

ASPEN HEALTHCARE



Quality Accounts 2021–2022

CANCER CENTRE
LONDON

HIGHGATE
PRIVATE HOSPITAL

PARKSIDE
PRIVATE HOSPITAL

THE EDINBURGH
CLINIC

THE HOLLY
PRIVATE HOSPITAL

Welcome to exceptional healthcare



Our mission 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.



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Introduction to Quality Accounts for Aspen Healthcare

On 28th September 2021, it was announced that five Aspen Healthcare facilities were acquired by Nuffield Health.

This Quality Account presents data for the period 2021 to 2022 for the hospitals which have transferred to Nuffield Health only. These are listed below:

- Highgate Private Hospital
- Parkside Private Hospital
- The Holly Private Hospital
- Cancer Centre London
- The Edinburgh Clinic

Please visit the Nuffield Health website to view their latest Quality Report which should be read in conjunction with this report.

Visit www.nuffieldhealth.com/about-us/how-we-are-governed/previous-annual-reports

In addition you can read more about quality and safety at Nuffield Health by visiting www.nuffieldhealth.com/about-us/our-quality-and-safety



“I have been going to Parkside Hospital for 20 years now and have always been impressed by the efficiency and professionalism on all levels – from making an appointment to seeing the specialist, to further investigation or treatments – the process was smooth and fast every time. The staff have always been friendly and helpful.”

JW TrustPilot 2022

Aspen Healthcare Facilities Presented in this Report

Cancer Centre London

Facilities

- 6 consulting rooms
- 16 chemotherapy chairs
- Nuclear Medicine
- PET/CT
- Radiotherapy
- Chemotherapy
- Systemic Anti Cancer Treatments (SACT)
- Superficial Radiotherapy Treatments for Benign Skin Disease

Awards and Accreditations

- WorldHost® Business Status
- Macmillan Quality Environment Mark (MQEM)
- CHKS Cancer Standards Accreditation

Highgate Private Hospital

Facilities

- 11 consulting rooms
- 41 beds
- 4 theatres
- Pharmacy
- Endoscopy Suite
- MRI
- CT
- Ultrasound
- X-Ray

Awards and Accreditations

- WorldHost® Business Status
- AfPP for Theatres
- Joint Advisory Group (JAG) Accreditation
- National Joint Registry (NJR) Quality Data Provider

Parkside Private Hospital

Facilities

- 38 consulting rooms
- 75 beds
- 4 theatres
- 4 treatment rooms
- 12 day care beds
- 5 HDU beds
- Pharmacy
- Endoscopy Suite
- MRI
- CT
- Ultrasound
- X-Ray
- DEXA
- Stereotactic mammography

Awards and Accreditations

- WorldHost® Business Status
- AfPP for Theatres
- Macmillan Quality Environment Mark (MQEM)
- Joint Advisory Group (JAG) Accreditation
- CHKS End of Life
- National Joint Registry (NJR) Quality Data Provider

Network

- BUPA Breast Centres of Excellence Network

The Edinburgh Clinic

Facilities

- 8 consulting rooms
- 7 day care beds/seats
- 1 theatre
- 1 treatment room
- MRI
- CT
- Ultrasound
- X-Ray
- DEXA

Awards and Accreditations

- WorldHost® Business Status
- AfPP for Theatres

The Holly Private Hospital

Facilities

- 24 consulting rooms
- 39 beds
- 5 theatres
- 6 treatment rooms
- 8 day care beds/seats
- 6 private rooms with seats
- 6 chemotherapy bays/beds
- Pharmacy
- MRI
- CT
- Ultrasound
- X-Ray
- DEXA
- Mammography

Awards and Accreditations

- WorldHost® Business Status
- AfPP for Theatres
- Macmillan Quality Environment Mark (MQEM)
- Gold Investors in People
- Silver Investors in Wellbeing
- National Joint Registry (NJR) Quality Data Provider

Network

- BUPA Breast Centres of Excellence Network

Care Quality Commission (CQC) and Health Improvement Scotland (HIS) Ratings

CQC Criteria	Cancer Centre London	Highgate Private Hospital	Parkside Private Hospital	The Edinburgh Clinic	The Holly Private Hospital
Safe	Good ●	Good ●	Good ●	Regulated by Health Improvement Scotland. Rated Good	Good ●
Effective	Good ●	Good ●	Good ●		Good ●
Caring	Good ●	Good ●	Good ●		Good ●
Responsive	Good ●	Good ●	Good ●		Good ●
Well-led	Good ●	Outstanding ★	Good ●		Outstanding ★
Overall rating					

Award-winning Healthcare

Aspen Healthcare is a multi-award winning independent healthcare group. In the last year we have won numerous awards including:

UK Customer Experience Award 2021 Gold:
Best Business Transformation

UK Business Awards Gold:
Best Health and Wellbeing

UK Employee Experience Awards Gold:
Health and Wellbeing of Employees

Covid Response Award Bronze:
Best Response in Healthcare










Covid Response Award Bronze:
Best Communication During Covid-19



PART 1
**Statements
 on Quality**



Patient Satisfaction Results 2021

 <p>92.4% Of our patients said they would be 'Likely' or 'Extremely Likely' to recommend this hospital to family/friends</p>	 <p>94.2% Of our patients told us the overall quality of care was 'Good', 'Very Good' or 'Excellent'</p>	 <p>94.8% Of our patients answered 'Yes, definitely' when asked if they were involved as much as they wanted in decisions</p>
 <p>96.7% Overall impression of nursing care, 'Good', 'Very Good' or 'Excellent'</p>	 <p>98.8% Overall impression of your consultant, 'Good', 'Very Good' or 'Excellent'</p>	 <p>92.3% Overall impression of catering services, 'Good', 'Very Good' or 'Excellent'</p>
 <p>95.6% Overall impression of accommodation, 'Good', 'Very Good' or 'Excellent'</p>	 <p>91.0% Of our patients answered 'Yes, definitely' when asked if they felt they were treated with dignity and respect</p>	 <p>97.9% Overall quality of discharge, 'Good', 'Very Good' or 'Excellent'</p>

Patient Satisfaction Survey Outcomes - average score during 2021 (based on a total of 4,913 responses)



The Holly Private Hospital Inpatient Feedback 2021

“From my very first outpatient consultation I felt very much at ease. The prognosis of likely events was explained comprehensively and likely outcome of the process made every clear to me.

