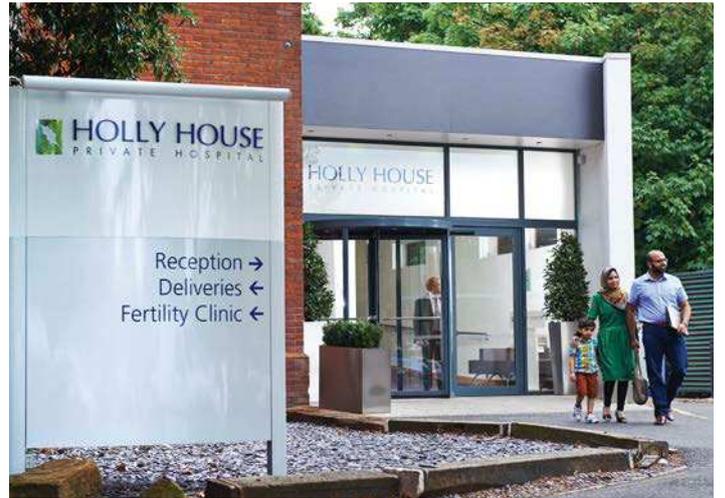


Holly House Private Hospital Quality Account April 2014 – March 2015





Contents

| | |
|--|-----------|
| Welcome to Aspen Healthcare | 4 |
| Statement on Quality from the Chief Executive Aspen Healthcare | 7 |
| Introduction to Holly House Quality Account for 2014-15 | 9 |
| Statement on Quality Accountability Statement | 10 |
| Quality Priorities for 2015-16 Patient Safety Clinical Effectiveness Patient Experience | 12 |
| Statements of Assurance Review of Services Participation in Clinical Audit Participation in Research Goals agreed with Commissioners Statement on Data Quality Quality Indicators | 15 |
| Review of Quality Performance for 2014-15 Patient Safety Clinical Effectiveness Patient Experience | 24 |
| External Perspectives on Quality of Service | 29 |

Welcome to Aspen Healthcare

Holly House 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 are:

- **Cancer Centre London**
Wimbledon, SW London
- **The Chelmsford Private Day Surgery Hospital**, Chelmsford, Essex
- **The Claremont Hospital**, Sheffield
- **The Edinburgh Clinic**, Edinburgh
- **Highgate Private Hospital**
Highgate, N London
- **Holly House 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 2014 alone Aspen has delivered care to:

- Almost **42,000** patients who were admitted into our facilities
- Nearly **32,000** patients who required day case surgery
- More than **10,000** patients who required inpatient care
- More than **311,000** 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:

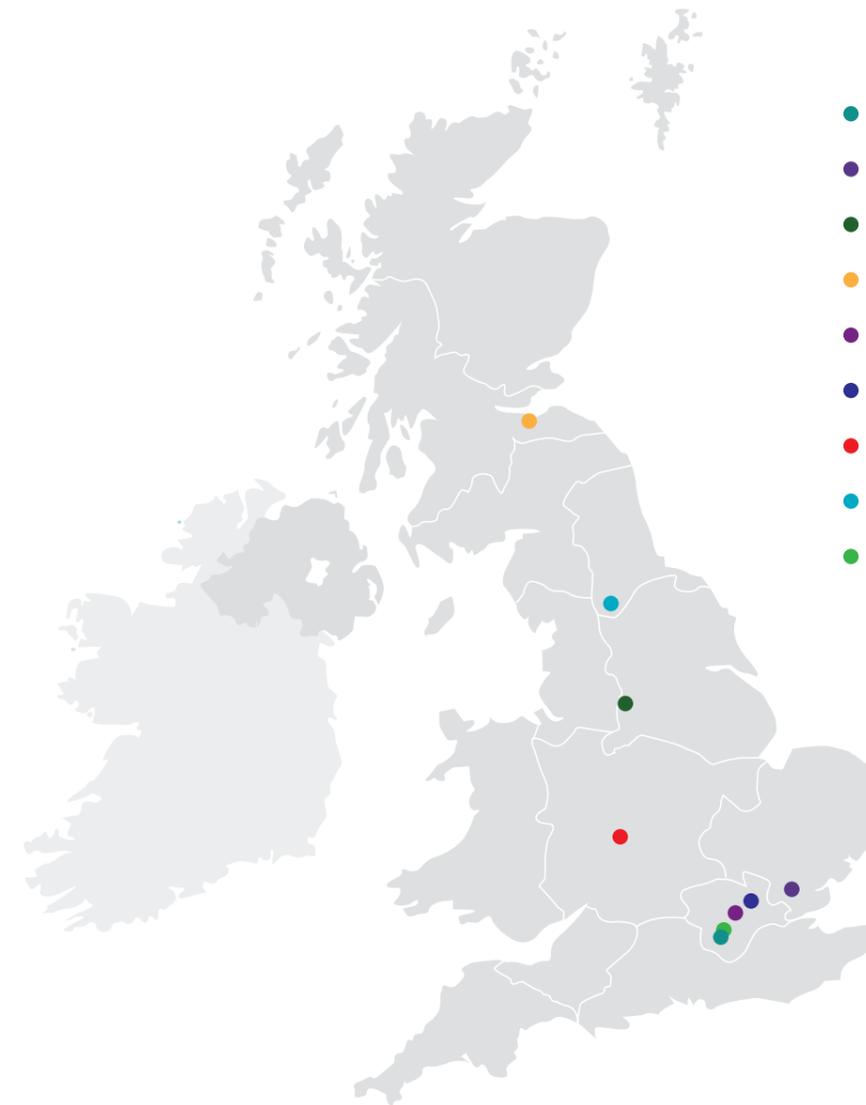
Our aim is to provide first-class independent healthcare for the local community in a safe, comfortable and welcoming environment; one in which we would be happy to treat our own families.

