



# Claremont Hospital Quality Account

April 2018 – March 2019



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# Welcome to Aspen Healthcare

Claremont Hospital is part of the Aspen Healthcare Group.

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

Aspen Healthcare is the proud operator of four acute hospitals, two specialist cancer centres and 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**

patients were admitted into our facilities

**9,000**

patients stayed as an inpatient for overnight care

**33,000**

patients who required day case surgery

**306,000**

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





“A fantastic experience from the word go. All the staff were respectful, cheerful and willing to help in any way.”

*Mrs H. Sheffield*

## 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 Claremont Hospital. 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 Claremont Hospital 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 Claremont Hospital, 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 Claremont Hospital

Claremont Hospital has been at the heart of the South Yorkshire community providing first class healthcare for over 60 years. The hospital is situated in grounds to the South West of the City of Sheffield. Originally founded by the Sisters of Our Lady of Mercy, a religious institute which relocated from Ireland to Sheffield in 1883, the hospital opened in 1921 and moved to its current location in 1953.

Since 2012 Claremont Hospital has been proud to be part of Aspen Healthcare and has benefitted from significant investment which has supported extensive refurbishment and improvements to patient and staff facilities. During 2019-2020 additional investment of £1M will allow us to:

- Refurbish more patient rooms
- Purchase additional medical equipment
- Upgrade to a digital X-ray room
- Upgrade our Imaging reception area
- Complete a range of projects already in progress

With 223 dedicated staff employed and 206 Consultants with Practising Privileges, Claremont Hospital specialises in elective short stay surgery, welcoming both NHS funded and privately funded patients. Our main surgical specialities include orthopaedic surgery, general surgery, neuro-spinal surgery, plastic surgery, ophthalmology, gynaecology, urology and ENT.



# Vital Statistics



- ✓ Endoscopy suite
- ✓ Physiotherapy
- ✓ Pharmacy
- ✓ MRI
- ✓ CT
- ✓ Ultrasound
- ✓ X-ray
- ✓ Private GP services
- ✓ Satellite clinics
- ✓ NHS e-Referral service
- ✓ Free parking
- ✓ Accepting all major insurers
- ✓ Consultant delivered service
- ✓ 24/7 Resident Medical Officer

- ✓ AfPP accreditation for Theatre safety standards
- ✓ JAG service accreditation for endoscopy standards
- ✓ WorldHost® Business Status in Customer Service training

During 2019-2020 we will continue to work hard to protect our reputation for safe, high quality care delivery and outcomes. Our organisational development ambitions for the forthcoming year, as detailed in this report, will drive and challenge us whilst ensuring safety and quality are incorporated into everything we do.

“All the staff that I had contact with have been professional, caring and friendly.”

Mr D. Sheffield

# Statement on Quality

**This is our sixth annual report and I welcome the opportunity to share with you some of the main developments we have made to our services and care delivery over the past year. This report allows us to demonstrate how we have performed against key national and locally determined clinical standards. It also highlights the progress we have made against our own quality improvement initiatives which we identified in last year's report. I am pleased to say that, once again, we have much to be proud of in our achievements during 2018-2019.**

In May 2018 our newly developed self-contained endoscopy suite became the first Aspen Healthcare facility to be awarded accreditation by the Joint Advisory Group (JAG) on gastrointestinal endoscopy. JAG is principally a quality improvement and service accreditation programme hosted by the Royal College of Physicians. It supports and assesses endoscopy units to meet and maintain specified standards with successful accreditation offering patients a badge of quality assurance. Our endoscopy team was commended for their attention to providing a high-quality patient focused service. They were also congratulated for the innovative development and implementation of an IT system which supports timely patient reporting and for the excellent environment the suite offers both patients and staff.

In December 2018 our Operating Theatre department successfully completed a peer review of the Association for Perioperative Practice (AfPP) standards against which the department was initially accredited in 2015. Notable areas of observed good practice included: excellent communication and team work between Consultants and theatre staff; high standards of maintenance of normothermia; and, consistently performed 'Stop before you Block' – an initiative to pause and check before nerve blocks are administered. In February 2019, AfPP inspectors formally reviewed the service against their standards. The Claremont successfully achieved re-accreditation and received a commendation for their high standards of theatre practice.

Within the hospital we regularly review and audit our services and pathways of care to ensure we not only maintain standards but also strive to continually improve on these. Scrutiny through audit allows us to monitor the implementation of changes introduced to reduce the likelihood of things going wrong and to assess the effectiveness of those changes. Whilst it is important to focus on errors in an effort to learn from our mistakes and avoid future harm, to do so in isolation fails to recognise that the majority of our daily work is delivered well, indeed much is excellent as endorsed by our overall rating of 'outstanding' by the Care Quality Commission. This year we will be launching the implementation of GREATix to capture the 'great' things we do. By learning from mistakes as well as celebrating excellent practice, we improve care delivery, staff morale and resilience.

