levels, length of stay, patient satisfaction, and rates of unplanned readmission, for both hospitals and individual Consultants. This is another useful tool by which we can demonstrate the quality of our services and identify opportunities for improvement.

Our Information Governance policies continue to inform our standards of record keeping which support and evidence the delivery of care and treatment. Records are regularly monitored for accuracy, completeness, and legibility, providing timely identification of quality issues and any remedial steps required.

Midland Eye will be taking the following actions to further improve data quality:

- Continue monthly audits of patients' medical records
- Compliance with the General Data Protection Regulation, previously the Data Protection Act 1998, and ensuring that all Consultants and staff are aware of the new legislation
- Implement a change of patient administration system from DGL to the Aspen Patient Administration System (APAS) to improve the quality of current data being submitted to the Private Health Information Network (PHIN).

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)

Midland Eye 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 outpatient care.

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

- 100% for outpatient care.

Clinical Coding Error Rate

Midland Eye was not subject to the Payment by Results clinical coding audit during April 2017 to March 2018 by the Audit Commission.

“ Just a heartfelt thank you to everyone who helped to make such a wonderful improvement to my eyelids. Before surgery I could only read for 3 to 4 minutes, wonderful! Thank you very much. ”

Mrs S F, Stoke

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.

Midland Eye 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.

Midland Eye 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	N/A	Serious Incidents	0	N/A
Serious Incidents resulting in harm or death	0	N/A	Serious Incidents resulting in harm or death	0	N/A
Never Events	0	N/A	Never Events	0	N/A
Total	0	N/A	Total	0	N/A



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 at Midland Eye within the reporting period (April 2017 to March 2018) 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. Midland Eye, as an ophthalmic unit, only collects cataract PROMs.

Patient Reported Outcome Measures (PROMs)	2016-2017	2017-2018
Cataract Surgery (private patients only):		
Number of cases submitted	48	35
% of respondents who recorded an increase in their Catquest rating following operation	58.3%	89%

“The staff at Midland Eye were so kind and helpful, particularly as I was quite nervous when I arrived. I can't stress how comforting it was to be dealt with by such lovely nurses who put me completely at ease and I can honestly say the operation was not only painless but I didn't feel a thing.”

Mrs P J, Solihull

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	0	0	Continue to monitor data. Review any re-admissions at Quality Governance and Medical Advisory Committees. Investigate each exception and provide learning and action plans where appropriate.
Number of Clostridium difficile infections reported	From national Public Health England/ Scotland returns	0	0	Continue to monitor reports.
Number of patient safety incidents which resulted in severe harm or death	From hospital incident reports (Datix)	0	0	Continue to monitor data.
Friends and Family Test - patients	Patient satisfaction survey – rated extremely likely/likely	99%	99%	Continue to monitor data.
Friends and Family Test - staff	Staff satisfaction survey	No survey in 2016-2017	96%	Survey staff once every two years.

Infection Prevention and Control

Midland Eye Infection Prevention and Control (IPC) Link Practitioners undertake monthly environmental audits and submit quarterly Public Health England reports. Our aim is to reduce the risk of harm from Healthcare Associated Infections (HCAI) to our patients, staff and visitors. Audit outcomes are discussed regularly at quarterly Local Governance Committee meetings, Medical Advisory Committee meetings and quarterly Solihull Clinical Commissioning Group contract review meetings. Audit outcomes and actions are uploaded onto the Aspen Group IPC folder and discussed at quarterly Group meetings. Service Level Agreement meetings are in place with our cleaning service providers, who also conduct their own monthly audits and training for team members.

There have been



healthcare associated infections at Midland Eye 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

Aspen Healthcare updated and revised its Complaints Policy in August 2017. This took into account current legislation and best practice guidance. Information on how patients can provide feedback and details of our complaints procedure is available via Patient Information leaflets at Midland Eye, and can also be found on our website.

The Midland Eye Clinic Manager has responsibility and is authorised by the Aspen Board to oversee the management of complaints. Aspen's Chief Executive provides any second stage review of a complaint should a complainant remain dissatisfied with a response from any Aspen Hospital/Clinic.

During this year, we have continued to encourage a more meaningful engagement and involvement with our patients and users, ensuring that lessons are continually learned to safeguard quality and prevent failures in care and treatment. Concerns, complaints and all types of patient feedback are reviewed at all levels of the organisation, and are a key part of our quality governance framework. It is vital that these experiences are captured robustly and therefore, complaints data collection and analysis are an important part of our governance procedures.

