



Highgate Private Hospital Quality Account

April 2018 – March 2019



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Welcome to Aspen Healthcare

Highgate Private Hospital is part of the Aspen Healthcare Group

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

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





“Thank you very much for the care, felt like a super star. Keep up the good work. This place feels like a home and not a hospital”

*Patient Satisfaction Feedback Report
January 2019*

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 Highgate Private 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 Highgate Private 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 Highgate Private 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 Highgate Private Hospital

Situated in the heart of North London, Highgate Private Hospital has been established for more than 30 years and has been a part of Aspen Healthcare since 2003. Highgate Private Hospital prides itself on its high standards of nursing care, friendly atmosphere, and continual investment in medical technology, staff, training and facilities. The hospital consists of 43 luxury en-suite patient bedrooms, 4 fully-equipped operating theatres, a minor operating room, an endoscopy unit, 11 outpatient consulting rooms, Private GP services and an on site Pharmacy for both in-patient and outpatient dispensing.

Highgate Private Hospital is proud to build on its legacy of serving patients with first class private healthcare for over 30 years and welcomes all patients, whether NHS, insured or those paying for their own treatment.

During 2018-2019, 35,629 patients attended for outpatient care, 4,007 came for day case surgery and 1,143 were treated as in-patients.



Vital Statistics



Total beds

43



In-patient and day case beds

41



Enhanced care level 1 beds

2



Total Theatres

4



Consulting Rooms

11

- ✓ Endoscopy Suite
- ✓ Pathology
- ✓ Physiotherapy
- ✓ Pharmacy
- ✓ Private GP services
- ✓ MRI
- ✓ CT
- ✓ Ultrasound
- ✓ X-ray
- ✓ Parking
- ✓ Accept all major insurers
- ✓ 24/7 Resident Medical Officer or Doctor on site
- 8am to 8pm Mon-Fri and 8am to 1pm Sat. Private GP Service & OPD service
- Offering a range of surgery options including cosmetic, ENT, general surgery, gynaecological, orthopaedics (upper and lower limb, foot and ankle, hand and wrist) urology and vascular, andrology, spinal, pain management and endoscopy
- Medical Admissions
- Highgate Private Hospital participates in the NHS e-Referral Service, allowing patients to choose their health care provider
- Resident Medical Officer on site 24 hours a day, 7 days a week
- Pharmacy on site
- Shockwave™ therapy available
- Worldhost® Business Status in customer service training
- Association of Perioperative Practice (AfPP) theatre standards accreditation
- Joint Advisory Group (JAG) Accreditation

“To All Staff - Thank you for all your 100% care that I have had from all of you”

*Thank You card
August 2018*

Statement on Quality

Highgate Private Hospital is proud to present its sixth Quality Account report for the financial year 2018-2019. Our commitment to quality is evidenced by our high quality performance and aspiration to continually improve all outcomes and experiences for our patients.

Highgate Private Hospital strives to provide effective leadership to all staff in the hospital, to ensure that all services provided are both safe and compliant with regulatory requirements while meeting our customers' expectations.

Accountability Statement

Directors of organisations providing hospital services have an obligation under the 2009 Health Act, National Health Service (Quality Accounts) Regulations 2010 and the National Health Service (Quality Accounts) Amendment Regulation (2011) to prepare a Quality Account for each financial year.

This report has been prepared based on the 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.



Steve Patrick, Hospital Director
Date: 7th May 2019

This report has been reviewed and approved by:

Dr Voi Shim Wong, Medical Advisory Committee Chair, Highgate Private Hospital
The Quality Governance Committee, Highgate Private Hospital
Mr Paul Hetherington, Chief Executive, 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.

Highgate Private 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.

Patient Safety

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

Clinical Effectiveness

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

Patient Experience

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

Work towards Venous Thromboembolism (VTE) Exemplar Status

Venous Thromboembolism is a collective term for deep vein thrombosis (DVT) & pulmonary embolism (PE). VTE is a significant cause of mortality, long-term disability and chronic ill-health problems – many of which are avoidable. 1 in 20 people will have a VTE at some time in their life and the risk increases with age. It is estimated that as many as half of all cases of VTE are associated with hospitalisation for medical illness or surgery and that as many as two thirds of cases of hospital-associated thrombosis (HAT) are preventable.

The National VTE Exemplar Centre Network was established by the Department of Health with the aim of sharing best practice and improving patient care through more effective prevention and treatment of VTE. The network provides access to a wealth of information and best practice from all of the VTE Exemplar Centres in England. This includes examples of VTE prevention protocols, information to support the implementation of risk assessment and root cause analysis, patient information and presentations from clinical experts.