We acknowledge that creating the right culture within the hospital is key to developing a really caring and high-performing organisation. Proactive engagement with our staff and patients is crucial in helping us to understand what the real issues are, and allows us to apply realistic and sustainable solutions and improvements.

We continually monitor the levels of satisfaction of our patients using the same system as NHS hospitals. Throughout the year our patients have consistently scored us above 95% in nine key areas (see outcome box on next page).

The hospital recognises and highly commends the commitment, performance and excellence of its loyal and dedicated staff and acknowledges the significant association between staff attitude and morale, and the quality of care provided to people facing health issues. When staff feel valued patients will have a positive experience. We continue to work to improve the experience of our staff including encouraging them to share and discuss experiences and challenges they face in their work. The results of our latest Staff Survey strongly suggest that our patients are in professional and empowered hands.

We also received very positive comments from an externally conducted survey of our Consultants in April 2018. 97% of our Consultants would recommend Claremont Hospital to their family or friends if they needed hospital care; 96% were very satisfied with the quality of service we provide to their patients; 99% believe our staff go out of their way to make a difference to working relationships; 99% believe their patients are safe in our care; and 94% believe we make efforts to continually

improve the quality of our services and care delivery.

We remain committed to providing our patients with the best possible treatment outcomes within a safe, clean and welcoming environment, one in which we would be happy to treat our own families. We remain united around a common mission to always do the right thing for our patients and we continue to share a strong focus on quality, safety and innovation where evidence-based care and practice is delivered at the right time, in the right way, by the right people.

Patient safety is of paramount importance and our total priority and commitment will always be unconditionally to the welfare and wellbeing of our patients. In a recent survey utilising a recognised and accredited industry tool to assess the opinions of staff about patient safety issues, medical errors, and incident reporting, the hospital's overall grading was 90% compared to an industry benchmark of 78%.

## Patient Satisfaction Survey Outcomes – average score during the year

Likely or extremely likely to recommend this hospital to family/friends	99.5%
Overall quality of care	99.8%
Treated with dignity and respect	98.6%
Overall impression of nursing care	99.3%
Overall impression of Consultant care	99.8%
Overall quality of catering services	98.5%
Overall quality of accommodation offered in the hospital	97.6%
Involved in decisions as much as they wanted	95.6%
Overall quality of discharge from hospital	98.1%

## Accountability Statement

To the best of my knowledge, as requested by the regulations governing the publication of this document, the information in this report is accurate.



**Andrew Thornton, Hospital Director, Claremont Hospital**  
Date: 29 April 2019

### This report has been reviewed and approved by:

Mr Peter Goodfellow, Medical Advisory Committee Chair  
Mr Robert Kerry, Quality Governance Committee Chair  
Mr Paul Hetherington, Chief Executive, Aspen Healthcare  
Mrs Judi Ingram, Clinical Director, Aspen Healthcare

**“Full explanations of procedures given and a high level of cleanliness practised at all times.”**

*Mr R. Rotherham*

# 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.

Claremont Hospital 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

### Implementation of National Early Warning Score 2 (NEWS2)

NEWS is a well validated track-and-trigger early warning score system that is used to identify and respond to patients at risk of deteriorating. The NEWS is based on a simple aggregate scoring system in which a score is allocated to physiological measurements, already recorded in routine practice, when patients present to, or are being monitored in hospital. A score is allocated to each parameter as they are measured, with the magnitude of the score reflecting how extremely the parameter varies from the norm.

Following evaluation of NEWS, the scoring chart has been updated (to NEWS2) and NEWS2 has now received formal endorsement from NHS England and NHS Improvement to become the early warning system for identifying acutely ill patients.

Aspen Healthcare has fully adopted NEWS2 and will work to effectively implement and embed NEWS2, ensuring that via our Aspen National NEWS2 Champion we share best practice and the learning from this network.

## Clinical Effectiveness

### Improve Staff Awareness of Acute Kidney Injury (AKI)

Acute Kidney Injury (AKI) is sudden damage to the kidneys that causes them to not work properly. It can range from minor loss of kidney function to complete kidney failure. AKI normally happens as a complication of another serious illness.

It is important that AKI is detected early and treated promptly as, without prompt treatment, abnormal levels of salts and chemicals can build up in the body, which affects the ability of other organs to work properly.

Someone with AKI can deteriorate quickly and suddenly, and we plan to develop training resources raising staff awareness of the prevention and recognition of AKI and the urgent actions required. This will be based on the National Institute for Health and Care Excellence clinical knowledge summary.

### Commence Radiology ISAS (Imaging Services Accreditation Scheme) Accreditation

ISAS is the primary quality assurance and governance framework for imaging services and is the only UK-wide recognised accreditation scheme for diagnostic imaging services.

