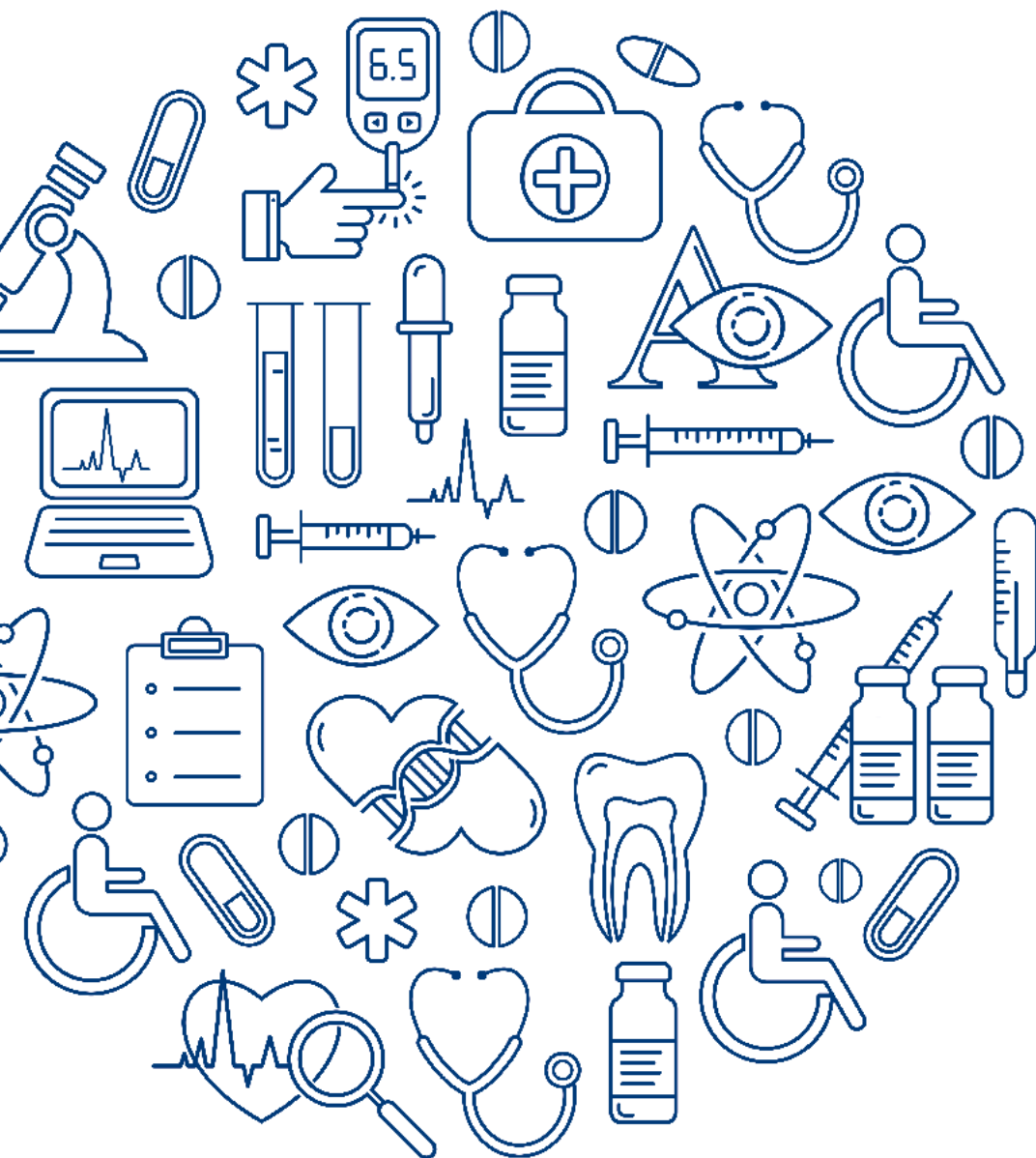


# The Holly Private Hospital Quality Account

April 2017 – March 2018



The Holly  
PRIVATE HOSPITAL



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# Welcome to Aspen Healthcare

