



# The Holly Private Hospital

## Quality Account

April 2015 – March 2016





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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, many of which are in joint partnership with our Consultants.

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

- **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 17 theatres, in 2015 alone Aspen has delivered care to:

- Over 42,000 patients who were admitted into our facilities
- Nearly 36,000 patients who required surgery
- More than 350,000 patients who attended our outpatient and diagnostic departments

We have delivered this care always with Aspen Healthcare's mission statement

underpinning the delivery of all our care and services:

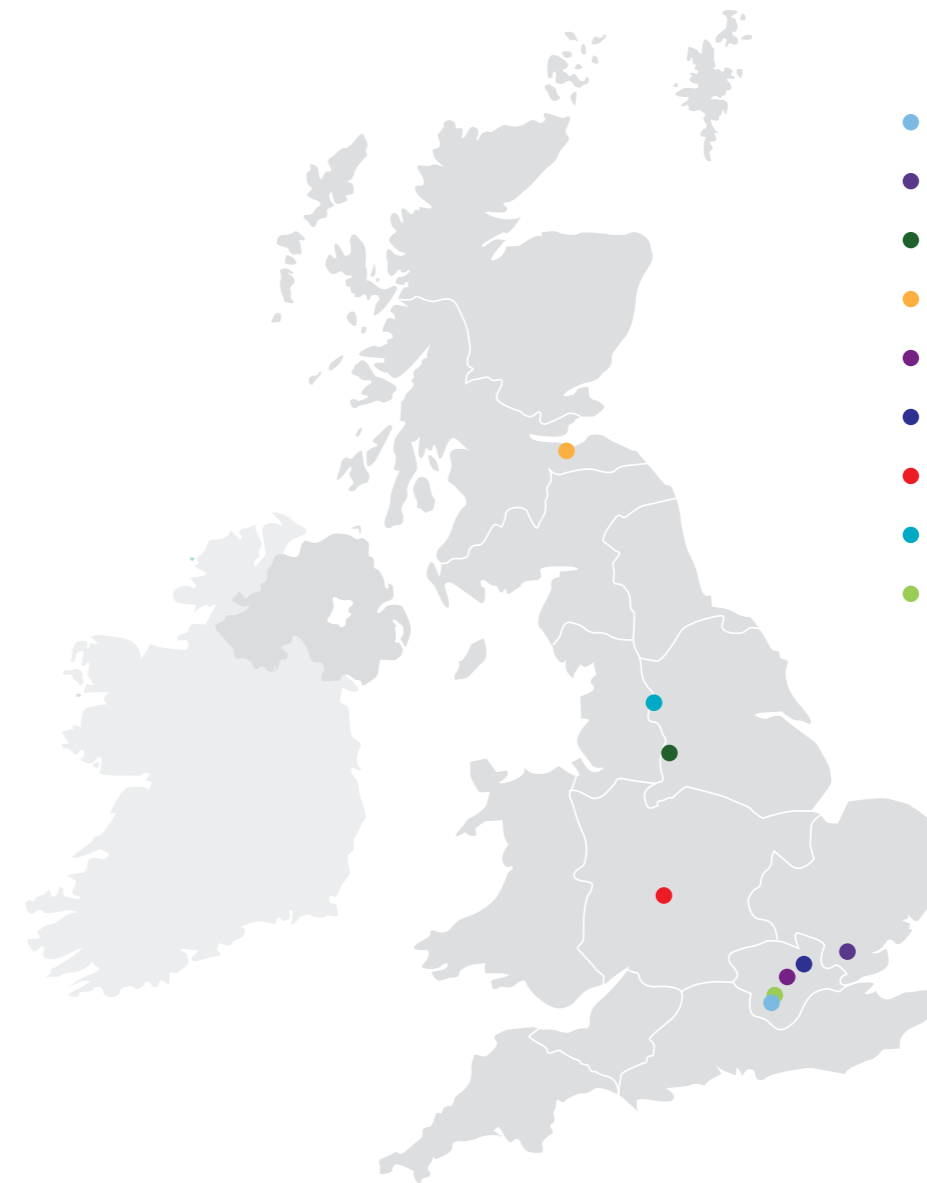
Our aim is to provide first-class independent healthcare for the local community in a safe, comfortable and welcoming environment; one in which we would be happy to treat our own families.

Aspen is now one of the main providers of independent hospital services in the UK and through a variety of local contracts we provided nearly 20,000 NHS patient episodes of care last year. 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 and we are pleased to report that in 2015 our patient satisfaction ratings continued to be high with 99% of our inpatients rating their overall quality of their care as 'excellent', 'very good' or 'good', and 97% responding that they were 'extremely likely' or 'likely' to recommend the Aspen hospital visited.

Across Aspen we strive to go 'beyond compliance' in meeting required national standards and excel in all that we endeavour to do. Although every year we are happy to look back and reflect on what we have achieved, more importantly we look forward and set our quality goals even higher to constantly improve upon how we deliver our care and services.

## Aspen Healthcare Hospitals and Clinics locations:



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





## Statement on Quality from the Chief Executive Aspen Healthcare

On behalf of Aspen Healthcare I am pleased to provide this Quality Account for The Holly Private Hospital - this is our annual report to the public and other stakeholders and focuses on the quality of services we have provided over the last year (April 2015 to March 2016). It also importantly looks forward and sets out our plan of quality improvements for the following year.