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'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 will commence preparation for accreditation in 2019-2020 and plans to utilise the ISAS Traffic Light Ready (TLR) tool to undertake a detailed gap analysis in readiness for the next stages of accreditation.

## 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.

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

- Strive to further improve upon all our quality and safety measures
- Continue with our programme of development relating to other quality initiatives
- Continue to develop our workforce to ensure they have the skills to deliver high quality care, in the most appropriate and effective way
- Embed any 2019-2020 Commissioning for Quality and Innovation (CQUIN) initiatives so they become 'business as usual', and work to implement any locally agreed CQUINs with our commissioners
- Meet and exceed the Quality Schedule of our NHS Contracts.



# Statements of Assurance

## Review of NHS Services Provided 2018-2019

During April 2018 to March 2019, Claremont Hospital provided and/or sub-contracted the following NHS services.

Speciality	Activity
Ear, Nose and Throat	87
General Surgery	3,036
Gynaecology	510
Neurosurgery (spinal)	731
Ophthalmology	542
Orthopaedics	2,958
Urology	212

Claremont Hospital has reviewed all the data available to them on the quality of care in all of these NHS services.

The income generated by the NHS services reviewed in 2018-2019 represents 100% of the total income generated from the provision of NHS services by Claremont Hospital for 1st April 2018 to 31st March 2019.

## 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 April 2018 to March 2019, 5 national clinical audits and 0 national confidential enquiries covered NHS services that Claremont Hospital provides.

During that period Claremont Hospital participated in 100% national clinical audits and 100% 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 Claremont Hospital was eligible to participate

in during April 2018 to March 2019 are as follows:

- National Joint Registry
- Elective Surgery (National PROMs Programme).
- National Bariatric Surgery Register
- British Spine Registry
- Breast and Cosmetic Implant Registry

The national clinical audits and national confidential enquiries that Claremont Hospital participated in, and for which data collection was completed during April 2018 to March 2019, are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

### National Clinical Audits

Name of Audit	Participation	Number of cases submitted
National Joint Registry	Yes	780 (100%)
Elective Surgery (National PROMs Programme)	Yes	157 (25%)
National Bariatric Surgery Register	Yes	74 (100%)
British Spine Registry	Yes	486 (75%)
Breast and Cosmetic Implant Registry	Yes	23 (25%)

### National Confidential Enquiries

There were no NCEPOD National Confidential Enquiries in 2018-2019 that were applicable to Claremont Hospital to participate in.

## Local Audits

The reports of 167 local clinical audits were reviewed by the provider in April 2018 to March 2019.

Audit - all of the audits were undertaken at least three times during the reporting period with many of the audits being undertaken much more frequently	Average % Compliance April 2018 - March 2019
Venous Thromboembolism (VTE) – patient risk assessments fully documented	97%
Record Keeping (general) – documentation in clinical records compliant with national and local standards and requirements	92%
Pre-admission Assessment and Frailty Score – patient risk assessments fully documented	77% <sup>1</sup>
Consultant Record Keeping – documentation in clinical records compliant with national and local standards and requirements	76% <sup>2</sup>
Consultant Visits – documentation in clinical records to demonstrate a consultant has reviewed their patient at least once each day during their in-patient stay	89%
Practice Privileges – documentation supporting the granting of practice privileges to Consultants is accurate and up to date	100%
Bi-ennial Reviews – documentation to evidence Consultants' appraisal and revalidation are accurate and up to date	98%
Intentional Rounding – patients routinely visited by nursing staff each hour during the day and every two hours at night	89%
National Early Warning System (NEWS) – observations fully recorded to aid early detection of potential deteriorating conditions	94%
Pain Management – one element of NEWS. Pain, as perceived by the patient, is well controlled	88%
Health Records Access Request – a clear audit trail to monitor the progress and completion of Health Record Access Requests	97%
Patient Consent – consent process accurately completed and recorded	93%
Safeguarding (Adults and Children) – staff training completed	100%
Operating Theatre Traceability – accurate recording of all equipment, prostheses and implants	98%
Maintaining Normothermia – compliance with measures taken to prevent perioperative hypothermia in patients having surgery	98%
World Health Organisation (WHO) Surgical Safety Checklist – process accurately undertaken for every patient having a surgical procedure	99%
Surgical Safety Observational Checklist – complements the audit above by an independent observer determining robust surgical safety processes are embedded within the Theatre department	98%
Theatre Team Brief – documented evidence of relevant communications between all members of the theatre team prior to an operating list commencing	92%
Cosmetic Surgery – national and local standards are met	99%
Fasting – the time patients are fasted pre-surgery in the context of local and national standards	94%
Cardiac Arrest – in the event of a cardiac arrest, local and national standards are met	There were no cardiac arrests during the reporting period
Medicines Management – includes a range of processes that determine how medicines are used and looks at compliance with national standards and legislation	93%
Controlled Drugs – the ordering, supply and destruction of controlled drugs meets national and local standards	88%

