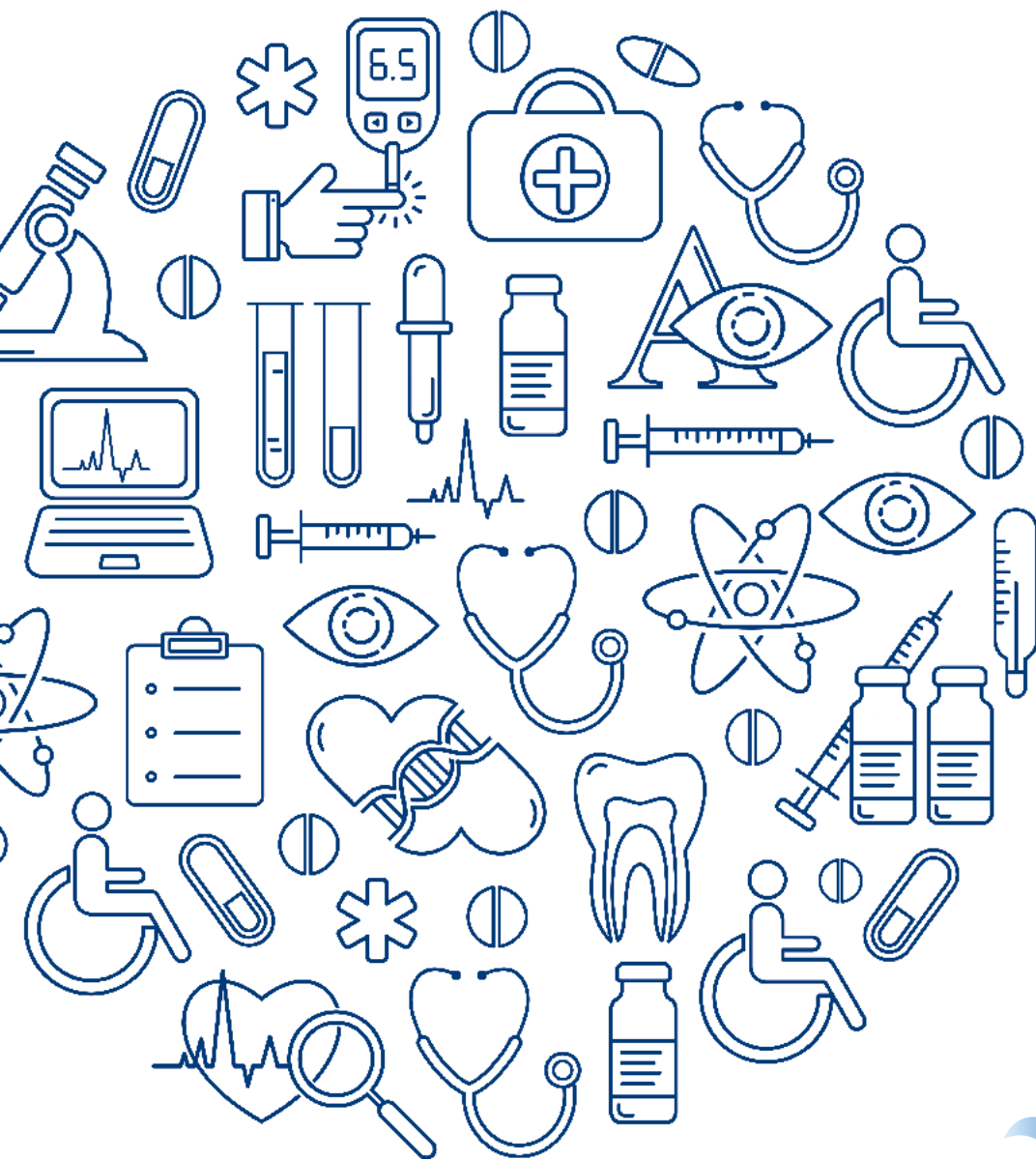


Nova Healthcare Quality Account

April 2017 – March 2018





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Welcome to Aspen Healthcare

Nova Healthcare 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

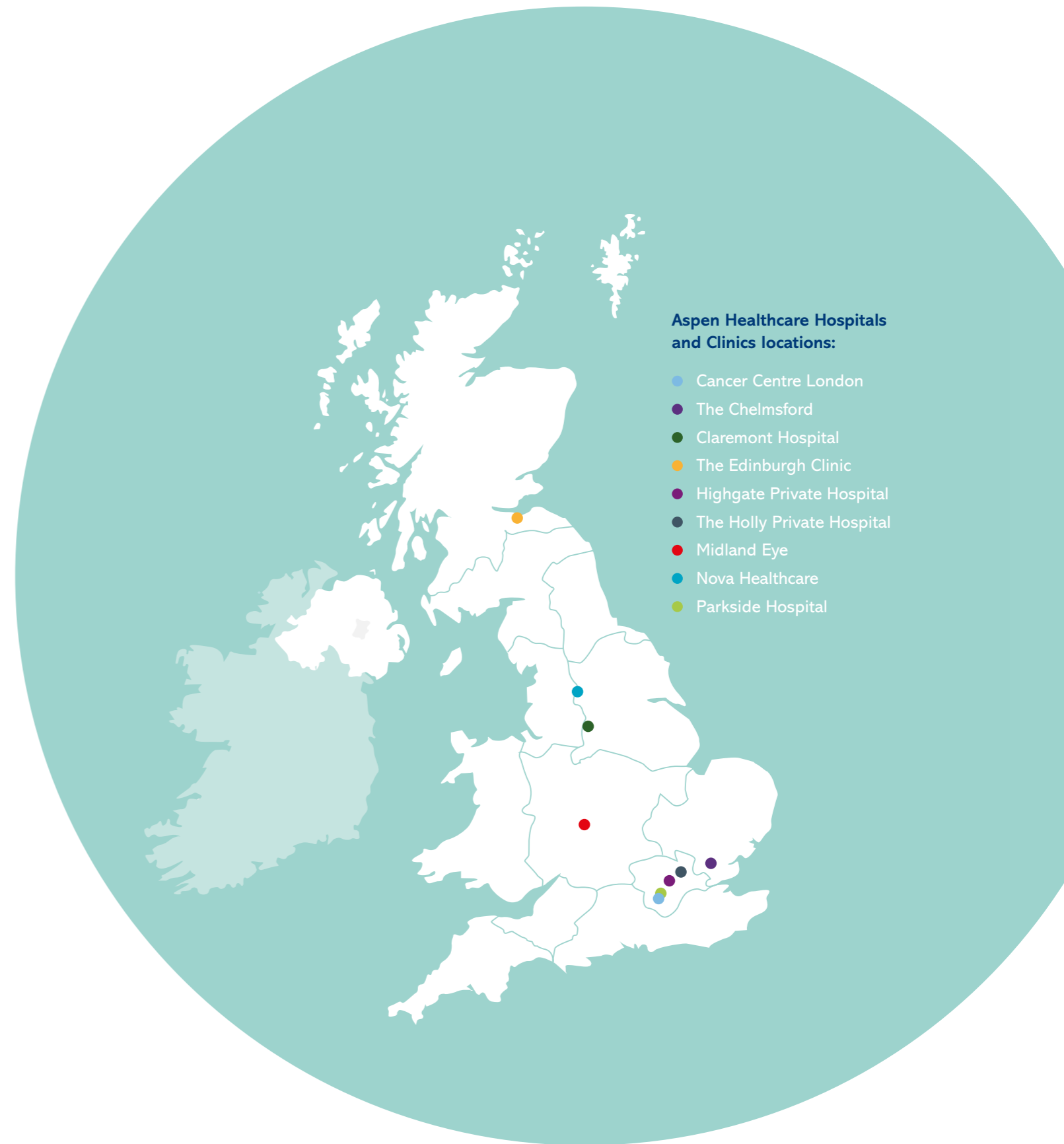
99.4%

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





“ We just wanted to thank you for your help and support over the last six and a half weeks. ”

PE, York
February 2018

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 Nova Healthcare. 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 Nova Healthcare are committed to providing the highest standards of quality care to our patients. The Account aims to provide a balanced view of what we are good at and where additional improvements can still be

made. In addition, our quality priorities for the coming year (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 Nova Healthcare 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



“ Thank you for all your kindness and help during the last few years. It has been amazing at quite a stressful time ”

Mrs O'B, Bradford
September 2017

Introduction to Nova Healthcare

Nova Healthcare is a part-owned subsidiary company of HTI St James's Ltd. It is a specialist provider of medical and clinical oncology, haematology, stereotactic radiosurgery and specialist prostate surgery. The unit opened in 2009 and is located within the Bexley Wing of the Leeds Cancer Centre, part of the Leeds Teaching Hospitals NHS Trust.