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 17,000 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 2014 we have further improved our patient satisfaction ratings with 99% of our inpatients rating their overall quality of their care as 'excellent', 'very good' or 'good', and 98% 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
- Holly House Hospital
- Midland Eye
- Nova Healthcare
- Parkside Hospital





Welcome

Statement on Quality from the Chief Executive Aspen Healthcare

On behalf of Aspen Healthcare I am pleased to provide this Quality Account for Holly House 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 2014 to March 2015). 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. 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. Our quality framework centres on nine drivers of quality and safety helping 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 where additional improvements can be made.

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 aim to continue developing our initiatives around quality and safety to ensure we are able to bring further benefits to our patients and the care they receive. Our new Quality Strategy underpins this, centering on the three dimensions of quality: patient safety, clinical effectiveness and patient experience, as described in this Quality Account.

The majority of information provided in this report is for all the patients we have cared for in 2014/15 – NHS and private.



Des Shiels
Chief Executive, Aspen Healthcare



Introduction to Holly House Hospital

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.

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 2014 to 31st March 2015, 9000 patients have been admitted to Holly House Hospital.

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.

In the year 2014-2015, Holly House provided NHS services, with patients admitted through the Choose and Book pathway 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 Stats



Holly House Hospital provides the following:

| | | | |
|--------------------|--------------------|--|---|
| Day Care Facility | 8 pods | Private GP/Cosmetic Services | ✓ |
| Day Case Rooms | 8 | 3T MRI | ✓ |
| Total Theatres | 5 | CT | ✓ |
| Consulting Rooms | 22 | Ultrasound | ✓ |
| Chemotherapy Suite | 2 beds 4 chairs | Shock Wave Therapy | ✓ |
| Total beds | 50 | Dexa Scans | ✓ |
| Pathology | ✓ | Digital Mammography | ✓ |
| Physiotherapy | ✓ | X Ray | ✓ |
| Pharmacy | ✓ | Onsite Decontamination/Sterile Services Department | ✓ |

- Cosmetic Surgery (Specialist nurse onsite)
- One stop symptomatic breast care clinics (Specialist nurse onsite)
- Gait analysis. We were the first hospital in England to invest in this service
- Micro dose mammography (combined Breast screen and osteoporosis screen)
- 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 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 – and true to the spirit of our vision ...treating everyone as though they were a member of our own family. As Hospital Director, I am committed to establishing with my team a quality culture that puts safety first, every time.” Phil Bates, Hospital Director.

We are proud to present our third Quality Account, which we hope helps demonstrate our continued commitment to driving improvement in quality and safety across our hospital.