At all times I felt totally involved in the whole process”

“Superb care and treatment. Everybody from housekeeping, porters, nursing staff, doctors and consultants were very attentive and answered any questions I had about my care. Catering was superb, quite a choice and presented nicely”



The Edinburgh Clinic Outpatient Feedback 2021

“I found the experience and all aspects of eye operations extremely professional including the receptionists, nurses and surgery team”

“Having been treated before I had no hesitation that service would be good”



Parkside Hospital Inpatient Feedback 2021

“The consultant was excellent in explaining the pre operative activities talking through during the treatment and in the post operative aftercare”

“All of the staff working on Friday 17th and Saturday 18th were absolutely lovely. I will almost go as far as saying I really enjoyed my stay despite it NOT being a holiday. Closest hospital to a hotel that I’ve ever been in!! Thanks”



Cancer Centre London Outpatient Feedback 2021

“My whole experience at CCL has been excellent. Everyone has been so kind, engaging and encouraging. Well done! Makes the whole process so much easier. Thank you to everyone!”

“Personal caring attitude, staff get to know you. Facilities spacious and pleasant. Never feel like I am just another body.”



Highgate Hospital Inpatient Feedback 2021

“A seamless experience from start to finish. Every member of the team were professional, polite and experienced in patient care. highly recommend”

“Highgate Hospital were very professional in all respects”

Accountability Statement

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.

This report has been reviewed and approved by:

Fiona Barber
Group Chief Financial Officer

Alison Fitzsimons
Group Chief Nurse and Head of Clinical Services

Date:
20 May 2022



Statements of Assurance

Review of NHS Services Provided 2021-2022

During April 2021 to March 2022, Aspen Healthcare facilities have provided and/or sub-contracted the following NHS services.

NHS services provided at facility	Cancer Centre London	Highgate Private Hospital	Parkside Private Hospital	The Edinburgh Clinic	The Holly Private Hospital
Ear, Nose and Throat		✓	✓		✓
General Surgery		✓	✓		✓
Gynaecology		✓			✓
Neurosurgery		✓	✓		✓
Ophthalmology		✓		✓	✓
Orthopaedics		✓	✓	✓	✓
Urology		✓		✓	
Anaesthetics (Pain management)		✓	✓		✓
Plastics		✓			
Oral and Maxillary Facial Surgery					
Clinical Oncology					
Neurosurgery Gamma Knife					
Vascular		✓		✓	
Radiotherapy					
Endoscopy		✓	✓		✓
Imaging (includes CT, MRI, Ultrasound and X-Ray)		✓	✓	✓	✓

Aspen Healthcare Limited has reviewed all the data available on the quality of care in all of these NHS services. The income generated by the NHS services reviewed in 2021-2022 represents 100% of the total income generated from the provision of NHS services by Aspen Healthcare for 1st April 2021 to 31st March 2022. Cancer Centre London - No NHS cases undertaken.



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 the period, April 2021 to March 2022, Aspen Healthcare participated in and completed 100% of all national clinical audits that we were eligible to participate in, in relation to the provision of NHS Services.

Participation in national clinical audits is a helpful tool in helping us develop clinical practice.

The national clinical audits that Aspen Healthcare Limited was eligible to participate in during April 2021 to March 2022 are as follows:

	The Edinburgh Clinic	Highgate Private Hospital	Parkside Private Hospital	The Holly Private Hospital
National Joint Registry	NA	79 (100%)	398 (100%)	265 (100%)
Elective Surgery PROMs (results listed in detail later)	YES	YES	YES	YES
Bariatric Surgery Registry	NA	NA	NO	NA
British Spine Registry	NO	NO	NO	NO
Breast and Cosmetic Implant Registry	YES	YES	YES	YES
Serious Hazards of Transfusion		YES	YES	YES
PLACE	NO	PLACE suspended due to Covid pandemic	PLACE suspended due to Covid pandemic	PLACE suspended due to Covid pandemic
Sit & SeeTM Audit	NO	YES	YES	YES

The Holly Private Hospital, Parkside Hospital and Highgate Hospital were all named National Joint Registry (NJR) Quality Data Providers after successfully completing a national programme of local data audits. The NJR monitors the performance of hip, knee, ankle, elbow and shoulder joint replacement operations to improve clinical outcomes primarily for the benefit of patients, but also to support orthopaedic clinicians and industry manufacturers. The registry collects high quality orthopaedic data in order to provide evidence to support patient safety, standards in quality of care, and overall cost-effectiveness in joint replacement surgery. The 'NJR Quality Data Provider' certificate scheme was introduced to offer hospitals a blueprint for reaching high quality standards relating to patient safety and to reward those who have met registry targets.

Cancer Centre London participated in the following National audits:

- Environmental Agency Audit/Inspection
- Radiation Protection Advisor Audit – Radiotherapy
- Radiation Protection Advisor Audit – Radioisotope
- Radiation Protection Advisor Audit – Diagnostic CT
- Four Isotope Calibrator Dosimetry Audit
- CHKS Cancer Standards
- ISO 9001:2015



National Confidential Enquiry into Patient Outcome and Death (NCEPOD)

The purpose of NCEPOD is to assist in maintaining and improving standards of healthcare for the benefit of the public by reviewing the care of patients, by undertaking confidential surveys, and by publishing and generally making available the results of such activities.

Aspen Healthcare facilities participate in and collect data for NCEPOD. However, in the reporting period during April 2021 to March 2022 there were no audits that were relevant to Aspen Healthcare. Any reports published by NCEPOD are shared and reviewed by Senior Management.

Local Audits

All Aspen Healthcare facilities use an Integrated Audit Tool to monitor patient safety and clinical effectiveness. Standards are set for each audit with reference to regulation, national guidance, and Aspen Healthcare policy, with the intention of monitoring compliance with these standards. The audits are undertaken monthly or quarterly and can be increased in frequency if necessary. The results obtained from audits are rated using a RAG system, with targets pre-set within the tool. Audit results are monitored locally within quality meetings, and also corporately at Group Quality Forums. Action plans are created for those audits which show a decrease in compliance: these are comprehensive and specific, with named persons to complete the plans. Aspen Healthcare is committed to a continuous improvement programme, and audit is an important part of this.