The unit offers facilities for outpatient consultations, day-case and ambulatory care treatments.

Nova Healthcare works in partnership with Leeds Teaching Hospitals NHS Trust, who provide services and facilities to Nova Healthcare through a range of service level agreements e.g. diagnostic imaging, pharmacy services and pathology services. The services and facilities provided to Nova Healthcare through the service level agreements are in accordance with Leeds Teaching Hospitals' standards. Our collaborative working agreements with Leeds Teaching Hospitals NHS Trust for external beam radiotherapy and

brachytherapy ensures our patients have access to one of the leading NHS radiotherapy providers in the UK, set within an academic framework, with the highest quality assurance standards and technically advanced delivery.

All services at Nova Healthcare are Consultant-led and, in addition to being granted practising privileges at Nova Healthcare, all Consultants hold an employment contract or honorary contract at Leeds Teaching Hospitals NHS Trust.

Nova Healthcare is accredited with all major insurers.

Vital Statistics

- ✓ Gamma Knife Treatment Unit
- ✓ 3 consulting rooms, with associated examination rooms
- ✓ Outpatient waiting area with free refreshments
- ✓ 1 special procedures room
- ✓ 3 day-case / ambulatory patient rooms
- ✓ 4 ambulatory patient treatment bays
- ✓ Free on-site parking



Statement on Quality

Nova Healthcare is delighted to present this third Quality Account which we believe will further demonstrate our commitment to quality and safety for all our patients. The report will seek to measure progress made in an objective manner, identifying those areas we wish to seek improvement in during 2018-2019 focused on the areas of patient safety, clinical effectiveness and patient experience.

This Quality Account is actively owned by the Nova Healthcare team and staff who work with us as part of our wider team. We share a real desire to progress our quality initiatives over the coming year, modelled on the Aspen Healthcare Quality Governance Framework and Quality Strategy. Our Quality Account will also allow us to openly report on what we do well and where we believe improvements can be made. Our local Quality Governance Committee meets quarterly and provides data on outcomes and quality

throughout the patient journey, including feedback from our patients. This committee feeds into the HTI St James's Ltd Board, the Medical Advisory Committee and the Group Quality Governance Committee, which is chaired by Aspen Healthcare's CEO. This committee provides assurance to the Aspen Healthcare Executive Team and 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 Health and Social Care Act 2008, National Health Service (Quality Accounts) Regulations 2010 and the National Health Service (Quality Accounts) Amendment Regulation 2011 to prepare a Quality Account for each NHS 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.



Dawn Abbott, Clinic Manager
Date: 14 May 2018

This report has been reviewed and approved by:

Mr Roger Cannon, Chair, Medical Advisory Committee, Nova Healthcare
Dr Adrian Crellin, Medical Director, Nova Healthcare
Mr Ron Gilden, Chairman, Nova Healthcare Board
Mr Des Shiels, Chief Executive, Aspen Healthcare
Mrs Judi Ingram, Clinical Director, Aspen Healthcare
Mrs Rachel Bradbury, Director of Clinics, Aspen Healthcare
Mrs Moira Betteridge, Quality Lead, NHS England.

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.

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

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

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.

Patient Experience

Implement Dementia Self-Assessment Framework

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

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

While targeting the areas above, we will also:

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



“ A massive thank you to the whole team at Nova. A truly magnificent team – caring – kind and friendly..... Making a difference to all. ”

SW, York
May 2017

Statements of Assurance

Review of NHS Services Provided 2017 - 2018

During April 2017 to March 2018, Nova Healthcare provided 1,715 of NHS services

Nova Healthcare has reviewed all the data available to them on the quality of care for 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 Nova Healthcare 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.

