



# Nova Healthcare Quality Account

April 2018 – March 2019



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# Welcome to Aspen Healthcare

Nova Healthcare 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%**

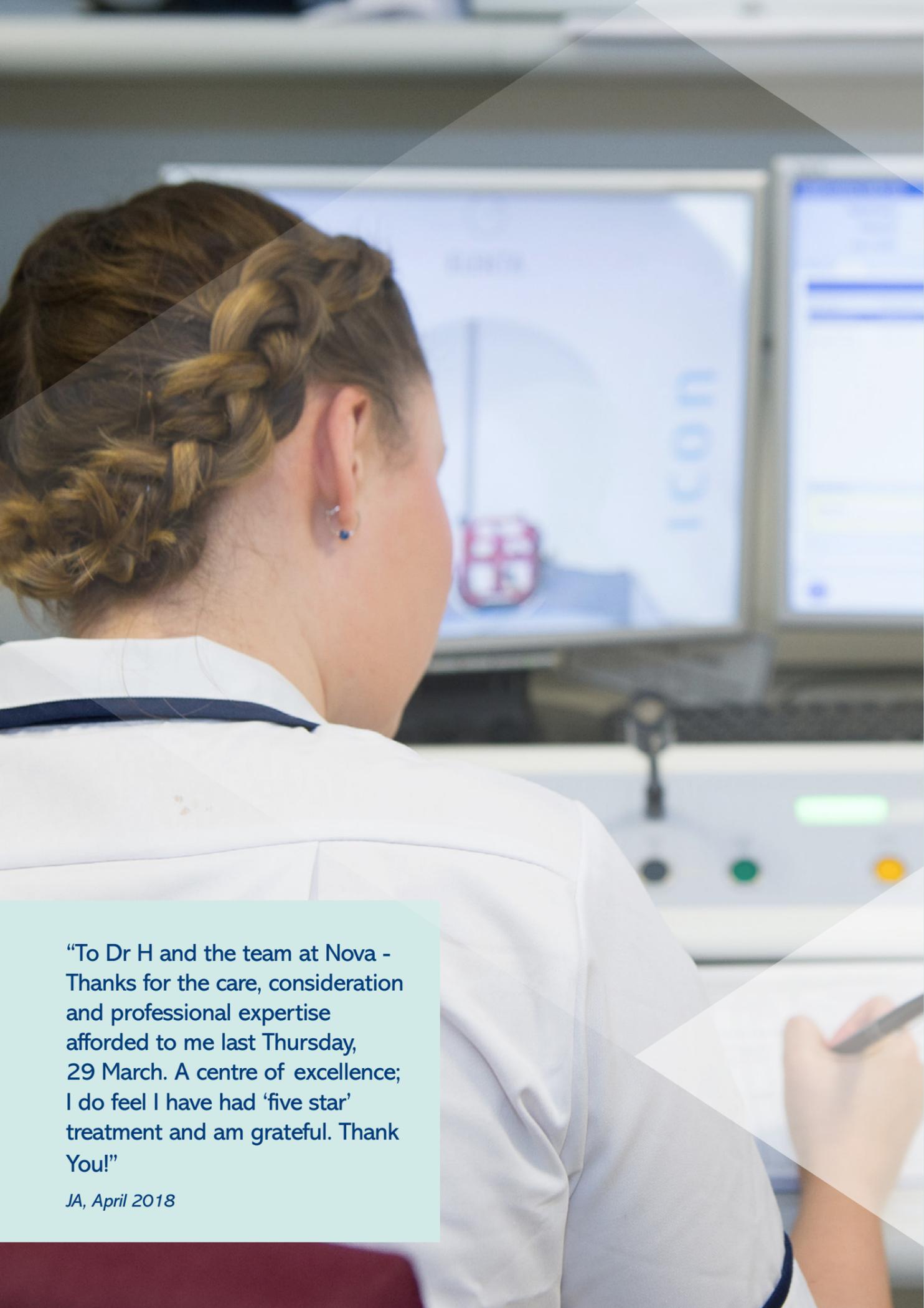
of inpatients and outpatients stated that they were 'extremely likely' or 'likely' to recommend the Aspen hospital/clinic they visited.

