The Holly Private Hospital

Quality Account
April 2016 – March 2017

The Holly PRIVATE HOSPITAL

WORLDHOST

Aspen Healthcare

Contents

Aspen Healthcare

Welcome to Aspen Healthcare

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

Aspen Healthcare was established in 1998 and is a UK-based private healthcare provider with extensive knowledge of the healthcare market. The Group's core business is the management and operation of private hospitals and other medical facilities, such as day surgery clinics, many of which are in joint partnership with our Consultants.

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

- Cancer Centre London
  Wimbledon, SW London
- The Chelmsford Private Day Surgery Hospital, Chelmsford, Essex
- The Claremont Hospital, Sheffield
- The Edinburgh Clinic, Edinburgh
- Highgate Private Hospital
  Highgate, N London
- The Holly Private Hospital
  Buckhurst Hill, NE London
- Midland Eye, Solihull
- Nova Healthcare, Leeds
- Parkside Hospital
  Wimbledon, SW London

Aspen Healthcare's facilities cover a wide range of specialties and treatments providing consulting, diagnostic and surgical services, as well as state of the art oncological services. Within these nine facilities, comprising over 250 beds and 19 theatres, in 2016 alone Aspen has delivered care to:

- over 45,000 patients who were admitted into our facilities for surgery
- 300,000 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.

Aspen is now one of the main providers of independent hospital services in the UK and through a variety of local contracts we provided nearly 20,000 NHS patient episodes of care last year, comprising nearly 45% of our patient numbers. We work very closely with other healthcare providers in each locality including GPs, Clinical Commissioning Groups and NHS Acute Trusts to deliver the highest standard of services to all our patients.

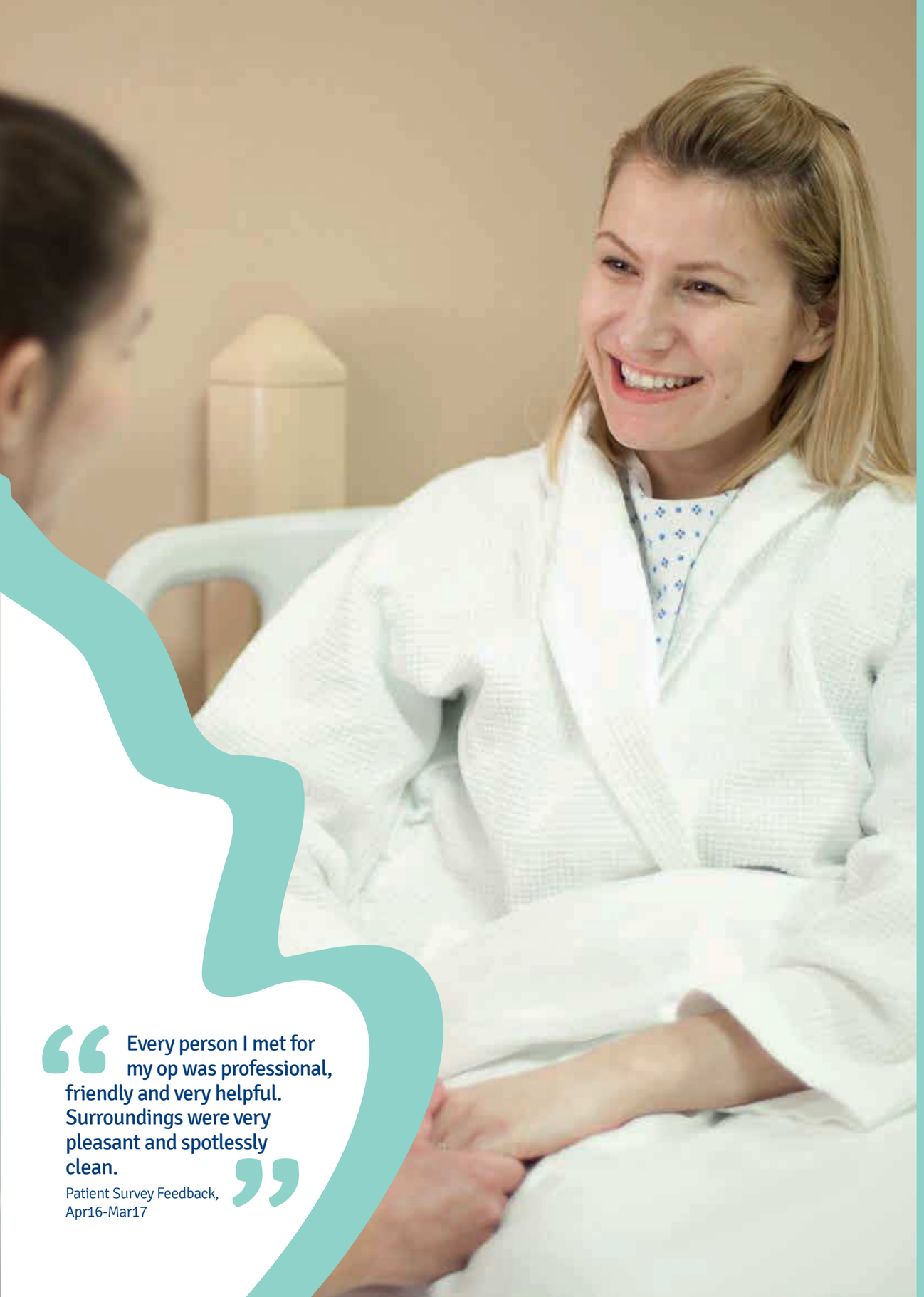
It is our aim to serve the local community and excel in the provision of quality acute private healthcare services in the UK and we are pleased to report that in 2016 our patient satisfaction ratings continued to be high with 99% of our inpatients rating their overall quality of their care as 'excellent', 'very good' or 'good', and 97% responding that they were 'extremely likely' or 'likely' to recommend the Aspen hospital they visited.

