



cancer centre
london



Cancer Centre London Quality Account

April 2018 – March 2019





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Welcome to Aspen Healthcare

Cancer Centre London 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 two day-surgery hospitals in the UK. Aspen Healthcare's current facilities are:

- Cancer Centre London
Wimbledon, SW London
- 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 eight facilities, comprising over 250 beds and 18 theatres, in 2018 alone Aspen has delivered care to:

42,000 | **9,000**

patients were admitted into our facilities
patients stayed as an inpatient for overnight care

33,000 | **306,000**

patients who required day case surgery
patients who attended our outpatient departments

65,000

patients who attended our diagnostic departments.

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

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

Aspen is now one of the main providers of independent hospital services in the UK and, through a variety of local contracts we provided 17,000 NHS patient episodes of care last year, comprising nearly 40% 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.

We are pleased to report that in 2018:

99%

of our inpatients and day patients rated the overall quality of their care as 'excellent', 'very good' or 'good'.

99%

of inpatients and outpatients stated that they were 'extremely likely' or 'likely' to recommend the Aspen hospital/clinic 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.



Aspen Healthcare Hospitals and Clinics locations:

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



"Thank you for all your gentle care and professionalism, it is greatly appreciated."

J M. Streatham Common.

Statement on Quality from Aspen Healthcare's Chief Executive

Welcome to the 2018-2019 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 our latest annual Quality Account for Cancer Centre London. This report focuses on the quality of services we provided over the last year (April 2018 to March 2019) and, importantly, looks forward to setting out our plans for further quality improvements in the forthcoming year.

As this last year draws to a close I am pleased to be able to reflect on how we have further improved our safety and quality of care. 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. These 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 and 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.

All our hospitals and clinics in England have now been externally inspected by the health and social care regulator, the Care Quality Commission (CQC). These comprehensive inspections have provided external validation of the quality and safety of care we deliver and we are proud to report that all our hospitals and clinics have been rated as 'Outstanding' or 'Good', with commendations received on our staff's professionalism, kindness and compassionate care.

This Quality Account presents our achievements in terms of clinical effectiveness, safety and patient experience, and demonstrates that all our managers, clinicians and staff at Cancer Centre London are committed to providing the highest standards of quality care to our patients. 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 (2019-2020), as agreed with the Aspen Senior Management Team, are outlined within this report.

In 2018-2019 we maintained our excellent record on reducing avoidable harm across our organisation, and saw further improvements made to both patient safety and increasing our already high levels of patient satisfaction. We remain committed to monitoring all aspects of our patients' experience within Cancer Centre London, ensuring this feedback is effectively utilised to continue to drive quality improvement. Our staff survey in 2018 also showed further improvement in staff engagement and a pride to work for Aspen. You will find more details outlined within the relevant sections of this report.

I would like to thank all our staff who everyday show commitment to our values, high standards and goals, and for their contribution to the continuous improvements we strive to 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 2018-2019, both NHS and private. To the best of my knowledge the information included is an accurate and fair reflection of our performance. I hope that this Quality Account provides you with a clear picture of how important quality improvement, patient safety and patient experience are to us at Aspen Healthcare.

Paul Hetherington
Chief Executive
Aspen Healthcare

Introduction to Cancer Centre London

Cancer Centre London (CCL) was established in 2003 and is a specialist oncology centre registered to treat adult patients (18 years and older) who have cancer with chemotherapy and radiotherapy. Based in Wimbledon London, the centre offers an extensive range of oncology patient support services and works closely with Parkside Hospital, enhancing a holistic service to this group of patients who also require the provision of expert cancer surgery and inpatient beds. The multi-disciplinary team at Cancer Centre London comprises of internationally renowned and pioneering medical and clinical oncology Consultants, on-site resident medical officers, pharmacists/pharmacy technicians, oncology nurses, radiographers, physicists, healthcare assistants, an outpatients team, an information centre co-ordinator and is supported by our hotel service teams..