The audits undertaken are listed below:

Completed	Description
Venous Thromboembolism (VTE)	Patient risk assessment documented.
Record Keeping (general)	Documentation in clinical records compliant with national and local standards and requirements.
Pre-admission Assessment and Frailty Score	Documented in the clinical record.
Consultant Record Keeping	Documentation in clinical records compliant with national and local standards and requirements.
Consultant Visits	Documentation in clinical records that a consultant has reviewed their patient at least once each day during their inpatient stay.
Practising Privileges	Documentation supporting the granting of practising privileges to Consultants is accurate and up-to-date.
Biennial Reviews	Documented to evidence Consultants' appraisal and revalidation are accurate and up-to-date.
Intentional Rounding	Patients routinely visited by nursing staff a minimum of hourly during the day and every two hours at night.
National Early Warning System (NEWS2)	Observations fully recorded to aid early detection of potential deteriorating conditions.
Pain Management	Pain, as perceived by the patient, is well controlled.
Health Records Access Request	Progress and completion of Health Record Access Request clearly audited and monitored.
Patient Consent	Consent process completed accurately.
Safeguarding (Adults and Children)	Staff training completed.
Operating Theatre Traceability	All equipment, prostheses and implant recorded accurately.
Maintaining Normothermia	Documented compliance with measures taken to prevent perioperative hypothermia in patients having surgery.
World Health Organisation (WHO) Surgical Safety Checklist	Process accurately undertaken for every patient having a surgical procedure.
Surgical Safety Observational Checklist	Independent observer determined robust surgical safety processes are embedded within the Theatre department.

Completed	Description
Theatre Team Brief	Documented evidence of relevant communications between all members of the theatre team prior to an operating list commencing.
Cosmetic Surgery	Documented national and local standards are met.
Fasting	The time patients are fasted pre-surgery in the context of local and national standards.
Cardiac Arrest	Documented that in the event of a cardiac arrest, local and national standards are met.
Medicines Management	Includes a range of processes that determine how medicines are used and looks at compliance with national standards and legislation.
Controlled Drugs	The ordering, supply and destruction of controlled drugs meets national and local standards.
Prescribing	Documented the appropriateness, accuracy and legibility of prescribing meets national and local standards.
Medical Gases	Ensured medical gases are used safely and stored securely.
Security	The ordering and supply of medicines (other than controlled drugs) meets national and local standards.
Prophylactic Antimicrobial Prescribing and Usage	Documented to help change prescribing practice to help slow the emergence of antimicrobial resistance and ensure that antimicrobials remain an effective treatment for infection.
Patient Group Directives	The documentation and use of the directives meet national and local standards.
Blood Transfusion Compliance	Ensured national and local standards met.
Post Discharge Telephone Calls	Undertaken within a specified timeframe to check if patients have any concerns/problems.
Physiotherapy	Ensured national and local standards met.
Diagnostics	Ensured national and local standards met.
Resuscitation	Equipment checks fully and accurately recorded.
Information Governance	Documented that national and local standards met.
Patient Led Assessment of the Care Environment (PLACE)	An annual appraisal of the non-clinical aspects of NHS and independent/private healthcare settings, undertaken by teams made up of staff and members of the public (known as patient assessors).
Patient Privacy and Dignity Audit	Interviewed with randomly selected patients to understand if each patient believes they have been treated with dignity and respect and their privacy protected.

Changes we have implemented as a result of undertaking local audits

All facilities at Aspen Healthcare utilise the Integrated Audit Tool for undertaking local clinical audits, with audit results being automatically determined by a RAG rating system. Any audit that is amber or red is required to have an action plan, which is then monitored by the local Senior Management Team to ensure that improvement is ongoing and assured. The results of these are shared at local Quality Governance and Clinical Heads of Department meetings.

Examples of improvements made as a result of actions raised at local audits are:

- individual audit programmes have been developed and added onto the Integrated Audit Tool for Radiology, Infection Prevention and Control and Medicines Management.
- We have increased the frequency of the VTE and Surgical observational audits in order to manage reduced performance in these areas.

Participation in Research Parkside Hospital

We reviewed VTE assessment and policy to align with national guidance and increase compliance. We made changes to ensure that MDT outcomes are held in the relevant electronic databases as well as in the hard copy patient record.



Statements on Data Quality

Data quality continues to play an important role in the high standards of service Aspen Healthcare strive to achieve. We recognise that the improvement of data quality and protection is never finished, and we continue to identify opportunities in which to improve and strengthen such areas.

Aspen Healthcare maintains a comprehensive data protection and governance policy framework. This is subject to regular review in order to maintain modern governance standards as set forth within the UK-GDPR and national data protection standards established by the National Data Guardian. All Aspen Healthcare staff are required to read and accept centrally managed policies relating to the support of high standards for data accuracy and quality, record keeping, and appropriate information governance. Additionally, and with the merging of Nuffield Health services and assets, significant programmes of work are being actioned to ensure the Nuffield Health standards are fully implemented and incorporated into the services we provide.



National Data Guardian Standards

There are three leadership obligations Aspen Healthcare adhere to that define data security standards set by the National Data Guardian (NDG):

- People - Ensure staff are equipped to handle information respectfully and safely
- Process - Ensure the organisation proactively prevents data security breaches and responds appropriately to incidents or near misses
- Technology - Ensure technology is security and up-to-date

Each of the three National Data Guardian obligations require constant year-on-year improvement, which is reflected within the annual Data Security and Protection Toolkit submission. Aspen Healthcare strives to ensure its data security and governance standards remain modern and compliant, and have achieved the 'Standards Met' criteria during its 2021-2022 DSP-Toolkit submission, subject to the completion of ongoing transformation programmes.

