

ASPEN HEALTHCARE



Quality Accounts 2020 - 2021

CANCER CENTRE
LONDON

CLAREMONT
PRIVATE HOSPITAL

HIGHGATE
PRIVATE HOSPITAL

MIDLAND EYE
PRIVATE CLINIC

NOVA
HEALTHCARE

PARKSIDE
PRIVATE HOSPITAL

THE EDINBURGH
CLINIC

THE HOLLY
PRIVATE HOSPITAL

Welcome to exceptional healthcare



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



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Many of the images included in this publication were originally photographed prior to the COVID-19 pandemic and the preventative infection control measures that have been put in place to reduce the risks of COVID-19 infection. The images may therefore not be representative of the current requirements and practices in place at Aspen sites.

Welcome to Aspen Healthcare

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, some of which are in joint partnership with our Consultants.

Aspen Healthcare facilities cover a wide range of specialties and treatments providing consulting, diagnostic and surgical services, as well as state-of-the-art oncological services.

We deliver this care always with our mission statement underpinning everything that we do: **"Our mission is to provide first-class independent healthcare for the local community in a safe, comfortable and welcoming environment; one in which we would be happy to treat our own families."**

Aspen Healthcare is one of the main providers of independent hospital services in the UK.

We provide healthcare for self-paying patients, patients with private medical insurance and through a variety of local contracts we provide inpatient and day case NHS patient episodes of care.

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. In 2020 we

entered into an historical partnership with the NHS providing our full capacity, workforce and facilities to support the NHS in the fight against the pandemic. During this period we delivered over 63,000 episodes of care to NHS patients including:

- **12,550** time-critical operations
- **39,000** outpatient appointments
- **13,000** urgent scans and tests.

Across Aspen Healthcare 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.

We are very pleased to report that in 2020 our patient satisfaction ratings remained outstanding with:



98%

of patients rating the quality of their care as Good, Very Good or Excellent



98%

of patients rating hospital cleanliness as Good, Very Good or Excellent



97%

of patients rating nursing care as Good, Very Good or Excellent



99%

of patients rating consultant care as Good, Very Good or Excellent

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 facilities include:

Hospitals

- **Claremont Private Hospital**
- **Highgate Private Hospital**
- **Parkside Private Hospital**
- **The Holly Private Hospital**

Cancer Centres

- **Cancer Centre London**
- **Nova Healthcare**

Day Surgery Centres

- **Midland Eye Clinic**
- **The Edinburgh Clinic**

"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."

Introduction to Aspen Healthcare Facilities

Cancer Centre London

Facilities

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

Awards and Accreditations

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

Claremont Private Hospital

Facilities

- 12 consulting rooms
- 46 beds
- 3 theatres
- Pharmacy
- Endoscopy
- MRI
- CT
- Ultrasound
- X-Ray

Awards and Accreditations

- WorldHost® Business Status
- AfPP for Theatres
- Joint Advisory Group (JAG) Accreditation

Highgate Private Hospital

Facilities

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

Awards and Accreditations

- WorldHost® Business Status
- AfPP for Theatres
- Joint Advisory Group (JAG) Accreditation

Midland Eye Clinic

Facilities

- 3 consulting rooms
- 1 theatre
- Pre-assessment room
- Diagnostics room
- Recovery room

Awards and Accreditations

- WorldHost® Business Status
- AfPP for Theatres

Nova Healthcare

Facilities

- 3 consulting rooms
- 3 day care beds/seats
- 4 ambulatory patient treatment bays
- Gamma Knife
- Nuclear Medicine
- PET/CT
- Radiotherapy
- Chemotherapy

Awards and Accreditations

- WorldHost® Business Status

Parkside Private Hospital

Facilities

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

Awards and Accreditations

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

Network

- BUPA Breast Centres of Excellence Network

The Edinburgh Clinic

Facilities

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

Awards and Accreditations

- WorldHost® Business Status
- AfPP for Theatres

The Holly Private Hospital

Facilities

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

Awards and Accreditations

- WorldHost® Business Status
- AfPP for Theatres
- Macmillan Quality Environment Mark (MQEM)
- Gold Investors in People

Network

- BUPA Breast Centres of Excellence Network

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

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

Award-winning Healthcare

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

UK Employee Engagement Awards 2021

Gold Winner: Health and wellbeing of employees



Health Investor Awards 2021

Finalist: Private Hospital Group of the Year



UK Customer Experience Awards 2020

Gold Winner: Customer experience in the crisis



UK Employee Experience Awards 2020

Gold Winner: Training and development



Aspen Healthcare Supporting the NHS during the Pandemic

As part of the national response to the COVID-19 pandemic, Aspen Healthcare has been proud to support the NHS by committing its staff, resources and equipment to the National Health Service. Over a period of 12 months, this extraordinary effort has seen the delivery of more than 63,000 NHS patient interactions across Aspen's four hospitals and its two day surgery clinics.

