



Holly House Private Hospital Quality Account for 2013-14



 **HOLLY HOUSE**
PRIVATE HOSPITAL


WORLDHOST™
RECOGNITION FOR EXCELLENT
CUSTOMER SERVICE

 **Aspen**
Healthcare



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Welcome to Aspen Healthcare

Holly House Private Hospital is part of the Aspen Healthcare Group.

Aspen Healthcare Ltd was established in 1998 and is a UK-based private healthcare provider with extensive knowledge of the healthcare market. The company'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, a cancer centre, and three day-surgery hospitals in the UK. Aspen Healthcare's current facilities are:

- **Cancer Centre London**
Wimbledon, SW London
- **The Chelmsford**
Chelmsford, Essex
- **The Claremont Hospital**, Sheffield
- **The Edinburgh Clinic**, Edinburgh
- **Highgate Private Hospital**
Highgate, N London
- **Holly House Hospital**
Buckhurst Hill, NE London/Essex
- **Midland Eye**, Solihull
- **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 eight facilities, comprising over 250 beds and 17 theatres, in 2013 alone Aspen has delivered care to:

- Almost **36,000** patients who were admitted into our facilities
- More than **26,000** patients who required day case surgery
- More than **10,000** patients who required inpatient care

- More than **215,000** patients who attended for outpatient care.

Aspen is now one of the main providers of independent hospital services in the UK, and through a variety of contracts provided over 11,000 NHS in-patient/day case episodes of care and 44,000 outpatient consultations 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.

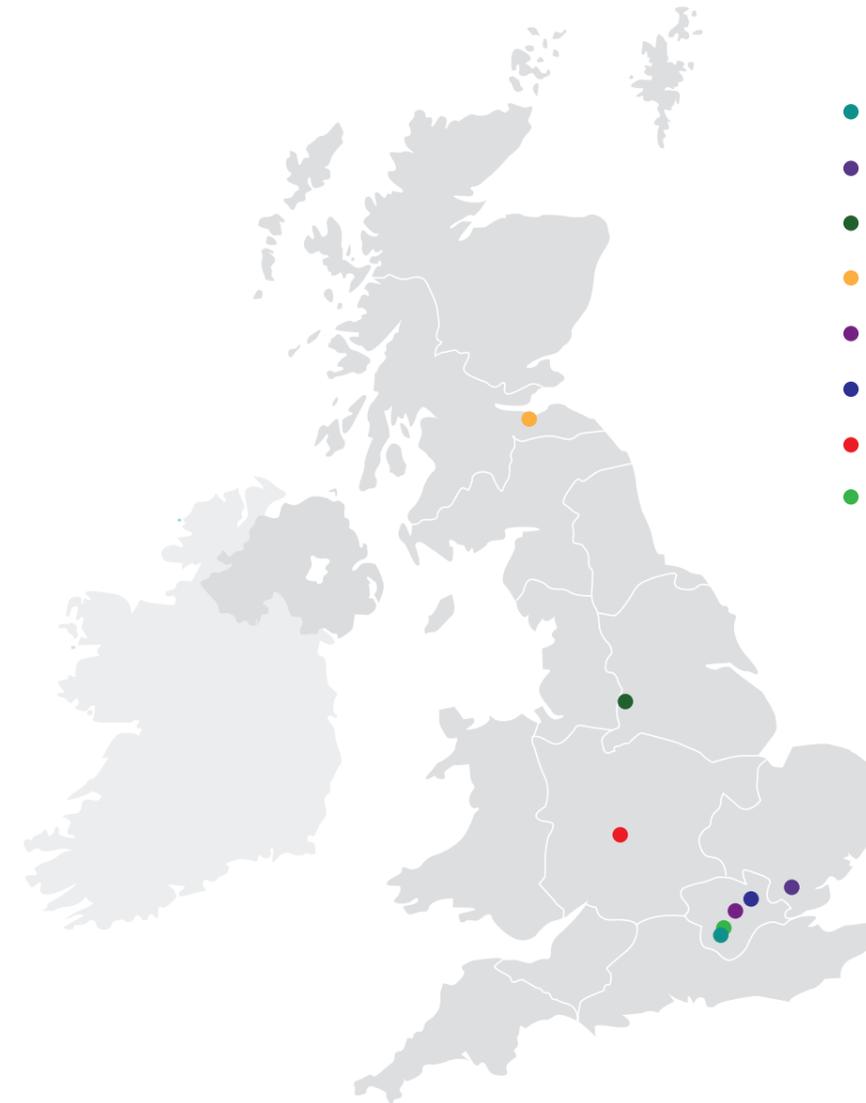
It is our aim to serve the local community and excel in the provision of quality acute private healthcare services in the UK. We are pleased to report that in 2013 four out of five of our patients in our hospitals that provide inpatient services rated the overall quality of their care as "excellent," with 98% "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.