Vital Statistics



Chemotherapy chairs

12



Consulting Rooms

6



On-site Parking

- ✓ Pathology
- ✓ Pharmacy
- ✓ Nurse-led breast care
- ✓ Complementary therapies
- ✓ Dietician
- ✓ Cancer Information Centre
- ✓ Blood Cancer treatments
- ✓ Lymphoedema
- ✓ On-site parking
- ✓ Radiotherapy
- ✓ MRI
- ✓ Physiotherapy
- ✓ Nuclear medicine
- ✓ Counselling
- ✓ Pain management services
- ✓ Palliative care

- ✓ Support Groups
- ✓ Photodynamic therapy
- ✓ International Patient Service
- ✓ Accepts all major insurers
- Caspe Healthcare Knowledge Systems (CHKS) accreditation (Cancer Standards) and ISO 9001:2008 certification. July 2017 – July 2020
- Bupa accredited Breast Cancer Unit
- Bupa accredited Haemato-oncology Unit
- CHKS Quality Improvement – International Highly Commended Quality Award
- Building Better Healthcare Finalists - Use of Innovation category
- Macmillan Environment Quality Mark
- WorldHost Customer Care Training
- PLACE Assessment undertaken.

**"Thank you for your warmth
(in spite of cold hands) and
kindness. You are a wonderful
bunch!"**

F W. Richmond.

Statement on Quality

Cancer Centre London is proud to present this Quality Account and we hope it helps to demonstrate our commitment to quality and safety. We have aimed to measure our progress objectively, identifying where we need and want to improve in 2019-2020 centred on the areas of patient safety, clinical effectiveness and patient experience.

The Cancer Centre London team are committed to delivering high quality care which ensures the patient is at the centre of everything we do. The Care Quality Commission (CQC) independent assessment of Cancer Centre London was rated as "Good" in 2016.

The Quality Account is actively owned by all the teams at Cancer Centre London. We have a genuine desire to drive forward our quality initiatives over the next year, modelled on our Quality Governance Framework and Quality Strategy. This Quality Account also helps us to openly report on what we do and what we need to improve upon.

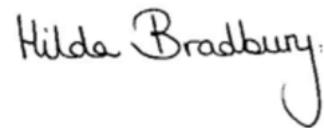
At Cancer Centre London we hold a range of quality meetings where we discuss our quality measures, outcomes and plans. The Quality Improvement meetings are used to discuss radiotherapy related measures and our

comprehensive Quality Management Review meetings are used to discuss overall quality at Cancer Centre London. Our local Quality Governance Committee is held quarterly and provides information, outcomes and quality data on all aspects of our patients' journey, including feedback from our patients. Our local Quality Governance Committee feeds into the Group Quality Governance Committee which is chaired by Aspen's CEO. The committee provides assurance to the Aspen Board that we are responsive to any changes in values, expectations and perceptions and ensures that services provided to our patients are based on best practice.

Accountability Statement

Directors of organisations providing hospital services have an obligation under the 2009 Health and Social 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 in this report is accurate



Director, Cancer Centre London
Date: 30 April 2019

This report has been reviewed and approved by:

Professor Trevor Powles, Medical Advisory Committee Chair, Cancer Centre London
Mr Paul Hetherington, Chief Executive Officer, Aspen Healthcare
Mrs Judi Ingram, Clinical Director, Aspen Healthcare

Quality Priorities for 2019-2020

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 2019-2020. These priorities have been 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's Quality Governance Committee which meets quarterly, to monitor, manage and improve the processes designed to ensure safe and effective service delivery.

Cancer Centre London 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 have identified will, we believe, drive the three domains of quality: patient safety, clinical effectiveness and patient experience.

The key quality priorities identified for 2019-2020 are as follows:

Patient Safety

Helping Our Staff: 'How to have Safety Conversations'

Aspen Healthcare aims to be a recognised leader in patient safety and our STEP-up to Safety staff engagement and training programme is an innovative initiative to help our staff to fully understand their own roles in patient safety. The programme has resulted in a significant improvement in safety measures, including an increase in safety reporting and was the overall winner at the National Customer Experience Awards in 2018.

Feedback from our staff has been that the most challenging aspect of 'STEP' is the 'T' for 'Talk', and in 2019-2020 we will further develop our STEP-up programme and work to support our staff in effectively communicating to work as safely as possible. This will include exploring the skills required and what is said, when, where and by who, body language, and also whether it will be understood and is likely to be heard.



Clinical Effectiveness

Audit of Pain Management

Effective management of acute pain has long been recognised as important in improving the post-operative experience, reducing complications and promoting early discharge from hospital. Pain is a unique complex bio-psychosocial experience with the management of pain closely associated with patient satisfaction, impacting on patients' overall experience.