There were no patients cared for during the reporting period where participation in a national clinical audit or a national confidential enquiry was appropriate to the services and care provided by Nova Healthcare.

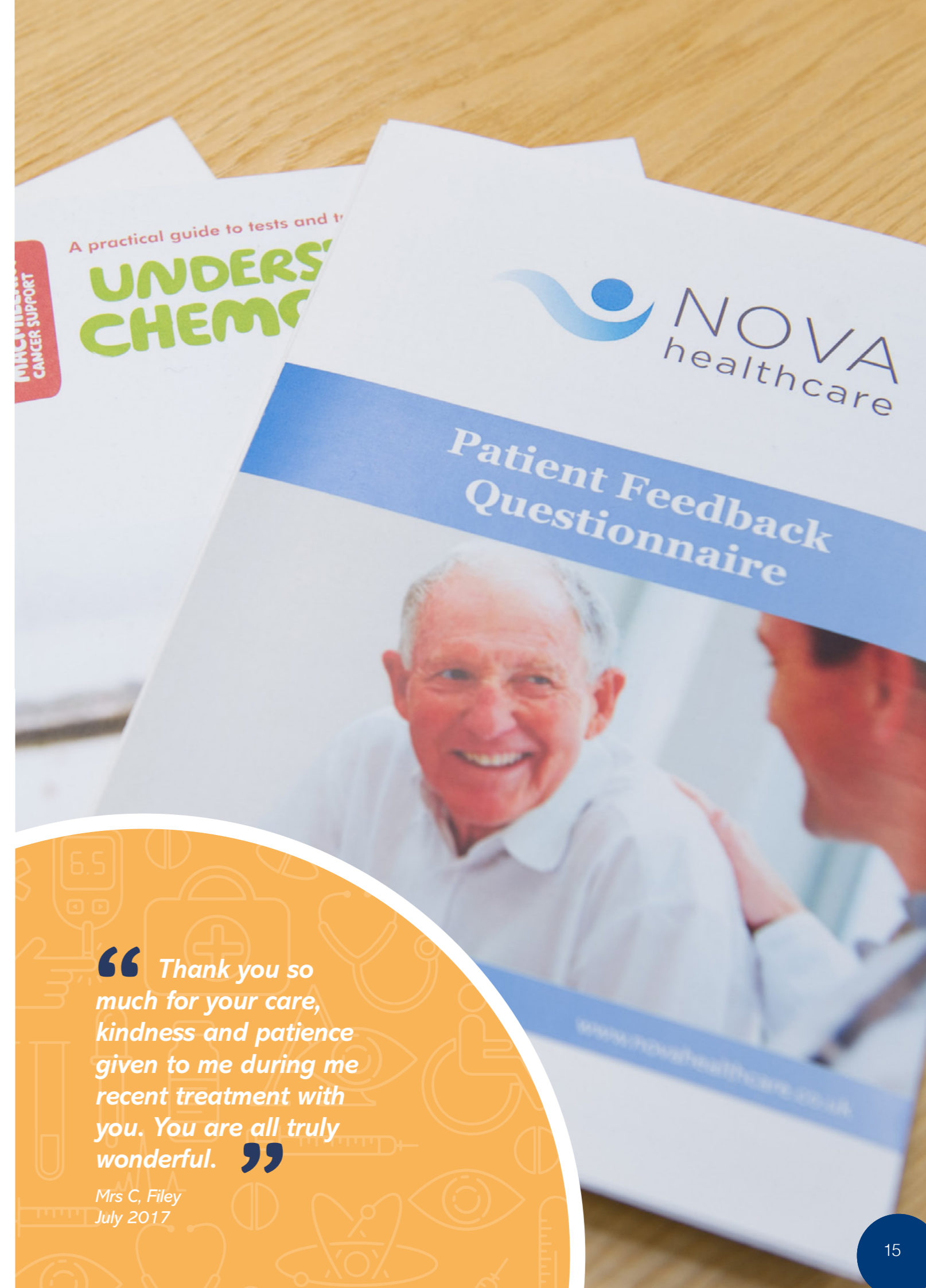
Local Audits

The reports of our local clinical audits were reviewed by the provider in April 2017 to March 2018 and these included:

- Safeguarding
- Consent
- Medical Records
- Information Governance
- Health & Safety
- Medicines Management.