Aspen Healthcare is committed to excelling in the provision of the highest quality healthcare services and in working in partnership with the NHS to ensure that the services delivered result in safe, effective and personalised care for all patients. Each year we review a set of quality priorities that we agreed we would focus on in the previous year's Quality Account. Our quality priorities form part of our quality framework which centres on nine drivers of quality and safety, helping ensure that quality is incorporated into every one of our hospitals/clinics and that safety, quality and excellence remains the focus of all we do whilst delivering the highest standards of patient care. This is underpinned by our Quality Strategy, centering on the three dimensions of quality: patient safety, clinical effectiveness and patient experience.

Over the past year there has been a change in the way healthcare organisations are externally monitored with the Care Quality Commission (CQC), England's health and social care regulator, introducing a new comprehensive inspection regime aimed at raising standards. We will continue

to work closely with the CQC to ensure we continue to strive for excellence and continual improvement in the services we provide.

This Quality Account presents our achievements in terms of clinical excellence, effectiveness, safety and patient experience, and demonstrates that our managers, clinicians and staff at The Holly Private Hospital are all committed to providing continuous, evidence based, quality care to those people we treat. It provides a balanced view of what we are good at and where additional improvements can be made. In addition our quality priorities for the coming year, 2016/17, have been agreed with the Aspen Senior Management Teams and will be outlined within this report.

The experience that patients have in all our hospital/clinics is of the utmost importance to Aspen and we are committed to establishing an organisational culture that puts the patient at the centre of everything we do. We are committed to monitoring all aspects of the patients' journey within The Holly Private Hospital, providing our staff with the results of our patient feedback questionnaires so that they can drive improvement for the department they work in and for Aspen. I would like to thank all the staff who continue to show commitment to the continuous improvements we have made to our patients care and experience.

The majority of information provided in this report is for all the patients we have cared for in 2015/16 – NHS and private.

Des Shiels  
Chief Executive, Aspen Healthcare



## Introduction to the Quality Account for The Holly Private Hospital 2015-2016

Located on the borders of London, Essex and Hertfordshire, in the midst of Epping Forest, The Holly Private Hospital was established 35 years ago, and is one of the South East'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, diagnostic imaging, screening, physiotherapy, GP services, pharmacy, fertility, weight-loss, cosmetic surgery, pathology and sterile services for patients, the local

community and other healthcare organisations.

We work with over 300 of the most experienced consultants and other specialists locally, many of whom also have substantive posts within the NHS.

From 1st April 2015 to 31st March 2016, over 94,000 patients were treated at The Holly Private Hospital.

In the year 2015-2016, The Holly Private Hospital 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 specialities:

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

### Vital Statistics

The Holly Private Hospital provides the following:



Total Beds	50	Pharmacy	✓
Day Care Facility	8 pods	Private GP/Cosmetic Services	✓
Day Case Rooms	8	3T MRI	✓
Total Theatres	5	CT	✓
Consulting Rooms	22	Ultrasound	✓
Treatment Rooms	3	Shock Wave Therapy	✓
Fully Equipped Maxillary/Facial Room	✓	Dexa Scan	✓
Chemotherapy Suite	✓	Digital Mammography	✓
Pharmacy	✓	X Ray	✓
Pathology	✓	Onsite Decontamination/Sterile Services Department	✓
Physiotherapy	✓		

- Cosmetic Surgery
- One stop symptomatic breast care clinics
- Gait analysis. We were the first hospital in England to invest in this service
- Micro dose mammography (combined breast screen and osteoporosis screen)
- BUPA Approved for; Breast Chemotherapy Unit, Breast Diagnosis Unit, Breast Surgery Unit, Ophthalmic Unit, MRI Network, Recognised Imaging Units

- The Holly Private Hospital participates in the NHS e-Referral Service, allowing patients the choice of their health care provider
- Worldhost® Business Status in customer service training
- Association of Perioperative Practice (AfPP) accreditation
- Free on-site parking
- Resident Medical Officer onsite 24 hours a day, 7 days a week.

# Statement on Quality

This is our Fourth Quality Account and it shows just how well we are doing in raising the bar in safety, quality and the patient experience in our hospital as well as attaining our objective at not just meeting any targets but aiming to exceed these.

Over the last year we can proudly report:

- On infection prevention and control there were no incidences MRSA, MSSA or C Difficile infections reported at the hospital
- We listened more intently to our patients voice, reviewing all feedback closely with our teams. We also introduced a new patient forum which meets quarterly with the Hospital Director and his management team to discuss issues of safety and quality and the patient experience
- Launched a new cancer service alongside our Chemotherapy suite
- Launched a new Day Care Unit to improve the patient visit and experience
- Aimed to recruit the right clinical team to remove the need to rely on temporary workers, significantly reducing the use of any agency staff
- Introduced the sit&see™, to observe the patient care environment and help demonstrate how we measure compassion
- We achieved an overall satisfaction rate from our patients of 97%.