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





“To Dr H and the team at Nova - Thanks for the care, consideration and professional expertise afforded to me last Thursday, 29 March. A centre of excellence; I do feel I have had ‘five star’ treatment and am grateful. Thank You!”

JA, April 2018

## 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 Nova Healthcare. 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 Nova Healthcare 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 Nova Healthcare, 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 Nova Healthcare

Nova Healthcare is a part-owned subsidiary company of HTI St James's Ltd. It is a specialist provider of medical and clinical oncology, haematology, stereotactic radiosurgery and specialist prostate surgery. The unit opened in 2009 and is located within the Bexley Wing of Leeds Cancer Centre, part of the Leeds Teaching Hospitals NHS Trust.

The unit offers facilities for outpatient consultations, day-case and ambulatory care treatments.

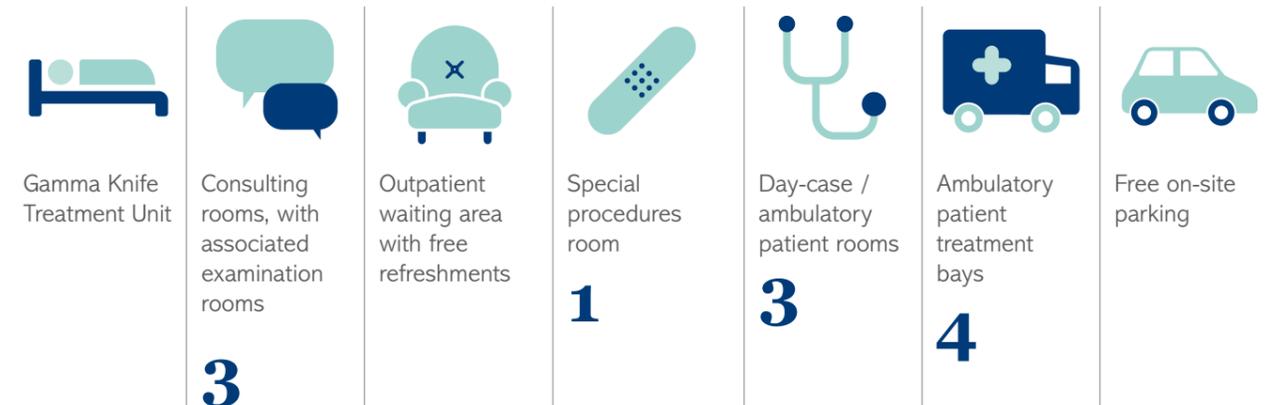
Nova Healthcare works in partnership with Leeds Teaching Hospitals NHS Trust, who provide services and facilities to Nova Healthcare through a range of service level agreements e.g. diagnostic imaging, pharmacy and pathology services. The services and facilities provided to Nova Healthcare, through the service level agreements, are in accordance with Leeds Teaching Hospitals' standards. Our collaborative working agreements with Leeds Teaching Hospitals NHS Trust for external beam radiotherapy and brachytherapy, ensure our

patients have access to one of the leading NHS radiotherapy providers in the UK, set within an academic framework with the highest quality assurance standards and technically advanced delivery.

All services at Nova Healthcare are Consultant-led and, in addition to being granted practising privileges at Nova Healthcare, all Consultants hold an employment contract or honorary contract at Leeds Teaching Hospitals NHS Trust.

Nova Healthcare is accredited with all major insurers.

## Vital Statistics



“To all at Nova Healthcare - Many thanks for your kindness and consideration.”

*JG, April 2018*

# Statement on Quality

Nova Healthcare is delighted to present this fourth Quality Account which we believe will further demonstrate our commitment to quality and safety for all our patients. The report will seek to measure progress made in an objective manner, identifying those areas we wish to seek improvement in during 2019–2020 focused on the areas of patient safety, clinical effectiveness and patient experience.