Aspen Healthcare recognises that the modern security of technology is a constant, ever-growing battle. We continuously make improvements in order to maintain high-level standards of management and cyber security awareness throughout the estate. Aspen Healthcare is committed to the identification of risks relating to modern technical and legal data protection obligations. We continue to maintain our security improvement plan to see to the upkeep of a secure and risk-averse cyber estate.

Charlie Eustace
Data Protection Officer

Secondary Uses System (SUS)

All Aspen Healthcare facilities submitted records during April 2021 to March 2022 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:

	Highgate Private Hospital	Parkside Private Hospital	The Holly Private Hospital
Admitted Patient Care	100%	100%	100%
Outpatient Care	100%	100%	100%

The percentage of records in the published data which included the patient's valid General Medical Practice Code was:

	Highgate Private Hospital	Parkside Private Hospital	The Holly Private Hospital
Admitted Patient Care	100%	100%	100%
Outpatient Care	100%	100%	100%

Note:

The Edinburgh Clinic does not upload SUS as they do not follow NHSE Commissioning rules.

Cancer Centre London does not carry out NHS activity so therefore there is not SUS data to present for this site.

Clinical Coding Error Rate

No Aspen Healthcare facilities were subject to the Payment by Results clinical coding audit during April 2021 to March 2022 by the Audit Commission.

Speaking Up Arrangements

We have been working to create an open culture where employees feel empowered to speak up without detriment and we look after their wellbeing. This supports us in delivering safe, high-quality healthcare to patients.

What we have achieved so far

1. We have created a comprehensive network of Speak Up Guardians across all Aspen sites and appointed two Speak Up Leads.
2. Speak Up Leads ensure Aspen compliance with National Guardian office guidance, including attending regular training updates and regional meetings.
3. Speak Up processes are continually reviewed to ensure correct recording of any Speak Up concerns at all sites and reporting to the National Guardians Office (NGO). Data is now recorded and shared with the NGO each quarter.
4. We have developed an Aspen guardian tool kit for all Speak Up Guardians.
5. Our Speaking-up Policy (which was externally reviewed by the national whistleblowing charity, Public Concern at Work) was reviewed in June 2019. All Speaking Up policies and systems are up-to-date, robust and in line with recommendations of the National Guardian's Office. We will further review these in 2022.
6. We have shared Speak Up information posters at all sites.
7. Speak Up is promoted at Welcome/induction days for new starters and at staff forums.
8. We launched Speak Up training in 2021 and it is now part of mandatory training. Speak Up Guardians deliver online training via MSTeams.
9. Guardians present at each Aspen site to meet with staff and listen to any concerns raised either confidentially or anonymously. Guardians are able to facilitate escalation of concerns to the appropriate level with direct and open access to their Hospital Director, HR Business Partner and Speak Up Leads.
10. Speak Up Leads link with hospital senior management teams to discuss continual promotion of Speak Up in their Aspen site and ensure support given to their local Speak Up Guardian.
11. Speak Up Leads link with Aspen Chief Nurse, HR Director and governance leads to identify any trends of incidents and/or concerns raised.
12. We completed a GAP analysis in February 2022 using documentation along side the following documents from the NGO, NHS England and NHS Improvement:
 - Guidance for Boards on Freedom to Speak Up (July 2019)
 - Freedom to Speak Up Review Tool for NHS Trusts and Foundation Trusts (July 2019)
 - Supplementary information on Freedom to Speak Up in NHS Trusts and NHS Foundation Trusts (July 2019)
 - Learning from Case Reviews: a tool to support gap analysis to improve speaking up arrangements (December 2021).

Quality Indicators

Number of Patient Safety Incidents, including Never Events

Source: Aspen Healthcare's incident reporting system DATIX

In the reporting period, 1 April 2021 to 31 March 2022, there was one Never Event recorded at an Aspen Healthcare facility, which was investigated, with learnings and an action plan in place. Six Serious Incidents were recorded at an Aspen Healthcare facilities, all of which were reported and investigated, with any learnings and actions planned and completed.

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 higher or lower than would be expected. This data is not currently routinely collected in the independent sector.



Learning from Deaths

Aspen Healthcare has a Reporting, Management and Review of Patient Deaths policy which is in line with the national guidance on Learning from Deaths.

There were 12 deaths across the Group from April 2021–March 2022.

Nine of these were expected deaths from patients who were receiving end-of-life care at Parkside Private Hospital. All deaths are reviewed as per national guidance: as a result of the Learning from Deaths review at Parkside some minor actions in regard to documentation were identified and completed.

Three patient deaths were reported as deaths within 30 days of surgery: one at The Holly Private Hospital, and two at Parkside Hospital.

In one case the Coroner's investigation found that the patient had died of natural causes unrelated to the surgery.

The remaining two deaths were related to surgery but following investigation it was found that neither death could have been anticipated.

Patient Reported Outcome Measures

Patient Reported Outcome Measures (PROMs) assess general health improvement from the patient perspective. These currently cover four clinical procedures in the NHS and one clinical procedure in the independent sector and calculate the health gains after surgical treatment using pre- and post-operative surveys. Cancer Centre London does not treat any patients that are eligible for any of the Aspen Healthcare PROMs related procedures.

Highgate Private Hospital

Patient Reported Outcome Measures (PROMs)	2020-2021	2021-2022
Hip replacement surgery:		
Number of cases	4	11
% of respondents who recorded an increase in their EQ-5D index score following operation	100%	82%
Knee replacement surgery:		
Number of cases	5	8
% of respondents who recorded an increase in their EQ-5D index score following operation	80%	88%

The Edinburgh Clinic

Patient Reported Outcome Measures (PROMs)	2020-2021	2021-2022
Cataract Surgery (private patients only):		
Number of cases	38	25
% of respondents who recorded an increase in their Catquest rating following operation	18%	32%

The Holly Private Hospital

Patient Reported Outcome Measures (PROMs)	2020-2021	2021-2022
Hip replacement surgery:		
Number of cases	19	19
% of respondents who recorded an increase in their EQ-5D index score following operation	72%	95%
Knee replacement surgery:		
Number of cases	17	23
% of respondents who recorded an increase in their EQ-5D index score following operation	100%	91%
Cataract Surgery (private patients only):		
Number of cases	12	44
% of respondents who recorded an increase in their Catquest rating following operation	45%	27%

Parkside Private Hospital

Patient Reported Outcome Measures (PROMs)	2020-2021	2021-2022
Hip replacement surgery:		
Number of cases	9	9
% of respondents who recorded an increase in their EQ-5D index score following operation	89% (National NHS Comparator NA)	76%
Knee replacement surgery:		
Number of cases	7	6
% of respondents who recorded an increase in their EQ-5D index score following operation	57% (National NHS Comparator NA)	40%
Cataract Surgery (private patients only):		
Number of cases	8	12
% of respondents who recorded an increase in their Catquest rating following operation	0%	12%

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 time frames. Learning is disseminated through various quality forums in order to prevent similar situations occurring again.