Over the last year we can proudly report:

- On infection prevention and control there were no MRSA, MSSA or C Difficile infections reported at the hospital;
- We introduced internal rotation to night duty on the wards to ensure continuity of care and further reduce our reliance on temporary workers;
- Together with our Director of Nursing we committed to a Patient Safety Pledge in theatres, and our theatres went on to be successfully accredited with the Association for Perioperative Practice (AfPP) audit against their national standards – a first in independent healthcare;
- We extended the reach of our Audit Tool and evidence review and compliance on a monthly basis;
- We opened a Day Care Facility to make the patient journey more efficient;
- We achieved an overall satisfaction rate from our patients of 97%

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

- Introducing a Patient Safety Pledge to the wards;
- Developing our Cancer services alongside the Chemotherapy suite;
- Engaging patients face to face through a “patients voice” – inviting patients to attend meetings to share feedback – and our new patients forum;
- Introducing “Sit and See™” to observe the care environment and help demonstrate how we measure compassion.

Our team rightly take a pride in what they do in delivering an excellent service to all our patients and together we commit to driving our standards upward in the year ahead.

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.



Mr. Phil Bates
Hospital Director,
Holly House Private Hospital
Date: 5th May 2015

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 2015-16

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 the key priorities to include in this year's Quality Account. 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 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.

Holly House 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 2015-16 are as follows:

Patient Safety

Safety Leadership Walkabouts

Strong effective leadership is essential to building a safety-oriented organisational culture and we will implement safety leadership walkabouts over the next year to further help embed our safety culture. 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. They are also a way of demonstrating visible commitment by listening to and supporting staff when issues of safety are raised. These will help our senior leaders to not only 'talk the talk' but to 'walk the walk'.

Patient Safety Newsletter

To help ensure we share our learning and initiatives around further improving our clinical safety we will launch a new staff patient safety newsletter. This will provide a vehicle to share best practice and learning across our hospital, promoting a culture of safety and continuous learning. This will help us to focus on continually improving our systems and processes to provide the best and safest possible care to our patients.

Datix Risk Register Rollout

Risk management involves identifying and understanding the things that could have an adverse impact upon the delivery of our services to our patients. As part of our risk management framework and to support the identification of risks, their prioritisation and actions required to reduce the likelihood of recurrence, we will implement the Datix system, risk register module. This will enable us to robustly record and track the risks across our hospital and the principal objectives they threaten.

Clinical Effectiveness

Ward and Departmental Datix Dashboards rollout

Ensuring our staff receive meaningful and relevant information on reported clinical indicators will help inform their daily decisions on the quality of patient care. We will develop ward and department based Datix dashboards of measures to provide near time information on the effectiveness of care so that this improves our staff understanding of outcomes and actions taken and supports local quality improvement initiatives.

Core Clinical Training Programme

Our staff need to be supported in maintaining their skills to provide the best possible care to our patients and we will support our frontline clinical staff in developing and building upon their clinical skills and knowledge by implementing a new training programme. This will include a competency based foundation programme in critical care, clinical skills updates and training in the context of care delivery.

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. We will introduce a more formalised approach to undertaking root cause analysis (RCA) on all confirmed cases of VTE and develop a toolkit to help ensure a systematic and evidence based approach is taken to understanding the factors that lead to any pulmonary embolism/deep vein thrombosis and ensure that all actions are taken to reduce them occurring again.

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 covers four common elective surgical procedures: groin hernia operations, hip replacements, knee replacements and varicose vein operations. In 2015-2016 we will 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.

Patient Experience

Embedding our Values – Improving our Patients Experience

After developing our values with our staff, we formally launched the Aspen Values of “Beyond Compliance; Personalised Attention; Investing in Excellence, Partnership and Teamwork; Always with Integrity” in 2014 to all our staff. In 2015, we will now seek to further embed these into our hospital culture in order to distinguish ourselves from other healthcare organisations; we aim to ensure that these values inform our staff how they should deliver care demonstrating positive behaviours and attitudes. We will train ‘values partners’ to take this exciting work forward and deliver bespoke training to our staff with the primary aim of continuously improving the experience and satisfaction of our patients and staff; putting quality at the heart of everything that we do.