Audit - all of the audits were undertaken at least three times during the reporting period with many of the audits being undertaken much more frequently	Average % Compliance April 2018 - March 2019
Prescribing – the appropriateness, accuracy and legibility of prescribing meets national and local standards	86%
Medical Gases – are used safely and stored securely	93%
Security – the ordering and supply of medicines (other than controlled drugs) meets national and local standards	89%
Patient Group Directives – the documentation and use of the directives meets national and local standards	100%
Blood Transfusion Compliance – national and local standards met	96%
Post Discharge Telephone Calls – undertaken within a specified timeframe to check if patients have any concerns/problems	100%
Physiotherapy – national and local standards met	97%
Diagnostics – national and local standards met	98%
Resuscitation – equipment checks fully and accurately recorded	96%
Information Governance – national and local standards met	99%
Patient Led Assessment of the Care Environment (PLACE)	94%
	(Nationally 88%)
Patient Privacy and Dignity Audit – interviews with randomly selected patients to understand if each patient believes they have been treated with dignity and respect and their privacy protected	98%
15 Steps Challenge – an observational study to understand how patients and visitors perceive the hospital environment within 15 footsteps of entering the facility	There is no compliance score associated with this initiative.  Our Patient Representative commented that it was with difficulty that he found any recommendations as, in his opinion, the hospital has a very high standard of patient and visitor care and attention.
Prophylactic Antimicrobial Prescribing and Usage	There is no compliance score associated with this audit.  The results confirmed that our prescribing and usage of prophylactic antibiotics is aligned with nationally recognised best practice.

Claremont Hospital intends to take the following actions to improve the quality of healthcare provided:

1 This audit was a relatively new introduction within the early months of the reporting period demonstrating the process was not well embedded into daily practice. Audit scores have improved throughout the year as work has been undertaken to ensure the Frailty Score forms are fully completed and are filed securely in case notes and that relevant information is provided when referring a patient for an anaesthetic review prior to admission.

2 The overall score for the year was adversely affected by two of the five audits specifically focussing on identified areas of perceived poor practice to collect empirical data to share with individual Consultants.

The actions taken in relation to both Frailty Score forms and Consultant record keeping are aimed at securing long term sustainable improvements.

## Participation in Research

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

## Goals Agreed with Commissioners

A proportion of Claremont Hospital income in April 2018 to March 2019 was conditional on achieving quality improvement and innovation goals agreed between Claremont Hospital and any person or body they entered into a contract, agreement or arrangement with for the provision of NHS services, through the Commissioning for Quality and Innovation payment framework.

Further details of the agreed goals for April 2018 to March 2019 and for the following 12 month period are available electronically at: <https://www.england.nhs.uk/nhs-standard-contract/cquin/cquin-17-19/>.

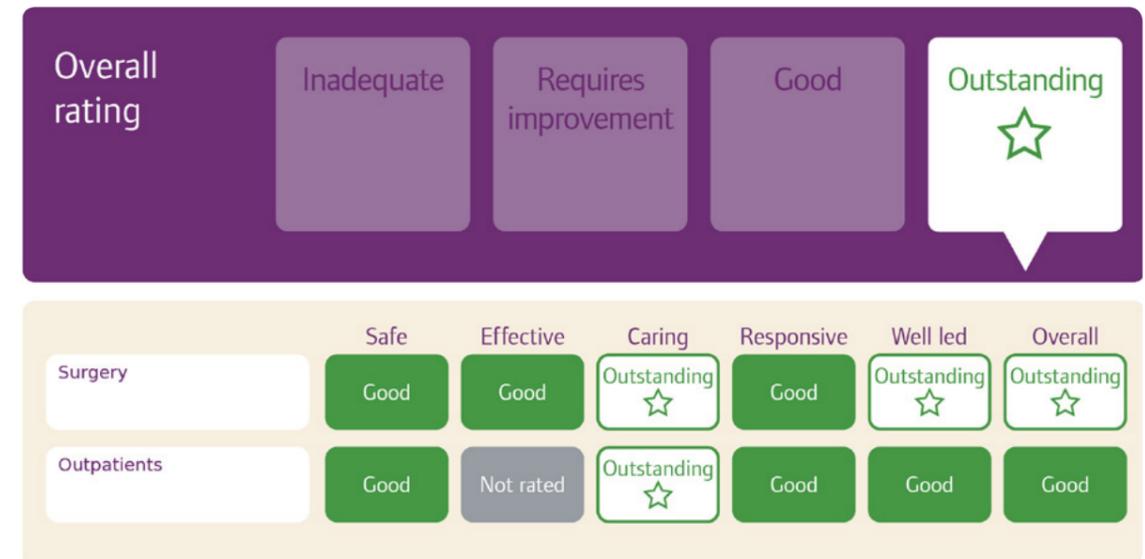
## Statement from the Care Quality Commission

Claremont Hospital is required to register with the Care Quality Commission (CQC) and its current registration status is fully compliant. Claremont Hospital has no conditions placed on its registration.