In 2019-2020 Aspen Healthcare wishes to explore developing an audit of pain management and will assess various tools and their application in the Aspen facilities, with the aim of piloting at one Aspen hospital and then sharing the learning across all our facilities.

The audit will evaluate how patients' pain was managed and identify areas to improve the quality and effectiveness of care.

Patient Experience

Implementation of GREATix

Much attention is focused on 'negative' events with our staff being encouraged to report incidents, via our risk management system, Datix. Although it is vital to learn from any errors/near misses in healthcare with these having a very important part to play in our safety culture, it is also as important to balance this with the recognition of positive performance, and to share and transfer examples of good/excellent practice.

In 2019-2020 Aspen Healthcare will develop an online GREATix reporting tool where any staff member can submit an online nomination when they observe excellence in patient care or excellent practice from another member of staff or team. This will be complemented by a paper GREATix version, that can be used by staff and our patients. The nomination is then reviewed and direct feedback sent to the individual staff member. In addition, GREATix themes or valuable learning examples can be discussed, shared and celebrated at governance and staff forums.

GREATix, as a positive reporting system, is likely to develop additional benefits in patient safety alongside traditional incident reporting. It is hoped that benefits are seen on staff moral and culture, its use as an improvement tool and another method of enhancing learning from our patients' experience.

Self-assessment of ISCAS Complaints Code

Aspen Healthcare takes pride in the delivery of quality care and services and always seeks to utilise all feedback, including patient complaints, as a mechanism of learning and improvement. Our approach to complaint management is a key element of our commitment to customer focus, and is part of our wider quality management system.

Aspen Healthcare, as an independent healthcare provider, voluntarily subscribes to the Independent Healthcare Sector Complaints Adjudication Service (ISCAS). This provides complainants with access to independent adjudication on complaints about any ISCAS subscriber when they have not been able to resolve their complaint locally with the provider.

Best practice standards, set by ISCAS for subscribers to the adjudication scheme, are outlined in the ISCAS Code of Practice for Complaints Management. The ISCAS Code provides a framework for the management of complaints made by complainants about the provision of independent healthcare services.

In 2019-2020 Aspen Healthcare will undertake a self-assessment of their complaints' management against all components of the ISCAS code. This will provide an opportunity to assess ourselves against each standard of the code, identify if there are any areas for improvement, with the aim to monitor and continually improve the effectiveness of our complaints handling in light of best practice and good governance.

Develop Online Accessibility Guides for Disabled Patients and Visitors

In the UK, 1 in 5 people have a disability - this could be visual, hearing, motor or cognitive (affecting memory and thinking). Aspen Healthcare aims to anticipate our patients' needs as well as we can and endeavours to provide access to our facilities for people with a disability. However, for patients and visitors with access problems visiting our facilities may be a stressful and anxious experience and we recognise that everyone's accessibility needs are different. Having detailed and accurate access information is important in helping us assure the best experience for people with a disability.

In 2019-2020 we will develop online information and guides for disabled patients and visitors, providing information and detail on how accessible our facilities are. This will help us to communicate our facilities and services to disabled people and other visitors who require specific accessibility information.

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.



"Thank you all for looking after me with such special care and attention. I'll really miss you all – and being told to hold my breath!!! Your wonderful teamwork has made this treatment a time I'll look back on oddly with great fondness. I feel well and ready for the next challenge, thanks to you all."

S B. Tooting.

Statements of Assurance

Review of NHS Services Provided 2018-2019

Cancer Centre London did not treat any patients on behalf of the NHS during April 2018 to March 2019. Participation in Clinical Audit.

Participation in Clinical Audit

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

During April 2018 to March 2019, zero national clinical audits and zero national confidential enquiries covered services that Cancer Centre London provides.

During that period Cancer Centre London participated in zero national clinical audits and zero national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiries that Cancer Centre London was eligible to participate in during April 2018 to March 2019 were zero.

Local Audits

The external and internal reports of around thirty five local clinical audits were reviewed in April 2018 to March 2019. An integrated audit tool has been developed which encompasses audit from all departments. The tool specifies the action plans, frequency and continuous review for each audit. Results are fed back to relevant teams through head of department meetings, local team meetings, quality governance meetings and at the medical advisory meetings. In addition, external audits are undertaken to ensure compliance with outside regulatory bodies.

The audits undertaken during the period include:

External 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.