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

> **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
- The Holly Private Hospital
- Midland Eye
- Nova Healthcare
- Parkside Hospital



> **Every person I met for my op was professional, friendly and very helpful. Surroundings were very pleasant and spotlessly clean.**
>
> Patient Survey Feedback, Apr16-Mar17

Statement on Quality from Aspen Healthcare's Chief Executive

Welcome to the 2016-17 Quality Account, which describes how we did this year against our quality and safety standards.

On behalf of Aspen Healthcare I am pleased to provide the annual Quality Account for The Holly Private Hospital. This report focuses on the quality of services we provided over the last year (April 2016 to March 2017) and importantly, looks forward and sets out our plans for further quality improvements in the forthcoming year.

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

The past year has seen nearly all our hospitals/clinics externally inspected by the Care Quality Commission (CQC), England's health and social care regulator. These comprehensive inspections have provided external validation of the quality and safety of care we deliver and I am pleased to report that all our hospitals/clinics to date have been rated as 'Good', with our staff commended for their kind and compassionate care.

This Quality Account presents our achievements in terms of clinical effectiveness, safety and patient experience, and demonstrates that our managers, clinicians and staff at The Holly Private Hospital, are all committed to providing the highest standards of quality care to those patients we treat. The Account aims to provide a balanced view of what we are good at and where additional improvements can still be made. In addition, our quality priorities for the coming year (2017-18), as agreed with the Aspen Senior Management Team, are outlined within this report.

In 2016-17 we saw further improvements made to our patient safety and experience, with patients consistently telling us the experience they have at our hospital/clinics is of the highest standard. We will remain committed to monitoring all aspects of our patients' experience within The Holly Private Hospital, ensuring this feedback is effectively utilised to continue to drive quality improvements.

I would like to thank all the staff who everyday show commitment to our high standards and contribute to the continuous improvements we make to our patients' care and experience.

The majority of information provided in this report is for all the patients we have cared for during 2016-17 – both NHS and private.

Des Shiels
Chief Executive, Aspen Healthcare

Introduction to the Quality Account for The Holly Private Hospital

Located on the borders of London, Essex and Hertfordshire, in the midst of Epping Forest, The Holly Private Hospital was established 35 years ago, and is one of the South East's leading private hospitals. We are renowned locally for our high standards of care and friendly atmosphere.

The Holly Private Hospital provides a wide range of services including outpatient clinics and treatment in most specialties, diagnostic imaging, screening, physiotherapy, GP services, pharmacy, chemotherapy, fertility, cosmetic surgery, pathology and sterile services for patients, the local community and other healthcare organisations.

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

From 1st April 2016 to 31st March 2017, there were 110,000 patient contacts at The Holly Private Hospital (The Holly).

The Holly
PRIVATE HOSPITAL

In the year 2016-2017, The Holly Private Hospital provided NHS services, with patients admitted through the NHS e-Referral System (ERS) as well as in partnership with our NHS partners, for the following specialities:

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

Vital Statistics

- ✓ Total beds 62
- ✓ Day Care Facility 8 pods
- ✓ Total Theatres 5
- ✓ Consulting Rooms 22
- ✓ Treatment Rooms 3
- ✓ Fully equipped Maxillary/Facial Room
- ✓ Chemotherapy Suite
- ✓ Pathology
- ✓ Physiotherapy
- ✓ Pharmacy
- ✓ Private GP/Cosmetic Services
- ✓ 3T MRI
- ✓ CT
- ✓ Ultrasound
- ✓ Shock Wave Therapy
- ✓ On-site Decontamination/Sterile Services Department
- ✓ Cosmetic Surgery (specialist nurse on-site)
- ✓ 'One stop' symptomatic breast care clinics (specialist nurse on-site)
- ✓ Paediatric Services (2 specialist nurses on-site)
- ✓ Gait analysis. We were the first hospital in England to invest in this service
- ✓ MicroDose Mammography (combined breast screen and osteoporosis screen)
- ✓ Resident Medical Officer on-site (24 hours a day, 7 days a week)
- ✓ Bupa Approved for: Breast Chemotherapy Unit, Breast Diagnosis Unit, Breast Surgery Unit, Ophthalmic Unit, MRI Network and Recognised Imaging Units
- ✓ The Holly Private Hospital participates in the NHS ERS, allowing patients the choice of their health care provider
- ✓ WorldHost® Business Status in Customer Service training
- ✓ Investors in People Accreditation

Statement on Quality

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

Over the last year we can proudly report:

- The hospital launched a new initiative called Project FIRST to all staff.

This project brings together three elements:

- **Five Year Strategic Business Plan** (which expresses our vision for being exceptional in everything that we do)
- **Five Year Clinical Strategy** (which puts 'Safety at the heart of everything we do')
- **6Es Staff Rewards and Recognition Programme** (which encourages staff to focus on core attitudes and behaviours: Exceptional, Effective, Expert, Energetic, Efficient, Everyone, Safety so that the hospital can deliver its vision).

Project FIRST is supported by Aspen Healthcare and the hospital's Medical Advisory Committee (MAC) and is now embedded across the hospital.