Other Mandatory Indicators	Cancer Centre London		Highgate Private Hospital		Parkside Private Hospital		The Edinburgh Clinic		The Holly Private Hospital	
	2020-2021	2021-2022	2020-2021	2021-2022	2020-2021	2021-2022	2020-2021	2021-2022	2020-2021	2021-2022
Number of people aged 0 - 14 years re-admitted within 28 days of discharge	NA	NA	NA	NA	0	0	NA	NA	0	0
Number of people aged 15 years and over readmitted within 28 days of discharge	NA	NA	11	5	9	8	0	1	11	5
Percentage of admissions risks assessed for VTE	NA	NA	100%	99%	99%	90%	100%	64%	86.4%	97%
Number of Clostridium difficile infections reported	0	0	0	0	0	0	0	0	0	0
Number of patient safety incidents which resulted in severe harm or death	0	0	0	0	0	2	0	0	0	0
Overall Impression of nursing care (hospitals only)		NA	95.7%	96%	96.7%	91%	NA	NA	96.6%	96.3%
Overall quality of care (hospitals only)		NA	96.9%	91.5%	97.3%	94%	NA	NA	96.7%	82%
Overall quality of service (clinics only)	99.2%	100%		NA		NA	98.8%	98.6%		NA
Friends and Family Test - patients	98%	100%	96.9%	88%	95%	91.5%	96%	97.6%	98%	92.6%

Infection Prevention and Control

Infection prevention and control (IPC) is a key element of our focus on improving patient safety and avoiding harm. There are a number of ways in which we measure and monitor our performance in relation to infection, including incident reporting for all Blood Stream Infections and Clostridium difficile Associated Diarrhoea.

This process includes:

- assessment of reported incidents
- investigation of serious incidents
- specific audits and reviews of practice, such as hand hygiene, clinical environment and sharps safety among others.

We strive constantly to learn from audits and incidents to improve practice and the clinical environment for the safety of our patients, visitors and staff.

The monitoring and reporting of healthcare associated infections to Public Health England and Scotland has been a national priority for many years. Aspen Healthcare participates fully in these processes and published data has demonstrated that we maintain low levels of these infections in comparison to other Independent Sector Organisations and the NHS.

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

Infection Prevention and Control is a key part of the Aspen Healthcare Quality and Governance Structure with our hospitals and clinics feeding into the Corporate reporting systems. Oversight is maintained by the Consultant Nurse for Infection Prevention and Control who leads the Group IPC Service and the Director of Infection Prevention and Control who reports to Aspen Healthcare Board.

During the COVID-19 Pandemic, Aspen Healthcare has continued to maintain high standards of infection prevention and control throughout its hospitals and clinics. We have ensured that all of our processes comply with the National Guidance and Best Practice measures have been put in place to protect both our patients and staff and to prevent the spread of the virus.

Aspen has ensured that all of our services have responded quickly and effectively as requirements have changed over the course of the pandemic and will continue to do so as future requirements demand.

Number of Hospital Acquired Infections

The table below outlines all hospital acquired infections recorded during the reporting period and does reflect the patient profile at some sites where we are treating immuno-suppressed patient groups and providing cancer treatments.

Infection	Cancer Centre London		Highgate Private Hospital		Parkside Private Hospital		The Edinburgh Clinic		The Holly Private Hospital	
	2020-2021	2021-2022	2020-2021	2021-2022	2020-2021	2021-2022	2020-2021	2021-2022	2020-2021	2021-2022
MRSA positive Blood Stream Infections	0	0	0	0	0	0	0	0	0	0
MSSA positive Blood Stream Infections	0	0	0	0	0	0	0	0	0	0
E. Coli positive Bloods Stream Infections	0	0	0	0	3	4	0	0	0	0
Clostridium difficile hospital acquired infections	0	0	0	0	0	0	0	0	0	0
Klebsiella Positive Blood Stream Infections	0	0	0	0	2	0	0	0	0	0
Enterobacter Blood Stream Infections	0	0	0	0	0	1	0	0	0	0
Pseudomonas Blood Stream Infections	0	0	0	0	0	0	0	0	0	0

Complaints

Aspen Healthcare performance standards stipulate that reportable complaints should be acknowledged within three working days. Reportable complaints tend to be more formal and require an investigation and a written response. As an internal benchmark, we try to resolve complaints within 20 days and measure ourselves accordingly. In 2021-22 we achieved 100% compliance with this benchmark.

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

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

Our local senior management teams meet weekly to review all complaints and seek to work cohesively to ensure comprehensive and thorough investigation, and timely responses.

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

Negative comments are used in the same way; to identify any issues, address concerns and make improvements to our services. We also respond to all comments that are posted.