- CT Planning
- Pause and Check Nuclear Medicine
- Nuclear Medicine Patient Dose
- Nuclear Medicine Report Quality
- Unlicensed Medicines audit
- CCL allergy status recording of patients receiving SACT
- Medical Gas Storage audit
- Chemotherapy Waiting Times
- Pharmacy related audits including: checklist completions, allergy status recording, chemotherapy protocol adherence, controlled drugs, medicines management, medical gas and medicines security audits and electronic prescribing compliance
- Quality System audit
- Patient Turnaround Time audit
- SABR patient workflow audit
- SRS Patient workflow audit
- VMAT Patient workflow audit
- IMRT Patient workflow audit
- 3DCRT Patient workflow audit
- Diode Dosimetry audit
- Participation in IPEM Dosimetry Audit Group G
- Unplanned admissions during treatment e.g. Neutropenic
- Group Medicines Management audit - controlled drug
- Bi-annual Patient Safety Medicines quality audit.

Cancer Centre London has taken the following actions to improve the quality of healthcare provided as a result of the above audits:

- Staff reminded to ensure all entries in healthcare records should follow documentation standards as per policy
- Allergy training audit and further training undertaken for all clinic departments
- Reference to the specific information leaflet used, as part of consent process, to be documented in notes.

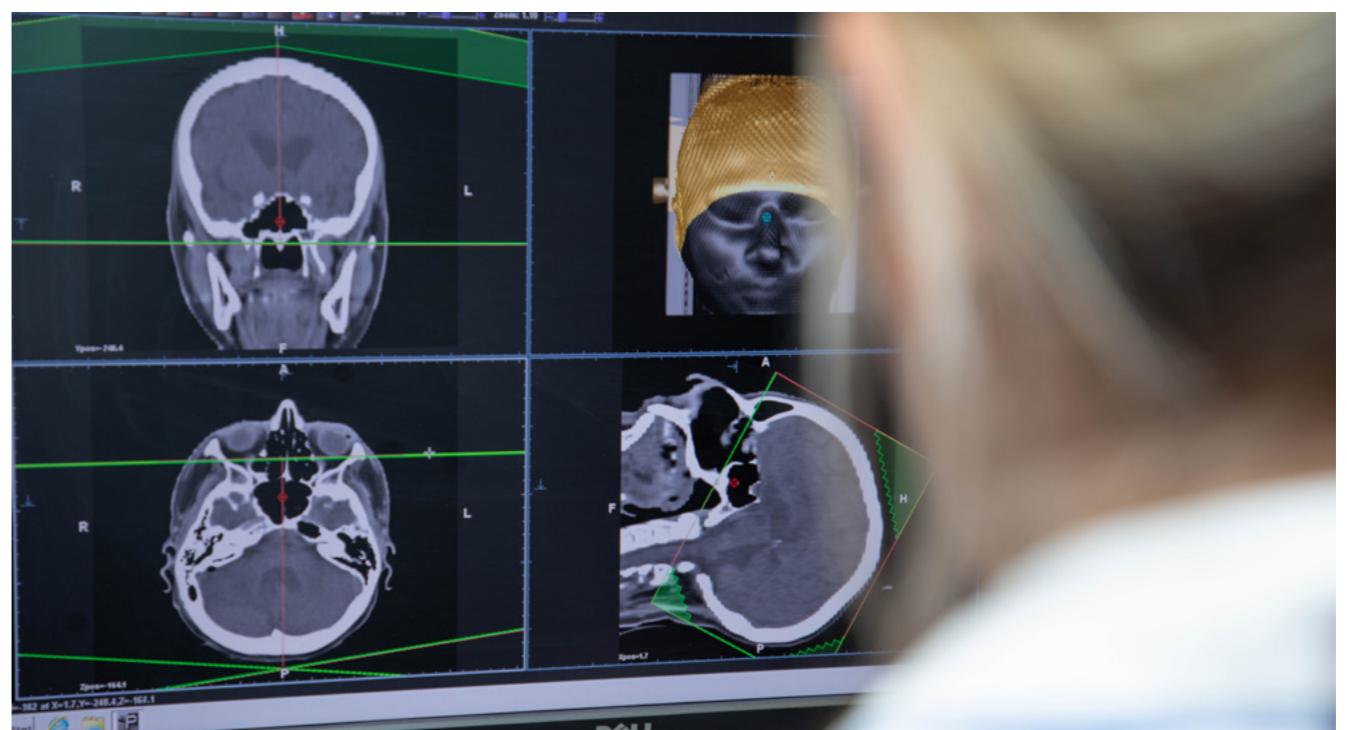
Cancer Centre London had its Oncology Standards Survey undertaken by Caspe Healthcare Knowledge Systems (CHKS), part of Capita Health Partners in July 2017. The Cancer Centre attained full accreditation of its oncology services and ISO certification; both are valid until July 2020. The CHKS annual surveillance visit was undertaken in July 2018 and accreditation was maintained. Cancer Centre London was also a finalist in the CHKS Quality Improvement Award 2018, by the CHKS Accreditation Panel - one of only three internationally to be selected.