Implement Practice Observational Tools

We wish to assure ourselves that our patients have an excellent experience of care in our hospital and understand what good quality care looks and feels like from a patient’s perspective. By observing clinical practice we will be able to capture those elements of care that make such a difference to our patients. We will celebrate excellent examples of care delivery and make recommendations on where to improve certain aspects of care based on our findings. Staff will be trained to use observational tools to help see care from the patients’ perspective providing them with important insights into the difference their interactions can make to patient care, dignity and respect. Tools to be used will include the Sit and See™ and

the Fifteen Steps Challenge. These tools will help us to highlight what is working well and what might be done to increase patient confidence.

Increase Friends and Family Test Response Rates

The national Friends and Family Test (FFT) is a broad measure of patient experience that 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. The FFT is a feedback tool that supports the fundamental principle that people who use our services should have the opportunity to provide feedback on their experience and asks if people would recommend the services they have used to friends and family if they needed similar care or treatment. To ensure this information is representative we wish to increase our response rates ensuring that at least 15% of our eligible patients respond.

While targeting the above areas, we will 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.
- 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 2014 to March 2015.

Review of NHS Services Provided 2014-2015

From April 2014 to end of March 2015, Holly House provided the following NHS services through the Choose and Book pathways, and in partnership with our NHS commissioners:

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

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

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 that Holly House was eligible to participate in during 2014-2015 were:

- National Joint Registry
- National PROMS programme
- National Comparative Audit of Blood Transfusion
- National Comparative Audit Enquiry into Patient Outcome and Death (NCEPOD) – Sepsis Audit

“I came as an NHS Choose and Book patient and my operation and follow up care has been outstanding.”

Mr. PW

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 | 2013-2014 | 2014 – 2015 |
|---|-----------------------------|-----------------------------|
| National Joint Registry | 266 | 284 |
| PROMS | 216 | 205 |
| National Comparative Audit of Blood Transfusion | N/A Insufficient numbers | N/A Insufficient numbers |
| NCEPOD Sepsis Audit | | No cases to submit |

Holly House are striving to improve the return of completed PROMS forms for both pre and post-operative procedures to obtain accurate and representative data. These forms assess health gain improvements made post-surgery for several, identified, procedures. To this end, Holly House have now undertaken to collect data internally, in collaboration with an external company to collate the captured data.

Local Audits

During 2014, Aspen Healthcare continued its annual clinical audit programme which identified key topics and frequency of audit assessment. New audits were added throughout the year. Also, 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 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 pertaining 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.
- 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 and treatment to be carried out. If High Dependency care is required, this is arranged.

- Practising Privileges: – This audit was added during 2014. The audit monitors the compliance of all our Consultants with regard to their registration documentary requirements. This allows Holly House to be assured that all their Consultants were up to date with all national guidelines relating to mandatory training and practice ensuring that all our patients receive the best possible treatment available by the most skilled and competent professionals. Many of our Consultants hold substantive posts in the NHS sector. The average score throughout the year shown in this audit was 99%, providing evidence that the Consultants are up to date in their practice.

Other non-clinical audits were undertaken to assess patient pathways and identify any

areas for improvement to our services. These included reviewing registration forms and waiting times from arriving at hospital to settling in an in-patient room to their bedroom.

During 2015, Holly House intends to take the following actions to further improve the quality of healthcare service provided in the coming year:

- Continue to monitor all Infection Prevention and Control issues
- Maintain Patient Led Assessments of the Clinical Environment (PLACE) inspections

- Implement the Sit and See™ Initiative (an observational assessment tool for measuring compassion)
- Monitor and maintain our AAFP accreditation for our theatre departments, ensuring best practice national standards are being met
- Continue to ensure all staff mandatory training is up to date and valid in all areas

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's income in 2014-2015 was conditional on achieving quality improvement and innovations goals agreed between Holly House and any organisation 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 2014-2015 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 Hospital 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 2014-2015, 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 last inspected by the CQC in June 2013 and were found to be fully compliant on all standards inspected.

Statement 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 delivered. 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

Secondary Uses System (SUS)

Holly House submitted records during 2014-2015 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:

handling requirements, thus ensuring that confidentiality and security of personal information is managed safely and effectively.

The overall score for Aspen Healthcare for 2014-2015 was 70% (3% improvement on last year), meeting national level 2 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 also 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.