We have delivered this care always with Aspen Healthcare's mission statement underpinning the delivery of all of 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 Healthcare Hospitals and Clinics locations:



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



National Awards During 2013-14

During 2013 Aspen Healthcare was pleased to receive national recognition for their innovative and quality focussed care and services.

2013 Laing & Buisson Independent Healthcare Awards

Category Winners

Healthcare Outcomes – “demonstrating evidence of genuine improvements in outcomes through the provision of high quality coordinated programmes of patient care, education, research and advocacy”:

- Holly House Hospital for the development of their stress management programme, “The Calm Choice”, improving outcomes for patients suffering neck and shoulder pains, jaw pain, and low back pain.

Medical Practice – “recognising outstanding examples of medical practice which has positively impacted on patient treatment and care”:

- The Cancer Centre, London for the development of a new rehabilitation pathway for neuro-oncology patients which reflects a holistic and multi-disciplinary approach to support patients during their radiotherapy treatment for brain tumours.

Pride of Britain Awards 2013

Lifetime Achievement Award - “recognising an individual whose achievements have been far-reaching, possibly on a national or international level”:

Two doctors at the Cancer Centre, London, Professor Trevor Powles and Professor Ray

Category Finalists

Nursing Practice – “recognising outstanding nursing practice and its effect on patient experience”:

- The Claremont Hospital for the development of innovative out-reach pre-admission assessment clinics. Experienced Sisters and Charge Nurses from the Claremont pre-admission assessment team take their service to a local hospital to carry out pre-admission assessment checks and discuss co-morbidities saving patients travelling long distances on repeated occasions in preparation for their forthcoming hospital admission.

Management Excellence – “recognising a manager or executive and their high expertise in their field in making the most effective contribution towards the success of a team, unit, or company in the last 12 months”:

- The Group Clinical Director for the development of a bespoke model which rigorously aligns all elements of governance and clearly demonstrates Aspen’s commitment to excellence and quality.

Powles received this highly prestigious award for their work in cancer and research. Their work has saved thousands of lives in Britain and around the world.

Statement on Quality from the Chief Executive Aspen Healthcare

We are pleased to provide this Quality Account for Holly House Hospital. This is our annual report to the public and other stakeholders about the quality of services we have provided over the last year. This report aims to provide an overview on what we have achieved over the previous year and also, importantly, to look forward and set out our plan of quality improvements for the next 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. This is evidenced by our high quality performance over the past year and by ensuring that we continuously make improvements to the services we provide to our patients. The new quality framework we introduced last year, centred on nine drivers of quality and safety, is now well embedded across our business and helps us 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 Quality Account presents our achievements in terms of clinical excellence, effectiveness, safety and patient experience and demonstrates that our managers, clinicians and staff at Holly House 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 what we need to improve on.

The experience that patients have in all our hospital/clinics is of the utmost importance and we are committed to establishing an organisational culture that puts the patient at the centre of everything we do. We aim to keep developing our initiatives around quality and safety to ensure we are able to bring benefits to our patients and the care they receive.

The majority of information provided in this report is for all the patients we have cared for in 2013/14 – NHS and private.



Des Shiels
Chief Executive, Aspen Healthcare



Introduction to the Quality Account for Holly House Hospital 2013-2014

Located on the borders of London, Essex and Hertfordshire, in the midst of Epping Forest, Holly House 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.

Holly House 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 200 of the most experienced consultants and other specialists locally, many of whom also have substantive posts within the NHS.

From 1st April 2013 to 31st March 2014; 74,240 patients were seen as out patients, 5,398 patients were day case patients and 2,049 were in-patients.

In the year 2013-2014, Holly House provided NHS services for the following specialities:

- ✓ Orthopaedics
- ✓ Urology
- ✓ ENT
- ✓ General Surgery
- ✓ Gynaecology
- ✓ Pain Management
- ✓ Oral/Maxillo-facial surgery

Vital Stats



Total beds	55
Day-case beds	10
Critical care beds	3
Total theatres	5
Consulting rooms	22
Chemotherapy	✓
Pathology	✓
Physiotherapy	✓
Pharmacy	✓

Private GP services	✓
3T MRI	✓
CT	✓
Ultrasound	✓
Shock Wave Therapy	✓
Dexa Scans	✓
Digital Mammography	✓
X Ray	✓
Onsite Decontamination/ Sterile Services Department	✓

- Cosmetic Surgery (Specialist nurse onsite)
- 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)
- Calm Choice Programme (winner of Laing Buisson Independent Healthcare Award 2013)
- Resident Medical Officer onsite 24 hours a day, 7 days a week
- BUPA Approved for; Breast Chemotherapy Unit, Breast Diagnosis Unit, Breast Surgery Unit, Ophthalmic Unit, MRI Network, Recognised Imaging Units
- Holly House has a High Dependency Unit (HDU) supporting more complex surgery to be undertaken at Holly House.
- Holly House participates in the NHS Choose and Book scheme, allowing patients the choice of their health care provider.
- We also have free on-site parking.