This support to the NHS included time-critical operations, diagnostic scans and outpatient appointments. It is a testament to the commitment and hard work of our teams during the pandemic. We remain committed to providing such support as part of the wider working relationship established between the Independent Sector and NHS.

Across the Aspen Healthcare Group, our hospitals have worked collaboratively with some of the country's largest NHS Trusts including St George's, Barts Health NHS Trust, Sheffield Teaching Hospitals NHS Foundation Trust and Barking, Havering and Redbridge University Hospitals NHS Trust. We have provided care and treatment for many of the most urgent patients. By committing our resources with speed and efficiency, our work at Aspen over the past year to support the NHS during the pandemic has meant that we have:

- Delivered 12,550 urgent and time-critical operations for patients across a range of specialties, from trauma and plastics to orthopaedics and ophthalmology
- Delivered 39,000 outpatient appointments
- Delivered 13,000 urgent scans and imaging investigations, including pre-screening assessments such as chest x-ray, blood tests and swabs, allowing for a seamless referral pathway
- Put forward over 50 volunteers for the Nightingale Hospitals
- Seconded 38 clinical staff to work in NHS Hospital wards and theatres.

During the first peak in the spring of 2020, Aspen's hospitals also loaned significant numbers of anaesthetic ventilators, syringe pumps and syringe drivers, together with other essential equipment to support the establishment of the Nightingale Hospitals.

Since then, our support for the NHS has evolved and extended beyond traditional surgery, with our teams also supporting paediatric dental cases and creating outpatient space for Parkinson's Clinics and Falls Clinic and for immune-suppressed patients to receive biological infusions. Our hospitals also implemented a fast track Practising Privileges process for NHS consultants so they could

deliver NHS case loads in our theatres as and when required.

Over the past year, our teams have worked closely with NHS colleagues to overcome logistical, clinical and administrative barriers in order to offer a safe service for patients. We have forged new ties and strengthened existing bonds with NHS colleagues, as evidenced by the positive feedback received.

The Holly Private Hospital supporting the NHS during the COVID-19 crisis

During the COVID-19 crisis The Holly Private Hospital worked closely with Barts Health and Barking, Havering and Redbridge (BHR) Trusts (predominantly with Whipps Cross Hospital and Royal London and Queen's Hospital) to care for patients from the local community. The hospital provided time critical surgery across a range of specialties including: urology, endoscopy, pain management, general surgery and spinal cases as well as outpatient ophthalmology for BHR and outpatient urology for Whipps Cross. The Hospital adopted new COVID-safe operational protocols to protect patients and staff from COVID.



Commenting on the collaboration with The Holly Private Hospital, Lee Basso, North East London Independent Sector Programme Director, said: "This partnership with our friends at The Holly Private Hospital has delivered a quick, safe, and high-quality service, ensuring our patients continue to receive the high level of care they need and deserve. Such an arrangement is testament to the behind the scenes hard work of the teams at Barking, Havering and Redbridge University Hospitals NHS Trust, Homerton University Hospital Foundation Trust, Barts Health NHS Trust and The Holly, and is a positive example of how the NHS and private sector can work together."

Parkside Private Hospital supporting the NHS during the pandemic

Parkside Private Hospital supported St George's Hospital during the COVID-19 pandemic to ensure patients received the time critical surgery they needed. Parkside managed NHS admissions from St George's ranging from CT and MRI scans to ambulatory trauma (orthopaedics) to general surgery and plastics. In addition, the hospital delivered paediatric dental lists for Kingston NHS Trust. This essential work offloaded some pressure on the local NHS teams, freeing up capacity to treat COVID-19 patients. The Hospital adopted new COVID-safe operational protocols to protect patients and staff from COVID.



Clinical Director of Surgery at St George's, Ms Shamim Umarji, was extremely pleased with the manner in which Parkside Hospital was able to quickly respond, support and care for patients, during these challenging times.