VTE Exemplar Status will provide a kite mark for quality VTE prevention care, and conveys quality to patients and stakeholders; provides access to a community of health care professionals interested in quality and innovation in VTE; networking and sharing of resources and ideas; and recognition of excellence in VTE prevention care.

VTE Exemplar Centres provide leadership in improvement in thrombosis care locally and, to apply for VTE Exemplar Centre status, Aspen will commence working towards ensuring they meet the Exemplar Centre set criteria.

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

Expand Participation in National Audits (HQIP)

The Healthcare Quality Improvement Partnership (HQIP) aims to improve healthcare outcomes by enabling providers to measure and improve their services. HQIP commissions, manages, supports and promotes a series of national programmes of quality improvement and these include a national clinical audit programme, clinical outcome review programmes and the National Joint Registry on behalf of NHS England and other healthcare departments and organisations. The national audits and programmes also importantly provide clinical audit information for those who receive our care and services.

The independent sector has previously been limited to which national audits and registries it can submit to. Aspen Healthcare is keen to participate in as wide a range of relevant audits as possible, enabling the review and improvement of our practice and outcome measures, to improve benchmarking of these and to share best practice with other healthcare providers (NHS and the independent sector).

In 2019-2020 it is planned to commence participation in relevant HQIP's National Clinical Audits and Patient Outcome Programmes (NCAPOP), subject to agreement with HQIP.

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 the 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 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.

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.



The 'Golden Patient'

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

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

This improvement project will be implemented to improve the start time of the first operation of each day in theatres, by pre-selecting a patient and nominating them as the 'golden patient' the day before they are due to be operated upon. This nominated patient is then fixed at the start of the theatre list the following day. The list can only then be changed if an emergency occurs overnight. The 'golden patient' is prioritised and optimised for theatre and the theatre staff ensures all surgical instruments are prepared. This project will be piloted in one facility and the learning shared across all Aspen surgical units.

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.

Capturing Learning from Follow Up / After Care Discharge Calls

Aspen Healthcare routinely contacts the majority of patients 48 to 72 hours after their discharge (next day for day cases) to assess their recovery, compliance with their discharge treatment plan (medications, diet, activity, etc.), and to resolve and ask about any clinical issues they may have.

Although each patient will have already have been provided with the information needed for safe care at home, they may not have fully recalled this or comprehended everything at the time of discharge, and these telephone calls provide the opportunity to confirm their understanding and enhance compliance. The calls are well received by our patients and may help prevent an unnecessary readmission or accident and emergency visit.

A post discharge telephone follow-up form is used by staff, and in 2019-2020 we aim to capture the learning from these calls to identify any improvements required to our discharge management, and to enhance 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, Highgate Private Hospital provided and/or sub-contracted eight NHS services.

Highgate Private 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 Highgate Private Hospital for 1st April 2018 to 31st March 2019.

✓ Anaesthetics (Pain Management)

✓ ENT

✓ Endoscopy

✓ General Surgery

✓ Orthopaedic (spinal)

✓ Podiatry

✓ Trauma and Orthopaedics

✓ Urology

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, two national clinical audits and one national confidential enquiries covered NHS services that Highgate Private Hospital provides.

During that period Highgate Private 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 Highgate Private Hospital was eligible to participate in during April 2018 to March 2019 are as follows:

- National Joint Registry
- Elective Surgery (National PROMs Programme).

The national clinical audits and national confidential enquiries that Highgate Private 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	82 (100%)
Elective Surgery (National PROMs Programme)	Yes	14 (100%)

National Confidential Enquiry

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

Local Audits

The reports of twenty five local clinical audits were reviewed by the provider in April 2018 to March 2019 and Highgate Private Hospital intends to take the following actions to improve the quality of healthcare provided:

- To continue with clinical emergency scenario training to ensure that staff maintain their skills
- To increase the number of clinical staff trained in Advanced Life Support to enhance the skills of the resuscitation team
- To improve compliance with documentation of controlled drug prescriptions
- To increase the uptake in quarterly hand hygiene training for all clinical and non-clinical staff
- To monitor and improve physiotherapy record-keeping practices.