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

Cancer Centre London's income in April 2018 to March 2019 was not conditional on achieving quality improvement and innovation goals through the Commissioning for Quality and Innovation payment framework because Cancer Centre London does not undertake treatments on NHS patients.



Statement from The Care Quality Commission

Cancer Centre London is required to be registered with the Care Quality Commission (CQC) and its current registration status is to provide the following regulated activities:

- Diagnostic and/or screening services
- Treatment of disease, disorder or injury.

The CQC has not taken enforcement action against Cancer Centre London during April 2018 to March 2019.

Cancer Centre London has not participated in any special reviews or investigations by the CQC during the reporting period.

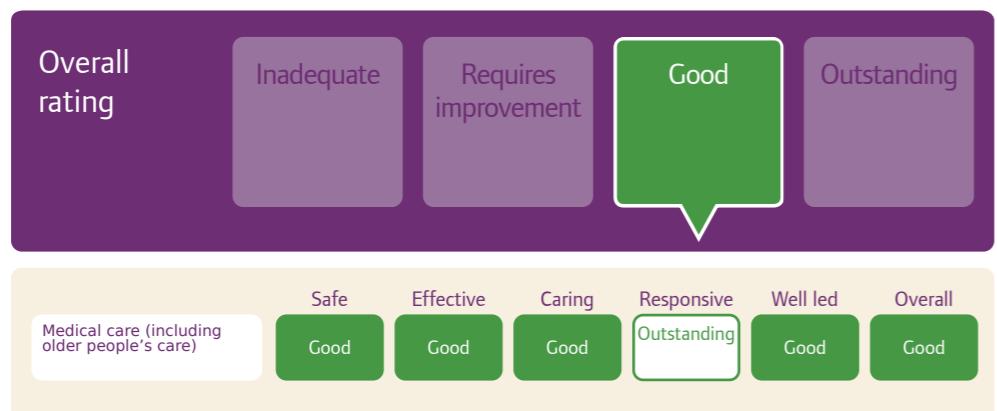
Cancer Centre London was last inspected by the CQC in May 2016 and was found to be fully compliant with the five domains reviewed and, as at 31st March 2019, Cancer Centre London does not have any conditions on its registration.

In August 2016 the CQC last published its Inspection Report of Cancer Centre London and awarded an overall rating of Good.

Cancer Centre London was rated as 'Outstanding' in the responsiveness to patients domain and 'Good' in the safe, effective, caring and well-led domains.

Identified areas, by the CQC, of outstanding practice included:

- The service was extremely responsive to its patients and their families



"Thank you all for your help and patience, and most of all your kindness. You have all been brilliant. Thank you; we will never forget you!"

B A. Surbiton.

Statements on Data Quality

Cancer Centre London recognises that good quality information underpins the effective delivery of patient care and is essential if improvements in quality of care and value for money are to be made. Information Governance is high on the agenda and robust policies and procedures are in place to support the information governance process. A robust integrated audit ensures that all departments adhere to national standards and continuous quality improvement.

Cancer Centre London will be taking the following actions to improve data quality:

- Ensure all staff complete IG training and training in GDPR via eLearning modules
- Upgrade the current Aspen Patient Administration System (APAS) to APAS 3 at the end of 2019/beginning of 2020
- Continue audits of records completion, via the Aspen integrated audit programme
- Audit of information governance practice.

Data Security and Protection Toolkit March 2019

Aspen Healthcare has met the standard for the Data Security and Protection Toolkit for 2018-2019, having provided 100 or 100 mandatory evidence items with 40 of 40 assertions confirmed.

Secondary Uses System (SUS)

Cancer Centre London did not submit records during April 2018 to March 2019 to the Secondary Uses Service for inclusion in the Hospital Episode Statistics which are included in the latest published data.