Complaints by Site	2019-2020		2020-2021	
	Number	% per 100 Admissions	Number	% per 100 Admissions
Cancer Centre London	3	0.02%	3	0.05%
Highgate Private Hospital	32	0.09%	42	0.08%
Parkside Private Hospital	87	0.10%	96	0.08%
The Edinburgh Clinic	14	0.06%	35	1.38%
The Holly Private Hospital	45	0.05%	24	0.02%
Total	181		200	0.06%

Changes made at facilities as a result of complaints

Cancer Centre London	<p>During the start of the pandemic immunosuppressed patients became very concerned about having contact with the Cancer Centre, staff and other patients, due to fear of contracting COVID. We implemented changes in light of IPC guidance which gave patients reassurance that a safe COVID environment was in place.</p>
Parkside Private Hospital	<p>Parkside Hospital takes all complaints very seriously and works to ensure that any learnings can be shared across the hospital.</p> <p>On reviewing our priorities set for 2021 we were able to:</p> <ul style="list-style-type: none"> • Purchase a second therapeutic ice machine • Reviewed the booking process which followed the introduction of APAS3 • Continue to update and refresh Covid guidance in light of national changes • Develop self-pay package prices
The Holly Private Hospital	<p>Some changes in 2021 include:</p> <ul style="list-style-type: none"> • We introduced a new Patient Pathways project. We review patient journeys and take actions to exceed expectations and go beyond compliance. • We are conducting data analysis to see where consultant complaints or clinical outcomes provide insights and trends. • We are working to ensure we effectively communicate the costs of outpatient tests to patients. • Our patient exclusion criteria is regularly reviewed and shared with all referrers including GP practices.
Highgate Private Hospital	<p>A new 'Big Room Meeting' is in place to hold an honest, constructive and transparent exploration into the issues which affect the entire patient pathway from the bookings process, consultant clinic management and patient admissions. The Big Room gives the appropriate participants time to focus, discuss and also to understand the impact that various hospital wide issues have on each other and in different departments.</p>
The Edinburgh Clinic	<p>A Patient Experience Focus Group has been set up in response to complaints – terms of reference have been agreed and approved. Monthly meetings commenced January 2022, with a cross-section of the Clinic staff in attendance, to discuss specific complaints and feedback received on a monthly basis. We analyse trends and themes and prioritise our areas of focus. Actions are agreed and learnings shared with the teams.</p>

PART 2
Quality
Performance



Quality Performance 2020–2021

This section reviews our progress with key quality priorities over the last year.

Ensuring our patients receive consistently high quality, safe care with outstanding health outcomes and experience is at the centre of all we do. We aim to be ambitious for our patients, innovative and forward thinking in how we deliver safe, high quality and effective care for our patients.

Aspen Healthcare's Quality Strategy sets out our approach to quality and how we plan to progress a number of quality and safety improvement initiatives that we will be focussing on over the coming years.

National Quality Account guidelines require us to identify at least three priorities for improvement and the following information outlines our main priorities for 2020–2021.

These priorities were agreed with our senior management team and were informed by feedback from our patients and staff, audit results, national guidance and recommendations from the various hospital/clinic teams across Aspen Healthcare.

Our quality priorities are regularly reviewed by Aspen Healthcare's Quality Governance Committee which meets quarterly, to monitor, manage and improve the processes designed to ensure safe and effective service delivery.

Aspen Healthcare is committed to delivering services that are safe, of a high quality and clinically effective; we constantly strive to improve our clinical safety and standards.

The priorities we identified drive the three domains of quality: patient safety, clinical effectiveness and patient experience.



Patient Safety

Improving and increasing the safety of our care and services provided.



Clinical Effectiveness

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



Patient Experience

Aspiring to ensure we exceed the expectations of our patients.

Patient Safety

Improving Patient Safety in Light of the Paterson Inquiry

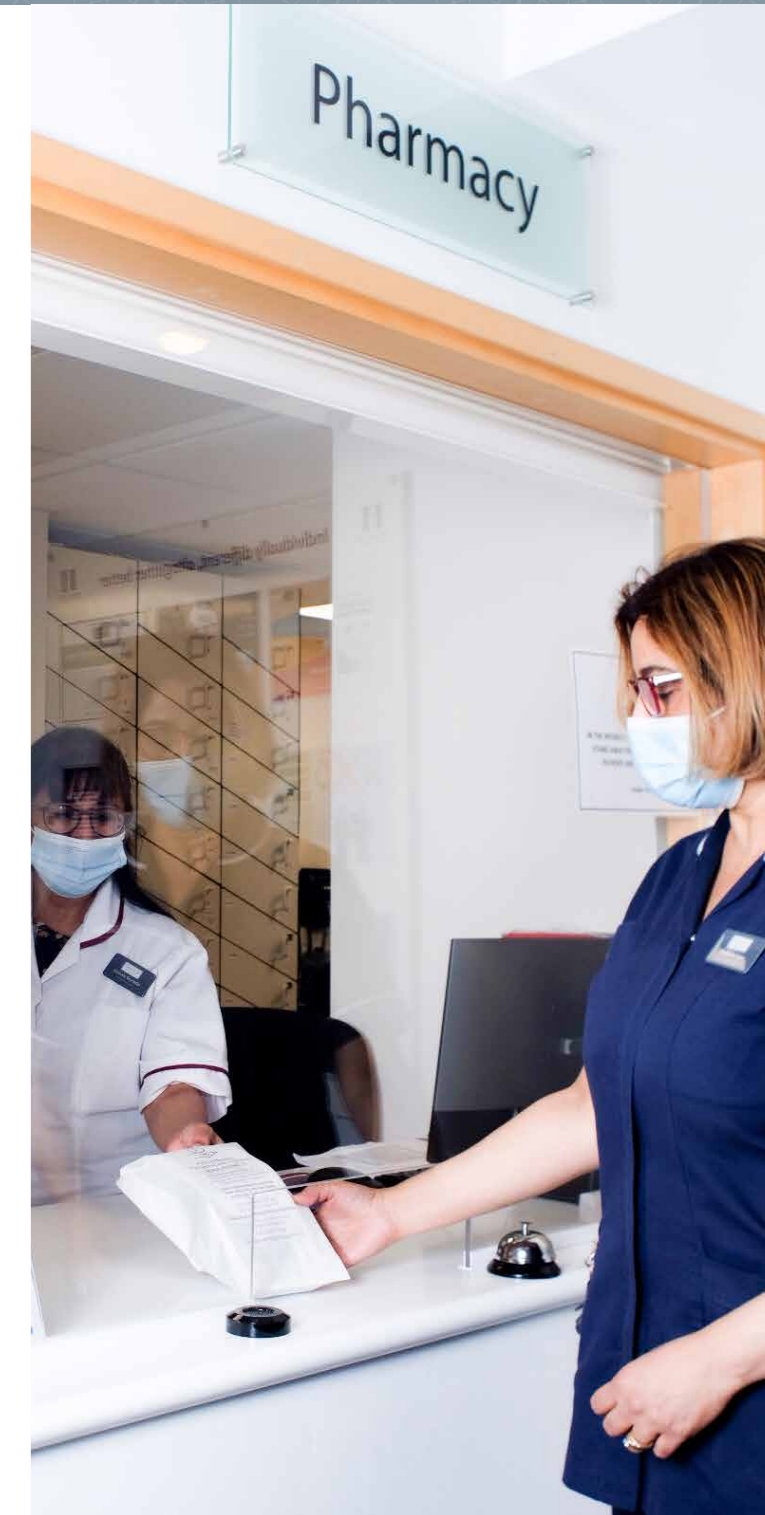
'Continual Improvement in Patient Safety in Light of the Paterson Inquiry', the report to parliament and findings of the Paterson Inquiry was published 4th February 2020. There were 15 recommendations across 9 areas for organisations including the Government, the NHS and private sector, and professional and systems' regulators. Aspen Healthcare reviewed the recommendations and developed a patient safety improvement programme in light of the Paterson Inquiry as follows:

Undertake a review and updating of practising privileges

- Aspen Healthcare has reviewed the Practising Privileges policy for consultants who wish to practise in our sites to ensure appropriate governance and oversight of practice within our facilities. This included an update of our Investigating Concerns policy; strengthening the annual/biennial review of practising privileges; and a provision to ensure that doctors with practising privileges undertake appropriate MDT review of patients and reflective practice.

Continue to improve patient information

- Consultants will write to patients, outlining their condition and treatment, in simple language, and copy this letter to the patient's GP. This initiative has been implemented across Aspen Healthcare and is now subject to audit.
- The differences between how the care of patients in the independent sector is organised and the care of patients in the NHS is organised, is explained clearly to patients who choose to be treated privately or whose treatment is provided in the independent sector but funded by the NHS. However, we continually update patient literature and our websites to address the recommendations of the Inquiry. We continue to engage with patients to ensure that the information we provide is in plain English and can be easily understood.
- We have a responsibility to clarify to patients how consultants are engaged at our private facilities, including the use of practising privileges and indemnity, and the arrangements for emergency provision and intensive care. In addition, we must ensure that we clearly explain the admission criteria and transfer-out arrangements to our patients. We have updated our websites to explain these procedures to patients. In addition we are updating our Patient Guides to include this information. We will engage with patients to ensure that the information we provide is in plain English and can be easily understood.





- Aspen Healthcare must ensure that the facility at which the procedure is being planned is appropriate for the procedure to be undertaken safely. We take a number of steps to ensure that this is always the case including:
 - Preoperative assessments
 - MDT working
 - Ensuring that Aspen websites provide sufficient patient information to keep patients informed of the facilities we have and the links we have to external healthcare providers, should any escalation in care be required.

Improve and update our policy for consent

- There should be an appropriate period of reflection built into the process of patients giving consent for surgical procedures. This should be in-line with Montgomery and informed consent. Doctors must provide information about all material risks and they must disclose any risk to which a reasonable person in the patient's position would attach significance. Aspen Healthcare has implemented changes to the Patient Consent Policy and the application of this is now being audited.

Multidisciplinary team meetings (MDTs)

- Aspen Healthcare will comply effectively with up-to-date national guidance on MDT meetings. Aspen will evidence that MDTs are in place and working as they should.

Staff culture

- Staff are continually encouraged to STEP-Up to Safety and stop the line. Reporting issues of concern is encouraged within a transparent and open culture.
- Staff have been engaged in a staff patient safety survey where feedback will be actioned for the benefit of all. This survey has been designed to provide an understanding of the strengths and weaknesses as perceived by Aspen staff so that we can measure key dimensions and manage a process of continual improvement.

Maintaining Covid Free Facilities

Throughout the pandemic all Aspen Healthcare sites have worked hard to ensure that our staff and patients have been protected from Covid-19. We responded quickly and effectively to national guidance issued and supported both the NHS and our own patients with their healthcare journeys during difficult and uncertain times. It has been a great achievement to maintain our 'green' pathway status.

This has included ensuring compliance with all Infection Prevention and Control (IPC) guidance, maintaining social distancing, testing of staff and patients and enhanced cleaning regimens.

As we move from the pandemic to living with Covid all Aspen Healthcare sites continue to practice stringent IPC measures. New procedures have been developed to protect both patients and staff including continued use of facemasks within the healthcare setting, regular LFT testing for staff and testing of patients prior to their operations. Enhanced cleaning measures continue to be in place as are the requirements for staff to use Personal Protective Equipment when having patient contact.

The new national guidance for Living with Respiratory Infections <https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control/covid-19-guidance-for-maintaining-services-within-health-and-care-settings-infection-prevention-and-control-recommendations> as well as the newly published National Infection Prevention and Control Manual (England) https://www.england.nhs.uk/wp-content/uploads/2019/03/C1244_National-infection-prevention-and-control-manual-for-England_April-2022.pdf and the Nation Infection

Prevention and Control Manual (Scotland) <https://www.nipcm.scot.nhs.uk/> are guiding the precautions being taken at site and policies, procedures and audits are being updated to reflect this.

Aspen Healthcare was awarded two Covid Response Awards in 2021; We won a Bronze award in the Best Covid-19 Response in Healthcare category and a Bronze award in the Best Communications during Covid category.

Focus on Association for Perioperative Practice (AfPP) Reaccreditation

For over eight years the Operating Theatres at Aspen Healthcare have been externally accredited by the Association for Perioperative Practice (AfPP). This accreditation provides us with the opportunity to demonstrate our commitment to high standards of perioperative care and patient safety.

During 2021 and 2022, Aspen operating departments have been preparing for and undertaking our biennial reaccreditation process and will have to demonstrate how we undertake all surgical safety processes, including the development, implementation and monitoring of compliance with policies, educational and training standards, audit processes and clinical practice. Clinical practice is assessed by external assessors conducting assessment interviews with the Directors of Nursing and Theatre Managers and then visiting our sites and spending time in our operating departments.