The Holly 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**

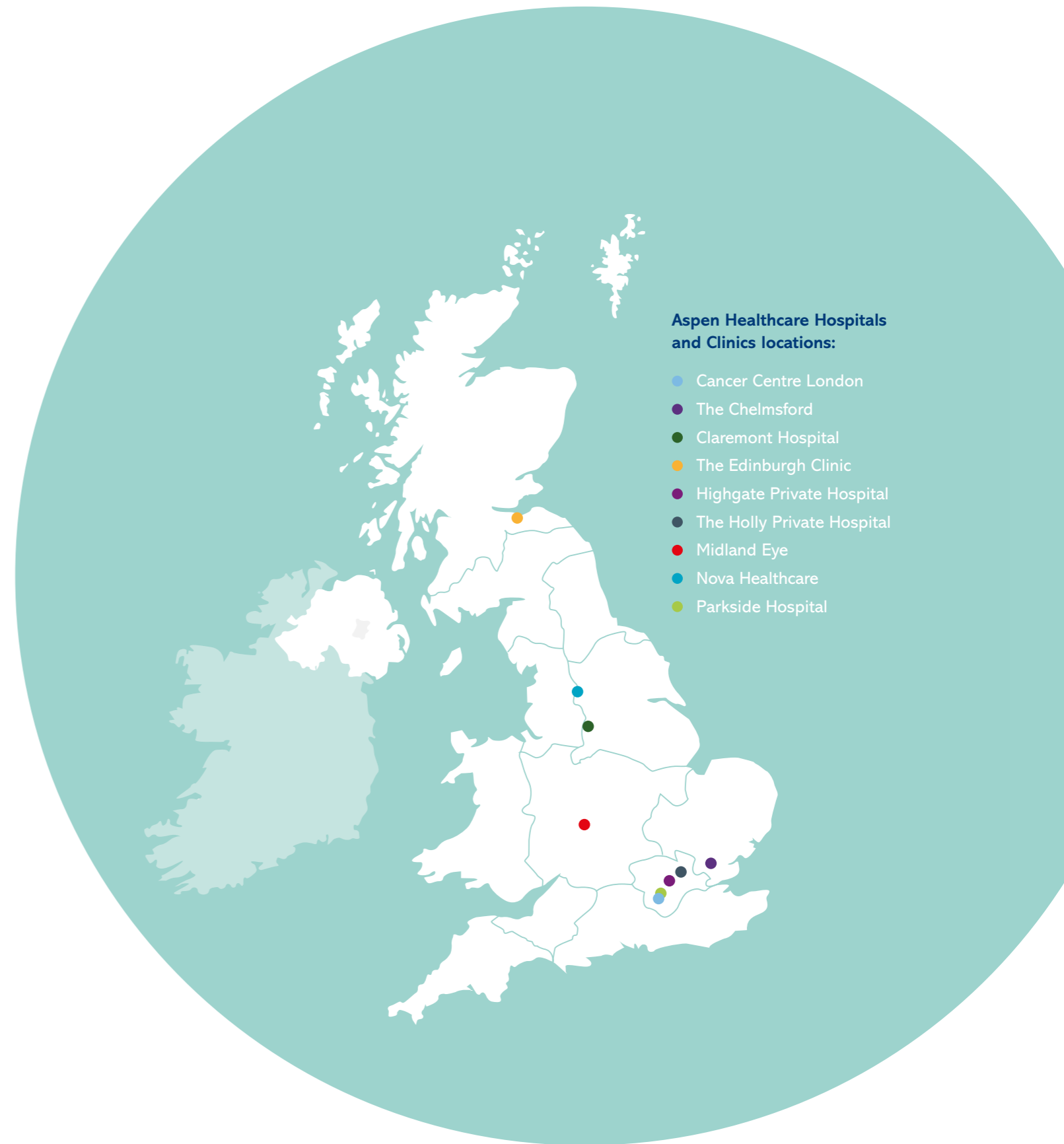
**99.4%**

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





# Welcome



“ **Excellent care from first assessment to the procedure. Clear communication throughout.** ”

Day care survey  
January 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 The Holly 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 The Holly 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 The Holly 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





# Introduction to the Quality Account for The Holly Private Hospital

Located on the borders of London, Essex and Hertfordshire in the midst of Epping Forest, award-winning The Holly Private Hospital is one of the South East of England's leading private hospitals. We are renowned locally for our high standards of care and friendly atmosphere.

The Holly Private Hospital provides a wide range of services including outpatient clinics and treatment in most specialties including cardiology, cosmetic surgery, ENT, gynaecology, general medicine and surgery, oncology, orthopaedics, paediatrics and urology. In addition, the hospital also provides diagnostic imaging, physiotherapy, private GPs, pharmacy, pathology and sterile services for patients, the local community and other healthcare organisations.

We work with over 200 experienced Consultants and other specialists locally, many of whom also have substantive posts within the NHS.

From 1st April 2017 to 31st March 2018, over 126,000 patients were treated at The Holly Private Hospital (The Holly).

In the year 2017-2018, The Holly provided NHS services, with patients admitted through the NHS e-Referral System (ERS), as well as in partnership with our NHS partners, for the following specialties:

- Trauma and Orthopaedics
- Urology
- ENT
- General Surgery
- Gynaecology
- Anaesthetics (Pain Management)
- Oral/Maxillo-Facial Surgery
- Ophthalmic
- Paediatrics



## Vital Statistics

- ✓ Total beds 62
- ✓ Day Care Facility 8 pods
- ✓ Total Theatres 5
- ✓ Consulting Rooms 22
- ✓ Treatment Rooms 3
- ✓ Fully equipped Maxillary/Facial Room
- ✓ Chemotherapy Suite 2 beds, 4 chairs
- ✓ Pathology
- ✓ Physiotherapy
- ✓ Pharmacy
- ✓ Private GP/Cosmetic Services
- ✓ 3T MRI
- ✓ New Aquillion Prime CT Scanner
- ✓ Ultrasound
- ✓ Shock Wave Therapy
- ✓ DEXA Scans
- ✓ Digital Mammography
- ✓ X-ray
- ✓ On-site Decontamination/Sterile Services Department
- ✓ Cosmetic Surgery (specialist nurse on-site)
- ✓ 'One-stop' symptomatic breast care clinics (specialist nurse on-site)

- ✓ Paediatric Services (3 specialist nurses on-site)
- ✓ Run 3D Gait Analysis. We were the first hospital in England to invest in this service
- ✓ MicroDose Mammography (combined breast screen and osteoporosis screen)
- ✓ Resident Medical Officer on-site (24 hours a day, 7 days a week)
- ✓ Bupa Approved for: Breast Chemotherapy Unit, Breast Diagnosis Unit, Breast Surgery Unit, Ophthalmic Unit, MRI Network and Recognised Imaging Units
- ✓ The Holly Private Hospital participates in the NHS ERS, allowing patients the choice of their healthcare provider
- ✓ WorldHost® Business Status in Customer Service training
- ✓ Investors in People Accreditation
- ✓ AfPP accreditation for Theatres safety standards
- ✓ UKAS Clinical Pathology accreditation
- ✓ Macmillan Quality Environment Mark (MQEM)
- ✓ Rated 'Good' by the Care Quality Commission (CQC)
- ✓ Journey to Magnet® Excellence – American Nurses Credentialing Centre