Statement on Quality

Our team at Holly House are committed to offering a warm and friendly welcome to each and every patient, putting them at the centre of all we do. We are proud to present our second Quality Account, and hope it helps demonstrate continued commitment to quality and safety. A commitment evidenced by our high quality performance and aspiration to continually improve the patient experience.

As Hospital Director, I am passionate about ensuring high quality care is at the centre of our practice and how we operate our hospital. In the last year we became the first hospital in the UK to have trained our team in the principles of Worldhost®, a customer care package that reinforces these beliefs and values.

Our hospital staff are fully trained to maintain the highest standards in all they do. We focus our team on maintaining patient safety through to cleanliness and to minimise risks through infection. With a robust Infection Prevention and Control policy in place and being adhered to, Holly House has a very low level of hospital acquired infections with no MRSA, MSSA or C Difficile infections at Holly House in 2013/2014.

We have a well-established Integrated Governance structure in place, with a Quality Governance Committee meeting monthly to ensure that clinical excellence is managed and directed effectively at all times.

Underpinning that, we undertake a comprehensive Audit programme throughout the year. This allows us to demonstrate that we deliver high quality care with good clinical outcomes, all of which must meet or exceed the expectations of our patients.

Independent assessment of our service standards are acknowledged through the Care Quality Commission's (CQC) inspections, last undertaken in July 2013, which support the hospital's excellent reputation. Other inspections have accredited our excellent work in Pharmacy, Decontamination and our onsite Pathology service.

We enjoy very close ties with our Consultant partners to ensure the best quality healthcare is consistently being delivered.

We have invested over £22million in delivering a new hospital over the last twelve months. That investment has given us:

- ✓ 3 new digital theatres
- ✓ 3 HDU beds
- ✓ Pharmacy
- ✓ Refurbished Diagnostic Centre
- ✓ Conference and Training Room
- ✓ 6 recovery beds
- ✓ Pathology Department
- ✓ 3T MRI scanner
- ✓ Physiotherapy and Sports Injury Clinic with 6 treatment rooms and Gym
- ✓ A brand new front of house and welcome to all our patients

With the dedication of all of our staff, we are able to achieve high levels of patient satisfaction. Our team rightly take a pride in what they do in delivering an excellent service to all our patients.

Phil Bates
Hospital Director

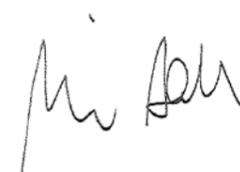
Accountability Statement

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.

Dated: 07 May 2014



Mr. Phil Bates - Hospital Director

This report has been reviewed and approved by:

Mr. T Philp, MA, MChir, FRCS - (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, Aspen Healthcare)

Quality Priorities For 2014-15

The Department of Health's Quality Account guidelines require us to identify three priorities for improvement. We have a number of quality and safety initiatives planned for the forthcoming year, and the following information focuses on the key priorities that have been determined by our Senior Management Team. These have been informed by feedback from both our patients and staff, audit results, national guidance and recommendations from various hospital teams across Aspen Healthcare.

We will monitor our quality governance and the identified priorities via our Quality meetings which are held monthly to monitor, manage and improve the processes designed to ensure safe and effective service delivery. Regular reporting on these priorities will be provided to the Aspen Group Quality Governance Committee, Aspens Executive team and Board of Directors, and also the commissioners of NHS services.

Holly House is committed to delivering services that are safe, of a high quality, and clinically effective and we constantly strive to improve our clinical standards and safety. 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 2014-15 are as follows:

Patient Safety

Focus on further embedding a positive Patient Safety Culture

A positive safety culture underpins the improvement of patient safety. How our staff perceive the importance of safety and have confidence in our safety systems and processes is vital to this. We will build upon last year's assessment of our safety culture and work with our staff to actively promote a positive culture and undertake a further more detailed survey in autumn 2014 to assess our progress.

Patient Safety Leadership Training

To support our staff in consistently providing high quality and safe care to our patients, we will further develop their understanding in how this is integral to their everyday roles

and start to roll out bespoke Patient Safety Leadership training. Having staff that are empowered to lead on patient safety will make a tangible difference to improving patient safety at the frontline of care delivery.

Review of Nurse Staffing Levels

Having the right number of staff with the right skills, in the right place, every time, will help ensure that appropriate numbers of skilled staff are available to care for our patients safely. We will undertake daily dependency scoring, objectively assess this, and determine how many nursing staff and what skills are required. This will include consideration of the typical dependency of our patients and the amount of time each requires.