- To help improve our standards further, we have focused on building the most effective team and have newly recruited staff into key positions on the Wards, in Theatres and Pathology and created a new position for a Director of Quality and Governance. We have decreased the use of any agency and bank staff and have a stable and effective workforce.
- We launched STEPtember Safety month and rolled out a number of safety initiatives including: a clinical safety questionnaire for staff, the screening of 'Barbara's story' and 'It's a routine operation', as well as Aspen's STEP-up to Safety training programme.
- We have continued our use of the '15 Steps Challenge'. This is a series of NHS observational toolkits which have been co-produced with patients and service users, to help look at care in a variety of settings. By using these toolkits we can help to capture what good quality care looks, sounds and feels like. It can also help organisations understand and identify the key components of high quality care that are important to patients, services users and carers from their first contact with a care setting.
- We have appointed a new Chef Manager and reviewed our patient menu in relation to patient feedback.
- To further improve our staff communications we have launched various initiatives including daily Communication Update meetings for all Heads of Department (to share Key Performance Indicators (KPIs) and important safety and day-to-day information). This has helped ensure there is a transparent and open culture and that staff are well informed of what is going on across the hospital. In addition, members of the SMT (Senior Management Team) 'walk-the-floor' on a daily basis making themselves known to patient-facing staff and offering support and advice if needed. They also review any safety issues while walking the floor. We also launched 'LK Today' - a weekly drop-in session for staff to have a one-to-one with the Director of Nursing and Clinical Services. Staff can raise any concerns or worries about aspects of patient care, or any other issues. The hospital has trialled an initiative called 'Creating a Reflective Space' for staff. Hosted by a Consultant Psychiatrist, staff are invited to group sessions to explore how their work impacts on their feelings and emotions. The trial was successful, with positive feedback from staff and the hospital will be rolling out more sessions during 2017.
- We have launched 'Back to the Floor'. This initiative involves Heads of Department and members of the SMT going to work in another department for a morning or afternoon to experience how other teams function and the challenges they encounter on a day-to-day basis. Participating managers then meet afterwards and are invited to share their experience with the group and feedback what is working well in each department and where they could do better. This also provides an opportunity for staff to speak up and voice any ideas or concerns they may have.
- We have increased engagement with Consultants through a variety of communications including a Consultant Newsletter, a weekly Hospital Director's message to Consultants, regular Medical Advisory Committee (MAC) Chairman updates and by sharing the Aspen Medical Director's blog as well as the Aspen Safety Newsletter.
- We have used 'Sit and See™' observational audits to find out where we could improve and how could we achieve it in all departments within a set timeframe.
- There were no MRSA, MSSA or Clostridium Difficile infections reported at the hospital.
- The hospital scores highly for patient satisfaction against all measures (as recorded independently by our external survey provider) with 98% of patients saying they received quality care.
- We were finalists in the LaingBuisson Hospital of the Year Awards, and winners of the Aspen CEO Award for Quality for our Cardiac MRI service.
- We have appointed a Dementia Lead and Dementia Champions. Three members of staff have become 'Dementia Friends Champions' (an Alzheimer's Society initiative).
- We successfully launched our new upgraded patient administration system - APAS.
- We introduced a new Practice Development Safety Newsletter written by our Practice Development Nurse.
- The hospital is now working towards Magnet® accreditation. The Magnet® Recognition Programme recognises healthcare organisations for quality patient care, nursing excellence and innovations in professional nursing practice.
- We have hosted Nursing Revalidation Workshops to support our registered nurses in meeting their professional revalidation requirements.
- We launched 'The Holly Herald' which is a hospital-wide email updating all staff on current hospital affairs.

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

- Increasing incident reporting and reducing the number of moderate / severe harm incidents which will be reported at tripartite monthly meetings with the Clinical Governance Chair and Deputy, and the Director of Nursing and Clinical Services to review clinical safety. At this meeting we will also discuss the published 'MARCH up to Safety' staff clinical safety questionnaire from March 2017 and compare results with our STEPtember findings from September 2016. Staff will attend Part 2 of Aspen's innovative STEP-up to Safety training programme.
- Ensuring that as part of the induction process, all new staff view 'Barbara's Story' and A 'Routine Operation' to help provide them with an improved insight of patient experience and safety from the patients' perspective.

For our patients:

- We will continue to improve our patient satisfaction ratings across the hospital and reduce the number of complaints whilst also improve upon our staff engagement scores and Consultant satisfaction scores.
- We will ensure 100% of patients are pre-assessed prior to surgery and we will monitor and reduce the number of operations cancelled for non-clinical reasons. We will also contact 90% of patients two days before their admission date.
- We will aim to improve our Patient Reported Outcomes Measures (PROMs) participation to 80%.
- We will provide audit data to PHIN (Private Healthcare Information Network) as required.

- We will embed the “Hello my name is…” standard across the hospital to ensure patients continue to feel safe and respected and will become more patient centric by ensuring ‘Back to the Floor’ drives improvements. Where appropriate, and provided the patient is supportive and in agreement, we will continue to offer patients the opportunity to share their experience at staff forums. We will engage with Consultants to discuss any incidents and get their input to help improve our patient experience.
- We will complete the Aspen Corporate Audit programme and IPC Audit Tool (Infection Prevention Control) ensuring compliance of 95%. These include audits for pathology, hydration, resuscitation, paediatrics, medical records and Aspen’s unexpected mortality audit. We will gain greater awareness of our challenges, resolve issues responsively and work better across departments.
- We will redesign our menu to show nutrition and dietary information for all patients and we are planning to develop a restaurant/ coffee shop for patients, families and staff.

For our staff:

- We will develop further plans from ‘Creating a Reflective Space’ to support all staff in feeling they can talk and express themselves candidly.
- We will commence working towards Magnet® accreditation with the development of a practice model in the form of ‘The Holly Model for Exemplary Professional Nursing and Clinical Practice’ and The Director of Nursing and Clinical Practice will be a member of the Oxford Philosophy Informing Nursing Theory & Scholarship (OxPINTS). We will also continue to analyse ‘LK Today’ feedback, results from our staff clinical safety surveys and audit feedback for trends and act upon this. This, in turn, will support a ‘no blame’ culture and staff to feel empowered to report incidents or issues, leading to a culture of trust and lead to very high staff retention.

  We have an exceptional team at The Holly who have patient safety at the heart of all they do. We all work together to deliver excellent care to our patients and in the coming year we will continue to work together to future drive our standards to ‘Beyond Compliance’.

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: 5th May 2017

Mr. David Henderson, Hospital Director

This report has been reviewed and approved by:

Mr. Sam Jayaraj MBBS FRCS (ENG) FRCS (ORL-HNS), Medical Advisory Committee Chair
Mr. Ian Garnham MBBS FRCS (Tr & Orth), Quality Governance Lead
Mr. Des Shiels, Chief Executive, Aspen Healthcare
Mrs. Judi Ingram, Clinical Director and Chief Nurse, Aspen Healthcare

> “All theatre staff sang happy birthday before surgery, outstanding staff.”
>
> ‘Patient Survey Feedback, Mar16-Apr17’

Quality Priorities for 2017-2018

National Quality Account guidelines require us to identify at least three priorities for improvement. Aspen's Quality Strategy outlines how we will progress a number of quality and safety initiatives for the forthcoming years and the following information provided focuses on our main priorities for 2017-18. These priorities were agreed with 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 regularly reviewed by our Aspen Quality Governance Committee which meets quarterly to monitor, manage and improve the processes designed to ensure safe and effective service delivery.