**“** The care I received from the entire team was excellent. Even though I was treated at the holly as an NHS patient, I was treated no differently. **”**

Day Care Survey  
November 2017



# Statement on Quality

**This is our sixth Quality Account and demonstrates how our commitment to delivering exceptional healthcare and in ensuring we have patient safety at the heart of everything we do, has been embraced across the hospital by all our staff in all departments.**

Over the last year we proudly report:

- The hospital achieved an overall rating of 'Good' from the Care Quality Commission, the national regulator, (CQC) and was rated as 'Outstanding' in the Well-led domain.
- Project FIRST (which encompasses our five year Strategic Business Plan, five year Clinical Strategy and our 6E's staff reward and recognition scheme) is now well-embedded across the hospital and is delivering positive results in terms of quality, safety and patient experience.
- We have awarded over 1500 Project FIRST certificates to our staff as part of our 6Es reward and recognition scheme and 100 'passport' stamps for staff that constantly go the extra mile. We also held our first Staff Oscars Awards Ceremony, awarding over 30 'Oscars' to staff and teams for their outstanding performance across the 6E's behaviours (Exceptional, Efficient, Expert, Energetic, Effective, Everyone and Safety).
- The hospital won two UK Customer Experience Awards in 2017 for 'Employee Engagement' and 'Putting Patients at the Heart of Everything'. We were also shortlisted as finalists for two Laing Buisson Healthcare Awards (Private Hospital of the Year, and Nursing Practice), an Investors in People Award (Rewards and Recognition), and an Essex County Business Award (Employer of the Year). In addition, Dr Lorraine Kelly, Director of Nursing and Clinical Services, was shortlisted as a finalist in the 2017 Nursing Times Awards in the Nurse Leader of the Year category.
- The hospital is progressing well towards achieving Magnet® Recognition and aims to be the first private hospital in the UK to achieve this status by 2020. Magnet® Recognition recognises healthcare organisations for quality patient care, nursing excellence and innovations in professional nursing practice. As part of this process, we have successfully developed and launched 'The Holly Model for Exemplary Professional Nursing and Clinical Practice' in partnership with staff from all departments.
- To help improve standards further and strengthen our leadership capabilities and capacity, we have recruited and appointed staff into new key roles across the hospital including a Matron (with responsibility for Wards, the Day Care Unit, Paediatrics, Pharmacy and Oncology), an Assistant Manager for Outpatients and an Assistant Manager for Theatres, as well as three new Sister positions. We decreased the use of agency and bank staff in 2017 and have a stable and effective clinical workforce.
- Our Director of Quality and Governance (a newly appointed role last year) has had a huge impact in promoting incident reporting, and in auditing and reducing the number of moderate/severe incidents. Although we had a 21% increase in incident reporting since the previous year, we have had zero Never Events and only one Serious Untoward Incident (SUI) reported in the last year.
- We have successfully introduced monthly meetings with the Clinical Governance Chair and Deputy, the Director of Nursing and Clinical Services and Director of Quality and Risk to review clinical safety and feedback from the annual Staff Clinical Safety Survey and our 'March-up-to-Safety' initiative.
- Level 1 and 2 of Aspen's innovative STEP-up to Safety training programme has been delivered to all staff and is now part of new staff induction. STEP-up to Safety Level 3 has also been delivered to our clinical leaders and Safety Ambassadors.
- We have introduced STEP-up to Safety Ambassadors at the hospital whose role is to promote clinical safety and use STEP-up-to-Safety notice boards to further communicate clinical safety initiatives and quality.
- We held a Theatre Safety Day workshop which was hosted by the Hospital Director, Director of Nursing and Clinical Services, Theatres Manager and key personnel from Aspen Healthcare and was attended by Theatre staff. The training focus was on how safety is everyone's responsibility and how safety is at the heart of everything we do. The Theatre Team has since successfully renewed their Association for Perioperative Practice (AfPP) accreditation for theatre safety standards.
- The hospital achieved the best year for patient satisfaction (as recorded independently by Howard Warrick Associates) with 99% of patients saying they had received quality care.
- There were no MRSA, MSSA or Clostridium Difficile hospital acquired infections reported at the hospital.
- We are committed to developing our staff capabilities and skills. The majority of our senior nurse managers are now working towards a degree. We are supporting the Director of Quality and Governance in gaining a Masters, one of the ward sisters is also studying for her Masters and a Health care Assistant (HCA) has completed a nursing degree. The Director of Nursing and Clinical Practice and the Practice Education Nurse are members of the Oxford Philosophy Informing Nursing Theory & Scholarship (OxPINTS) group. We have supported several members of the Theatre team in completing the Surgical First Assistant course. We also are supporting several staff from various departments in working towards other academic qualifications, relevant to their roles.
- We launched the Aspen People Academy, led by David Henderson, The Holly's Hospital Director who is also Aspen's Management Development Lead. The Aspen People Academy has 24 places; 12 on the 'Becoming a Great Manager' programme and 12 on the 'Becoming a Great Leader' programme. These 10 month programmes develop our future leaders.
- We launched 'Big Conversation' staff forums in September to communicate business performance and future plans, and to facilitate discussions between staff and the Senior Management Team.
- We invested over £650,000 in a new Toshiba Aquillion Prime SP 160 CT scanner to bring patients the latest and most up-to-date scanning technology. The new scanner adds to the already advanced suite of technology at The Holly Private Hospital, ensuring we have the most advanced cross-sectional imaging platforms in the local area.
- We launched a range of new services at the hospital including Mummy MOT, a SWIFT clinic for verrucae, ZIO XT Patch Test for patients with cardiac arrhythmia, and a Snoring Clinic to improve our healthcare offering to patients.
- We have supported the Haven House Children's Hospice complete essential building works by allowing the hospice to temporarily move their clinical services to The Holly for a five month period. For the duration of the building works, the local hospice has used four patient bedrooms, a day-room and an office. This temporary relocation means that Haven House has been able to continue their vital work of supporting children and young people aged from birth to 19 years and their families.
- We continue to use tools such as the '15 Steps Challenge', 'Sit and See™' audits, daily Communications meetings with Heads of Departments, daily 'Walk the Floor' by Senior Management, the daily Holly Herald News emailed to all staff, March-up-to-Safety, staff clinical safety surveys, STEPtember Safety Month and LK Today (confidential sessions with the Director of Nursing and Clinical Services) to improve engagement and communications with our staff, and to help staff feel empowered to report incidents, and develop a 'just' culture with a high level of trust.
- We have rolled out 'Back to the Floor' with Heads of Department and our staff participating. This initiative involves staff working in another department for a morning, or afternoon, to experience how other teams function and the challenges they encounter on a day-to-day basis. Participants then meet afterwards and are invited to share their experience with the group and feedback on what is working well in each department and where they could do better. This also provides an opportunity for staff to speak up and voice any ideas or concerns they may have.
- In response to staff feedback, we have appointed Duty Managers to provide operational support to staff working from 5pm to 9pm in the evening Outpatient Clinics, and on call Duty Managers to cover weekends.
- We have introduced bi-ennial reviews with the relevant Medical Advisory Committee (MAC) representative and the Hospital Director. This is a process whereby the data and scope of clinical practice for each consultant is reviewed to ensure our consultants are working within their agreed scope of practice.
- As part of the induction process, all our new staff now view 'Barbara's Story' and 'A Routine Operation' videos to help provide them with