Nova Healthcare intends to take the following actions to improve the quality of healthcare provided:

- Review of patient pathways, with addition of Waterlow and falls risk assessments in oncology pathways
- Ensure that all nursing staff complete National Early Warning Score (NEWs) training, as required.



“ Thank you so much for your care, kindness and patience given to me during my recent treatment with you. You are all truly wonderful. ”

Mrs C, Filey
July 2017

Participation in Research

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

Goals Agreed with Commissioners

A proportion of Nova Healthcare's income in April 2017 to March 2018 was conditional on achieving quality improvement and innovation goals agreed between Nova Healthcare 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.

Statement from the Care Quality Commission

Nova Healthcare is required to register with the Care Quality Commission (CQC) and its current registration status is for the provision of:

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

Nova Healthcare does not have any conditions on its registration.

The Care Quality Commission has not taken enforcement action against Nova Healthcare during April 2017 to March 2018.

Nova Healthcare has not participated in any special reviews or investigations by the CQC during the reporting period.

Statements on Data Quality

Good quality information underpins the effective delivery of patient care and is essential if improvements in quality care are to be made. Improving data quality, which includes the quality of ethnicity and other equality data, will improve patient care and improve value for money. On induction our staff are trained on how to obtain and input data correctly onto the electronic system and also on how to handle confidential data.

Nova Healthcare will be taking the following action to further improve data quality:

- Continued improvements on data quality; ensuring patient details are updated regularly.

Information Governance Toolkit attainment levels:

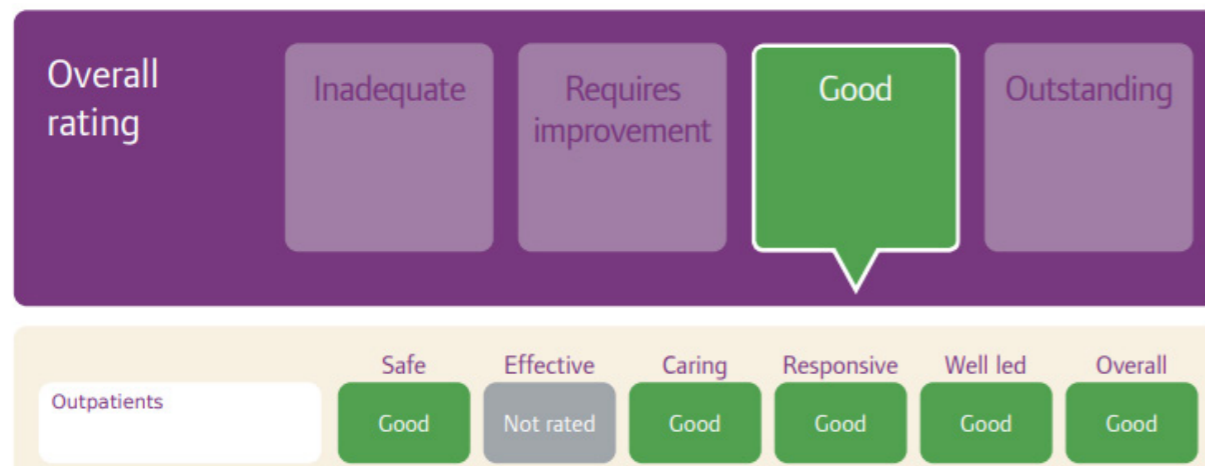
Aspen Healthcare's Information Governance Assessment Report overall score for April 2017 to March 2018 was 72% and was graded satisfactory, achieving Level 2 in all categories and meeting national requirements.

Secondary Uses System (SUS)

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

Clinical Coding Error Rate

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



In December 2016 the CQC published its Inspection Report of Nova Healthcare and awarded an overall rating of 'Good'.

We were rated as GOOD in the safe, caring, responsive and well-led domains. The effective domain was not rated as the CQC were not confident that they were collecting sufficient evidence to rate effectiveness for Outpatients & Diagnostic Imaging. Of note, the CQC commented that Nova Healthcare was a very well-led service with a clear vision that was known to all staff and patients. The culture of the organisation was found to be open and collaborative with strong internal and external relationships. All the feedback received from patients and staff was extremely positive. The CQC reported that the response to individual needs and preferences was exceptional in that it provided care that met individuals' needs and preferences.