Clinical Effectiveness

Quality Standards for Imaging (QSI) Accreditation (update)

Quality Standards for Imaging (QSI) Accreditation is the primary quality assurance and governance framework for imaging services and is the only UK-wide recognised accreditation scheme for diagnostic imaging services. UKAS is the independent accreditation body for the UK who will assess the services that have applied to become accredited and grant accreditation.

The accreditation process and information obtained from regular self-assessment and active monitoring of imaging processes will be used to devise appropriate strategies to ensure services are safe, cost-effective and timely, and that risks are well managed. This accreditation will also help demonstrate to patients, commissioners, and our regulators a clear commitment to the delivery of a high-quality patient centred imaging services and the meeting of recognised accredited standards.

The accreditation will support Aspen Healthcare's quality improvement culture where both imaging services management and operational requirements are meshed together to ensure that resources are well managed and delivering high quality pre-examination, examination, reporting and post examination processes, as well as ongoing evaluation and continual improvement.

Aspen Healthcare has continued its preparation for accreditation with Parkside Hospital as its pilot site. Through gap analysis of the QSI domains, with support from Quality Improvement partners at the Royal College of Radiologists and the Society of Radiographers, additional quality initiatives have been implemented across all Aspen Imaging Departments which include a Radiology Integrated Audit Tool and Radiology Events and Learning Meetings (REALM).

Patient Related Outcome Measures (PROMs)

We are always looking to improve our clinical outcomes and PROMs is an excellent tool to measure how effective our surgical outcomes are. Utilising PROMs is best practice, as recommended by the Royal College of Surgeons. The outcome data is reported to Private Health Information Network (PHIN) which publishes independent, trustworthy information which helps patients make informed treatment choices, and helps them to make the best decision about their choice of procedure, surgeon and hospital.

PROMs measure the health gain for named procedures, such as hip and knee replacement surgery. This is achieved by the patient completing questionnaires pre-surgery, and then 3-6 months following the procedure, to see how much their health and wellbeing has been improved by the surgery. It demonstrates the quality of the service and the care that we offer and allows us and our consultants to assess the quality of our service and to make improvements where necessary.

With the Covid-19 pandemic hitting hard in 2020-21, most elective surgery was put on hold, including hip and knee replacement surgery, and cataract procedures. Patients who had private medical insurance or who were self-funding were unable to access our facilities, as independent healthcare sector was prepared and ready to support the NHS during the crisis. Therefore, PROMs data that was eligible for submission at that time was minimal, and so the statistics were not a true reflection of the surgical outcomes. We are now getting PROMs back on track: each Aspen facility who submit data are reviewing their procedures, and monthly monitoring calls are taking place, and as a result better compliance is evident. The expectation is that these compliance rates will continue to improve in 2022-23.



★ Patient Experience

The Golden Patient

There are many reasons for delays in operating lists but many are often predictable and preventable (examples include the patient not having been sent for; the patient having eaten or consumed fluids; test results not being available (bloods, ECG, etc); unavailable equipment; or inadequate staffing levels). These delays between cases typically mean an operating list overruns and this can lead to further delays for other patients and possible cancellations. This can impact on the quality of care of patients awaiting surgery and undermine the timeliness, efficiency and effectiveness of care, leading to significant dissatisfaction for patients and relatives.

The identification of a 'Golden Patient' has been shown to enhance patient experience whilst improving theatre efficiency and utilisation through early identification of an elective patient.

This improvement project has been implemented to improve the start time of the first operation of each day in theatres, by pre-selecting a patient and nominating them as the 'Golden Patient' the day before they are due to be operated upon. This nominated patient is then fixed at the start of the theatre list the following day. The list can only then be changed if an emergency occurs overnight. The 'Golden Patient' is prioritised and optimised for theatre and the theatre staff ensure all surgical instruments are prepared.

Currently all Aspen sites except one have developed the 'Golden Patient' process and are now using it on a daily basis, with regular reviews and audit to show where any issues may be. The remaining site is in the early planning stages of the process, but in 2022-23 the 'Golden Patient' initiative will be embedded at all Aspen sites.

Ensuring Patients Have the Right Information

During 2022-2023, Aspen Healthcare will continue to ensure that the recommendations of the Medical Practitioners Assurance Framework and the Paterson Inquiry are fully in place to ensure patients have the right information at the right time to understand their treatment and care.

This is achieved by a number of projects: these include a review of all patient information leaflets that are given to patients, to ensure that the contents are explained clearly, are written in plain language and easy to understand. The leaflets are available in many languages, and in a format which can be altered in size to accommodate patients who require a larger print. We have put in processes to make sure that all patients receive sufficient information in order to give informed consent, and to ensure that they have sufficient time between consultation and procedure to consider the risks and benefits of surgery (two-stage consent). We have reviewed and improved our auditing processes so that we can confirm a consistent high standard in two-stage consent.

Ensuring Patients have a Positive Experience With Us

The past two years have been difficult across the world of healthcare and this is no different for Aspen Healthcare facilities and our staff and patients. In the 'new normal' it is a key priority for Aspen to ensure that our patients experience high-quality care and treatment while ensuring that they are safe and well cared for. Our dedicated teams of Infection Prevention and Control, Clinical and Health and Safety professionals have reviewed all of our clinical environments and services to ensure that while complying with national requirements, our patients experience a seamless service in which they have confidence.

To achieve this, we are working with the rapidly changing government guidelines which includes continuing to provide face coverings or masks for patients who do not bring their own. There are extensive hand hygiene facilities throughout our sites and staff and patients are encouraged to use them.

To support all of this work, our Housekeeping Teams have increased the frequency of cleaning in all parts of our facilities and more so in high traffic-high touch areas to ensure that risk of transmission of COVID-19 is reduced as much as possible. We will continue to implement all of these measures into 2023 and we will adapt them as required.

This will continue to be monitored through specific covid questions added to our patient feedback questionnaires and our Staff Patient Safety survey. Throughout the pandemic, we have restricted visitors entering our facilities but have made exceptions for our paediatric patients and for patients who are having end of life care. We are looking forward to allowing patient visitors, when it is safe to do so.



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