an improved insight of patient experience and safety from the patients' perspective.

- We now submit the required data to PHIN, the Private Healthcare Information Network to improve transparency of data and outcomes in our sector.
- We have completed the Aspen Corporate Audit Tool and the Infection Prevention Control (IPC) Audit Tool and are working towards ensuring consistent compliance of 95%. These include audits for pathology, hydration, resuscitation, paediatrics, medical records and Aspen's unexpected mortality audit. These allow us to gain greater awareness of our standards, address any issues and to work better across departments.
- We have improved our PROMs (Patient Reported Outcomes Measures) participation to achieve 80%.
- We have appointed Leads for Hydration, Resuscitation, Sepsis, Pain Management, Dementia and IPC.
- In promoting sharing best practice, Joint Governance Committee meetings have been set up quarterly with our two local NHS trusts and two local independent providers to proactively share learning.
- In the coming year we will continue to focus on quality for our patients by: Continuing to improve our patient satisfaction scores across the hospital and reduce the number of complaints, and to also improve upon our staff engagement scores and Consultant satisfaction scores.
- Ensuring 100% of patients are pre-assessed, and to monitor and reduce the number of operations cancelled for non-clinical reasons. We will also contact 90% of patients two days before their admission date.
- Continue to improve PROMs (Patient Reported Outcomes Measures) participation.
- Aiming to improve the Aspen Corporate Audit Tool and the IPC Audit Tool compliance rates to consistently achieve 95%.

- Embedding the "Hello my name is..." standard across the hospital to ensure patients continue to feel safe and respected, and we will become even more patient centric by ensuring 'Back to the Floor' drives positive change. Where appropriate, and provided the patient is supportive and in agreement, we will continue to offer patients the opportunity to share their experience with staff at team meetings and at our staff forums. We will continue to work with our Consultants to discuss any incidents and get their input to help improve the patient experience and patient safety.

- Redesigning our menu to show nutrition and dietary information for patients. We are also planning to open a restaurant/coffee shop for patients, families and staff.

We have an exceptional team at The Holly who all work together to deliver excellent care to our patients. In the coming year we will continue to work together to further drive our standards to 'Beyond Compliance'.

And for our staff, in the coming year we will launch:

- A quarterly Safety Newsletter for staff, highlighting key safety messages and initiatives, recognising and celebrating safe practice and encouraging staff to put safety at the heart of everything we do.
- A 'Healthy Holly Club' for staff, promoting and encouraging healthy eating and exercise.
- 'Tea with the Senior Management Team' (SMT), inviting staff from across the hospital to enjoy afternoon tea with senior managers. We want to encourage staff to get to know our leaders and feel able to speak openly and honestly with them.
- 'Experteas' – teaching sessions with tea and cakes - allowing different departments to educate other departments on new or existing services, processes or initiatives. We hope this initiative will improve cross-departmental working and our patient's experience.

## Accountability Statement

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

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

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

**Mr. David Henderson, Hospital Director**

**Date: 1st May 2018**

### **This report has been reviewed and approved by:**

Mr. Sam Jayaraj MBBS FRCS (ENG) FRCS (ORL-HNS), Medical Advisory Committee Chair  
Mr. Ian Garnham MBBS FRCS (Tr & Orth), Quality Governance Lead  
Mr. Des Shiels, Chief Executive, Aspen Healthcare  
Mrs. Judi Ingram, Clinical Director and Chief Nurse, 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 our Aspen Quality Governance Committee which meets quarterly to monitor, manage and improve the processes designed to ensure safe and effective service delivery.

The Holly Private Hospital is committed to delivering services that are safe, of a high quality & clinically effective and 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.