Claremont Private Hospital supporting the NHS during the COVID-19 crisis

In Sheffield, Claremont Private Hospital worked hand-in-hand with Sheffield Teaching Hospitals NHS Foundation Trust, providing urgent urology and orthopaedic treatment for patients requiring time-critical procedures. The hospital seconded four Operating Department Practitioners and four Scrub Nurses to Sheffield Teaching Hospitals. In addition, the hospital

Aspen Healthcare partnering with the NHS

delivered priority endoscopy cases for Sheffield Teaching Hospitals, Doncaster and Bassetlaw Hospitals. The Hospital adopted new COVID-safe operational protocols to protect patients and staff from COVID.

Michael Harper, Chief Operating Officer, Sheffield Teaching Hospitals NHS Foundation Trust said: "We already had a working relationship with Claremont Hospital and so it was relatively easy to determine how they could help during the pandemic and support us in continuing to deliver as much care as possible for those patients whose care otherwise may have been paused."

Highgate Private Hospital working with the NHS during COVID-19

During the COVID-19 pandemic, Highgate Private Hospital worked closely with Whittington Health NHS Trust, Royal Free London NHS Foundation Trust, Royal National Orthopaedic Hospital, University College London Hospitals NHS Trust and North Middlesex University Hospital. Highgate delivered outpatients clinics, imaging and time-critical surgery across a range of specialties including pain management, orthopaedics, general surgery and gynaecology. Highgate Hospital also sent 30 clinical staff to work in Whittington Hospital wards and theatres to assist with staff shortages. The Hospital adopted new COVID-safe operational protocols to protect patients and staff from COVID.

Speaking about the experience, Douglas Watson, Hospital Director at Highgate Hospital said, "It has been a privilege to work together,

help the NHS and save lives during this challenging period in history."

The Edinburgh Clinic

The Edinburgh Clinic offered full capacity, equipment and staffing to NHS Scotland but due to the clinic being a day unit without beds it was initially not required in the fight against COVID-19. The Edinburgh Clinic did however lend their ventilator and other equipment to The Edinburgh Royal Infirmary to assist them with their COVID-19 critical care. The Clinic also provided CT and MRI scans to NHS patients to relieve the pressure on the local NHS facilities. The Clinic adopted new COVID-safe operational protocols to protect patients and staff from COVID.

Nova Healthcare providing continuity of care during COVID-19

The specialist cancer centre located in St James's Trust Teaching Hospital continued to provide life-saving cancer treatments to the Trust during the COVID-19 pandemic, ensuring that patients had continuity of life-saving care despite the pandemic. The clinic adopted new COVID-safe operational protocols to protect vulnerable cancer patients and staff.

Cancer Centre London fighting cancer during the pandemic

Cancer Centre London was prepared to offer full capacity to local NHS Trusts and hospitals during the pandemic but was not required by the NHS at this time. The Cancer Centre London team continued to provide life-saving cancer treatments during the pandemic. The centre

also adopted new COVID-safe operational protocols to protect vulnerable cancer patients and staff from COVID.

Midland Eye Clinic delivering healthcare during the pandemic

Midland Eye Clinic offered full capacity, equipment and staffing to NHS England but due to the clinic being an ambulatory day unit with no beds it was not required to provide this to the NHS in the fight against COVID-19. During the initial wave of the pandemic in April 2020, Midland Eye was temporarily closed to adhere with NHS clinical protocols. During this period, the clinic provided ongoing care for post-operative patients to ensure there were no complications and to provide continuity of care. In addition, the clinic provided outpatient clinics for NHS patients with AMD who needed to continue their treatment. Midland Eye also launched virtual consultations for private patients, allowing patients to access eye healthcare without having to go into a clinical environment. When clinical protocols permitted the recommencement of surgery, Midland Eye restarted delivering surgery to both NHS and private patients. The clinic also adopted new COVID-safe operational protocols to protect both patients and staff.

PART 1 Statements on Quality



Statement on Quality from Chief Executive, Rob Anderson

Welcome to the 2020 - 2021 Quality Account for Aspen Healthcare, which details how we have performed this year against our quality and clinical safety standards.



On behalf of Aspen Healthcare, I am pleased to provide our latest annual Quality Account for the Group. This report provides an opportunity to reflect on the high-quality healthcare services Aspen Healthcare has delivered to patients over the past year (April 2020 to March 2021) and, importantly, sets out our plans for further quality advancements in the forthcoming year.