We continue to encourage face-to-face meetings at the start of the complaint process to ensure that we proactively involve our patients at every step of the process and gain clarity on the real issues of concern to the patient.

Patient experience is central to all our services and Midland Eye ensures that the information gleaned from complaints is a valuable part of understanding and improving our patients' experience. Our aspiration is to ensure that complaints are not simply seen as a process to be managed, but as a genuine opportunity to reflect, learn and improve our services further.

The statutory 'Duty of Candour' requires providers of health and social care to be frank, open and honest at every stage in their response to patients. Aspen Healthcare has incorporated its principles as an integral part of our approach to managing complaints because if we do, it will greatly improve the way we learn, both personally and organisationally, we will become even better at resolving any patient concerns.

Number of Complaints

2016-2017	2017-2018
2	3

% per 100 Admissions

2016-2017	2017-2018
0.01%	0.01%

Midland Eye received a very small number of complaints in 2017-2018 and changes were made throughout the year in response to the issues raised and these included:

- A review of patient information on appointment letters to ensure advice to patients is clear that they should not use the stairs following appointments
- A reminder to Consultants to inform patients that an additional consultation charge will be made should the patient require a Yag capsulotomy
- All Consultants inform patients and document any complications that may occur before the patient leaves the clinic.

Our actions to improve during 2018-2019 are:

- Review the patient information on our website to ensure our consultation charges are clear and in line with the Competition and Markets Authority Order 2014

- Introduce a 'Fees Payable' checklist for Consultants to discuss and agree with patients at consultation
- Agenda and peer review all surgical complications at the quarterly Medical Advisory Committee meetings and share any learning with colleagues
- Review our patient discharge information including out of hours contact details to ensure patients receive appropriate discharge advice and support post operatively
- Commence 24-hour follow up calls for patients who have a complex operation or who have experienced a recognised complication of surgery.



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, 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 used to complement our existing hospital-based hand hygiene programme.

At Midland Eye, our patients surveyed rated our hand hygiene as 100%. The Midland Eye Infection Control Link Nurse holds annual hand hygiene training sessions for all staff within the facility, including a practical hand washing session to reinforce training undertaken by eLearning. The IPC Link Nurse also undertakes quarterly hand hygiene audits which include our Consultants.

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 100% of patients surveyed reported that they felt safe in our care. 87% of patients felt that there was enough staff on duty to meet their needs with 100% 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.

Some actions we have taken include:

- Midland Eye have created a patient safety information leaflet which is given to all of our operative patients, to guide patients on how to contribute to maintaining their own safety within the clinic
- STEP-up to Safety Ambassadors conduct safety walkabout rounds to ensure safety issues are spotted and actioned immediately
- Safety notice boards are in place.

100%

of patients surveyed reported that they felt safe in our care

87%

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

100%

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 has also recently been introduced called 'Wired', which provides much improved visibility for the hospital/clinic 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.

Midland Eye encourages all team members to undertake additional practical training or eLearning courses to support their roles. This forms an essential part of their personal development plans and is discussed and agreed with their line managers during the appraisal process.

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 and has now been put in place 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 QPROMs 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 and can be utilised to benchmark outcomes at a service and clinician level against national averages as well as help us to further improve our services and standardise care.

Midland Eye only offers Blepharoplasty and has therefore only implemented this Q-PROM. These will be completed by our patients to enable us to evaluate the effectiveness of the surgical intervention and help us improve the quality of our service provision.

“ I had my cataract removed yesterday and I wanted to thank you all for being very reassuring, gentle and kind. The world seems a brighter place, amazing and wonderful. ”

Mrs P D, Solihull

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 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.

In 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.

Feedback is discussed at monthly team meetings, quarterly Local Governance Committee meetings, Medical Advisory Committee meetings, Patient Forum Group meetings and quarterly Solihull Clinical Commissioning Group Contract Review meetings.

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 our patients. These calls support patients and their families after discharge from the hospital/clinic, improve patient and family satisfaction and 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.

Our patients are also provided with an advice sheet which details our contact telephone numbers should a patient experience an urgent concern.

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 shopper' 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.

External Perspective on Quality Of Services

What others say about our services:

Midland Eye requested Birmingham and Solihull Clinical Commissioning Group, North Staffordshire Clinical Commissioning Group, Stoke on Trent Clinical Commissioning Group and Healthwatch Solihull 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:

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