## 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.

### Develop a Bereavement Questionnaire

Although the number of patient deaths is small across the Aspen hospitals, we wish to ensure high quality care for all adults at the end of life and will develop a short bereavement questionnaire, (based on the National VOICES survey), to seek the opinions of bereaved relatives who rate the quality of care provided to their friend or relative. This will focus on the quality of end of life care and, particularly, the last three months of life. The results gained will be used to inform policy and service development, and enable evaluation of the quality of end of life care of our patients as part of our ongoing audit and service improvement activities.

### Develop a Ward Accreditation Scheme

Patients, quite rightly, expect compassionate care and high standards of clinical expertise in a clean, safe and caring environment. The quality of care a patient receives, whether in a ward, unit or department, is of the highest importance whoever the care giver is and, as part of our programme of quality improvement, we plan to develop a ward accreditation scheme in collaboration with our ward managers. This will enable and support them in engaging their staff and empowering leaders to improve standards and quality on our inpatient wards.

The accreditation framework will be designed around standards which are aligned to the CQC fundamental standards and key lines of enquiry, and also bring together our existing standards already in place as we currently collate a variety of information, from a variety of sources which is considered in a variety of arenas. The framework is designed to incorporate elements from care, experience, effectiveness, environment and leadership, together with workforce and finance metrics, enabling the ward/department to be performance managed in a holistic manner. Wards will progress through the required standards as they achieve their designated targets for consistent practice and performance over a set period. The scheme will set clear expectations in relation to the quality of care being consistently delivered to patients and the accreditation will set ambitious but realistic goals, thus driving continuous quality improvements whilst improving our patients' experience of care.

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.





# Statements of Assurance

## Review of NHS Services Provided 2017 - 2018

During April 2017 to the end of March 2018, The Holly Private Hospital provided and/or sub-contracted 8,971 episodes of NHS services as follows:

Speciality	Number of Patients
✓ Trauma and Orthopaedics	3811
✓ Anaesthetics (Pain)	745
✓ ENT	1816
✓ General Surgery	796
✓ Gynaecology	1592
✓ Paediatrics	141
✓ Oral and Maxillo-Facial Surgery	70

The Holly Private Hospital has reviewed all the required data available to them on the quality of care in all of the above 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 The Holly 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, three national clinical audits and zero national confidential enquiries covered services that The Holly Private Hospital provides.

The national clinical audits and national confidential enquiries that The Holly Private Hospital was eligible to participate in during April 2017 to March 2018 are as follows:

- National Joint Registry
- National Patient Related Outcome Measures (PROMs) programme

- National Comparative Audit Enquiry into Patient Outcome and Death (NCEPOD) Study : Peri-operatives Diabetes Management of Surgical Patients

The national clinical audits and national confidential enquiries that The Holly Private Hospital participated in, and for which data collection was completed during April 2017 – 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 Clinical Audits		
Name of Audit	Participation	Number of cases submitted
National Joint Registry	Yes	241 (100%)
Elective Surgery (National PROMs Programme)	Yes	232
Breast & Cosmetic Implant Registry	Yes	227 (100%)

### National Confidential Audits

Name of National Confidential Enquiry	Participation	Number of cases submitted
Peri-operatives Diabetes Management of Surgical Patients Study	Yes	1 (0%)

### Local Audits

During 2017, Aspen Healthcare continued its annual Group clinical audit programme which identified key topics and frequency of audit assessment with new audits added throughout the year. In addition, each department had individual audit programmes agreed for the year.

These local audits were reviewed at our monthly Quality meetings, with any necessary processes put in place to seek improvement. Some of the clinical audits undertaken covered:

**VTE:** This audit assesses all patients on admission to identify those who are at increased risk of VTE (Venous Thromboembolism) or DVT (Deep Vein Thrombosis). Patients are at increased risk of VTE if they have had, or are expected to have, significantly reduced mobility for 3 days or more, or are expected to have ongoing reduced mobility relative to their normal state and have one or more of the risk factors. The audit monitors whether the patient has had an appropriate preventative assessment and treatment.

**National Database of Nursing Quality Indicators® (NDNQI®)** As part of our journey to Magnet® accreditation we are providing monthly information to a national database and nursing surveys for examining relationships between nursing and patient outcomes, which will deliver evidence to support the importance of nurse sensitive measures in the overall patient experience strategy. The areas reported on are:

Wards	Falls	0
	Catheter infections	0
	Central Line infections	0
Chemo	Falls	0
OPD	Falls	0
DCU	Falls	0

Information Governance is to be strengthened by the General Data Protection Regulation (GDPR) being introduced in May 2018 which will unify data protection for individuals within the European Union (EU), whilst addressing the export of personal data outside the EU. The Holly Private Hospital is working with an external company to ensure that we are fully compliant by May 2018. A set of multidisciplinary structures, policies, procedures, processes and controls are being implemented to manage information, supporting our immediate and future regulatory, legal, risk, environmental and operational requirements.

During 2018, The Holly Private Hospital intends to take the following actions to further improve the quality of its healthcare services in the coming year:

- Continue to monitor all issues relating to Infection Prevention and Control
- Maintain Patient-Led Assessment of the Clinical Environment (PLACE) inspections
- Continue to embed and act upon actions identified from the Sit and See™ audits (an observational assessment tool of measuring interactions of patience and compassion)
- Having successfully achieved AfPP accreditation for all of our Theatre departments in 2018, we will continue our 'Beyond Compliance' commitment by peer review, utilising the AfPP audit standards across all Aspen sites during 2018 to maintain our accreditation
- Continue to ensure all staff mandatory training is up to date and valid
- Undertake local audits that will improve current processes and improve patient safety and experience.