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

1. Patient Safety
Improving and increasing the safety of our care and services provided.

2. Clinical Effectiveness
Improving the outcome of any assessment, treatment and care our patients receive to optimise patients' health and well-being.

3. Patient Experience
Aspiring to ensure we exceed the expectations of all our patients.

> "Have had several operations at Holly House and always been looked after extremely well."

The key quality priorities identified for 2017-18 are as follows:

Patient Safety

Patient Safety Survey

Our patients' experience is essential to understanding the impact of harm and how we would work together to improve safety. Building upon the work we developed last year in providing patients with information and tips on how to keep safe whilst an inpatient/day case, we plan to introduce a patient survey that will explore their perceptions of safety, as we know little about if, on occasions, patients have felt unsafe and the reasons for this. With an improved understanding of our patients' perceptions of safety, we can use this to inform changes we need to make and support co-production of changes to service delivery.

Involving patients in monitoring hand hygiene

The hands of healthcare workers and other staff working in clinical areas can become contaminated with micro-organisms during the course of their duties. Hand hygiene by healthcare workers (HCW's) is the leading measure in preventing the transmission of healthcare acquired infections. Inviting patients to report on staff hand hygiene will be a useful intervention in assuring compliance. A proforma will be developed for patients to complete to record staff compliance with hand hygiene practice and the results fed back to staff. This initiative will complement our existing hospital-based hand program and develop further our patient-centred safety initiatives.

Clinical Effectiveness

Improve Practical Training Compliance

Ensuring our staff have undertaken training to support them in their roles is a priority. In order to ensure that the care delivered is at its most efficient and effective, we aim to increase our focus on training compliance of face-to-face practical training sessions for all our staff, to complement our comprehensive eLearning suite of training programmes. The Holly is to develop an annual practical training programme and report regularly back on this to its senior management team and Governance committee.

Implementation of Cosmetic Clinical Quality Indicators (CQIs)/Q-PROMs (Patient Reported Outcome Measures)

As a cosmetic surgery provider we will work towards collecting clinical outcome measures developed by the Royal College of Surgeons. CQI's will be routinely collected for all cosmetic surgical procedures and help provide outcome measures for cosmetic surgery that can be published at individual surgeon and provider levels. Capturing more accurate information about the demographics of patients having cosmetic surgical procedures will enable more consistent audit and quality improvement, permitting activity and outcomes to be monitored whilst supporting improved patient choice and informed decision-making.

Cosmetic surgery-specific PROMs, called Q-PROMs, will be completed by patients pre- and post-operatively allowing for a measurement of change in how patients feel, which is then attributable to the surgical intervention. As well as providing patients with information Q PROMs will be able to be utilised to benchmark outcomes at a service and clinician level against national averages and will help us improve our services and standardise care.

Implementation of the Edmonton Frailty Tool

The Edmonton Frailty Tool uses indicators of frailty to identify patients for further screening and assessment. The tool assesses cognitive impairment, dependence in activities of daily living, burden of illness, self-perceived health, depression, weight loss, medication issues,

incontinence, social support and mobility. The tool is a valid measure of frailty and will be integrated into our pre assessment procedures to identify 'at risk' patients for their level of frailty, leading to the development of appropriate care plans and optimum outcomes for our patients.

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

As part of national programmes to incentivise healthier behaviours to reduce the risk to patients' health from alcohol and tobacco, we will support changes in risky behaviours by implementing screening of patients' smoking status and drinking risk levels at pre-assessment and record this in patients' records.

Compliance with Cancer Standards – Multidisciplinary Team Discussions

Multidisciplinary care is the hallmark of high-quality cancer management. Multidisciplinary team discussions prospectively review individual cancer patients and make recommendations on the best management of a patient's cancer pathway, informing treatment options and decisions. We will ensure that records of multidisciplinary team discussions are recorded and accessible to inform patient care and treatment at our hospital /clinics.

Patient Experience

Implement Online Patient Survey Data Collection

Patient satisfaction is at the heart of our business, with patient feedback being very important to us in informing how we are doing and highlighting areas that require further focus to enhance our patients' experience. In 2017 we will move to complement our paper surveys with online electronic surveys that will permit timely capture of this information, permitting real time monitoring and the ability to respond to patient feedback more promptly.

Implement Patient Post Discharge 48-hour Telephone Calls

To further enhance our patients' experience of discharge, we will introduce follow-up telephone calls. These calls should support patients and their families after discharge from the hospital, improve patient and family satisfaction and decrease hospital re-admission rates. Patients identified will be called 48-hours after discharge by a member of the clinical staff. These phone calls will review each patient's health status and arrangements for follow up appointments, as well as permit clarification of any further/new questions.

Achieve 'Dementia Friendly' Clinical Environments

An admission to a strange hospital environment can be bewildering and disturbing for a patient with dementia. Appropriately designed clinical surroundings can significantly reduce confusion and distress in patients with dementia. We will review a range of guidance available and develop resources and areas that are more 'dementia friendly' in our hospitals and clinics.

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

- Strive to further improve upon all our quality and safety measures
- Continue with our programme of development relating to other quality initiatives
- Continue to develop our workforce to ensure they have the skills to deliver high quality care in the most appropriate and effective way
- Embed our 2017-18 Commissioning for Quality and Innovation (CQUIN) initiatives so they become 'business as usual', and work to implement any locally agreed CQUINs with our commissioners
- Meet and exceed the Quality Schedule of our NHS Contracts.

Quality Priorities for 2017-2018

Statements of Assurance

This section of the Quality Account provides mandatory information for inclusion in a Quality Account, as determined by Department of Health regulations, and reviews our performance over the last year, 1st April 2016 to 31st March 2017.