Audit	Average % Compliance April 2018 - March 2019
Venous Thrombosis Embolism (VTE)	100%
Patient Consent - consent process accurately completed and recorded	97.3%
Record Keeping	97.2%
Controlled Drugs	95%
Surgical Safety	100%
Surgical Safety – Observational	100%
National Early Warning Score (NEWS) Chart	98%
Practising Privileges	94.3%
Consultant Visits	100%
Traceability	99.2%
Resuscitation	100%
Safeguarding	100%
Information Governance	99%
Intentional Rounding	99.3%
Diagnostics	98.8%
Imaging Safety	99.5%
Physiotherapy (reporting period – 1st April 2018 – 31st December 2018)	99.5%
Physiotherapy OPD Notes (reporting period – 1st January 2019 – 31st March 2019)	88%
Physiotherapy IP Notes (reporting period – 1st January 2019 – 31st March 2019)	100%
Transfusion Compliance	99%
Surgical Site Infection Audit	100%
IPC Environment & Clinical Practice Audit	95.4%
Urinary Catheter Audit	91%
Peripheral Vascular Devices Audit	100%
Hand Hygiene Audit	89%

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

Use of the CQUIN payment framework

A proportion of Highgate Private Hospital income in April 2018 to March 2019 was conditional on achieving quality improvement and innovation goals agreed between Highgate Private 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/>.

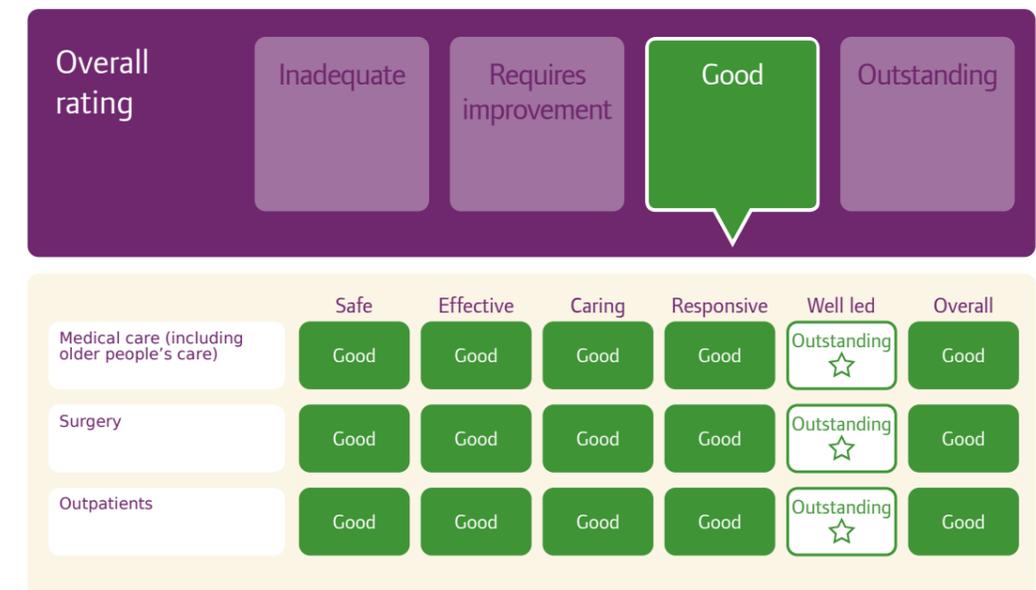
Statement from the Care Quality Commission

Highgate Private Hospital is required to be registered with the Care Quality Commission (CQC) and its current registration status permits us to be able to provide the following regulated activities:

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

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

Highgate Private Hospital has not participated in any special reviews or investigations by the CQC during the reporting period, but did support an audit of consent practice in April 2018 following a case investigation. This was found to be satisfactory and no further action was required.



Highgate Private Hospital was last inspected in December 2016 and was awarded an overall rating of 'Good'.

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

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

- Leadership and culture of service governance, risk management and quality
- Vision and strategy
- Public and staff engagement
- Innovation, improvement and sustainability.

The CQC also identified a few areas for improvement and these were:

- Address the nursing staff vacancies in Outpatients and Diagnostic Imaging
- The provider should ensure there is an effective system for checking that Consultants with approved practising privileges underwent the appropriate checks when working at the hospital
- The provider should ensure cleaning products are stored in locked cupboards as required by the Control of Substances Hazardous to Health Regulations 2002 (COSHH).

All recommended areas for improvement were promptly actioned.

Statements on Data Quality

Highgate Private Hospital recognises that good quality information underpins the effective delivery of patient care and is essential if improvements in quality of care are to be made. We ensure that our Information Governance policies guide and inform our standards of record keeping, supporting the delivery of care and treatment and that accuracy, completeness and validity of these records are monitored on a monthly audit basis to continually improve data quality.