Clinical Effectiveness

Patient-led Assessments of the Care Environment

We will register in 2014/15 to take part in the national programme of patient-led assessments of the care environment (PLACE). A clean, safe and therapeutic environment of care matters to our patients. These assessments involve local people coming into hospital as part of teams to assess how the environment supports a patient's privacy and dignity, food, cleanliness and general building maintenance. PLACE assessments will provide motivation for improvement by providing a clear message, directly from patients, about how our environment or services might be enhanced.

Care Planning Documentation

High standards of patient documentation supports communication and decision making about our patients care and is vital to ensure the continuity, safety, and effectiveness of patient care. A review will be undertaken of the quantity, quality and style of patient care plan documentation and any revisions required will be made to ensure improvements in the quality of our clinical records.

Pre-operative Assessment

Our pre-assessment team helps to ensure that our patients are fit and prepared for surgery and, where appropriate, are assessed in advance of their admission to reduce the chance of their operation being cancelled for safety or clinical reasons. In 2014/15 work will be undertaken to review our assessment and documentation processes and develop a revised care pathway that meets best practice and further supports the provision of effective patient care.

Patient Experience

Intentional Nurse Rounding

We will implement a model of intentional nurse rounding which will involve our staff carrying out regular and systematic checks on our patients at set intervals. This will improve our patient's experience of care, build their trust further, and help ensure that care is safe and reliable. Evidence has shown that it offers patients greater comfort and helps ease anxieties thus improving their experience of our care. These rounds will be in addition to our routine care delivery, complementing our existing procedures, and will enhance our quality assurance framework for care.

Review of Patient Information

Our patients need to be properly informed so that they can share in decisions about their care and treatment. We will undertake a review of the information we provide to our patients and ensure that this is accurate, impartial, evidence based and well written. This will help to ensure our patients have accurate expectations of any procedure, have an improved understanding of their diagnosis and treatment options, and support improved after-care compliance helping to improve patient satisfaction.

Staff Satisfaction

Our levels of staff satisfaction are very important to us, as satisfied, well trained and competent staff will help to ensure patient safety and a good experience of care. A staff satisfaction survey is currently undertaken every two years, and is benchmarked against the other Aspen UK hospitals and clinics. We believe that 'satisfied staff means satisfied patients' and we will hold regular staff forums to address areas for improvements identified in the last survey.

While targeting the above areas, 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 2014/15 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

Relating to the quality of NHS services provided

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, April 2013 to March 2014.

Review of NHS Services Provided 2013-14

From April 2013 to end of March 2014, Holly House provided the following NHS services:

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

Holly House has reviewed all the required data available to them on the quality of care in all of the above NHS services.

“Overwhelmed by the excellent care given. Keep it up and thank you.”

Mrs.H

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.

During 2013-2014, Holly House participated in the National Confidential Enquiry into Patient Outcome and Death (NCEPOD) covering Cardiac Arrest Procedures. There were no cases to submit, as there were no cardiac arrests at Holly House in this time frame.

The national clinical audits that Holly House was eligible to participate in during 2013-2014 were:

- National Joint registry
- National PROMS programme
- National Comparative Audit of Blood Transfusion.

Due to the low numbers of units of blood transfused at Holly House, our data fell below the national percentage for reporting. All staff members involved in the blood transfusion process continue to be assessed for knowledge and competence.

Audit	2012 - 2013	2013 - 2014
National Confidential Enquiry into Patient Outcome and Death (NCEPOD) covering Cardiac Arrests	No cases to submit (no cardiac arrests)	No cases to submit (no cardiac arrests)
National Joint Registry	280	266
PROMS	74	216
National Comparative Audit of Blood Transfusion	N/A	Insufficient Number

Holly House achieved its aim to increase the participation in the PROMS programme and it is our intention to continue to build on this improvement.

A new orthopaedic consultant surgeon has

joined Holly House to lead the enhanced recovery programme for orthopaedic patients. This will mean a shorter hospital stay for the patient, allowing them to maintain their independence in their own home.

Local Audit

During 2013, Aspen Healthcare implemented an annual clinical audit programme which identified the topics and frequency of audit assessment. Also, each department had individual audit programmes for the year.

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

Consent: Following the audit, processes have been implemented to ensure that the Consent Forms are with the patient records on patient admissions, and to ensure that the second stage consent is signed and dated accordingly.

Patient Records: These audits have led to improvements being made in several aspects of documentation. Nursing care plans have been reviewed and updated, fluid balance charts are now using printed patient identifying labels rather than being handwritten and a Medical Records room was set up on the ward ensuring all that patient notes were accessible with all the relevant paperwork.

Controlled Drugs: The audits showed an extremely high level of compliance. Minor issues have been addressed following the audits, e.g. all handwriting is legible, and that signatures are identifiable.