Clinical Coding Error Rate

Cancer Centre London was not subject to the Payment by Results clinical coding audit during April 2018 to March 2019 by the Audit Commission.



Speak Up Arrangements

Aspen Healthcare aims to promote a working environment, where staff feel safe and are encouraged in raising concerns, and to have a healthy speaking up culture. Aspen is committed to being responsive to feedback and is focused on learning and continual improvement. Each Aspen facility promotes an open and supportive culture that encourages staff to speak up about any issues of patient care, quality, safety or wrong doing.

Effective speaking up arrangements are in place to protect patients and improve the experience of our staff. Aspen Healthcare has nominated the Group Clinical Director and Group Human Resources Director as named executive leads and as Aspen's Freedom to Speak up Guardians, and both have completed the national Freedom to Speak Up (FTSU) Guardians training.

An up to date Speaking Up policy is in place which has been externally reviewed by a national whistleblowing charity and a programme of ongoing promotional Speak Up posters and leaflets assure a high profile to encourage staff to feel able to speak up. This is regularly reinforced at induction, the Executive Roadshow and staff forums.

Senior leaders use speaking up as an opportunity for improvement to ensure learning is embedded in future practice, to deliver better quality care and improve staff experience, and we continually review and improve our systems to support speaking up. Any Speak Up issues that raise immediate patient safety concerns are quickly escalated and investigated, ensuring all staff who do speak up do not suffer any detriment, and that lessons learnt are shared widely across the Aspen sites.



Quality Indicators

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

Not all indicator measures that are routinely collated in the NHS are currently available in the independent sector and work will continue during 2019-2020 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.

Cancer Centre London 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.

Number of Patient Safety Incidents, including Never Events

Patient Safety Incidents

Serious Incidents (SIs) 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 (NEs) are a subset 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 Cancer Centre London's patient safety programme. There is a real commitment to learn from any actual (or potential) error or mishap to reduce the likelihood of the incident reoccurring, and of any future harm to our patients.

Source: From Aspen Healthcare's incident reporting system:

2017-2018	% of Patient Contacts		2018-2019	% of Patient Contacts	
Serious Incidents	0	0%	Serious Incidents	0	0%
Serious Incidents resulting in harm or death	0	0%	Serious Incidents resulting in harm or death	0	0%
Never Events	0	0%	Never Events	0	0%
Total	0	0%	Total	0	0%

Cancer Centre London has taken the following actions to improve our data collection submissions, and the quality of its services, by working with the Private Healthcare Information Network (PHIN). Data is now collected and published about private and independent healthcare, which includes quality indicators. Aspen Healthcare is an active member of PHIN and is working with other member organisations to further develop the information available to the public. See: www.phin.org.uk.

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

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 to cause harm. These investigations are undertaken in an open and transparent approach with our patients. We take our responsibility to be honest with our patients (Duty of Candour) very seriously and are committed to acknowledging, apologising and explaining when things do go wrong.

The outcome of each serious incident investigation is reviewed at both local and Aspen Group Quality Governance Committees, ensuring learning is identified and shared, and that any required recommendations from the investigations are completed. Learning from incidents is also shared with staff at departmental meetings.

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 no patients that died at Cancer Centre London within the reporting period (April 2018 to March 2019) and, therefore, no case record reviews were undertaken.

Other Mandatory Indicators

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

Indicator	Source	2017 - 2018	2018 - 2019	Actions to improve quality
Number of people aged 0 - 15 years re-admitted within 28 days of discharge	CQC performance indicator Clinical audit report	N/A	N/A	
Number of people aged 16 years and over readmitted within 28 days of discharge	CQC performance indicator Clinical audit report	N/A	N/A	
Number of admissions risk assessed for VTE	CQUIN data	N/A	N/A	
Number of Clostridium difficile infections reported	From national Public Health England/Scotland returns	0	0	
Number of patient safety incidents which resulted in severe harm or death	From hospital incident reports (Datix)	0	0	
Responsiveness to personal needs of patients	Patient satisfaction survey data – for overall level of care	100%	96%	We will continue to monitor patient satisfaction.
Friends and Family Test - patients	Patient satisfaction survey – rated extremely likely/likely	100%	98%	We will continue to monitor patient satisfaction.
Friends and Family Test - staff	Staff satisfaction survey	N/A	65%	We will implement a new staff engagement strategy during 2019/2020.