The Care Quality Commission has not taken enforcement action against Claremont Hospital during April 2018 to March 2019.

Claremont Hospital has not participated in any special reviews or investigations by the CQC during the reporting period.

Claremont Hospital was last inspected in February 2017 the CQC and was awarded an overall rating of 'Outstanding'.



We were rated as 'Outstanding' in the 'Caring', 'Well led' and 'Overall' domains and 'Good' in the 'Safe', 'Effective' and 'Responsive' domains.

**“Amazing staff. Everyone was friendly and caring and I felt at ease and reassured.”**

*Mrs S. Barnsley*

## Statements on Data Quality

Claremont Hospital takes Data Quality very seriously and recognises that good quality information is fundamental to the effective delivery of patient care and is essential if improvements in quality of care and value for money are to be realised.

We continue to submit non-identifiable data to the Private Health Information Network (PHIN), an independent Information Organisation with a mandate to ensure patients using independent healthcare facilities will be able to access comparative performance measures including activity levels, length of stay, patient satisfaction, and unplanned rates of readmission for both hospital and individual Consultants. This is another useful tool by which we can demonstrate the quality of our services and identify opportunities for improvement.

Our Information Governance policies continue to inform our standards of record keeping which support and evidence the delivery of care and treatment. Records are regularly monitored for accuracy, completeness, and legibility providing timely identification of quality issues and any remedial steps required.

Claremont Hospital has/will be taking the following actions to improve data quality:

- Completing a major upgrade of our hospital Patient Administration System (PAS) and thereby facilitating the following:
  - Significant improvements in administrative processes enabled by efficiencies within the upgraded software
  - A digital Bed Board enabling real-time management of admitted patients
  - Deployment of an application allowing Consultants to securely view all their outpatient appointments, surgical schedules, and, admitted patients.

### 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 of 100 mandatory evidence items with 40 of 40 assertions confirmed.

### Secondary Uses System (SUS)

Claremont Hospital submitted 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. The percentage of records in the published data which included the patient's valid NHS number was:

100% for admitted patient care;

100% for outpatient care.

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

100% for admitted patient care;

100% for outpatient care.

### Clinical Coding Error Rate

Claremont Hospital was not subject to a 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.

Positive outcomes from speaking up cases are shared and promoted and, as a result, staff are more confident to speak up. Our Staff Engagement and Staff Patient Safety Culture surveys demonstrate this. The latest survey shows that staff are not only aware of our policy but have confidence in our speaking up processes; 83% of staff reported that they would freely speak up if they saw something that may negatively affect patient care.

Aspen's bespoke STEP-up to Safety staff training and engagement programme remains central to this and forms part of our mandatory training with all staff required to attend.

Aspen has also completed the national FTSU self-assessment and has a developmental plan in place to further enhance its speaking up arrangements.

“From admission to discharge I have been thoroughly impressed with the friendliness, compassion and professionalism of all staff. Support was regular, quick and personal. The hospital is spotless. I felt valued and respected.”

Mr L. Sheffield



## 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.

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

### Number of Patient Safety Incidents, including Never Events

Source: From Aspen Healthcare's incident reporting system:

2017-2018		2018-2019			
	% of Patient Contacts		% of Patient Contacts		
Serious Incidents	4	0.008%	Serious Incidents	2	0.003%
Serious Incidents resulting in harm or death	4	0.008%	Serious Incidents resulting in harm or death	2	0.003%
Never Events	1	0.001%	Never Events	0	0%
<b>Total</b>	<b>4</b>	<b>0.002%</b>	<b>Total</b>	<b>2</b>	<b>0.003%</b>

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

The key learning from the above serious incidents includes:

- Postoperative bedrail risk assessments and outcomes must always be fully documented
- That 'blanket' approaches to eliminate the use of bedrails, or to routinely use bedrails with no assessment, are both inappropriate
- Decision making regarding the use of bedrails must continue to be based on an ongoing assessment of risks and benefits as these apply to each individual patient at that time
- To review best practice in training and assessment of the competence of staff in relation to specific products that require reconstituting
- All theatre staff to be aware of the potential risks of using products which require reconstitution and staff reminded to review the manufacturer's guidelines
- Additions to Aspen Healthcare guidance and policy relating to the management of post-operative nausea and vomiting to incorporate information in relation to patients who do not respond as expected to normal treatment regimes, have complex histories, or have prolonged post-operative nausea and vomiting
- Additions to Aspen Healthcare guidance relating to the assessment of patients who have physiological indicators for repeat blood analysis to ensure that, where necessary, abnormal blood physiology is considered and investigated at the earliest opportunity
- Provision of additional learning and training pertaining to hyponatremia
- Implementation of a process to identify and manage patients who fail to attend a booked Consultant-led anaesthetic pre-assessment review and ensure these patients do not proceed to surgery without review.