The CQC report was reviewed and an improvement plan was formulated to address all areas where the

inspection team felt that improvements could be made. Some of these actions were:

- Completion of outstanding action from the May 2016 medicines management audit: review of the stock list to ensure that stock levels are sufficient and the stock is relevant to case mix
- Completion of one outstanding action from the PLACE audit; sourcing cleaning schedules from the Trust
- Review the complaints register to ensure that the acknowledgment date and lessons learnt are recorded within the register
- Update the complaints leaflet to state that Nova Healthcare is a member of the Independent Healthcare Sector Complaints Adjudication Service.

The Improvement Plan was reviewed regularly and, at the end of 2017, all improvement actions had been fully completed.



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.

Nova Healthcare 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.

Nova Healthcare continually reviews how to improve data collection submissions, and the quality of its services, by working with the Private Healthcare Information Network (PHIN). It is planned to collect and publish data about private and independent healthcare, which includes quality indicators. Aspen Healthcare is an active member of PHIN and is working with other member organisations to further develop the information available to the public See: www.phin.org.uk.

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

Number of Patient Safety Incidents, including Never Events

Source: From Aspen Healthcare's incident reporting system:

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

As Nova Healthcare did not have any serious reported incidents, key learning from other reported incidents were:

- The need to ensure that three key patient identifiers are used (e.g. Patient's full name, date of birth and NHS number) when accessing patient data, to prevent incorrect patient data being selected
- A review of security to the unit; ensuring that all lockable rooms are locked by key at the end of the working day.

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 Nova Healthcare 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 calculate the health gains after surgical treatment using pre- and post-operative surveys.

Nova Healthcare does not treat any patients that are eligible for any of the Aspen PROMs related procedures.



“ Thank you very much for making my visit to Leeds Gamma Knife Centre go with such ease yesterday. You all went out of your way to put myself and my wife at ease and to make me as comfortable as possible. You are true professionals and we are very grateful. ”

JW, Scarborough
October 2017

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	2	0	Ongoing monitoring and review.
Number of admissions risk assessed for VTE	CQUIN data	0%	0%	Ongoing monitoring.
Number of Clostridium difficile infections reported	From national Public Health England/ Scotland returns	0	0	Ongoing monitoring.
Number of patient safety incidents which resulted in severe harm or death	From hospital incident reports (Datix)	0	0	
Responsiveness to personal needs of patients	Patient satisfaction survey data – for overall level of care	100%	99%	Improving patient satisfaction response rates, and ensuring that patient feedback drives our focus of attention to areas where we are not meeting expectations.
Friends and Family Test - patients	Patient satisfaction survey data – for overall level of care	100%	99%	Monitoring of responses to ensure that we meet patient expectations and focus on areas where we need to improve.
Friends and Family Test - staff	Staff satisfaction survey	N/A	90%	Initiatives to improve staff engagement survey staff once every two years and review response.

Infection Prevention and Control

Nova Healthcare has an Infection Prevention and Control Link Practitioner who monitors the effectiveness of hand hygiene and environment cleanliness through regular audits and training sessions.

An audit calendar is in place as shown below and action plans are formulated for any areas identified as requiring improvement. All audits and associated action plans are reviewed through the local Quality Governance Committee, and action plans are regularly reviewed to ensure that any changes in practice have become embedded.

There have been



healthcare associated infections at Nova Healthcare in 2017-2018.

Audit Schedule Summary 2018												
AUDIT	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Infection Prevention and Control												
Hygiene Code Weekly Checklist	X	X	X	X	X	X	X	X	X	X	X	X
PLACE					X							
IPC Environmental & Clinical Practice	X			X			X			X		
High Impact Intervention Hand Hygiene	X			X			X			X		
Deep Dive - Corporate Audit on infection prevention and control practices						X						
Hand Hygiene Observational Audit	X	X	X	X	X	X	X	X	X	X	X	X
Outpatient Services Patient Turnover			X			X			X			X
Antimicrobial Stewardship	X			X			X			X		

Healthcare Associated Infections

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

All complaints are led and coordinated by the Clinic Manager who acknowledges receipt of the complaint letter. All complainants are offered, where appropriate, a face-to-face meeting with the Clinic Manager at the acknowledgement stage, to help ensure a good understanding of the concerns raised.