Highgate Private Hospital will be taking the following actions to improve data quality:

- Use of a professional accredited Clinical Coder to meet the requirements of the NHS contract
- Regular reviews of the data reports submitted to the Secondary Uses Service to correct omissions and/or errors in data
- Introduction of a specific role within the Contracts department dedicated to cross checking all NHS tracker data to ensure accuracy
- To maintain the latest release of our Patient Administration System (APAS) software ensuring all upgrades and new fields are readily available to our staff to enter required information
- Continue to offer technical support to our Consultants in the on-line use of the APAS patient administration system secure view of clinic and operating lists, when they are not at the hospital
- Regularly review all aspects of patient administration processes to ensure patient data is accurately captured at all times
- To comply with new data law and legislation for GDPR, ensure staff are using egress to make sure emails are secure at all times.

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)

Highgate Private 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

Highgate Private Hospital 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.

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; with the latest survey showing that staff are not only aware of our policy but have confidence in our speaking up processes, with 83% of staff reporting 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.

“All staff at Highgate have been amazing. I will highly recommend to family and friends. Kept informed at all times and very helpful throughout my stay.”

*Patient Satisfaction Feedback Report
May 2018*



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.

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

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	0	0%	0%
Serious Incidents resulting in harm or death	1	0.008%	0%
Never Events	0	0%	0%
Total	1	0.008%	0%

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

There were no serious incidents at Highgate Private Hospital involving patients in the year 2018-2019. However, monitoring of all incidents is undertaken on a regular basis and discussions of specific incidents takes place at monthly meetings. Trends are identified where necessary and actions developed to improve upon these trends.

Highgate Private 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.

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.

The safety culture continues to improve through education (STEP-up to Safety programme), and through regular reviews and departmental meetings (e.g. Challenge Agents – where practice is reviewed and challenged).

“I have received the most amazing care throughout my whole journey, can't fault anything!”

*Patient Satisfaction Feedback Report
October 2018*

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	9	11
(% of respondents who recorded an increase in their hip rating, following operation)	100% (National NHS Comparator 97%)	100% (National NHS Comparator N/A)
Knee replacement surgery:		
Number of cases submitted	9	3
(% of respondents who recorded an increase in their knee rating, following operation)	100% (National NHS Comparator 94.3%)	100% (National NHS Comparator N/A)

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.



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 16 years and over re-admitted within 28 days of discharge	CQC performance indicator Clinical audit report	11	7	All re-admissions are reported and reviewed through the hospital's incident reporting system. Trend analysis is undertaken each quarter and, if any trends are found, these are addressed with the specific Consultant by the Medical Advisory Committee Chair and the Hospital Director.
Number of admissions risk assessed for VTE	CQUIN data	100%	100%	Emphasis is placed on maintaining the standard. VTE risk assessment and education commenced at pre-operative assessment appointment and completed as a routine part of the admission process.
Number of Clostridium difficile infections reported	From national Public Health England/Scotland returns	0	0	Regular Infection Prevention & Control audits of the clinical environment are undertaken quarterly. Any episodes of suspected or confirmed infections are escalated and investigated with an appropriate root cause analysis.
Number of patient safety incidents which resulted in severe harm or death	From hospital incident reports (Datix)	1	0	There were no incidents that resulted in severe harm or death during the reporting period. Reporting of all incidents and near-misses is actively encouraged, with a focus on completing robust investigations and identifying any actions to improve the service given.
Responsiveness to personal needs of patients	Patient satisfaction survey data – for overall level of care	98.3%	98.8%	Continued monitoring of visits to patients (intentional nurse rounding) to ensure regular contact between clinical staff and the patient. Review of all patient complaints and in-patient surveys at quarterly governance meetings with action plans formulated to address improvement areas identified within.
Friends and Family Test - patients	Patient satisfaction survey – rated extremely likely/likely	98.8%	98.2%	Emphasis on improving intentional rounding on patients to ensure regular contact between the clinical staff and the patient.
Friends and Family Test - staff	Staff satisfaction survey	70%	79%	An action plan is in place locally. A gap analysis and staffing review has been undertaken to ensure appropriate and safe staffing across the hospital. This action plan is monitored monthly with managers to complete their identified actions.