Claremont Hospital 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](http://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.

### 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 within the reporting period (April 2018 to March 2019) and, therefore, no case record reviews were undertaken.

#### 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.

Patient Reported Outcome Measures (PROMs)	2017-2018	2018-2019
Hip replacement surgery:		
Number of cases submitted	115	69
(% of respondents who recorded an increase in their hip rating, following operation)	97% (National NHS Comparator 97%)	99% (National NHS Comparator N/A)
Knee replacement surgery:		
Number of cases submitted	169	88
(% of respondents who recorded an increase in their knee rating, following operation)	95% (National NHS Comparator 94.3%)	98% (National NHS Comparator N/A)
Groin hernia surgery:	Statistically insufficient data	Statistically insufficient data
Cataract Surgery (private patients only):		
Number of cases submitted	20	4
(% of respondents who recorded an increase in their CatQuest rating, following operation.)	85%	100%

NB: 2018-2019 PROMs data: Data shown taken from internal PROMs reports. This is not available on the NHS Digital site as, although all files were uploaded successfully to NHS Digital without any apparent errors, some NHS patient numbers and postcodes did not correlate to a HES episode (due to missing NHS number and postcodes). Therefore, the NHS PROMs data has not been published and, unfortunately, this cannot be rectified retrospectively.

**“All staff have been absolutely brilliant – polite, thoughtful and kind.”**

*Mrs E. Derbyshire*

## 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	0	0	Patients aged 15 years and under are not admitted to this hospital
Number of people aged 16 years and over readmitted within 28 days of discharge	CQC performance indicator Clinical audit report	4	6	We will continue to ensure planning for discharge commences prior to admission; that patients are discharged from our care appropriately and they are supported with information which they fully understand.
Number of admissions risk assessed for VTE	CQUIN data	100%	97%	Ongoing monitoring and review of documentation standards
Number of Clostridium difficile infections reported	From national Public Health England/Scotland returns	0	0	Ongoing monitoring and review
Number of patient safety incidents which resulted in severe harm or death	From hospital incident reports (Datix)	6	2	We will continue to investigate incidents where a patient experiences unexpected or unintended harm using root cause analysis ensuring the learning we identify and the actions we take achieve sustainable improvements which become embedded into daily practice long term.
Responsiveness to personal needs of patients	Patient satisfaction survey data – for overall level of care	98%	99%	Ongoing monitoring and review
Friends and Family Test - patients	Patient satisfaction survey – rated extremely likely/likely	98%	100%	Ongoing monitoring and review
Friends and Family Test - staff	Staff satisfaction survey	99%	92%	Ongoing monitoring and review and staff engagement strategy in place.

## Infection Prevention and Control

The overriding aim and purpose of Claremont Hospital's Infection Prevention and Control Committee (IPCC) is to reduce the risk of harm from HealthCare Associated Infections (HCAI's) to patients, staff and visitors. It also aims to reduce the costs associated with preventable infection by promoting and enabling excellence in Infection Prevention and Control practice through sustaining robust systems of quality governance. The IPCC reports to the hospital's Quality Governance Committee which, in turn, reports to Aspen Healthcare's Group Quality Governance Committee.

By engaging with the Aspen Healthcare IPCC audit program, corporate policies and procedures, and with the support of a nurse consultant in Infection Prevention & Control practice, Claremont Hospital has a solid platform from which

to achieve its goals. By utilising these resources we are able to predict potential outbreaks or system failures and take appropriate remedial action. During 2018 Claremont Hospital achieved its fourth concurrent year with a zero rate for any identified reportable infection that was hospital acquired.

Each year we develop our infection prevention strategy underpinning it with legislation and guidance from bodies such as the National Institute for Health and Care Excellence, Public Health England, NHS England and NHS Improvement and Clinical Commissioning Groups.

During the reporting period 2018-2019 a total of 54 local IPC audits were completed and 1 'Deep Dive' inspection was undertaken by the Aspen Healthcare Group IPC Lead.