## 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 The Holly Private Hospital's income in 2017-2018 was conditional on achieving quality improvement and innovation goals (CQUINs) agreed between The Holly and any organisation they entered into a contract, agreement or arrangement with for the provision of NHS services. Through locally agreed key performance indicators these were reviewed at monthly Quality meetings attended by members of the quality team from Clinical Commissioning Groups (CCG) and the clinical team at The Holly. All indicators were monitored and successfully achieved.

## Statement from the Care Quality Commission

The Holly Private Hospital is required to maintain registration with the Care Quality Commission (CQC), the national regulator. The Holly is registered in respect of the following regulated activities:

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

The Care Quality Commission has not taken any enforcement action against The Holly Private Hospital during 2017-2018, and The Holly has not had to participate in any special reviews or investigations by the CQC during the period covered in this report.

The Holly Private Hospital was last inspected by the CQC in January 2017 and was rated as 'Good' overall with 'Outstanding' in the 'Well-led' domain.

## Statements on Data Quality

The Holly Private Hospital continually reviews how to improve data quality as we recognise that good quality information underpins the effective delivery of patient care and is essential if improvements in safety and quality of care are to be delivered. Our Information Governance policies guide and support our standards of record keeping to ensure accuracy, completeness and validity of those records which are monitored on an ongoing basis to continually improve data quality.

We endeavour to ensure that all areas of our services are underpinned by data metrics to ensure continual monitoring of the quality of our services. This continual feedback is critical to ensure we are always achieving the highest levels of service quality and always striving for improvements.

We are continually working to improve our data quality by constantly looking for improved data samples and reviewing the data to ensure it is accurate. An example of this is our Howard Warwick patient satisfaction feedback scores, whereby our current response rate is 21% and we would like to increase this to 30% to improve the representativeness of the feedback received.

### Information Governance Toolkit attainment levels:

The Information Governance Toolkit is a performance assessment tool, produced by the Department of Health, and is a set of standards that organisations providing NHS care must complete and submit annually by 31st March each

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

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

### Secondary Uses System (SUS)

The Holly Private Hospital submitted records during April 2017 - 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

99.9% for outpatient care.

### Clinical Coding Error Rate

The Holly Private Hospital was not subject to the Payment by Results clinical coding audit during 2017-2018 by the Audit Commission.



	Safe	Effective	Caring	Responsive	Well led	Overall
Medical care (including older people's care)	Good	Requires improvement	Good	Good	Good	Good
Surgery	Good	Good	Good	Good	Outstanding	Good
Services for children & young people	Good	Good	Good	Good	Outstanding	Good
Outpatients	Good	Not rated	Good	Good	Outstanding	Good

After our inspection we noted any areas that could be further improved upon and put an action plan in place with specified timescales to attain these actions which have all been achieved. We are proud

of our rating of an 'outstanding' for Well-led as this supports our aspiration to accomplish an overall future rating of 'outstanding'.



The Holly Private Hospital celebrates receiving the Macmillan Quality Environment Mark (MQEM) Award in June 2017.

## 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 within 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.

The Holly Private Hospital considers that the data is as described in this section as it is collated on a continuous basis and does not rely on retrospective analysis.

We continue to work with the Private Healthcare 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 readmissions, for both hospitals and individual Consultants, to help patients make informed choices. We have submitted non-identifiable data to PHIN to demonstrate the quality of our services and identify opportunities for improvement. See: [www.phin.org.uk](http://www.phin.org.uk).

The Holly Private Hospital also subscribes to NHS Choices, allowing patients (private or NHS), to make further informed choices regarding their care.

When any data anomalies arise, each one is reviewed to identify learning opportunities and any actions to be taken to reduce the risk of it reoccurring.

### 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	0.002%	Serious Incidents	1	0.0008%
Serious Incidents resulting in harm or death	0	0%	Serious Incidents resulting in harm or death	0	0%
Never Events	2	0.002%	Never Events	0	0%
<b>Total</b>	<b>2</b>	<b>0.002%</b>	<b>Total</b>	<b>1</b>	<b>0.0008%</b>

The key learning from the above serious incident involved reviewing the safety measures and checks in some areas of clinical practice. We reviewed current clinical procedures to ensure the most up-to-date equipment and practice is being followed by all our staff. Regular audits have been carried out

to ensure compliance is achieved and that this has been embedded. All learning from the incident has been shared with staff and our Consultants, leading to raised awareness and improved standards of patient safety.

### 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 greater or lower than would be expected. This data is not currently routinely collected in the independent sector; however The Holly Private Hospital does monitor and collect data and would report on any deaths at monthly Quality Governance meetings.

#### 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'.

During April 2017 to March 2018, one of The Holly Private Hospital's patients died; this death was expected (end of life). The number of deaths which occurred in each quarter of the reporting period was:

0 in the first quarter;  
1 in the second quarter;  
0 in the third quarter; and  
0 in the fourth quarter.

By 31 March 2018, zero case record reviews and zero investigations have been carried out in relation to the death included above. The death was expected (end of life); therefore a case record review and an investigation were not applicable.

No patient deaths (representing 100%) during the reporting period were judged to be more likely than not to have been due to problems in the care provided to the patient.