This Quality Account is actively owned by the Nova Healthcare team and staff who work with us as part of our wider team. We share a real desire to progress our quality initiatives over the coming year, modelled on the Aspen Healthcare Quality Governance Framework and Quality Strategy. Our Quality Account will also allow us to openly report on what we do well and where we believe improvements can be made. Our local Quality Governance Committee meets quarterly and provides data on outcomes and quality throughout the patient

journey, including feedback received from our patients. This committee feeds into the HTI St James's Ltd Board, the Medical Advisory Committee and the Group Quality Governance Committee, which is chaired by Aspen Healthcare's CEO. This committee provides assurance to the Aspen Healthcare Executive Team and Board that we are responsive to any changes in values, expectations and perceptions, and ensures that our services provided to patients are based on best practice.

## Accountability Statement

Directors of organisations providing hospital services have an obligation under the Health and Social Care Act 2008, National Health Service (Quality Accounts) Regulations 2010 and the National Health Service (Quality Accounts) Amendment Regulation 2011 to prepare a Quality Account for each NHS financial year. This report has been prepared based on guidance issued by the Department of Health setting out these legal requirements.

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

**Dawn Abbott, Clinic Manager**  
Date: 1st May 2019

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

Mr Roger Cannon, Chair, Medical Advisory Committee, Nova Healthcare  
Dr Adrian Crellin, Medical Director, Nova Healthcare  
Mr Ron Gilden, Chairman, Nova Healthcare Board  
Mr Paul Hetherington, Chief Executive Officer, Aspen Healthcare  
Mrs Judi Ingram, Clinical Director, Aspen Healthcare  
Mrs Rachel Bradbury, Director of Clinics & Special Projects, 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.

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

##### 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.

#### 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.

## Patient Experience

### Implementation of GREATix

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

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

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

### Self-assessment of ISCAS Complaints Code

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

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

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

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

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, Nova Healthcare provided and/or sub-contracted the following NHS services:

Specialty	Number of Patients
Neurosurgery	52
Clinical Oncology	150
Urology	24

Nova Healthcare 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 Nova Healthcare 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.

There were no patients cared for during the reporting period where participation in a national clinical audit or a national confidential enquiry was appropriate to the services and care provided by Nova Healthcare.

### Local Audits

The following local clinical audits were reviewed by Nova Healthcare during April 2018 to March 2019. All of the audits were undertaken at least three times during the reporting period with many of the audits being undertaken much more frequently.

Audit	Average % Compliance April 2018 to March 2019
Patient Consent – consent process accurately completed and recorded	100%
Record Keeping (general) – documentation in clinical records compliant with national and local standards and requirements	96%
Practising Privileges – documentation supporting the granting of practising privileges to Consultants is accurate and up-to-date e.g. appraisal documentation	99%
Health Records Access Request – a clear audit trail to monitor the progress and completion of Health Record Access Requests	100%
Safeguarding (Adults and Children) – staff training completed	100%
Resuscitation – equipment checks fully and accurately recorded	85%
Information Governance – national and local standards met	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 Nova Healthcare's income in April 2018 to March 2019 was conditional on achieving quality improvement and innovation goals agreed between Nova Healthcare 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/>.



### Are services

Safe?	Good
Caring?	Good
Responsive?	Good
Well led?	Good

Nova Healthcare was last inspected by the CQC in August 2016 and was awarded an overall rating of 'GOOD'.

We were rated as 'GOOD' in the safe, caring, responsive and well-led domains. The effective domain was not rated as the CQC were not confident that they were collecting sufficient evidence to rate effectiveness for Outpatients & Diagnostic Imaging. Of note, the CQC commented that Nova Healthcare was a very well-led service with a clear vision that was known to all staff and patients. The culture of the organisation was open and collaborative with strong internal and external relationships. All the feedback received from patients and staff was extremely positive. The response to individual needs and preferences was exceptional in that it provided care that met individuals' needs and preferences.