Infection Prevention and Control

Infection Prevention and Control (IPC) is a high priority for Aspen Healthcare and is at the heart of good management and clinical practice.

During 2018-2019 work continued in developing Aspen's IPC infrastructure. Effective systems are now in place to prevent and control health care associated infections (HCAI) and ensure the safety of our patients and/or their relatives, staff and visiting members of the public.

Cancer Centre London continues to carry out IPC Environmental Audits in all patient-centred clinical areas. Added to this, Cancer Centre London also audits hand hygiene and insertion of peripheral cannula. During 2018 we added a MRSA audit to our IPC audit programme.

Infection

	2017-2018	2018-2019
MRSA positive blood culture	0	0
MSSA positive blood culture	0	0
E. Coli positive blood culture	1	0
Clostridium difficile hospital acquired infections	n/a	n/a

Complaints



Changes have been made throughout the year in response to issues raised and these included:

- A review of the WiFi services in the chemotherapy suite.

"Thank you so very much for looking after me so well during my radiotherapy sessions and with helping me up and down the stairs."

M B. Wimbledon.

Review of Quality Performance 2018-2019

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

Patient Safety

Continue to embed Aspen's STEP-up to Safety Programme

Aspen Healthcare's STEP-up to Safety programme is an innovative staff engagement training initiative for all staff and aims to help them fully understand their own roles in patient safety. The programme has led to significantly improved patient safety outcomes, with a notable reduction in the number of incidents reported with harm.

In 2018-2019 we worked to continue to embed the programme so that it became 'how we do patient safety round here' and we developed this further to ensure it remains fresh and meaningful to our staff. STEP-up to Safety now forms part of mandatory training for all our staff and is included in our core Induction for all new staff. We have started to involve our visiting Consultant staff and have identified local Consultant STEP-up Ambassadors. In 2018 we also developed a new film and training workshop to support our staff in speaking up called 'STOP the LINE' – helping them to feel able to raise safety concerns 'in the moment' of a busy healthcare environment.

Our latest Staff Patient Safety Culture survey showed an overall increase of 4% in how our staff rate patient safety at their hospital/clinic Aspen-wide. The programme was recognised as the overall winner at the National Customer Experience Awards in October 2018.

Clinical Effectiveness

Develop a Consultant Handbook

Our comprehensive clinical policy framework is evidence-based and up to date and all our doctors with admitting rights (commonly called 'practising privileges' in our sector), are required to adhere to these policies and procedures. In recognition that many of our doctors may work with other healthcare providers, we have collated the key elements of our clinical policies to enable them to be aware of, and comply with, our policy standards. We are now developing these into an App format to facilitate ease of access.

Patient Experience

Implement Dementia Self-Assessment Framework

Dementia is an umbrella term used to describe a range of progressive neurological disorders. In 2015, 850,000 people were living with dementia and their number is predicted to increase, with one in six of those aged over 80 developing dementia.

In 2018-2019 we have further developed our existing dementia strategy by adapting the NHS Improvement Dementia Assessment and Improvement Framework to create an audit tool to assess our clinical environments. This national improvement framework describes what 'outstanding' care looks like, and provides a system of assurance, continual improvement and learning. The framework combines national policy, guidance and best practice from organisations achieving an 'outstanding' rating from the national regulator - the Care Quality Commission (CQC) - and consists of eight standards that we strive to meet.

Audits will be undertaken in 2019 by the Aspen Head Office Quality Team and a report provided to each Aspen site. The use of this audit tool will enable our teams to continually improve care standards for those living with dementia, while accessing our services to ensure they have the best and safest possible experience whilst in our care.

External Perspective on Quality Of Services

What others say about our services:

Cancer Centre London invited Merton Health and Wellbeing Board, and Healthwatch Merton to comment on this Quality Account. Prior to publication no comments had been received.

"Many, many thanks for 37 days of fun and laughter. You have been a real boost. It has been an absolute joy. I admire your professionalism, your skills, your experience and your knowledge. Above all I have loved the warm, friendly atmosphere in which you do your work. Thank you so much for being on my team. With love to you all."

T R. Tooting.

Thank you for taking the time
to read our Quality Account.

Your comments are always welcome and we would be pleased to hear
from you if you have any questions or wish to provide feedback.

Please contact us via our websites:

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www.aspen-healthcare.co.uk

Or call us on:

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