Review of NHS Services Provided 2016-2017

During April 2016 to end of March 2017, The Holly Private Hospital provided the following seven NHS services through the NHS ERS and in partnership with our NHS commissioners:

Speciality
Trauma and Orthopaedics
Anaesthetics (Pain)
ENT
General Surgery
Gynaecology
Paediatrics
Oral and Maxillo-Facial Surgery

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

The income generated by the NHS services reviewed in 2016-2017 represents 100% of the total income generated from the provision of NHS services by The Holly Private Hospital for 1st April 2016 to 31st March 2017.

Participation in Clinical Audit

National Audits

National clinical audits are a set of national projects that provide a common format by which to collect audit data. National confidential enquiries aim to detect areas of deficiencies in clinical practice and devise recommendations to resolve them.

During that period The Holly Private Hospital participated in two national clinical audits and zero national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in as follows:

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

The national clinical audits and national confidential enquiries that The Holly Private Hospital participated in, and for which data collection was completed during April 2016 – March 2017, are listed below alongside the number of cases submitted to each audit or enquiry.

National Clinical Audit	No. of cases submitted 2015-2016	No. of cases submitted 2016-2017
National Joint Registry	333	360

Local Audit

During 2016, Aspen Healthcare continued its annual Group clinical audit programme which identified key topics and the frequency of audit assessment with new audits added throughout the year. In addition, each department had individual audit programmes for the year.

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

VTE:

This audit assesses all patientson admission to identify those who are at increased risk of VTE (Venous Thromboembolism) or DVT (Deep Vein Thrombosis). Patients are at

increased risk of VTE if they have had, or are expected to have, significantly reduced mobility for 3 days or more, are expected to have ongoing reduced mobility relative to their normal state, and have one or more risk factors. Surgical procedures with a total anaesthetic and surgical time of more than 90 minutes, or 60 minutes if the surgery involves the pelvis or lower limb, are also at risk. The audit monitors whether the patient has had appropriate preventative assessment and treatment.

Our audit result for last year was 100%. We will be working to maintain this outcome to ensure the risks are lowered for all patients having surgery.

Paediatric Early Warning System (PEWS): This is a system used to identify any deterioration in a child's condition, by scoring several elements of observation parameters, e.g. routine clinical observations, fluid balance, pain and level of consciousness. The escalation process is set nationally, and is used to monitor and alert all relevant team members, allowing for appropriate investigations and escalation of treatment to be delivered. This systematic approach enables appropriate care to be promptly identified and stepped up to ensure the correct acuity level of care is given.

We are proud to say that we scored 100% in our PEWS audit and will work towards maintaining this high standard, which is paramount when caring for paediatric patients.

During 2017, The Holly Private Hospital intends to take the following actions to further improve the quality of its healthcare services in the coming year:

- Continue to audit and monitor all issues relating to Infection Prevention and Control
- Maintain Patient-Led Assessment of the Clinical Environment (PLACE) inspections
- Continue to embed, and act upon, actions identified from the Sit and See™ audits (an observational assessment tool for measuring patient interactions and compassion)
- Undertake local audits that will improve our current processes and improve patient safety and experience.

Participation in Research

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

Goals Agreed with Commissioners

A proportion of The Holly Private Hospital's income in 2016-2017 was conditional on achieving quality improvement and innovation goals (CQUINs) agreed between The Holly and NHS Commissioners. Through locally agreed key performance indicators these were reviewed at monthly Quality meetings attended by members of the quality team from Clinical Commissioning Groups (CCG) and the clinical team at The Holly. All indicators were monitored and successfully achieved.

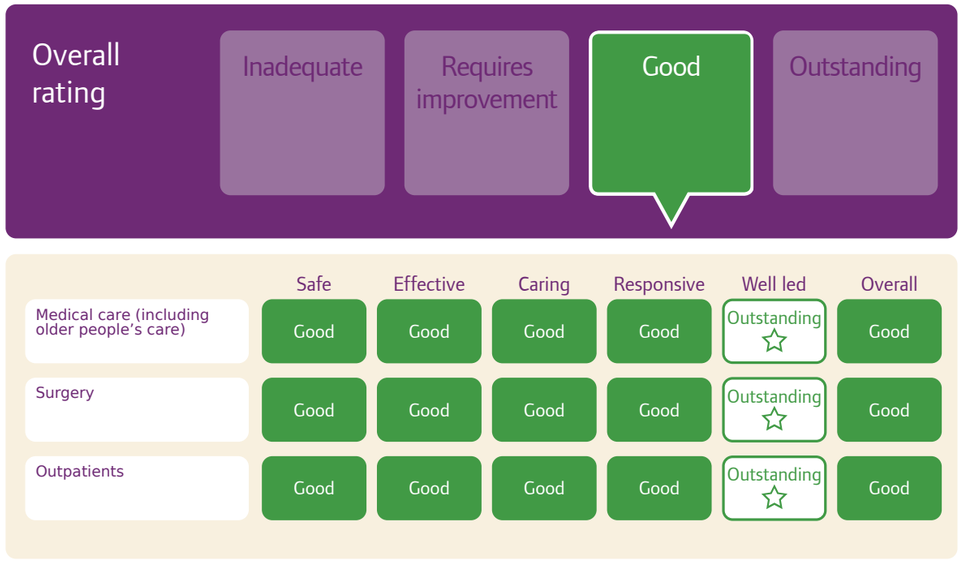
Statement from the Care Quality Commission

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

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

The Care Quality Comission has not taken any enforcement action against The Holly Private Hospital during 2016-2017, and The Holly has not had to participate in any special reviews or investigations by the CQC during the period covered in this report.

The Holly Private Hospital was last inspected by the CQC in January 2017 and has been rated as 'Good' overall, with 'outstanding' in the 'well led' domain.