In this Quality Account you will be able to read about how Aspen Healthcare has stepped up to the immense challenges presented by the COVID pandemic. In particular, we have partnered with the NHS providing our full capacity and resources to support the efforts of the national health service. I am immensely proud of and thankful to our Aspen Healthcare team for how they have embraced these most challenging of times and how they have successfully partnered with our local NHS Trusts and Hospitals to deliver safe and effective critical healthcare to patients, under unprecedented circumstances. Across Aspen we are also incredibly grateful and thankful to all

our NHS colleagues for their tireless work in the fight against the pandemic and we congratulate you on everything you have achieved over the past year.

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 Healthcare'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 Healthcare's Quality Strategy, which focuses on the three dimensions of quality: patient safety, clinical effectiveness and patient experience.

Our hospitals are subject to the same Care Quality Commission (CQC) inspection regime as all private and NHS hospitals in England and to all

inspection by Healthcare Improvement Scotland (HIS) in Scotland. 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 'Good' or 'Outstanding'.

This Quality Account presents our achievements in terms of clinical effectiveness, safety and patient experience, and demonstrates that all managers, clinicians and staff across Aspen Healthcare are committed to providing the highest standards of quality care to our patients. The Quality 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 (2020 - 2021), as agreed with the Aspen Healthcare Executive Team, are outlined within this report.

In 2020 - 2021 we maintained our excellent record on reducing avoidable harm across our organisation and high levels of patient satisfaction. We remain committed to monitoring all aspects of our patients' experience, ensuring this feedback is effectively utilised to continue to drive quality improvement.

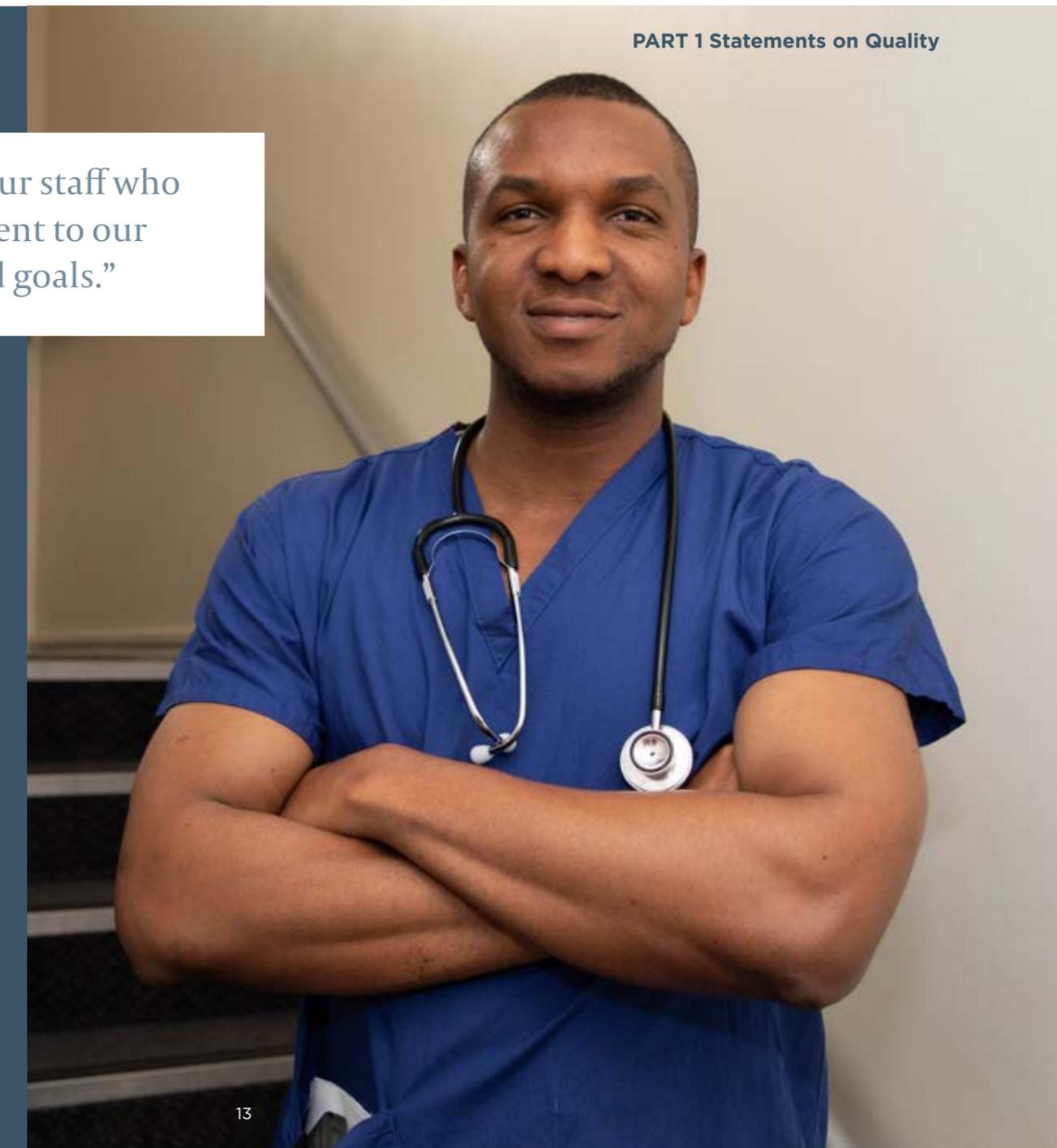
"I would like to thank all our staff who every day show commitment to our values, high standards and goals."