In the coming year we will continue to focus on quality by:

- Introducing a Patient Safety Pledge to the wards
- Embedding the Patient Safety WalkABOUTs around the hospital, building on the work during the year, to demonstrate senior management commitment to putting safety at the heart of all we do
- Introduce the '15 Steps Challenge'. This is a series of NHS toolkits which have been co-produced with patients and service users, to help look at care in a variety of settings through the eyes of patients and service users to help capture what good quality care looks, sounds and feels like. It can also help organisations to understand and identify the key components of high quality care that are important to patients, services users and carers from their first contact with a care setting.

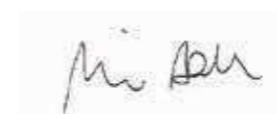
I am proud of our team at The Holly and they deliver an excellent service to all our patients. In the coming year we will continue to work together to further drive our standards upwards.

## 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. Phil Bates**  
Hospital Director,  
The Holly Private Hospital  
Date: 23rd March 2016

This report has been reviewed and approved by:

**Mr. S Jayaraj MBBS FRCS (ENG) FRCS (ORL-HNS)**, Medical Advisory Committee Chair

**Mr. S Jayaraj MBBS FRCS (ENG) FRCS (ORL-HNS)**, Quality Governance Committee Chair–

**Des Shiels**, CEO, Aspen Healthcare

**Judi Ingram**, Clinical Director and Chief Nurse, Aspen Healthcare

# Quality Priorities for 2016-17

National Quality Account guidelines require us to identify at least three priorities for improvement. Aspen's quality strategy outlines how we will progress a number of quality and safety initiatives for the forthcoming years and the following information provided focuses on our main priorities. These have been determined by our senior management team and are 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 reviewed at our Aspen Quality Governance Committee which meets quarterly to monitor, manage and improve the processes designed to ensure safe and effective service delivery. Regular reporting on these priorities will also be provided to the Group Quality Governance Committee, to Aspen's Executive Team and Board of Directors, and also the commissioners of NHS services.

The Holly Private Hospital is committed to delivering services that are safe, of a high quality, and 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:

- **Patient Safety**  
This is about improving and increasing the safety of our care and services provided
- **Clinical Effectiveness**  
This is about improving the outcome of any assessment, treatment and care our patients receive to optimise patients health and well-being
- **Patient Experience**  
This is about aspiring to ensure we exceed the expectations of all our patients.

## The key quality priorities identified for 2016 - 17 are as follows:

### Patient Safety

**STEP- up to a Culture of Safety Programme**  
All our Aspen hospital and clinics wish to be recognised as having an outstanding standard of patient safety. As part of that ambition, we are starting a new programme in 2016 – directed at all our staff and consultants – which will invite us all to 'STEP-up to a culture of safety'.

This will involve all our staff undergoing a training session in 'human factors' which encompass all those factors which impact on our staffs performance, such as environmental, organisational and job factors, as well as individual characteristics that can influence people and their behaviour at work. The amount of training will be dependent on job role but our aim is that by working together we can come closer to our goal of eliminating all avoidable harm.

### Using our Patients' Experience to Improve Safety

Our patients' experience is essential to understanding the impact of harm and how we would work together to improve safety. We plan to use various mechanisms, including a survey for patients. The survey will explore the perceptions of safety from a patient perspective, as we want to further

understand how our patients actually feel about their treatment and if on occasions patients have felt unsafe and the reasons for this. With an improved understanding of our patients' perceptions of safety we can use this to inform changes we need to make and support co-production of changes to service delivery.

### Clinical Effectiveness

#### Develop an Audit Tool to Review Cardiac Arrests/Calls

Although we have very low numbers of cardiac arrests in our hospitals and clinics we wish to ensure that we utilise every opportunity to review and analyse all in-hospital cardiac arrests and cardiac arrest calls, so that we can use this information to inform and improve practice and policy. This new audit tool will assist us in collecting this data, and permit us to identify and promote improvements in the prevention, care delivery and outcomes from cardiac arrest.

#### Review and Improve Patients Fluid and Hydration Pathway

The provision of optimum fluid intake is fundamental to good health. We aim to review our policies and procedures to ensure that these support, and reflect best practice guidance. This will include reviewing the assessment of the hydration status of our patients, intravenous (IV) fluid therapy practice, and the fasting of our patients prior to surgical procedures. We will ensure that there are robust processes in place to record all fluid intake and output for patients who require this, by developing our fluid recording charts and by providing staff training. We will audit the outcome of the changes we make via our integrated audit programme.

"This hospital is great, the staff are caring, friendly, helpful and polite. I am so glad I had my surgery here, I felt like I was in safe hands."

Mrs AM

## Patient Experience

### Implement a Dementia Awareness Strategy

With an aging population, the number of people in the UK living with, or at risk of, dementia is continuing to rise. We will implement a dementia awareness strategy across all our hospitals and clinics to foster staff awareness, and an improved perception of dementia to help enhance the quality, safety and experience of our care to patients and families/carers that are affected by dementia. This will include a series of improvement projects, training for our staff, implementation of a dementia care pathway and developing ways in which we can assure those suffering from dementia, and their family/carers, that we provide dementia appropriate care.