The following areas of outstanding practice were noted:

- The Holly has been awarded the Worldhost® customer care recognition status (the same customer care training the London 2012 Olympic Games Makers received) reflecting the work of staff going the 'extra mile' to improve patient experience.
- Systems were in place to engage staff at all levels and recognise commitment and achievement. For example there was a '6E's' staff recognition scheme in place, which involved staff obtaining evidence through their work that they were displaying the service's core behaviours of 'exceptional, effective, expert, energetic, efficient, everyone'.
- Monthly observational audits were carried out in patient areas, in which a member of staff would observe interactions between staff and patients, as well as the environmental factors over a set period of time, to drive improvements in patient experience throughout the hospital.
- The Holly diagnostic imaging team won the Aspen quality annual award for their cardiac MRI service.

Areas identified for improvement included:

- Damaged tiling and flooring in the dirty utility room in the chemotherapy suite and taps that did not conform to Department of Health standards.
- Consider the use of audit in the chemotherapy suite to ensure best practice and evaluation of the service.
- Monitor the oncology triage pathway for assessing and advising patients who call the chemotherapy advice line to ensure consistent advice is given.
- Review the patient information leaflets given out in the day stay unit to ensure they are up to date and contain the most recent post-operative or procedure advice.
- Ensure that resuscitation equipment in diagnostic imaging is checked daily in line with policy.
- Ensure allergies are consistently recorded on medical records.

Following receipt of the inspection report, an improvement action plan has been developed and all points identified will be addressed as a priority.

Statements on Data Quality

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

Information Governance Toolkit attainment levels

The Information Governance Toolkit is a performance assessment tool, produced by the Department of Health, and is a set of standards that organisations providing NHS care must complete and submit annually by 31st March each year. The toolkit enables organisations to measure their compliance with a range of information handling requirements, thus ensuring that confidentiality and security of personal information is managed safely and effectively.

The overall score for Aspen Healthcare for 2016-2017 was 76%, meeting national level 2 requirements.

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

Secondary Uses System (SUS)

The Holly Private Hospital submitted records during April 2016 - March 2017 to the Secondary Uses Service for inclusion in the Hospital Episode Statistics which are included in the latest published data. The percentage of records in the published data which included the patient's valid NHS number was:

100% for admitted patient care
100% for outpatient care.

And which included the patient's valid General Medical Practice Code was:

99.3% for admitted patient care
99.4% for outpatient care.

Clinical Coding Error Rate

The Holly Private Hospital was not subject to the Payment by Results clinical coding audit during 2016-2017 by the Audit Commission.

Quality Indicators

In January 2013, the Department of Health advised amendments had been made to the National Health Service (Quality Accounts) Regulations 2010. A core set of quality indicators were identified for inclusion within the Quality Account.

Not all indicator measures that are routinely collated in the NHS are currently available in the independent sector and work will continue during 2016-17 on improving the consistency and standard of quality indicators reported across Aspen Healthcare.

A number of metrics have been chosen to summarise our performance against key quality indicators of effectiveness, safety and patient experience.

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

We continue to work with the Private Healthcare Information Network (PHIN), an independent information organisation with a mandate to ensure patients using independent healthcare facilities can access comparative performance measures including activity levels, length of stay, patient satisfaction, and rates of unplanned readmissions, for both hospitals and individual Consultants, to help patients make informed choices. We have submitted non-identifiable data to PHIN to demonstrate the quality of our services and identify opportunities for improvement. See: www.phin.org.uk.

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

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

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

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

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

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

Incidents are classified by degree of harm (or potential to harm). We undertake robust investigations of all serious incidents (using a human factors and system-based approach), and also investigate those incidents that have resulted in low or no harm if they had the potential for harm to occur. 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 by both local and Aspen Group Quality Governance Committees, as well as our NHS commissioners, as appropriate, 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 Healthcare's incident reporting system:

2015-2016		% of patient contacts	2016-2017		% of patient contacts
Serious Incidents	2	0.002%	Serious Incidents	2	0.002%
Serious Incidents resulting in harm or death	0	0%	Serious Incidents resulting in harm or death	0	0%
Never Events	2	0.002%	Never Events	0	0%
Total	2	0.002%	**Total**	2	0.002%

NB. *All Never Events are also recorded as serious incidents so there is a duplication as reported above.*

The key learning from the above serious incidents involved reviewing the safety measures and checks in some areas of our clinical practice. Therefore we have reviewed clinical procedures to ensure the most up to date equipment and practice is being followed by all our staff. Regular audits have been carried out to ensure compliance is achieved and that this has been embedded.

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

Hospital Level Mortality Indicator and Percentage of Patient Deaths with Palliative Care Code

This indicator measures whether the number of people who die in hospital is greater or lower than would be expected. This data is not currently routinely collected in the independent sector; however The Holly Private Hospital does monitor and collect data and would report on any deaths at monthly quality governance meetings.

PROMs

Patient Reported Outcome Measures (PROMs) assess general health improvement from the patient perspective, 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 2016-2017 is not yet available (due to data collection time lag).

The Holly Private Hospital is pleased to report that we performed above the national average for hip replacements.

PROMs Indicator	2015-2016	2016-2017
Hip Replacement: (% of respondents who recorded an increase in their EQ-5D PROMs index score following surgery)	90.9% (89.6% nationally)	96.2% (89.4% nationally)
Knee Replacement: (% of respondents who recorded an increase in their EQ-5D PROMs index score following surgery)	75.8% (81.0% nationally)	75% (81.4% nationally)
Groin Hernias	No data available as numbers too small	44% (50.9% nationally)
Cataract (private patients only)	No data available as numbers too small	No data available as numbers too small

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

Other Mandatory Quality Indicators

All performance indicators are monitored on a monthly basis at key meetings and then reviewed quarterly by both local and corporate level Quality Governance Committees. Any significant anomaly is carefully investigated and any changes that are required are actioned within identified timeframes. Learning is disseminated through various quality forums in order to prevent similar situations occurring again.