- 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 2014-2015 by the Audit

Commission. However, an internal audit was carried out, the data of which was not available at time of writing this report.

Quality Indicators

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 Holly House. This has been improved with the launch of 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 readmission, for both hospitals and individual consultants, to help patients make informed choices. We have voluntarily commenced submitting non-identifiable data to the PHIN as this is another useful tool by which we can demonstrate the quality of our services and identify opportunities for improvement. Our data quality compliance with PHIN is 99.8%.

Holly House 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 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; however Holly House does collect and report on the number of deaths on a monthly basis in our quality governance report (none in 2014/2015).

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

This indicator was included in our staff patient safety survey for 2014 which was carried out in November. The average

number of staff who would recommend our hospital to family and friends is 82%, which has improved greatly since the last survey.

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 98%.

“The staff were very excellent and caring, the room was very clean.... Me and my family would like to thank all the staff for the excellent service”

Mr. AF

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 2014-2015 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 | 2012-2013 | 2013-2014** |
|---|---|---|
| Hip Replacement: (%of respondents who recorded an increase in their EQ-5D index score following surgery) | 88.2% (87.9% nationally) | 88.5% (88% nationally) |
| Knee Replacement: (%of respondents who recorded an increase in their EQ-5D index score following surgery) | 83.3% (79.9% nationally) | 80.8% (80.4% nationally) |
| Groin Hernias | No data available as numbers too small | No data available as numbers too small |
| Pre-operative participation rate for Hip and knee replacement† | Hip replacement – 58.3% Knee replacement – 83.3% | Hip Replacement – 197.8% Knee Replacement – 297.4% |
| Post-operative response rate for hip and knee replacement | 74% | 68.1% |

**Due to national reporting of data, there is a time lag for complete sets of data. Due to this, data is incomplete for 2014-2015; therefore this data may differ from the rest of the report.

†Holly House exceeded the amount of eligible episodes carried out on Hips & Knees because we undertake additional work subcontracted from NHS Trusts and they will also have reported these eligible episodes.

Holly House performed above the national average for both hip and knee replacements.

“I will certainly recommend Holly House at every opportunity”

Mr. PH

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 Holly House Hospital's patient safety programme. There is a real commitment to learn from any actual (or potential) error or mishap 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, 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:

| | 2013 – 2014 | | 2014 – 2015 | | % of patient contacts |
|--|-------------|-----------|--|-------------|-----------------------|
| Serious Incidents | 0 | 0% | Serious Incidents | 2 | 0.001% |
| Serious Incidents resulting in harm or death | 0 | 0% | Serious Incidents resulting in harm or death | 0 | 0% |
| Never Events | 0 | 0% | Never Events | 1 | 0.001% |
| Total | 0 | 0% | Total | 2*** | 0.002% |

***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 safety measures which have been implemented in the theatre department to try to reduce the likelihood of such incidents reoccurring. Detailed root cause analysis investigations were undertaken for both incidents.

Certain checks were not fully documented and gaps were identified. New care plan documentation has been implemented and checks are captured in the 'Team Brief' which takes place prior to a patient being brought to theatre, and include all theatre personnel including the consultant surgeon being present.

Further checks on single use multi component consumables were also enhanced and a new standard operating procedure was implemented which included a 'single use' items surgical checklist within the theatre. This checklist is signed by the surgeon and the senior member of the theatre team and is mandatory. This documentation is audited on a monthly basis within the department to ensure ongoing compliance.

All learning from the two incidents was shared with staff, leading to a raised awareness and improved standards of patient safety.



Other Mandatory Indicators

All performance indicators are monitored on a monthly basis at key meetings and then reviewed quarterly at both local and corporate level Quality Governance

Committees. Any significant anomaly is carefully investigated and any changes that are required are actioned within identified timeframes.

| Indicator | Source | 2013 -2014 | 2014 – 2015 | Actions to improve quality |
|---|--|--------------------------------|-------------|---|
| Number of people 15 years and over readmitted within 28 days of discharge | Care Quality Commission performance indicator quarterly returns | 4 | 5 | Each incident 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 | 94.8% (excellent or very good) | 97% | Continue to ensure WorldHost® customer care training is mandatory for all new staff. Monitor and evaluate the data collected from 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. |

“Just wanted to say how impressed I was with the facilities and staff”

Mr. JH

Review of Quality Performance 2013/2014 (previous 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

Focus on further embedding a positive Patient Safety Culture

A positive safety culture underpins the improvement of patient safety and we undertook a detailed staff patient safety culture survey in autumn 2014 to assess our progress.