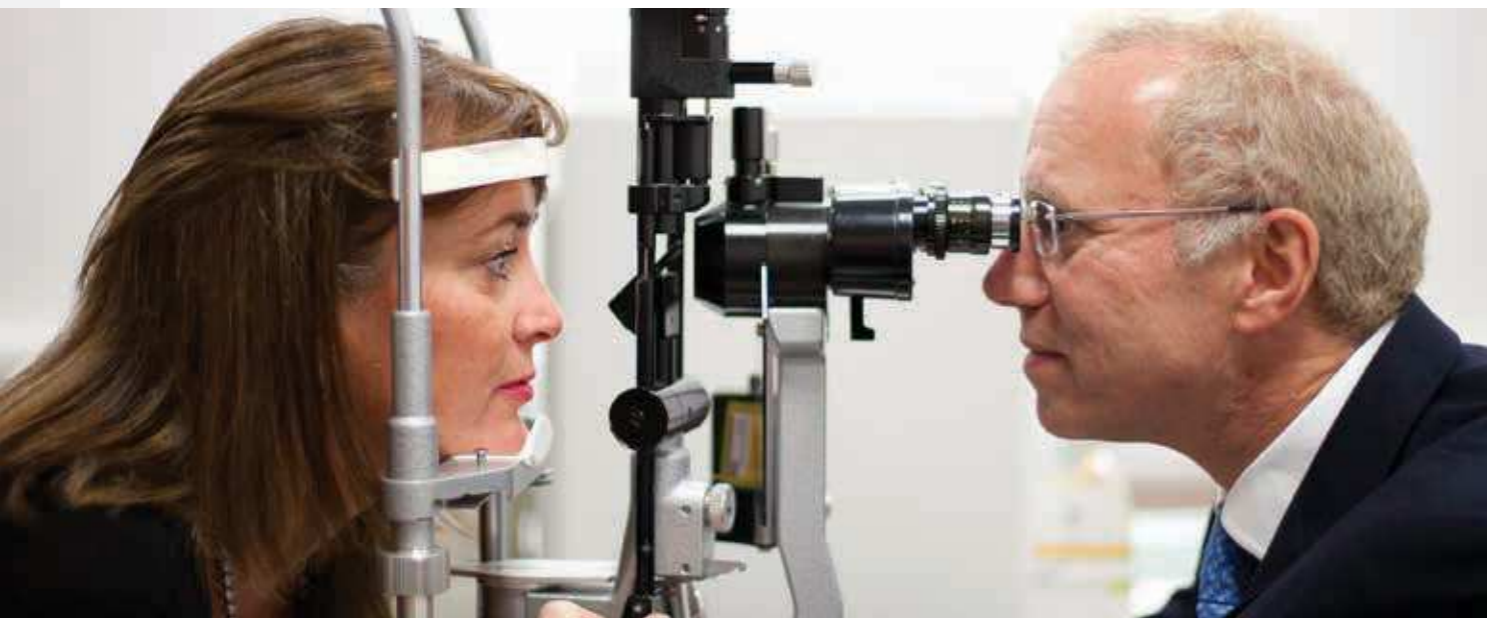
### Develop Ways to Improve Meaningful Patient Involvement and Engagement

Patients are at the centre of the services we provide, and we wish to explore how we can improve their involvement and have meaningful engagement with our patients. To achieve this we will implement a broad range of initiatives to encourage patient involvement. These will include reviewing

how we can make it easier for our patients to feedback on their experience, improving patient information, including them in patient forums with our staff and inviting them to participate in the design, planning and delivery of any new services.

While targeting the areas above, we will also continue to:

- 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 2016/17 Commissioning for Quality and Innovation (CQUIN) initiatives so they become 'business as usual', and work to implement any locally agreed CQUIN's with our commissioners
- Meet and exceed the Quality Schedule of our NHS Contracts.



# Statements of Assurance

This section of the Quality Account provides mandatory information for inclusion in a Quality Account, as determined by Department of Health regulations, and reviews our performance over the last year, 1st April 2015 to 31st March 2016.

## Review of NHS Services Provided 2015-2016

From April 2015 to end of March 2016, The Holly Private Hospital provided the following NHS services through the NHS ERS and in partnership with our NHS commissioners:

- |                                     |                                  |
|-------------------------------------|----------------------------------|
| ✓ Trauma and Orthopaedics           | ✓ Anaesthetics (pain management) |
| ✓ ENT                               | ✓ General Surgery                |
| ✓ Gynaecology                       | ✓ Urology                        |
| ✓ Oral and Maxilla – Facial Surgery | ✓ Paediatrics                    |

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 2015/16 represents 100% of the total income generated from the provision of NHS services by The Holly Private Hospital for 1st April 2015 to 31st March 2016.

## Participation in Clinical Audit

### National Audit

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.

The national clinical audits and registries that The Holly was eligible to participate in during 2015-2016 were:

- National Joint Registry
- National Patient Related Outcome Measures (PROMS) programme
- National Comparative Audit Enquiry into Patient Outcome and Death (NCEPOD) – Sepsis Audit
- NCEPOD - Mental Health in General Hospitals.

“The Gold Standard of all aspects of treatment were achieved with appreciation.”