Infection Prevention and Control Audit	Average % compliance April 2017 – March 2018	Average % compliance April 2018 – March 2019
Infection Prevention – cleanliness of the hospital environment compliant with national standards	93%	98%
Hand Hygiene – hand washing facilities and practices compliant with national standards	96%	98%
Surgical Site Infection – preventative practices compliant with national standards	100%	100%
Peripheral Intravenous Devices – practice compliant with national standards and best practice	98%	100%
Urinary Catheter - practice compliant with national standards and best practice	99%	99%
Surgical Scrub - practice compliant with national standards and best practice	Not part of audit programme during this reporting period	100%
'Deep Dive' inspections	There is no compliance score associated with this initiative. Action plans are implemented according to findings	There is no compliance score associated with this initiative. Action plans are implemented according to findings

Actions which have been implemented as a result of the audit outcomes and the 'Deep Dive' inspection include:

- Planned refurbishment of the Physiotherapy gym area
- Additional shelving for storage in the Operating Theatre department
- Quarterly Infection Prevention Link Practitioner meetings
- Additional weekly cleaning schedule introduced to the Ward area on Sundays.

There have been



healthcare associated infections at Claremont Hospital in 2018-2019.

## Healthcare Associated Infections

Infection	2017-2018	2018-2019
MRSA positive blood culture	0	0
MSSA positive blood culture	0	0
E. Coli positive blood culture	0	0
Clostridium difficile hospital acquired infections	0	0

“Claremont will always be my first choice – the care you receive is excellent.”

Mrs A. Sheffield

## Complaints

Patient experience is central to all our services and Claremont Hospital ensures that the information received in complaints is a valuable part of understanding and improving our patients' experience. Our aspiration is to ensure that complaints are not simply seen as a process to be managed, but as a genuine opportunity to reflect, learn and improve our services further.

Aspen Healthcare is committed to ensuring that those who use its services are readily able to access information about how to make a complaint or raise a concern, and that the issues raised are dealt with promptly and fairly and used to inform our care delivery and services. We advocate adherence to the principles of good complaint handling as defined by the Parliamentary and Health Service Ombudsman.

The Hospital Director is responsible for overseeing the management of complaints. Aspen Healthcare's Chief Executive provides second stage reviews of complaints where a complainant remains dissatisfied with a response from the hospital.

Since 2015, the statutory 'Duty of Candour' has been in place ensuring that providers of health and social care are frank, open and honest at every stage in their response to patients. The hospital has incorporated these principles as an integral part of our safety culture and 2018 has seen a more concerted approach than ever before to

ensure that the Duty of Candour requirements are fully and comprehensively applied each and every time they are relevant.

In 2019 we will start to capture feedback from complainants as to how well they felt we have handled their complaint. We will continue to evolve this process during 2019 whilst using the feedback generated through the complaints process to refine and improve practice and service delivery. Concerns, complaints and all types of patient feedback are regularly reviewed at all levels of the organisation and are a key part of our quality governance framework.

Face to face meetings with complainants at the start of the complaint process, in line with the ISCAS Code of Practice, is now an embedded part of our complaints management process to ensure that we proactively involve our patients at every step of the process and gain clarity as to the real issues and desired outcomes. During 2019 our integrated audit programme will also contain audit criteria to assess complaints management with Aspen Healthcare policy.

Importantly, Claremont Hospital also receives many compliments about its care and services. Compliments are sent directly to wards/departments/members of staff and this information is also collated and reviewed to gain a balanced view of our patients' feedback.

### Number of Complaints

2017-2018

42

2018-2019

33

### % per 100 Admissions

2017-2018

0.5%

2018-2019

0.5%

Claremont Hospital seeks to ensure that every opportunity is taken to learn from and, where appropriate, make changes following patient feedback, concerns and complaints to enable us to improve the care and services we provide to our patients, users and their representatives.

Throughout the reporting period changes have been made in response to issues raised. These include:

- information relating to access of interpreting services has been added to our website
- a new policy and training module have been introduced to improve the recognition of hyponatraemia
- patients requiring a pressure garment post-surgery are now measured for this before entering the Operating Theatre department
- suture removal packs are now provided to patients on discharge from hospital to be used by the practice nurse when removing the patient's sutures/stitches.

During 2019 our key priorities in relation to the management of complaints will include:

- embedding new administrative processes to ensure our patients receive accurate and timely written information
- continuing to monitor our cosmetic service with regard to patient information and expectations
- developing and introducing key performance indicators for the ward nursing teams to ensure the delivery of high-quality care is simply business as usual.

# 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 and an increase of 3% to an overall safety grade of 90% at Claremont Hospital. The programme was recognised as the overall winner at the National Customer Experience Awards in October 2018.



## Clinical Effectiveness

### Improve the Effectiveness and Standards of our Handover Practice and Clinical Communication

Safe, effective clinical care depends on reliable handover communication between all caregivers passing on patient-specific information to ensure patient care continuity and safety.

In 2018-2019 we developed an ISBAR communication pad and stickers to provide staff with a 'prompt' tool to standardise our approach to handover communication. ISBAR (Identify, Situation, Background, Assessment, and Recommendation) is a recognised model that delivers a framework for staff to structure critical information and communicate between multidisciplinary teams and different levels of staff.