Infection Prevention and Control

A robust structure is in place at Highgate Private Hospital for monitoring Infection Prevention & Control (IPC) in the hospital environment. A clinical IPC Lead oversees all processes relating to IPC, with a local IPC Committee meeting is held quarterly to discuss all issues that relate directly to IPC, such as cleaning standards, decontamination processes and monitoring of infections. This is led by the Consultant Microbiologist and the IPC Lead who then report directly to the Group Nurse Consultant for IPC, and into the Aspen Group IPC Committee. Trained IPC Link Practitioners are based in every clinical area, and are encouraged to be proactive in managing the environment to ensure that standards are maintained in all areas. Activity and monitoring includes regular inspections of the clinical and non-clinical environment, and auditing processes of clinical practices.

Focus in the past year has been on antimicrobial stewardship, and in ensuring that the new clinical areas that have been created are compliant with IPC standards. Water testing reporting has improved, with a quarterly report now created and received by the local IPC Committee.

There have been



healthcare associated infections at Highgate in 2018-2019.

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



Complaints

Highgate Private Hospital seeks to ensure that every opportunity is taken to listen to patients' and key stakeholders' feedback, concerns and complaints to improve the care and services received by patients, users and their representatives. All complaints are given a written response, with an invitation to meet with the senior management of the hospital, if desired.

When a complaint is received by the Hospital Director it is his responsibility to establish whether any immediate and/or remedial action(s) should be taken – prior to the investigation - in the interest of safeguarding safety and quality. All complaints received are shared with the staff involved in that patient's care, and a comprehensive investigation is undertaken. Any learning and remedial actions identified, are put in place, as appropriate.



Complaint reports are developed regularly and are taken to the Senior Management Team, the Medical Advisory Committee, and also Heads of Department and local departmental meetings. Discussions are held at these meetings to enable staff to constructively review any complaints that are received in their areas. Any lessons learned are shared to obtain an improved understanding of the impact that the issue has had on the patient, and to avoid a similar occurrence happening to anyone else.

Changes made throughout the year include:

- Improved admission/exclusion criteria, which gives further clarity on the type of patients who can be treated safely at Highgate Private Hospital

- An improved experience of the patient pathway, from the booking process, through pre-operative assessment and to admission
- Improvements on advising patients of the costs of procedures; and all-inclusive package prices have been developed for some procedures
- Improvement of food choices offered, and more choice for dietary requirements, such as gluten-free options, are now available on the menu.



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.

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

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.

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.

Develop a Bereavement Questionnaire

Although the number of patient deaths is small across the Aspen hospitals, we wish to ensure high quality care for all adults at the end of life. To do this we developed a short bereavement questionnaire to seek the opinions of bereaved relatives on the care provided to their friend or relative. This survey asked for feedback on the quality of care delivered in the last three months of the deceased's life at an Aspen Healthcare hospital.

Our survey has been adapted from the National VOICES questionnaire and was sent to relatives known to our care teams. We acknowledge that the survey may contain questions of a sensitive nature and it is, therefore, only provided to people who had been bereaved within the previous year.

This survey will now be an ongoing initiative to provide bereaved families an opportunity to have their experiences heard and provide us with important feedback. The results gained will be used to inform policy and service development, and enable evaluation of the quality of end of life care of our patients, as part of our ongoing audit and service improvement activities, helping to ensure our end of life patients and their families have the best possible experience.

External Perspective on Quality Of Services

What others say about our services:

Highgate Private Hospital invited Haringey Clinical Commissioning Group (CCG) to comment on this Quality Account.

Statement from Haringey CCG

"As the lead commissioner, Haringey CCG has reviewed Aspen Highgate's 2018/19 Quality Account. The CCG welcomes the positive work the organisation has undertaken during 2018/19 and the work planned to strengthen quality and safety in 2019/20. In particular, we are pleased to see participation in national programmes of work (including NEWS2 and national audit) and the good patient experience reflected in the Friends and Family (FFT) ratings.

Overall, we feel that this Quality Account would be greatly strengthened if there was more quantitative evidence provided in relation to the outcomes from 2018/19. This might include trend analysis, benchmarking with similar hospitals and analysis of performance improvements against planned trajectories. Similarly, for 2019/20 we would like to understand how improvements will be evaluated – again, the provision of baselines, planned trajectories and methods of monitoring would make the account more robust. This will provide commissioners with assurance that the appropriate governance is in place to determine whether the planned actions are delivering the outcomes expected."

Shelley Shenker

Senior Project Manager

Haringey Clinical Commissioning Group (CCG)
28 May 2019

"From beginning to end, everything was fab and I'd have no hesitation recommending the hospital to family and friends. Both my husband and I felt very safe and well looked after - would have happily stayed longer!"

*Patient Satisfaction Feedback Report
December 2018*



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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