Mr PD



Audit	2014-2015	2015 – 2016
National Joint Registry	284	333
PROMS	205	335
NCEPOD Sepsis Audit	N/A No cases to submit	N/A (study about systems and processes to identify and manage sepsis)
NCEPOD Care of Patients with Mental Health Problems in Acute General Hospital	N/A No cases to submit	N/A (this was an organisational questionnaire)

### Local Audits

During 2015, Aspen Healthcare continued its annual Group clinical audit programme which identified key topics and frequency of audit assessment and new audits were added throughout the year. In addition, each department had individual audit programmes for the year.

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

- Surgical Safety Checklist: - this checklist was developed by the World Health Organisation and includes a three stage process performed in the operating theatre - Sign In, Time Out and Sign Out. The checklist endorses best practice relating to the patients' safety in theatre. The Patient Safety Champion within the theatre department has worked closely with the theatre team, including surgeons and anaesthetists, to achieve 100% compliance. This is audited monthly to ensure compliance is embedded in practice, and by the end of the period of this Quality Account 100% compliance had been achieved and maintained.
- National Early Warning System (NEWS): - NEWS is a system used to identify any deterioration in a patient's condition, by scoring several elements of observation parameters, e.g. routine clinical observations, fluid balance, pain and level of consciousness. The escalation process is set nationally, and is used to monitor and

alert all relevant team members, allowing for appropriate investigations and escalation of treatment to be delivered. This systematic approach enables appropriate care to be promptly identified and stepped up to ensure the correct acuity level of care is given.

- Safeguarding: - Safeguarding is a commitment to prevent and reduce the risk of significant harm to vulnerable adults and children and is an integral part of care and support in a hospital environment. This audit monitors compliance of staff training to ensure they have the awareness and understanding about their responsibilities towards safeguarding, and how to identify and report abuse or safeguarding concerns. The audit confirms that reporting systems are in place and staff members (clinical and non-clinical) in all departments are fully aware of these. Safeguarding is a standard item on agendas for all departmental meetings, and regular meetings are held with the Safeguarding Leads in the local community.

Other non-clinical audits were undertaken to assess the effectiveness of patient pathways and identify any areas for improvement to our services. These included a Privacy and Dignity audit which looked at the provision of service whilst maintaining a patient's dignity, e.g. use of an interpreter or chaperone if needed; or the opportunity to speak to a member of staff in a private room. The feedback from this audit was extremely positive, with patients feeling they have been

respected and treated as individuals, and given choices as appropriate.

During 2016, The Holly Private Hospital intends to take the following actions to further improve the quality of healthcare service provided in the coming year:

- Continue to monitor all issues relating to Infection Prevention and Control
- Maintain Patient Led Assessments of the Clinical Environment (PLACE) inspections
- Continue to embed and act upon actions identified from the sit&see™ audits (an observational assessment tool for measuring our interactions with patients and compassion)

- Monitor and maintain our AfPP accreditation. Having successfully achieved AfPP accreditation for all of our theatre departments in 2015, we will continue our 'Beyond Compliance' commitment by peer reviewing the AfPP audit standards across all Aspen sites during 2016, even though the accreditation remains valid for two years
- Continue to ensure all staff mandatory training is up to date and valid
- Introduce a Ward Safety Pledge. This will form part of our commitment to ensure patient safety remains the core of everyday care.

### 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 2015-2016 was conditional on achieving quality improvement and innovations 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 the Clinical Commissioning Groups (CCG) and the clinical team at The Holly. All indicators were monitored and successfully achieved.

### Statements from the Care Quality Commission

 All standards were met when the service was inspected

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 CQC has not taken any enforcement action against The Holly Private Hospital during 2015-2016, 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 June 2013 and was found to be fully compliant with the standards inspected.

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## Statements on Data Quality

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The Holly Private Hospital recognises that good quality information underpins the effective delivery of patient care and is essential if improvements in safety and quality of care are 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 on-going basis to continually improve data quality.

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

### Secondary Uses System (SUS)

The Holly Private Hospital submitted records during 2015-2016 to SUS for inclusion in the Hospital Episode Statistics. These are included in the latest published data.

### Clinical Coding Error Rate

The Holly was not subject to the Payment by Results clinical coding audit during 2015/2016 by the Audit Commission.

confidentiality and security of personal information is managed safely and effectively.

The overall score for Aspen Healthcare for 2015-2016 was 75%, meeting national level 2 requirements.

The Holly Private Hospital employs a dedicated and professionally accredited Clinical Coder, and an Administration Manager to meet the requirements of the NHS contract and we have provided enhanced training for staff on data quality. We have also introduced a new integrated system to track 'Referral to Treatment' timeframes to prevent any avoidable breaches. We undertake regular reviews of data reports in order to correct omissions and/or errors in core patient data that is submitted to the Secondary Uses Service.

- 100% of all patients had valid NHS numbers and a valid General Medical Practice Code.

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“The whole experience was first class. I could not fault the hospital in any way.”

Mrs GM

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## Quality Indicators

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In 2013, the Department of Health advised that amendments had been made to the National Health Service (Quality Account) 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 on improving the consistency and standard of quality indicators reported at The Holly Private Hospital. We continue to work with the Private Healthcare Information Network (PHIN), an independent information organisation with a mandate to ensure that by 2017 patients using independent healthcare facilities will be 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 voluntarily commenced submitting non-identifiable data to PHIN to demonstrate the quality of our services and identify opportunities for improvement. Our data quality compliance with PHIN is 99.8%.