During 2014, Holly House intends to take the following actions to improve our quality of healthcare service provided in the coming year:

- Continue to monitor Antimicrobial prescribing to ensure we meet and follow standards set in the Antimicrobial Policy, which has been written following national guidelines and recommendations
- Implement the revised annual audit programme
- Ensure staff training is up to date and valid in all areas
- Appoint a Quality Governance Lead.

Infection Prevention and Control: As a result of these audits, staff awareness of new initiatives and standards expected has increased, additional clinical sinks and hand wash containers have been installed, rooms have been dedicated for storage of equipment and clinical rooms have been renovated to achieve full compliance.

Surgical Safety Checklist (World Health Organisation): The Theatre Department has appointed an identified Safety Champion who monitors the Surgical Safety Checklists to ensure compliance is met and to keep staff updated with audit results, ensuring that any identified issues are addressed.

Results and compliance of these audits can be seen in the Clinical Effectiveness section of this report (see page 24).

Other non-clinical audits were undertaken to assess patient pathways and identify any weaknesses to overcome to improve the services. These included looking at registration forms and waiting times from arriving at hospital to settling in an in-patient room bedroom.

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 Holly House income in 2013-2014 was conditional on achieving quality improvement and innovations goals agreed between Holly House and any person or body they entered into a contract, agreement or arrangement with for the provision of NHS services, through the Commissioning for Quality and Innovation framework.

Further details of the agreed goals for 2013-2014 and for the following 12 month period are available electronically at:

http://webarchive.nationalarchives.gov.uk/*/http://institute.nhs.uk

Statements from the Care Quality Commission

 All standards were met when the service was inspected

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

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

The CQC has not taken enforcement action against Holly House Hospital during 2013-2014, and Holly House has not had to participate in any special reviews or investigations by the CQC during the period covered in this report.

Holly House was inspected by the CQC in June 2013 and were found to be fully compliant on all standards inspected.

“I’ve been very impressed with the professionalism and friendliness of all the staff, from the housekeeping staff up to the Consultant. A good experience all round. Thank you”

Mr. R

Statements on Data Quality

Holly House recognises that good quality information underpins the effective delivery of patient care and is essential if improvements in quality of care and value for money are to be made. We ensure that our Information Governance policies guide and inform our standards of record keeping, supporting the delivery of care and treatment and that accuracy, completeness and validity of those records 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 confidentiality and security of personal information is managed safely and effectively.

The overall score for Aspen Healthcare for 2013-2014 was 67%, we were graded green, and we achieved level 2 in all categories meeting national requirements.

Holly House Hospital employs a dedicated and professionally accredited Clinical Coder, and an Administration Manager to meet the requirements of the NHS contract. We have

provided enhanced training for staff on data quality. We have introduced a new role to track 'Referral To Treatment' timeframes to prevent any avoidable breaches, collecting data for all patients. 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.

Secondary Uses System (SUS)

Holly House submitted records during 2013-2014 to SUS for inclusion in the Hospital Episode Statistics. These are included in the latest published data. The percentage of records in the published data which included the patients' valid NHS number was

- 100% for all admitted patients
- 100% for all outpatients

The percentage of records which included the patients valid General Medical Practice Code was 100% for all admitted and out patients.

Clinical Coding Error Rate

Holly House Hospital was not subject to the Payment by Results clinical coding audit during 2013-2014 by the Audit Commission.

Quality Indicators

In 2013, the Department of Health advised that amendments had been made to the National Health Service (Quality Account) Regulators 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 Holly House. This has been improved with the launch of the Private Healthcare Information Network (PHIN) in 2013 which has started to collect and publish information about private and independent healthcare, including quality indicators, to help patients make informed choices.

Holly House Hospital is an active member of PHIN and is looking to further develop the information available.

Holly House 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.

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

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.

Percentage of Hospital Employed staff that would Recommend Hospital to Family and Friends

This indicator was added to our staff satisfaction survey for 2013-2014 which was carried out in November. The average number of staff who would recommend our hospital to family and friends is 69%.

Percentage of Patients Who Would Recommend Hospital to Family and Friends

This indicator is included in our patient satisfaction survey. Our average percentage of patients who would recommend our hospital to family and friends is 97.7%

How likely are you to recommend our hospital to friends and family if they need similar care or treatment? (% extremely likely and likely) - **97.7%**

“Having had two hip ops done in four months the care and attention I received has been faultless”

Mrs C

Patient Reported Outcome Measures [PROMs].

Patient Reported Outcome Measures (PROMs) assess general health improvement from the patient perspective. These currently cover three 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 2013-2014 is not yet available (due to data collection time lag).

Holly House is pleased to report that we performed above the national average for both hip and knee replacements.