Progress:

The results of this staff survey showed that, of the key twenty one questions asked, 85.7% of the responses had improved since the last survey in 2013. Holly House scored above average of all Aspen facilities in all areas. This survey and its results, has enabled the senior management team to identify the strengths and weaknesses of the patient safety culture within Holly House. To address the weaknesses identified, a robust action plan has been implemented, involving staff from all departments. This action plan is reviewed monthly at the Quality Governance meetings, to ensure improvement and compliance.

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. In 2014 we commenced the roll out of bespoke Patient Safety Leadership staff training.

Progress:

This was included in our staff training and development programme 'Investing in You' which was well evaluated by our staff and has been further expanded in our 2015/16 programme for both frontline staff and middle managers.

In conjunction with the Patient Safety Leadership training, Holly House introduced a 'Patient Safety Pledge' in the theatre department. This committed all staff to the provision of the optimum safety of all their patients. This programme is to be introduced into the ward setting in 2015.

“your nursing staff were, without exception, very attentive, courteous and professional at all times”

Mr. CA



Review of Nurse Staffing Levels

Having the right number of staff, with the right skills, in the right place will help ensure that appropriate numbers of skilled nursing staff are available to care for our patients safely. We implemented tools to help us to objectively assess this and determine how many nursing staff and with what skill mix is required.

Progress:

A full nurse staffing review was undertaken in 2014. A successful recruitment drive resulted in the appointments of a new, experienced Ward Manager, and further nursing staff for the wards, alongside Operating Department Practitioners in the theatre department. To assess the staffing needs on a ward at any given time, the Shelford Tool, 'Safer Nursing Care' is used, as well as a new Aspen tool 'Staffing Manager Plus'. Both systems look

at the number and acuity of the patients, enabling the senior staff to assess the nurse numbers and skill mix needed to ensure that optimum care is provided to all our patients. The success of the use of these tools was measured by the response of patients in the patient feedback questionnaire results. Holly House achieved 97% for overall satisfaction of patient care, and 97% for individual care given. Internal rotation to night duty for all ward nurses was also introduced in 2014, reducing the need for agency staff and ensuring appropriate staffing as well as improving quality and continuity of care. Daily, early morning 'Safety meetings' are held, involving all key departments, to ensure that staffing and safety issues are discussed and addressed on an ongoing basis.



Clinical Effectiveness

Patient-led Assessments of the Care Environment

A clean, safe and therapeutic environment of care matters to our patients. We registered for the first time in 2014/15 to take part in the national programme of patient-led assessments of the care environment (PLACE).

Progress:

The PLACE assessment was undertaken in June 2014. The team consisted of three

members, two patients and one member of staff. All departments of the hospital were visited and inspected, looking at cleanliness and maintenance of the environment. The catering service was also observed and food tasted. The two patients that were members of the inspection team gave their feedback using the questionnaire template provided. The results are shown below:

| | Cleanliness | Food & Hydration | Privacy Dignity & Wellbeing | Condition Appearance & Maintenance |
|------------------|-------------|------------------|-----------------------------|------------------------------------|
| National Average | 97.25% | 88.79% | 87.73% | 91.97% |
| Holly House | 100% | 97.75% | 85.29% | 98.02% |

Holly House achieved 100% for cleanliness evidencing the success of our robust infection prevention and control programme. The score for 'Privacy, Dignity and Wellbeing' was slightly below the national average. The two issues identified by patients

which effected this score were the lack of TV subtitles and the lack of a multi-faith prayer room. Subtitles are now available, and the issue of a multi-faith prayer room is being reviewed as part of future refurbishment plans.

Care Plan Documentation

High standards of patient documentation supports communication and decision making about our patient's care and is vital to ensure the continuity, safety, and effectiveness of patient care. A review was undertaken of the quantity, quality and style of patient care plan documentation.