Indicator	Source	2015 - 2016	2016 - 2017	Actions to improve quality
Number of people aged 15 years and over readmitted within 28 days of discharge	CQC performance indicator Clinical audit report	7	9	Each incident will be reported and reviewed by a senior clinical staff member, identifying and implementing appropriate actions to prevent any reoccurrence.
Number of admissions risk assessed for VTE	CQUIN data	100%	100%	Continue to monitor records regularly. To maintain 100% compliance
Number of Clostridium difficile infections reported	From national Public Health England/Scotland 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 reports (Datix)	0	0	Continue to monitor Datix for any trends and keep staff aware through regular training and following process.
Responsiveness to personal needs of patients	Patient satisfaction survey data – for overall level of care	97% (excellent/ very good)	98.8% (excellent/ very good)	To continue to monitor and review.
Friends and Family Test - patients	Patient satisfaction survey – rated extremely likely/likely	97%	99.4%	To continue to treat all patients how we would like our own family to be treated and strive for excellence.
Friends and Family Test - staff	Staff satisfaction survey	82%	N/A	Survey staff once every two years and review response.

Infection Prevention and Control

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

- Assessment of reported incidents
- Robust investigation of serious incidents
- Specific audits and reviews, such as hand hygiene, environmental, sharps boxes and cannulation.

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

Both Clostridium difficile and MRSA bacteraemia have been a national priority for many years, with every hospital acquired case reported to Public Health England as part of a national surveillance programme. We have an excellent record of zero healthcare associated infections and will continue to work towards preventing avoidable healthcare associated infections. We know that our patients and their families expect our hospitals and all aspects of our clinical services to be safe and need confidence and assurance that we are maintaining a strict emphasis on infection prevention and control.

There are monthly Link Nurse meetings which are utilised quarterly as the Infection Control Committee meetings. The outcomes of these meetings feed into the monthly 'STEP-up' meetings and in turn the quarterly Governance meetings attended by the Director of Nursing and Clinical Services.

Healthcare Associated Infections

Infection	2015-2016	2016-2017
MRSA positive blood culture	0	0
MSSA positive blood culture	0	0
E. Coli positive blood culture	0	0
Clostridium difficile hospital acquired infections	0	0

Complaints

The Holly Private Hospital's performance standards stipulate that reportable complaints should be acknowledged within two working days. As an internal benchmark, we try to resolve reportable complaints within 20 days and measure ourselves accordingly.

We use information and themes gleaned from complaints received to make improvements to our services. Complaint themes will shape our priorities for improvement in 2017-2018.

During the last year, our Patient Relations Manager has continued to provide a confidential advice and local resolution service. She ensures that individual concerns - whether from patients, relatives or their representative - are addressed promptly and effectively and that appropriate actions are taken to resolve those concerns and improve services for the future.

We welcome feedback from patients, their

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

Indicator	2015-2016	2016-2017
Number of Complaints	82	82
% per 100 admissions	0.08% per patient contacts	0.08% per patient contacts

Key Learning from Complaints and Improvements

Although we receive a very low volume of complaints, one of the areas identified for improvement focused on our Consultants. Three main areas were:-

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

To resolve these issues The Holly have implemented:

- Face-to-face meetings with Consultants and the Senior Management team.
- Hospital Director's weekly news - communicates updates and issues to Consultants.
- Improved our culture around safety and the importance of quality within the hospital through initiatives like Project FIRST and 'STEP-up to Safety'.
- Duty of Candour has been assured.
- Root Cause Analysis has been completed on complaints that required a more indepth investigation.
- A new Director of Quality and Governance has been recruited and will support complaint investigations.
- Meetings held with Consultants who perform low volumes of procedures at The Holly Private Hospital.
- Initiatives introduced around a 5 day rule; where patients must be booked 5 days prior to procedures.
- The Hospital Director meets with the MAC Chair regularly.
- Sharing the learning from incidents through our new 'STEP-up' meetings.

Audits Undertaken as a Result of Complaints

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

- Consultants arriving late for Outpatient clinics and how this is managed.
- Late starts in theatres (due to Patient/ Consultant/Anaesthetist or equipment issues)
- Patient Expectation audit - pilot telephone calls for 3 months to identify any issues in communication prior to admission.

There has been a significant decrease in the number of complaints received by The Holly Private Hospital in the 2nd half of 2016 - from 46 to 36 - a 22% improvement with the latest quarter having the lowest recorded complaints in the past 5 years.

There have been

0

healthcare associated infections at The Holly.

Statements of Assurance

Review of Quality Performance 2016-2017

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

Patient Safety

STEP-up to Safety Programme

Aspen's aim is for all our hospitals and clinics to be recognised as having an outstanding standard of patient safety and in 2016 we implemented a new training programme for all staff called 'STEP-up to Safety'. This innovative programme explores safety behaviours and engages staff in helping them understand their own role in our safety culture.

Progress:

Our staff attended a Safety Culture training session centred on 'human factors' led by the Group Medical Director and Group Clinical Director. Heads of Department, Team Leaders and clinical staff also attended further training to support our aim that, by working together to establish a robust safety culture, we can come closer to our goal of eliminating all avoidable harm.

At The Holly Private Hospital staff were enthused by the 'STEP-up to Safety Programme'. In total, 312 members of staff attended the 'STEP-up' training in 'STEPtember'. This was followed by

'STEP-up 2' sessions for Managers and Team Leaders in January 2017. Subsequently, 'STEP-up' staff meetings have now commenced. The focus of these open meetings is to review and discuss safety issues in detail.

Using our Patients' Experience to Improve Safety

This involved working in partnership with our patients to improve their safety. An improved understanding of our patients' perceptions of safety would help to inform any improvements required and support co-production of changes to service delivery and our safety.

Progress:

A patient information leaflet 'Making your stay with us safe: simple steps to keep yourself safe' has been developed, outlining some steps that patients can take to help contribute to assuring their own safety with us. The leaflet includes information on aspects of care such as correct identification; preventing infections; medicines safety and discharge advice. The leaflet was launched in early 2017 and will be followed up with a patient survey exploring their perceptions of safety.

Clinical Effectiveness

Develop an Audit Tool to Review Cardiac Arrests/Calls

Although there are a very low number of cardiac arrests in our hospitals and clinics we wished to collect audit data to permit us to identify and promote improvements in the prevention, care delivery and outcomes from cardiac arrest.