#### 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.

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)	96.2% (National NHS Comparator 88.8%)	89% (National NHS Comparator N/A)
Knee replacement surgery: (% of respondents who recorded an increase in their EQ 5D index score following operation)	75.0% (National NHS Comparator 80.9%)	64% (National NHS Comparator N/A)
Groin hernias:	44% (National NHS Comparator 50.3%)	52% (National NHS Comparator N/A)

**“Very professional and friendly staff who take the time to explain every step and answer all our questions.”**

*(Parent) Paediatric Inpatient Feedback Survey April-June 2017*



## Other Mandatory Indicators

All performance indicators are monitored on a monthly basis at key meetings and then reviewed quarterly by both local and corporate level Quality Governance Committees. Any significant anomaly is carefully investigated and any changes that are

required are actioned within identified timeframes. 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 0 - 15 years readmitted within 28 days of discharge	CQC performance indicator Clinical audit report	N/A	0	
Number of people aged 16 years and over readmitted within 28 days of discharge	CQC performance indicator Clinical audit report	9	11	Each incident will be reported and reviewed by a senior clinical staff member, identifying and implementing appropriate actions to prevent any reoccurrence.
Number of admissions risk assessed for VTE	CQUIN data	100%	100%	Continue to monitor records regularly and to maintain 100% compliance.
Number of Clostridium difficile infections reported	From national Public Health England/ Scotland returns	0	0	Maintain the IPC Programme and awareness of staff through ongoing training and audit.
Number of patient safety incidents which resulted in severe harm or death	From hospital incident reports (Datix)	0	0	Continue to monitor Datix for any trends and keep staff aware through regular training and following safety processes.
Responsiveness to personal needs of patients	Patient satisfaction survey data – for overall level of care	98.8% (excellent/very good)	98.8%	To continue to monitor.
Friends and Family Test - patients	Patient satisfaction survey – rated extremely likely/likely	99.4%	98.5%	To continue to monitor and treat all patients how we would like our own family to be treated and strive for excellence.
Friends and Family Test - staff	Staff satisfaction survey	Biannual report due Autumn	86%	Continue to monitor and utilise new staff engagement initiatives to further improve staff satisfaction.

## Infection Prevention and Control

Infection prevention and control (IPC) is a key element of our focus on improving patient safety and avoiding harm. There are a number of ways in which we measure and monitor our performance in relation to infection, including encouraging incident reporting for all Meticillin Resistant Staphylococcus Aureus (MRSA) bacteraemia and clusters of Clostridium difficile associated diarrhoea. This process includes:

- assessment of reported incidents
- robust investigation of serious incidents
- specific audits and reviews, such as hand hygiene, environmental, sharps boxes and cannulation.

We ensure lessons are learned from audit reviews and improvements in practice are systematically introduced.

Both Clostridium difficile and MRSA bacteraemia have been a national priority for many years, with every hospital acquired case reported to Public Health England as part of a national surveillance programme. We continue to work towards

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

There are monthly Link IPC nurse meetings, which are also quarterly as the IPC Committee meetings. The outcomes of these meetings feed into the monthly 'STEP-up' meetings and, in turn, the quarterly (and now monthly) Governance meetings attended by the Director of Nursing and Clinical Services.

There have been



healthcare associated infections at The Holly 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

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

We use information and themes gleaned from complaints received to make changes and improvements to our services, and complaint themes shape our priorities for improvement in 2018-2019.

During the last year, our Patient Relations Manager has continued to provide a confidential advice and local resolution service. She ensures that individual concerns - whether from patients, relatives or their representative - are addressed promptly and

effectively and the appropriate actions are taken to resolve those concerns and improve services for the future.

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



## Key Learning from Complaints and Improvements

Although there was a small volume of complaints (less than last year), one of the areas identified for improvement focused on our Consultants. Three areas within this were:

- Patient engagement/attitude
- Engagement post-surgery
- Clinical outcomes.

In order to encourage our Consultants to ensure they always provide exceptional healthcare to our patients we have implemented a number of initiatives that include meetings with SMT members and heads of department to ensure good communication is maintained. We have learned that by improving lines of communication and dealing with issues in a timely manner this helps reduce the number of formal complaints. Any learning from complaints is discussed at monthly HODs and MAC meetings to keep all staff informed and encourage high standards.

## Audits Undertaken as a Result of Complaints

The following audits were undertaken as a result of the complaints received:

- We hold a daily Communications meeting for all Heads of Department. Managers' report on a

range of key performance indicators, and clinical teams also have a 'Safety Cross' which they use to audit and monitor a range of issues including, but not limited to:

- Consultant clinic starting or running late in Outpatients
- Consultant changing the order of Theatre list
- Late starts in Theatres (Patient/Consultant/ anaesthetist or equipment issues)
- Cancelled operations
- Resuscitation trolleys being checked
- Labelling errors on blood samples (Pathology) - Late bookings
- PACS records signed and dated.

The above are audited for the month and reviewed, with actions put in place if the cross is red on a few days. The actions are then reviewed and audits carried out again to ensure improvement.

- Patient Expectation audit - pilot calls for 3 months to identify issues in communication prior to admission. Outputs from these calls then goes to the weekly Planning meeting.

Notably there has been a significant downturn in the number of complaints at The Holly Private Hospital in 2017 from 82 to 73.

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

Patient survey feedback is closely evaluated at The Holly Private Hospital to ensure that the best possible standard of care is delivered to our service users. In 2017, patients were asked to complete a survey which specifically looked at staff compliance with hand hygiene and adherence to 'bare below the elbows' policy.

It is well documented that good hand hygiene is the single most effective measure health care professionals can undertake to minimise the risk of transmission of HCAs. Whilst The Holly already undertakes regular hand hygiene audits in each department (with good compliance), the implementation of a patient survey is a valuable way of providing assurance of these audits.