PROMs Indicator	2011/12	2012/13
Hip Replacement: (% of respondents who recorded an increase in their EQ-5D index score following surgery)	92.9% [86.7% nationally]	88.2% [87.9% nationally]
Knee Replacement: (% of respondents who recorded an increase in their EQ-5D index score following surgery)	88.9% [88% nationally]	83.3% [79.9% nationally]
Groin Hernias	No data available as number of procedures statistically too small	No data available as number of procedures statistically too small
Pre-operative participation rate for hip and knee replacement	Not available	Hip replacement – 58.3% Knee replacement – 83.3%
Post-operative response for hip and knee replacement	92%	74%

Holly House is pleased to report that we performed above the national average for both hip and knee replacements.

“I write to say how good your pathology service is.....Terrific service”
Mr. P (Consultant)

Other Mandatory Quality Indicators

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

Indicator	Source	2012 - 2013	2013 - 2014	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	4	4	Each re-admission will be reported and investigated 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	94.5% (excellent or very good)	78% (excellent or very good)	Continue to make WorldHost training mandatory for all staff. Monitor and evaluate the data collected from patient feedback, identifying any 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.
Number of patient safety incidents which resulted in severe harm or death	From hospital incident reporting system, Datix	0	0	Continue to monitor incidents reported and act accordingly should an incident result in harm

Review of Quality Performance for 2013-14 (previous year)

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

Patient Safety

Safety Culture Assessment

Each hospital and clinic will undertake a safety culture assessment, develop an improvement plan as appropriate, and monitor change over time.

Progress:

A safety culture survey was undertaken in autumn 2013 for the Aspen Healthcare group. Overall the response rate across Aspen Healthcare was 75%, with staff rating safety as excellent, very good or good at 83% across Aspen. Work will continue throughout 2014/15 to promote a positive

safety culture. A working group has been formed to set an agenda and action plan for the coming year.

Key areas reported by Holly House staff were:

- ✓ 91% would feel able to report if they had a concern that could harm staff or patients or were concerned about negligence or wrong doing by staff or consultants.
- ✓ 94% stated they knew how to report any concerns.

NHS National Safety Thermometer

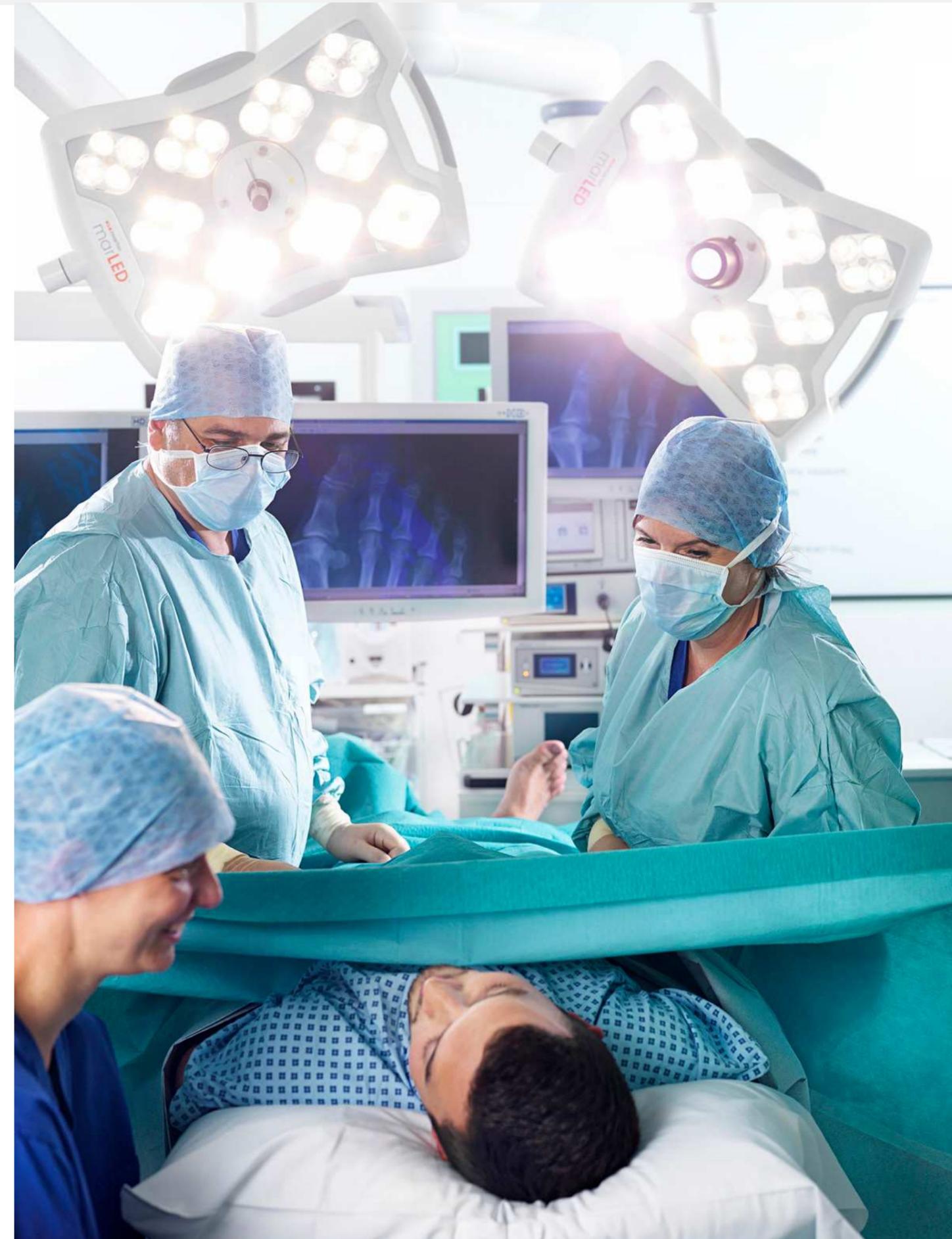
A Safety Thermometer survey (improvement tool for measuring, monitoring and analysing patient harms and 'harm free' care over a period of time) will be completed on a monthly basis for all relevant patients and submitted centrally to the Health and Social Care Information Centre.