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.

### 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 report data on any deaths at quality governance meetings.

### Percentage of Hospital Employed Staff That Would Recommend Hospital to Family and Friends

This indicator was included in our staff patient safety survey which was carried out in the autumn of 2015. The average number of staff who would recommend our hospital

to family and friends is 82%, which has improved greatly since the last survey (69% in 2013).

### Percentage of Patients Who Would Recommend Hospital to Family and Friends

This indicator is included in our patient satisfaction survey. The average percentage

of patients who would recommend our hospital to family and friends was 97%.

No MRSA, MSSA or C Difficile infections reported

### Patient Reported Outcome Measures (PROMs)

Patient Reported Outcome Measures (PROMs) assess general health improvement from the patient perspective. These currently cover four clinical procedures and calculate the health gains after surgical treatment using pre- and post-operative surveys. The data in this section is based upon the last two available reporting periods as the complete data for 2015-2016 is not yet available (due to data collection time lag).

We extended the coverage of PROMs to our private patients in 2015 (previously just NHS patients were surveyed) to extend our information about patient outcomes. The Holly Private Hospital is pleased to report that we performed above the national average for hip replacements.

PROMs Indicator	2014-2015	2015-2016**
Hip Replacement: (%of respondents who recorded an increase in their EQ-5D index score following surgery)	88.5% (87.9% nationally)	90.9% (89.6% nationally)
Knee Replacement: (%of respondents who recorded an increase in their EQ-5D index score following surgery)	80.8% (80.4% nationally)	75.8% (81.0% nationally)
Groin Hernias	No data available as numbers too small	No data available as numbers too small
Cataract (private patients only)	No data available as numbers too small	No data available as numbers too small

\*\*Due to national reporting of data, there is a time lag for complete sets of data. Due to this, data is incomplete therefore this may differ from the rest of the report.

“All in all my stay was without worry, I would recommend this hospital highly.”

Mrs. JL

### Patient Safety Incidents

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

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

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

Recognising and reporting any incident (or near miss) is the first step to learning and all our staff are encouraged to report

these. Incidents are classified by degree of harm (or potential to harm). We undertake robust investigations of all serious incidents (using a human factors and systems-based approach), and also investigate those incidents that have resulted in low or no harm if they had the potential for harm. These investigations are undertaken in an open and transparent approach with our patients. We take our responsibility to be honest with our patients (duty of candour) very seriously and are committed to acknowledging, apologising and explaining when things do go wrong.

The outcome of each serious incident investigation is reviewed at both local and Aspen Group Quality Governance Committees, as well as (as appropriate) our NHS commissioners & the Care Quality Commission (CQC), ensuring learning is identified and shared, and that any required recommendations from the investigations are completed. Learning from incidents is also shared with staff at departmental meetings.

### Number of Patient Safety Incidents including Never Events

Source: From Aspen's incident reporting system

2014 - 2015		% of patient contacts	2015 - 2016		% of patient contacts
Serious Incidents	2	0.001%	Serious Incidents	2	0.002%
Serious Incidents resulting in harm or death	0	0%	Serious Incidents resulting in harm or death	0	0%
Never Events	1	0.001%	Never Events	2	0.002%
<b>Total</b>	<b>2***</b>	<b>0.001%</b>	<b>Total</b>	<b>2***</b>	<b>0.002%</b>

\*\*\*NB: All Never Events are recorded as serious incidents so there is duplication as reported above

The main learning from the above serious incidents involved reviewing the safety measures and checks in place in the theatre department to try to reduce the likelihood of such incidents reoccurring. Detailed root cause analysis investigations were undertaken for both incidents. Gaps were identified in some of the documentation and new care plan documentation has now been implemented. Safety checks are captured in the 'Team Brief' which takes place prior to a patient being brought to theatre, and this requires the involvement of all theatre personnel including the consultant surgeon.

Regular audits have been carried out to ensure compliance is achieved and that this has been embedded in practice. Additional checks on the integrity of metalwork used in surgery are to be introduced with a new standard operating procedure to support this. This documentation will be audited on a monthly basis within the department to ensure ongoing compliance.

All learning from the two incidents has been shared with staff, and our Consultants, leading to a raised awareness and improved standards of patient safety measures.



### Other Mandatory Quality 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 timeframes.

Indicator	Source	2014 - 2015	2015 - 2016	Actions to be taken to ensure improvement
Number of people 15 years and over readmitted within 28 days of discharge	Care Quality Commission performance indicator quarterly returns	5	7	Each incident will be reported and reviewed by a senior clinical member of staff, identifying and implementing appropriate actions to prevent any reoccurrence of events.
Responsiveness to personal needs of patients	Patient Satisfaction survey data – for overall level of care and service	97% (excellent or very good)	97% (excellent or very good)	Continue to ensure WorldHost© customer care training is mandatory for all new staff. Implement the 15 Steps Challenge. Review patient feedback, identifying weaknesses and implementing action plans as appropriate.
Number of admissions risk assessed for VTE	CQUIN data	100%	100%	Continue to monitor records regularly. To maintain 100% compliance
Number of Clostridium difficile infections reported	From Public Health England returns	0	0	Maintain the Infection Prevention and Control programme and awareness of staff through training and audit.