Over a three month period (quarter four), patients were asked to complete a survey which was comprised of three questions relating to hand hygiene compliance before and after providing care. As demonstrated in the table below, The Holly achieved excellent feedback from patients with 100% compliance in hand hygiene prior to giving care, and just under 100% for hand hygiene after care and for compliance with 'bare below the elbow's policy. Although not included in the data below, patients were also given the opportunity to provide any additional comments that they felt to be of relevance; all feedback was extremely positive and complimentary in terms of care received. This audit will be undertaken again in 2018.

### 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.

	Yes	No	Don't Know
Did Nurses and other clinical staff always wash their hands or use hand rub <b>before</b> they gave you any care?	100%	0%	0.05%
Did Nurses and other clinical staff always wash their hands or use hand rub <b>after</b> they gave you any care?	99%	0.10%	0.05%
Were all staff 'Bare Below the Elbows'?	98%	0.20%	0.03%



The survey was launched in early 2018 and 99% 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 91% 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.

99%

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

91%

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 to mandatory training remains a large focus for the hospital. An annual classroom training plan is in place, training courses are promoted regularly and compliance is reported weekly via meetings and reports distributed to managers to enable them to target those staff members with training about to expire.

### 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.

The Holly Private Hospital completes quarterly Cosmetic audits, in addition to an annual one, to ensure high standards are maintained.

### 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.

The Edmonton Frailty Tool is now inserted into all Pre-assessment packs that are sent to patients to improve completion.

### Supporting Patients in Accessing Advice and Referral to Services to Prevent Ill Health Related to Tobacco and Alcohol

The Holly are supporting patients by assessing them at pre-assessment level with a questionnaire regarding their lifestyle choices, specifically those around smoking and alcohol intake. From these questionnaires we are able to support patients by referring them to the appropriate help groups e.g. to stop smoking or alcoholics anonymous as required.

### 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.

Most of our patients are discussed at MDT meetings in the NHS. As we are a small unit we do not have our own separate meeting. We audit patients to check that there is a valid MDT that is documented in their notes.

## 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.

The Holly has implemented the online patient's survey data collection and has found it invaluable. We will continue to work towards embedding these throughout the year ahead.

### 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 Holly Private Hospital takes pride in providing exceptional healthcare. This was evident by our audit result being 100% for our 48-hour call backs. All calls were made within the expected timeframes, with any concerns being addressed via the correct process and discharge information given to all patients.

## 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.

### 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.

At The Holly Private Hospital we have developed and implemented Aspen's Dementia Strategy and worked to raise staff awareness to ensure they have an improved perception and understanding of dementia, to enhance the care they provide. This has included the introduction of Dementia Champions, staff training, awareness information leaflets, dementia resource folders, overview at staff induction, and the implementation of a Dementia Care pathway. We also registered with the Alzheimer's Society's Dementia Friends programme and asked as many of our staff as possible to learn a little bit about what it's like to live with dementia and turn that understanding into making a difference to people living with the condition by watching a range of videos, such as 'Barbara's Story' which is shown to all new staff on induction.

At The Holly Private Hospital we have a Dementia Lead and 5 Dementia Advocates who ensure the correct processes and care is available for patients with dementia, and also train staff. We began by holding 'Dementia coffee mornings' where we taught/spoke about the different forms of dementia and signs/symptoms, etc. and then started holding sessions for staff to watch the videos from the Alzheimer's Society.

On the ward we have two resource folders; one that holds dementia information and another with the information we have from the Alzheimer's Society.

## External Perspective on Quality Of Services

### What others say about our services:

The Holly Private Hospital invited North East London Clinical Commissioning Group and West Essex Clinical Commissioning Group to supply any comments they wished to see added to our Quality Account.

### Statement from West Essex Clinical Commissioning Group

West Essex Clinical Commissioning Group is responsible for commissioning a range of elective surgical procedures from The Holly Private Hospital run by Aspen Healthcare for the citizens of west Essex.

As a private hospital, The Holly is required to publish a Quality Account because they care for NHS patients under an NHS contract. Last year NHS patients accounted 45% of all patients cared for at The Holly.

In 2017-2018 The Holly had eleven quality priorities, details of how these have been implemented has been provided, however the information on these achievements is limited and would benefit from further detail to demonstrate explicitly what has been achieved and how they have helped patients.

All these priorities appear to have been fully met as the priorities for 2018-2019 are different.

It would be useful for the Quality Account to include how The Holly's priorities for 2018-2019 will be assessed as successful.

Not all current data was available in the draft report, so could not be commented on. Some data was locally derived, which is helpful, because the national benchmarking data available does not always include private hospitals. However a comparison with other hospitals in the Aspen group would have been useful to add perspective to The Holly's achievements.

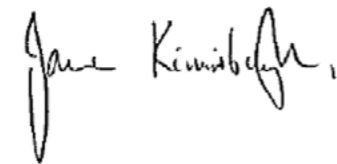
The list of activities in the Quality Account which are part of the statement on quality would benefit from clearer explanation, to ensure this information is accessible to all readers. We would be grateful if The Holly Private Hospital would consider the use

of the Crystal Mark of the Plain English campaign for future accounts.

We confirm that we have reviewed the information contained within the Account and checked this against data sources where these are available, however we cannot confirm the validity of some data as it is locally derived.

We have reviewed the content of the Account; it complies, on the whole, with the prescribed information as set out in legislation and by the Department of Health.

The required information related to what The Holly has changed as a result of audits is incomplete, as is how they have reviewed and implemented national audit reports published in year as they relate to their service. We expect that this will be corrected in the final version.



**Jane Kinniburgh**  
Director of Nursing and Quality  
West Essex Clinical Commissioning Group.  
June 2018

[The Holly Private Hospital has noted the comments made above and these will be addressed at future Quality Review Meetings.]

Prior to publication, no comments had been received from North East London Clinical Commissioning Group.



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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