Progress:

All Aspen Healthcare Hospitals now complete and submit information to the NHS National Safety Thermometer (NST), which identifies the number of pressure ulcers, patient falls, urinary tract infections in

patients with a catheter, and the new venous thromboembolism (VTE). These four harms are monitored by the Department of Health's Safe Care programme because they are common, and because there is a consensus that they are largely preventable through appropriate patient care. The measurement of these harms at the frontline of care delivery aims to focus attention on patient safety. During 2013-2014, all our hospitals achieved an overall score of 99-100% relating to these indicators. Holly House Hospital risk assesses all patients over 65 years of age that may be at risk of a fall.

Indicator	% COMPLIANCE	
	2012-2013	2013-2014
NST	100%	100%
VTE	100%	100%
Falls	100%	100%



Infection Prevention and Control (IPC)

Infection Prevention and Control continues to maintain a high profile at Holly House Hospital. As shown in the table below, there have been no instances of MRSA or any other bacteraemia.

INFECTION	2012 - 2013	2013 - 2014
MRSA positive blood culture	0	0
MSSA positive blood culture	0	0
E.Coli positive blood culture	1 (identified on admission, not hospital acquired)	0
C.Diff Infection	0	0

These figures are reviewed monthly, and any Infection Prevention and Control issues are raised initially with our IPC Lead Nurse, and taken to the IPC Committee meetings. Environmental Audits are carried out regularly by the IPC Lead Nurse, and an annual programme of audits is maintained.

Link Nurses for each department have been identified, and ensure that locally, their departments are compliant in all facets of IPC, and that all staff are kept informed of any action plans and their implementation.

Infection Prevention and Control (IPC)

In our pursuit of excellence, we provide every patient with a feedback questionnaire. These results are correlated monthly, and any issues addressed immediately. In our patient questionnaires, we ask patients to score our hospital for cleanliness. Robust systems are now in place to ensure we achieve our aim to raise the level of patient satisfaction for cleanliness next year. The response has been as demonstrated in the table below.

INDICATOR	2012 - 2013	2013 - 2014
Cleanliness	% excellent or very good 96%	% excellent or very good 95%

There were no instances of MRSA or any other bacteraemia in 2013-2014

Clinical Effectiveness

Integrated Governance Audit Programme

We will implement a new annual audit programme, focusing on key areas where we wish to assure ourselves that we are maintaining, and excelling, the required standards.

Progress:

This audit programme was fully implemented across Aspen Healthcare in 2013-2014. These audits helped us identify areas for improvement and actions taken in each hospital and clinic to address.

The main audits in the programme included:

- ✓ Patient Falls
- ✓ Venous Thromboembolism
- ✓ Patient Consent
- ✓ Record Keeping
- ✓ Controlled Drugs management
- ✓ Surgical Site Safety Checklist Completion
- ✓ Pathology
- ✓ Diagnostics- standards for reporting MRI scans

The results of the audits can be seen in the table below:

Indicator	Average score of % compliance 2013-2014
Patient Falls	93.2%
Venous Thromboembolism (risk assessment and prophylaxis)	100%
Patient Consent	85.5%
Record Keeping	90.75%
Controlled Drugs Management	93.5%
Surgical Site Safety Checklist	96.5%
Diagnostics	92%
Pathology	98.1%
Physiotherapy	98%

Several actions have been taken to improve compliance in these audits. All patients over sixty five years of age are risk assessed for falls on admission, with the document in their records updated as the patients recovery progresses. The Theatre department has appointed a nominated safety champion, to monitor the surgical safety checklists and feedback compliance and issues to all staff members. A Medical Records room has been introduced on the ward ensuring all records are available and accessible for in-patients and patients due for admission. A working group has been set up to review and update the Wound Management care plans. On induction, all staff (as appropriate) are reminded of the need to complete the signature record for pharmacy. Following discussions with Radiologists, the Diagnostic Manager has reviewed and revised the process for reporting and validating MRI scans.