Progress:

A review was undertaken of the surgical, day case, ophthalmology, and paediatric care plan pathways. Associated policies were revised and new risk assessments developed and implemented in line with national guidance and best practice, which have been incorporated into the updated pathways. To

ensure that these are completed to a high standard audits are also in place reflecting the revised policies and documentation.

The Aspen Group Audit Tool monitors our compliance to key national guidelines and local policies. Records are audited each month, looking at documentation from all patient pathways. The documentation of all staff, including Consultants, is audited, with feedback being given at departmental meetings, or with individual staff if required. Record Keeping training sessions have been undertaken throughout the year (and will continue) for all staff to ensure compliance.

Pre-operative Assessment

Our Pre-Assessment team provides services 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.

Progress:

In 2014/15 we completed a review of our assessment and documentation processes and developed a revised Pre-Assessment Policy and Pre-operative Assessment Questionnaire that meets best practice and further supports the provision of effective patient care.

Patient Experience

Intentional Nurse Rounding

We implemented a model of intentional nurse rounding which involved our staff carrying out regular and systematic checks on our patients at set intervals. This aimed to improve our patients' experience of care, build their trust further, and help ensure that care is safe and reliable.

Progress:

This initiative was introduced at the beginning of 2014. All patients are visited hourly throughout the day, asking four questions: "How is your pain? Are you comfortable? Do you need to use the bathroom? and, is the nurse call buzzer/ phone/water/tissues within easy reach? The success of this initiative has been monitored by the response from the patient feedback. There has been a noticeable reduction in the usage of nurse call bells, and the patient satisfaction rating for individual care given has risen to 97%.

During 2014, our Pre-Assessment team has been established with the recruitment of new team members. The second phase of our Pre-Assessment service was launched at the end of 2014. With the launch, we implemented telephone assessments for all day case patients (NHS and private patients), leading to face to face assessments if, and as, required. This has proven to be successful with patients and staff as the process is streamlined and effective. All Choose and Book referrals are reviewed in our Triage service, allowing the appropriate pathways to be followed regarding Pre-Assessment.

Review of Patient Information

Our patients need to be properly informed so that they can share in decisions about their care and treatment. We undertook a review of the information we provides to our patients and ensured that this was accurate, impartial, evidence based and well written.

Progress:

To support our patients in being properly informed so that they can share in the decision-making process we adopted a nationally endorsed library of treatment specific Patient Information Leaflets. This is supported by a policy outlining the standards expected in the provision of written information to our patients. This enables us to work in partnership with our patients to ensure that they receive a high standard of relevant and comprehensive information which meets their needs.

All patient information leaflets are kept up to date with national guidelines for practice, ensuring optimum care for all our patients. 96% of our patients were satisfied with the post-operative information they receive with an improvement target of 98% satisfaction having been set for 2015-2016.

Staff Satisfaction

Our staff satisfaction results are very important to us as satisfied, well trained and competent staff will help to ensure patient safety and a good experience of care. After the last staff satisfaction survey we commenced holding regular staff forums to address areas for improvements identified in the survey

Progress:

Regular staff forums have been held, led and attended by the Senior Management Team. These forums give all staff members the opportunity to raise any concerns they may have, or to share any ideas for

improvement of our services. It also provides the opportunity for the Senior Management Team to share new initiatives and to feedback regularly to front line and other staff. These forums have been well attended by both clinical and non-clinical staff. Aspen Healthcare also implemented a 'Road Show' visiting all facilities. This was led by Directors from Aspen's Executive Team, allowing all staff the chance to put 'a name to a face'. The sharing of information from the Directors was greatly received, and staff appreciated the opportunity to be able to ask questions and raise issues at this event.

"The hospital is run in a professional and efficient manner by friendly staff..... my results and reports are processed very quickly which means I can provide my patients with results early and expedite medical care."

Dr. SA

External Perspective on Quality of Service

Holly House requested North East London and West Essex Clinical Commissioning Groups to supply any comments they wished to see added to our Quality Account. Prior to publication, no comments had been received.

“I have to say we are blessed with good staff”

Dr. SA



**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:
www.hollyhouse-hospital.co.uk
www.aspen-healthcare.co.uk

Or call us on:
0208 505 3311 Holly House Hospital
020 7977 6080 Head Office, Aspen Healthcare

Write to us at:
Holly House Hospital
High Road
Buckhurst Hill
Essex IG9 5HX

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