“From my very first appointment i have been made to feel valued and have been treated as a ‘person’ not just another patient number.”

HWA patient feedback survey, February 2016

# Review of Quality Performance 2015/2016 (last year)

This section reviews our progress with Aspen Healthcare's key quality priorities as identified in last year's Quality Account (2014/15).

## Patient Safety

### Safety Leadership Walkabouts

Leadership walkabouts have been demonstrated to have a significant impact on safety culture and are a way of ensuring that senior management teams are informed first hand of any safety concerns by their own frontline staff.

#### Progress:

An Aspen toolkit and guide was developed to support the implementation of safety leadership walkabouts. The Safety Walkabouts have been undertaken by members of the Senior Management team at regular intervals and all areas of the hospital are included. This ensures visible leadership, giving all members of staff the opportunity to raise any issues or concerns in an informal setting. All concerns are noted, reviewed and acted upon if appropriate. An example of action taken is that the Resident Medical Officer now remains on the ward at night to ensure they are accessible immediately if required.

### Patient Safety Newsletter

These newsletters aimed to provide a vehicle to share best practice and learning across our hospital, further improving our clinical safety and promoting a culture of safety and continuous learning.

#### Progress:

This priority was fully achieved with three editions published in 2015/16. They included topical issues, reinforced safety messages to our staff, and importantly shared the learning from serious incidents that had occurred across the Aspen group. Positive feedback was received from staff and these will continue to be published 3-4 times a year.

These newsletters are sent to all staff members via e-mail, and are displayed in all areas for reference. Any relevant issues are also discussed at all departmental meetings with any necessary reviews or actions undertaken.

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“From Start To Finish You Are Treated With Respect.”

HWA patient feedback survey, February 2016

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### Datix Risk Register Rollout

An effective risk management framework requires the identification of risks, their prioritisation and actions required to reduce the likelihood of recurrence. The implementation of the Datix risk register module aimed to support the recording and monitoring of these more effectively.

**Progress:**

This system module was rolled out to all Aspen hospitals and clinics and now enables us to robustly record and track any risks at The Holly, and the principal business objectives they threaten. Although this module still requires some embedding into practice great progress has been made with an improved oversight of identified risks now available.

Every Head of Department completes a risk assessment for identified risks in their department and these are collated on the hospital Risk Register. This register is a standard agenda item at all local Health and Safety meetings, Heads of Department meetings, Quality Governance meetings and Departmental meetings.

The risk register is also reviewed at the Aspen Group Quality Governance and Quality Board meetings with the aim to now

further develop this into an effective Board Assurance Framework.

### Implement a VTE Root Cause Analysis Toolkit

Venous thromboembolism (VTE), deep vein thrombosis or pulmonary embolism, is a recognised complication in patients admitted into hospital. A root cause analysis (RCA) approach will help to ensure an understanding of any factors that led to an incidence of pulmonary embolism/deep vein thrombosis.

**Progress:**

An Aspen VTE root cause analysis toolkit was developed and launched last year and now supports a systematic and evidence based approach to undertaking investigations of all confirmed cases of VTE.

There were two episodes of VTE (DVT/pulmonary embolism) last year at The Holly and the toolkit was used to guide the investigation. The toolkit encouraged the staff investigating the incident to look at all aspects of the patient's admission to identify contributory factors. It assisted in identifying lessons learned from the incident which were formulated into an action plan to prevent recurrence.

## Clinical Effectiveness

### Ward and Departmental Datix Dashboards Rollout

The aim of this quality priority was to provide staff with near time meaningful information on reported clinical indicators to help inform their daily decisions on the quality of patient care.

**Progress:**

Ward and department based Datix dashboards of measures have been developed and these are now available to provide information on the effectiveness of care and key quality metrics.

### Core Clinical Training Programme

Our clinical staff need to be supported to develop and maintain their skills to provide the best possible care to our patients.

**Progress:**

We developed and implemented a new core training programme comprising of key modules and seminars to support our frontline clinical staff in developing

and building upon their clinical skills and knowledge. This included competency based foundation training in critical care, clinical skills updates, training in the professional context of care delivery, and a clinical leadership four day programme. These were evaluated extremely well and the programme will continue in 2016/17.

### PROMs to Private Patients

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. The NHS PROMS programme is well established and in 2015-2016 we planned to roll out PROMS to all our patients (NHS and private) for certain surgical procedures to complement our existing information on the quality of services and patient outcomes.

**Progress:**

PROMS to private patients were successfully extended to include private patients for cataract, knee replacement, hip replacement and groin hernia surgical procedures. Data

for the improvement scores post-surgery in PROMS for hips and knee replacements are included in this Quality Account (at this time, only hip and knee data is available for publication).

The Holly Private Hospital is striving to improve the return of completed PROMS forms for both pre and post-operative procedures to obtain accurate and representative data. The procedures covered by PROMS are total hip and knee replacements (including revisions), hernia repairs, varicose veins and cataract operations (private patients only). The Holly Private Hospital now collects this data internally, in collaboration with an external company.