Theatre Accreditation Programme

We will implement an accreditation programme to our operating theatre environments across the Aspen Group aiming to excel in perioperative practice.

Progress:

This programme commenced last year, and has focused on the accreditation/credentialing of our operating theatres and those of all Aspen Healthcare Hospitals. Assessments against recognised national standards for perioperative practice pertaining to patient safety and outcomes

have been made and this work will continue in 2014/15. We have pledged to benchmark all the 17 theatres with in the Aspen Group against these standards and ensure 100% compliance by the end of 2014. The outcomes of the programme to date is that our staff are fully engaged in the accreditation process, have developed solutions to further improve their practices and patient safety, have pride in achieving external validation, and that the profile of the perioperative environment has been significantly raised.

Patient Experience

Worldhost® Customer Care Training

We will implement an innovative and new customer care training programme, for clinical and non-clinical staff, across all our facilities in 2013/2014. We aim to become an accredited Worldhost® recognised business and showcase our outstanding customer service with the focus being on teamwork and communication.

Progress:

The Worldhost® Customer Care training programme has commenced at all Aspen Healthcare facilities. Holly House has now achieved Worldhost® accreditation status demonstrating our dedication and commitment to providing excellent patient experience.



“Superb staff, food and very clean hospital.”

Mr. A

Inpatient Survey

All our hospitals will refine the inpatient survey tool to obtain improved information on the views and perceptions of our patients on the care they have received and to inform the continued development and improvement of our services.

Progress:

The inpatient survey tool was revised during the year to improve the information we received from our patients on their experience whilst in Holly House. Across

Aspen Healthcare, four out of five of our patients in our hospitals rated their overall quality of their care as excellent. As a group, we were one of the first to implement the national Friends and Family test on how likely a patient is to recommend our hospitals to friends and family if they needed similar care or treatment. At Holly House 96.10% responded that they were extremely likely or likely to recommend Holly House to their friend and family.

Domain	2012-2013	2013-2014
Overall satisfaction with nursing care (% excellent or very good)	93%	93%
Overall satisfaction with Consultant (% excellent or very good)	97%	100%
Overall satisfaction with quality of care (% excellent or very good)	94%	95%
How likely are you to recommend our hospital to friends and family	N/A	98%

“I have had a hip replacement here at Holly House; the whole experience was dealt with very professionally and with so much care and attention from all the staff concerned.”

Mr. D.



Complaints

Following the multimillion development at Holly House, which opened in January 2013, the number of patients seen at Holly House has increased significantly. As with any new business undergoing significant change, unfortunately a slighter higher number of complaints were seen. These were indicative of initial teething problems following development.

A large recruitment drive has been undertaken, ensuring there are adequate staff available in all departments, in particular Hotel Services and Nursing.

Indicator	2012-2013	2013-2014
Number of complaints	52	122
% of total patient contacts	0.07%	0.15%

The figures shown above include all verbal and written complaints. We take complaints very seriously, and every effort is made to ensure that we learn from and correct any mistakes identified.

We are determined to reduce this number during 2014 – 2015.

External Perspective on Quality of Service

What others say about our services

As host Commissioners for Holly House Hospital we would like to thank you for sharing your Quality Account. We have been involved in reviewing the content of the Account, and feel that it reflects accurately the quality, safety and effectiveness of services provided. We are aware that Holly House Hospital has also consulted with patient and public groups, staff and statutory bodies, taking into account their opinions.

We would like to take this opportunity to commend Holly House Hospital on its responsiveness to our feedback. The hospital has taken a proactive approach to service improvement including Staff training and development, has a strong track record in Infection Prevention and Control, and is committed to continually improving the safety and quality of patient care and experience.

The Quality Accounts for 2013/14 set out the progress the hospital has made during the past year and the hospital's continued focus on quality is apparent ensuring its objective of providing safe, efficient, effective care remains its priority, which will be positive for both the patients and their families' experience.

The priorities and performance illustrated within the account for this year and last year accurately reflect and support both national and local priorities. West Essex Clinical Commissioning Group is pleased to endorse and support the publication of this account.

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

Holly House Hospital submitted the Quality Account to external stakeholders (North East London CCG, West Essex CCG, Healthwatch Essex, Health and Wellbeing Essex) offering the opportunity to supply any comments they would like to add to the Account. Any comments received prior to publication have been included.



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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