After our inspection we noted any areas that could be further improved upon and put an action plan in place,

## Statement from the Care Quality Commission

Nova Healthcare is required to register with the Care Quality Commission (CQC) and its current registration status is for the provision of:

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

Nova Healthcare does not have any conditions on its registration.

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

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

with specified timescales to attain these actions which have all been achieved. Some of these actions were:

- Completion of outstanding action from the May 2016 Medicines Management audit: review of the stock list to ensure that stock levels are sufficient and the stock is relevant to case mix
- Completion of one outstanding action from the PLACE audit; sourcing cleaning schedules from the Trust
- Review the complaints register to ensure that the acknowledgment date and lessons learnt are recorded within the register
- Update the complaints leaflet to state that Nova Healthcare is a member of the Independent Healthcare Sector Complaints Adjudication Service.

The Improvement Plan was reviewed regularly and all improvement actions had been fully completed by the end of 2017.

## Statements on Data Quality

Good quality information underpins the effective delivery of patient care and is essential if improvements in quality care are to be made. Improving data quality, which includes the quality of ethnicity and other equality data, will improve patient care and improve value for money. On induction our staff are trained on how to obtain and input data correctly onto the patient electronic system and also on how to handle confidential data.

Nova Healthcare will be taking the following action to improve data quality:

- Continued improvements on data quality; ensuring patient details are updated regularly.

## 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)

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

## Clinical Coding Error Rate

Nova Healthcare was not subject to the Payment by Results clinical coding audit during April 2018 to March 2019 by the Audit Commission.

“Dear K and staff - Thank you for organising the travel arrangements and stay in the Bexley Wing. My sister and I were ‘blown away’ by the care and support throughout what could have been a stressful day. I was in so much pain that day and had psyched myself for the wait, of maybe months, before things might change. But in fact I have not had any pain since the day of the op. I know it might not last forever but it is great to get ‘me’ back again. You were all wonderful!”

AP, April 2018

## 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, 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.

## 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.

Nova Healthcare 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.

Nova Healthcare 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 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.

### 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	Serious Incidents	0
Serious Incidents resulting in harm or death	0%	Serious Incidents resulting in harm or death	0%
Never Events	0	Never Events	0
<b>Total</b>	<b>0</b>	<b>Total</b>	<b>0</b>

As Nova Healthcare did not have any serious reported incidents key learning from other reported incidents were:

- Review of process for provision of outpatient prescriptions for Consultants during clinics
- Ensuring that staff sending blood samples to pathology via the POD system, wait at the POD system until the POD container has left the unit.



**“To P and the staff at Nova Healthcare - Just to say thank you for all the kindness and care that everyone showed me on the day of my Gamma Knife treatment. Never underestimate how much this means to a patient!”**

*NN, April 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.

Nova Healthcare does not treat any patients that are eligible for any of the Aspen PROMs related procedures.

**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	0	0	Ongoing monitoring and review
Number of admissions risk assessed for VTE	CQUIN data	100%	100%	Ongoing monitoring
Number of Clostridium difficile infections reported	From national Public Health England/Scotland returns	0	0	Ongoing monitoring
Number of patient safety incidents which resulted in severe harm or death	From hospital incident reports (Datix)	0	0	
Responsiveness to personal needs of patients	Patient satisfaction survey data – for overall level of care	99%	99.5%	Improving patient satisfaction response rates, and ensuring that patient feedback drives our focus of attention to areas where we are not meeting expectations
Friends and Family Test - patients	Patient satisfaction survey – rated extremely likely/likely	99%	97.5%	Monitoring of responses to ensure that we meet patient expectations and focus on areas where we need to improve
Friends and Family Test - staff	Staff satisfaction survey	90%	N/A	Initiatives to improve staff engagement. Survey staff once every two years (next due in 2019) and review response.

**Infection Prevention and Control**

Nova Healthcare has an Infection Prevention and Control Link Practitioner who monitors the effectiveness of hand hygiene and environment cleanliness through regular audits and training sessions.