Progress:

We have developed and implemented a new audit tool to ensure we utilise every opportunity to review and analyse any cardiac arrests and cardiac arrest calls to inform and further improve practice and policy. We have also added a bi-annual audit of cardiac arrests to our audit programme.

We have regular training for BLS (Basic Life Support), ILS (Intermediate Life Support) and PILS (Paediatric Intermediate Life Support). This also includes scenario/simulation training with written feedback/reports. The corporate audit tool is used for any cardiac arrest and is reviewed at Resuscitation and Governance meetings.

Review and Improve Patients' Fluid and Hydration Pathway

In ensuring the provision of optimum hydration to our patients, we aimed to review our policies to ensure these reflected best practice guidance.

Progress:

We have reviewed and updated how we assess and record the hydration status of our patients. We have also updated our intravenous (IV) fluid therapy practice and fasting guidance, including the provision of information for patients on IV therapy and when to fast. Our fluid management recording has been enhanced by the implementation of revised documentation of all fluid intake and output for all patients. We now regularly audit the outcome of these changes via our integrated audit programme.

The Fasting Audit highlighted that we were not actively managing patients' fasting as well as we could. Staggered admissions have been introduced and we are now more aware of patients' fasting times. This has improved over the year shown by our latest audit results which are currently at 100%.

Patient Experience

Implement a Dementia Awareness Strategy

With an ageing population, the number of people in the UK living with, or at risk of, dementia is continuing to rise and we wished to review our practice to ensure this supported the quality, safety and experience of our care to patients and families/carers who are affected by dementia.

Progress:

We have developed and implemented a Dementia Strategy across all our hospitals and clinics and worked to raise staff awareness to ensure they have an improved perception and understanding of dementia, to enhance the care they provide. This has included the introduction of Dementia Champions in each hospital/clinic, staff training, awareness information leaflets, dementia resource folders, overview at staff induction, and the implementation of a Dementia Care pathway. We have also registered with the Alzheimer's Society's Dementia Friends programme and asked as many of our staff as possible to learn a little bit about what it's like to live with dementia and turn that understanding into making a difference to people living with the condition by watching a range of videos. By the end of 2016, 50% of our permanent staff had already watched these videos.

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

Resource folders are available on the ward; one with dementia information and another with information provided by the Alzheimer's Society.

Develop Ways to Improve Meaningful Patient Involvement and Engagement

Patients are at the centre of the services we provide and we wished to explore how we could improve their involvement and have meaningful engagement with our patients.

Progress:

We have developed a Patient Involvement and Engagement Strategy to support our hospitals and clinics in developing meaningful initiatives. This is in a 'toolkit' format and provides a route map of engagement ideas, as applicable to the services we provide, aiming to promote the involvement of our patients in the planning and improvement of our services. This has included making it easier for our patients to feedback on their experience with the development of online surveys that will be launched in 2017. The majority of focus has been on establishing and including patients in new Patient Forums, improving their inclusion in any complaints & incident investigations, and inviting them to participate in the design, planning and delivery of any new services. This will be an on-going process of ensuring a truly patient–focused approach and a culture of engagement and involvement.

The Holly Private Hospital holds a Patient Focus Group meeting quarterly and invites patients to attend. This includes ten regular patients who attend and help us to ensure our services and developments remain patient-centred and that we offer a high standard of patient experience. The meeting includes any proposed changes to services, future plans, patient feedback results, and an open forum for patients to discuss anything they would like to raise with us.

A PLACE assessment audit (Patient Led Assessment of the Care Environment) is also carried out annually where two patients are invited to walk around the whole hospital, every department and try some food from the menu. They then provide feedback, and this is reported nationally.

A Patient Steering Group (now included in a monthly safety meeting) reviews patient feedback questionnaire results and comments, to assess how we are performing and where we can improve.

If any patient feedback questionnaires score below excellent/very good, or if there are any negative comments made, all patients are contacted (if consent is provided) to explore their concerns further.

A Patient Relations Manager is situated in the main hospital corridor for patients to speak with throughout the day. A member of the Patient Relations team also visits the patients on the ward daily, to check if everything is satisfactory, or if they wish to speak with someone regarding any concerns.

> **"Without exception all staff were competent, kind and knowledgeable. I was very impressed."**
>
> Patient Survey Feedback, Apr16-Mar17

External Perspective on Quality of Services

What others say about our services.

The Holly Private Hospital invited North East London and West Essex Clinical Commissioning Groups to comment on our Quality Account.

Statement from West Essex Clinical Commissioning Group

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

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

In 2016/17 The Holly had six quality priorities, details of how these have been implemented has been provided, particularly the Step-Up programme which has involved human factors training for staff. The information on the priorities would benefit from further detail to demonstrate explicitly how they have benefited patients. Some of the information in the section about patient experience of safety appears to have come from the staff survey and has not been specifically linked to progress on this priority.

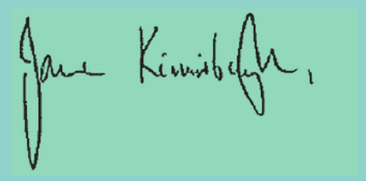
The Holly's priorities for 2017/18 continue from those in 2016/17 and follow up the elements not fully achieved. The patient safety priority would benefit from review as it appears to involve one element which has not been directly linked to the Step up to safety programme.

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

We are grateful that The Holly has included in the report the governance arrangements for producing the quality account, it is now clear to patients and families how this complex document is created.

We confirm that we have reviewed the information contained within the Account and checked this against data sources where these are available, however we cannot confirm the validity of some data as it is locally derived. Some of the data that is required to include a comparison of The Holly's results to the highest and lowest scores of other organisations has not been included.

We have reviewed the content of the Account, it complies, on the whole, with the prescribed information as set out in legislation and by the Department of Health. The required information related to what The Holly has changed as a result of audits is incomplete, as is how they have reviewed and implemented national audit reports published in year as they relate to their service. This is likely to be corrected in the final version.



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

May 2017

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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