Conversations, especially critical ones, requiring a clinician's immediate attention and action can be challenging. The Aspen ISBAR communication pad will encourage prior preparation and empower staff to confidently and effectively handover key information. It will also help to develop teamwork and support our culture of patient safety to ensure patients are receiving the best possible care.

### Improve availability of Patient Reported Outcome Measures (PROMs) Data

Patient Reported Outcome Measures (PROMs) collect information on the effectiveness of care delivered to patients as perceived by the patients themselves, based on responses to questionnaires before and after surgery. These metrics are used across healthcare providers to evaluate the perceived outcomes of certain surgical procedures and are an invaluable source of data to drive the quality improvement agenda.

Significant work has been undertaken to increase the collection of this data. This has included monthly feedback to each Aspen site of their PROMs data capture and registration of patients, as a percentage of the number admissions for each procedure, for which PROMs are reported. This was also reported on, and monitored at the Aspen Group Quality Governance Committee, which has led to a significant improvement across all the Aspen sites that collect PROMs data. As well as an improved number of patients being registered for PROMs, there has also been a marked increase in the return of patient PROMs questionnaires at the later stages of data collection. Work will continue to improve data capture to ensure that the maximum benefit of this essential patient outcome measurement is fully realised.

## Patient Experience

### Implementation of Complainants Survey Toolkit

NHS England has developed a Complainant Survey Toolkit to review how complainants perceived their complaints were managed, and Aspen Healthcare have used this toolkit as the basis to pilot an adapted version to meet the needs of our organisation.

The pilot tool is now being trialled at one Aspen hospital and involves asking complainants to complete a confidential survey on their experience of submitting a complaint to us. The plan is to learn from this pilot, and then roll this innovative approach out to all Aspen sites. This survey will help us understand how well complaints are managed and obtain complainants' perceptions on how to improve. It is anticipated that the data collated will allow each Aspen hospital/clinic and the wider organisation, to be more responsive to the needs of users who have felt it necessary to raise a complaint. It is hoped that by understanding how complainants perceived how their complaints were handled, it will enable us to ensure greater consistency and learning from complaints overall.



# External Perspective on Quality Of Services

### What others say about our services:

#### Statement from NHS Sheffield Clinical Commissioning Group

For a number of years NHS Sheffield Clinical Commissioning Group (CCG) has had contact with Aspen Healthcare (Claremont Hospital) in relation to the provision of NHS elective care, managed under the conditions of the NHS Standard Contract. This has been and continues to be a very positive business relationship where we have been able to constructively discuss any issues that have arisen and practically resolve in a timely manner. The Director of Clinical Services has provided the clinical support to the contract and again has worked in a very positive way to resolve any clinical issues, according to the contract requirements.

The CCG has had the opportunity to review and comment on the information in this Quality Account prior to publication. Claremont Hospital has considered our comments and made amendments where appropriate. The CCG is confident that to the best of its knowledge the information supplied within this account is factually accurate and a true record, reflecting the Hospital's performance over the period April 2018 – March 2019.

The CCG supports the work areas involved within the Hospital's identified three Quality Improvement Priorities for 2019/20 around Patient Safety, Clinical Effectiveness and Patient Experience.

Submitted by **Beverly Ryton** on behalf of:

**Alun Windle**  
Deputy Chief Nurse

and

**Isabelle Barker**  
Contract Manager

17th May 2019

#### Statement from Sheffield Teaching Hospitals NHS Foundation Trust

"Throughout 2018-19 Sheffield Teaching Hospital NHS Foundation Trust [STHFT] has commissioned a number of services with Aspen Healthcare [hosted at Claremont Hospital] in relation to the provision of NHS elective care within certain clinical pathways and procedures, which are managed under the conditions of the NHS Standard Contract. This has been and continues to be a collaborative business relationship focusing on patient safety, clinical effectiveness and a positive experience for patients; addressing any concerns that have arisen to resolve in a timely manner and to respond to clinical matters according to the contractual requirements.

STHFT have had the opportunity to review and comment on the information in this Quality Account prior to publication. To the best of STHFT's knowledge the information supplied within this account is factually accurate and a true record, reflecting the Hospital's performance over the period April 2018 - March 2019."

Submitted by **Lib Jones** on behalf of:

**Caroline Mabbott**  
Contracts Director  
Sheffield Teaching Hospitals NHS Foundation Trust

"A calm atmosphere putting people at ease from admission to discharge."

*Miss P. Rotherham*

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:

**[www.claremont-hospital.co.uk](http://www.claremont-hospital.co.uk)**

[www.aspen-healthcare.co.uk](http://www.aspen-healthcare.co.uk)

Or call us on:

**0114 263 0330**

020 7977 6080

**Claremont Hospital**

Head Office, Aspen Healthcare

Write to us at:

**Claremont Hospital**

**401 Sandygate Road**

**Sheffield S10 5UB**

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