The complaint is risk assessed to ensure any actions/concerns are immediately addressed and the complaint is entered on to the complaints register. Any complaints that are particularly complex or sensitive, may require a more comprehensive investigation similar to a root cause analysis investigation. This would normally be led by the Clinic Manager, supported by the relevant departmental manager. A response would then be drafted and the final response would be verified and sent to the complainant by the Clinic Manager within 20 working days.

If any complaints are received via the NHS Commissioners, a lead investigator would be agreed and the unit would liaise with stakeholders to ensure a comprehensive single response was provided.

Complaints are reviewed and discussed between the senior managers as they occur, to identify issues raised which need highlighting and learning shared. If any complaints are risk assessed as high or particularly sensitive or complex, these would be discussed with Aspen's Group Clinical Director.

Complaints involving a Consultant or relating to their practice would be discussed with the individual Consultant and, if necessary, with the Medical Advisory Committee Chair and/or Nova Healthcare Medical Director. If the complaint involved any aspect relating to the doctor's fitness to practice, then the complaint would also be discussed with Aspen's Responsible Officer and guidance sought.

The sharing of learning from complaints investigations are discussed at the Quarterly Governance meetings as a standard agenda item and at the Medical Advisory Committee meetings.

Number of Complaints

2016-2017

0

2017-2018

2

% per 100 Admissions

2016-2017

0%

2017-2018

0.14%

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

- Review of process for making follow up MRI appointments following gamma knife treatment
- Full review of the patient pathway for private radiotherapy patients, with an enhanced personalised service which allows for fast communication relating to any delays on treatment machines
- Improved waiting area for private radiotherapy patients.

“ Thank you for your care and attention and happy smiley faces to greet me – it means a lot. ”

MT, York
August 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.

An audit was undertaken in 2017. The results below show that our staff are not always informing patients that they have washed their hands or cleaned them prior to undertaking any care. This will be a focus area for our IPC Lead Practitioner going forward.

Question:	Yes	Don't know
Did the nurses and other clinical staff always wash their hands or use hand rub before they gave you any care?	72%	28%
Did the nurses and other clinical staff always wash their hands or use hand rub after they gave you any care?	100%	0%
Were all staff 'bare below elbows (sleeves above the elbow; no wrist watches)?	100%	0%

Patient Safety Survey

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

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

The survey was launched in early 2018 and 100% of patients surveyed reported that they felt safe in our care. 100% of patients felt that there were 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 whilst in our care.

100%

of patients surveyed reported that they felt safe in our care

100%

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 was also introduced called 'Wired', which provides much improved visibility for each hospital/clinic overall and each member of staff's compliance at the touch of a button. This has resulted in an increased focus on compliance with all training, including practical mandatory training. Ensuring all our staff have undertaken training to support them in their roles, will remain a priority for Aspen Healthcare.

Compliance with Cancer Standards – Multidisciplinary Team Discussions

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

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

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

All patients who are treated at Nova Healthcare have been discussed at the local MDT meeting. The Gamma Knife Manager and Radiotherapy Services Manager sits on the Brain/CNS MDT.

“ Always brilliant and caring people. They try to help you with any problem and always go above and beyond in helping. Thank you so much. ”

Feedback / Suggestions box reception.
December 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.

External Perspective on Quality Of Services

What others say about our services:

Nova Healthcare requested NHS England and the local Healthwatch to comment on this Quality Account. Prior to publication no comments had been received.



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

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

Please contact us via our websites:
www.novahealthcare.co.uk
www.aspen-healthcare.co.uk

Or call us on:
0113 206 7830 **Nova Healthcare, Leeds**
020 7977 6080 Head Office, Aspen Healthcare

Write to us at:
Nova Healthcare
Level 4, Bexley Wing
St James's Hospital
Beckett Street
Leeds LS9 7TF

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