An audit calendar is in place, as shown below, and action plans are formulated for any areas identified as requiring improvement. All audits and associated action plans are reviewed through the local Quality Governance Committee and action plans are regularly reviewed to ensure that any changes in practice have become embedded.

**Audit Schedule Summary 2018**

Audit	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
<b>Infection Prevention and Control</b>												
Hygiene Code Weekly Checklist	X	X	X	X	X	X	X	X	X	X	X	X
PLACE					X							
IPC Environmental & Clinical Practice	X			X			X			X		
High Impact Intervention Hand Hygiene	X			X			X			X		
Deep Dive - Corporate Audit on Infection prevention and control practices						X						
Hand Hygiene Observational Audit	X	X	X	X	X	X	X	X	X	X	X	X
Outpatient Services Patient Turnover			X			X			X			X
Antimicrobial Stewardship	X			X			X			X		

**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

There have been



**healthcare associated infections at Nova Healthcare in 2018-2019.**

**“To H - Thank you so much for your kind help and assistance, it is really appreciated. With gratitude.”**

*NT, April 2018*

## Complaints

All complaints are led and coordinated by the Clinic Manager who acknowledges receipt of the complaint letter. All complainants are offered, where appropriate, a face-to-face meeting with the Clinic Manager at the acknowledgement stage, to help ensure a good understanding of the concerns raised.

The complaint is risk assessed to ensure any actions/concerns are immediately addressed and is then entered on to the complaints register. Any complaints that are particularly complex or sensitive, may require a more comprehensive investigation, similar to a root cause analysis investigation. This would normally be led by the Clinic Manager, supported by the relevant departmental manager. A response would be drafted, the final response verified and then sent to the complainant by the Clinic Manager, within 20 working days.

If any complaints are received via the NHS Commissioners, a lead investigator would be agreed and the unit would liaise with stakeholders to ensure a comprehensive single response was provided.

Complaints are reviewed and discussed between the senior managers as they occur, to identify issues raised which need highlighting and learning shared. If any complaints are risk assessed as high or particularly sensitive and/or complex, these would be discussed with Aspen's Group Clinical Director.

Complaints involving a Consultant or relating to their practice would be discussed with the individual Consultant and, if necessary, with the Medical Advisory Committee Chair and/or Nova Healthcare Medical Director. If the complaint involved any aspect relating to the doctor's fitness to practice, then the complaint would also be discussed with Aspen's Responsible Officer and guidance sought.

The sharing of learning from complaints' investigations are discussed at the Quarterly Governance meetings as a standard agenda item and at the Medical Advisory Committee meetings.



Changes have been made throughout the year in response to issues raised from the complaints received and these include:

- Review of patient data and finance processes in relation to patient invoices

- Review of patient pathway for prostate surgery patients with a collaborative group to improve communication and information provided to NHS colleagues and patients.



# 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. 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. Nova Healthcare had a Patient Safety Rating of 90%. 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.

"Mr P, K and staff - I am really grateful for all that you have done for me."

EW, April 2018

## Patient Experience

### Implement Dementia Self-Assessment Framework

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

In 2018-2019 we have further developed our existing dementia strategy by adapting the NHS Improvement Dementia Assessment and Improvement Framework to create an audit tool to assess our clinical environments. This national improvement framework describes what 'outstanding' care looks like, and provides a system of assurance, continual improvement and learning. The

framework combines national policy, guidance and best practice from organisations achieving an 'outstanding' rating from the national regulator - the Care Quality Commission (CQC) - and consists of eight standards that we strive to meet.

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

## External Perspective on Quality Of Services

### What others say about our services:

Nova Healthcare requested NHS England and the local Healthwatch to comment on this Quality Account. Prior to publication no comments had been received.



“Just a short note to say how grateful I was yesterday when I had the Gamma Knife treatment. Everyone from P on reception to the nurses and radiologists, not forgetting Dr H and K - you all made what could have been a daunting process seem a really easy treatment. God bless you all; fingers crossed that it has some effect. Thank you all for your professionalism and easy going way of working.”

*JR, Jul 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.

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