97% of our patients would recommend our hospital to family and friends

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## Patient Experience

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### Embedding our Values – Improving our Patients Experience

After developing our Aspen values [Beyond Compliance; Personalised Attention; Investing in Excellence, Partnership and Teamwork; Always with Integrity] with our staff, we planned in 2015/16 to further embed these into our hospital culture in order to distinguish ourselves from other healthcare organisations.

#### Progress:

We have now successfully launched 'Our Values Workshops' that aim to engage, inform and train our staff how they should deliver care, always demonstrating positive behaviours and attitudes that truly reflect our values. In 2015 we successfully recruited 25 Values Partners from across the business, representing each facility and then as a collaboration developed a one day bespoke workshop centred around living our values on an everyday basis. Our target is for all staff regardless of their level or role in the organisation to attend this workshop, and our commitment is to achieve 85% attendance in 2016 across Aspen Healthcare and we are confident to achieve this.

To date, at The Holly Private Hospital, 49% of our staff members have attended the Values Workshops, indicating that our target of 85% attendance is very much achievable. Monthly workshops have been scheduled throughout 2016.

### Implement Practice Observational Tools

To further assure ourselves that our patients were receiving an excellent experience of care in our hospital and to understand what good quality care looks, and feels like from a patient's perspective we proposed to introduce tools to support us in observing clinical practice so that we could capture those elements of care that make such a difference to our patients.

#### Progress:

Using the sit&see™ and/or the Fifteen Step Challenge tools all Aspen facilities undertook regular sessions observing the care environment, and interactions with our patients. These have shown excellent examples of care delivery and also permitted us to make recommendations on where to improve certain aspects of care based on these observational findings. Staff (including our non-clinical staff) were trained in use of the observational tools and these have really provided further insight from the patients' perspective providing important feedback into the difference staff interactions and environmental factors can make to patient care, compassion, dignity and respect.

Eight sit&see™ observations were undertaken within various departments throughout the hospital, led by the Patient Relations Manager. The findings from these were fed back to the departments at team meetings, and action plans put in place and reviewed as necessary.

### Increase Friends and Family Test Response Rates

The national Friends and Family Test (FFT) is a measurement of feedback of our patient experience, and asks if people would recommend the services they have used to their friends and family if they needed similar care or treatment. It can be used alongside other data to continuously improve the services we offer, reinforce exemplary standards of care, and improve care where improvement is needed. We worked to improve our response rates to try and ensure this really was a representative reflection of our patient's experience.

#### Progress:

We worked to encourage our patients to complete our surveys encouraging

participation and the message of how important their feedback was in assisting us to continually improve our services. We aimed for at least 15% of eligible patients to respond. At the end of 2015 our response rates had increased, (compared to the end of 2014) with nearly 25% of our inpatients responding. This feedback is now evaluated ensuring that the feedback obtained is representative and, we have added an additional free-text box seeking the reason for patients giving the response they have to the FFT question. This enables us to act in confidence on the results in making positive changes that improve our patients' experience.

The Holly's Patient Relations Manager has led a dedicated effort to increase the number of patient questionnaires completed and returned. The data is reviewed monthly to ensure that response rates are maintained at a high level, with processes continuously reviewed to identify any potential for improvement. For 2015 - 2016 there were 3,231 responses from 9,793 inpatients giving The Holly 33% response rate.

As a result of the excellent work undertaken by the Holly's Patient Relations team they were successful in winning the CEO's Award at the 2015 Aspen Quality Symposium.

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"Holly is a great place to have an operation. I have felt very safe and taken care of by everyone. I was treated very well by all staff and the facilities are fantastic too."

HWA patient feedback survey, February 2016

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## External Perspective on Quality of Service

### What others say about our services.

The Holly Private Hospital requested North East London and West Essex Clinical Commissioning Groups 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 Hospital run by Aspen Health Care for the citizens of west Essex.

As a private hospital The Holly is required to publish a Quality Account because they take care of NHS patients under an NHS contract.

The Holly had ten priorities for last year, all ten priorities were achieved. Further detail on how achieving these priorities have made a difference to patients and staff would be helpful.

We fully support the hospital with their priorities for the year ahead, particularly the Step-Up programme involving human factors training for staff. It is clear what the aims are for each priority and how these will be monitored.

Not all current data was available in the draft report, or was whole numbers rather than percentages so could not be commented on. Some data was locally derived as the benchmarking data available does not always include private hospitals.

We would be grateful if the Hospital would include in the report the governance arrangements for producing the quality account, so it is clear to patients and families how this complex document is created.

We would also appreciate if the Hospital would consider the use of the Crystal mark standard for plain English in future reports.

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. Some of the data that is required to include a comparison of the Hospital results to the highest and lowest scores of other organisations has not been included.

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 Hospital has changed as a result of audits is incomplete as is how they have reviewed and implemented national audit reports. This is likely to be corrected in the final version."

Jane Kinniburgh  
Director of Nursing and Quality  
West Essex Clinical Commissioning Group.  
18.05.2016

The Holly Private Hospital welcomes the feedback from the West Essex Clinical Commissioning Group and will work with our clinical commissioning colleagues to respond to the points raised.





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 website:

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