I would like to thank all our staff who every day 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 2020 - 2021, 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.

Rob Anderson
Chief Executive
Aspen Healthcare



Statement on Quality from Chief Medical Officer, Dr Zoltan Varga



It has indeed been an unforgettable year for all of us at Aspen Healthcare. I am immensely proud of all our colleagues and staff, for having risen to the huge challenges presented by COVID.

In March 2020, Aspen participated in the historical partnership between the NHS and the independent sector, committing our full capacity, facilities and staff to the national health service. Across Aspen Healthcare, our teams knew that we needed to keep our facilities open during the pandemic, to support the efforts of the NHS and to care for patients who needed time-critical healthcare.

What a huge effort it has been on everyone's part. Through collaboration and the hard work of both clinical and non-clinical staff, we managed to keep our facilities open, to deliver much needed outpatient clinics, diagnostics and critical surgery to thousands of patients. We also kept both our patients and staff safe from COVID. This would not have been possible without everyone pulling together, supporting and looking after each other, and adhering to infection prevention guidelines to protect our patients and staff.

Aspen staff working in NHS Hospitals during COVID

Many of our staff felt it was their duty to transfer over and help the NHS at this most critical of times. Across Aspen, 38 clinical staff went to work in NHS hospitals and over 50 of our team volunteered and underwent training for the Nightingale Hospitals. We are hugely proud of their commitment and readiness to serve in the front lines together with their NHS colleagues. I am very relieved that they all returned to us safe and sound and that we did not lose anyone to the disease.

Strengthening relationships with local NHS Trusts and Hospitals

We have seen how during the pandemic communities across the Country came together to help each other. During the pandemic we were delighted to strengthen our relationships with our local NHS Trusts and Hospitals. The difficult times helped us to cooperate seamlessly, there has been real goodwill, tolerance and helpfulness on each other's part as we adapted to new rules and challenges in providing care together. We want to build on these improved relationships going forward, to keep this momentum as there is now evidence: a true partnership between public and independent healthcare can work.

We were also pleased to welcome many NHS doctors to work in Aspen Healthcare theatres for the first time and delighted with their positive feedback. We are proud of how our local Aspen teams integrated and worked in partnership with the NHS surgical teams to create a seamless experience for our patients.

During the pandemic we also further developed our relationships with our respective CQC liaisons, improved transparency, particularly in reporting in transfer-out cases.

We look forward to continuing all of these positive relationships going forward.

Maintaining quality standards during the pandemic

We recognised that extra effort and attention to safety and quality was needed under the challenging circumstances created by the pandemic. However I am proud that despite the additional challenges we did not lose momentum in our key quality improvement programmes. We have made progress on the journey towards VTE prophylaxis excellence. Our project in response to the recommendation by the Bishop of Norwich enquiry and MPAF is well under way. We have strengthened our Practising Privileges processes and compliance is regularly monitored by our Executive Board. We have improved safety in our operating theatres and introduced the "10,000 feet"

programme. We have renewed our commitment to the AfPP guidelines and we are ready for our next external audit. Our endoscopy facilities successfully renewed their JAG accreditation and our Cancer Care units their CHKS accreditation. We are aspiring to achieve Quality Standards for Imaging (QSI) Accreditation and working to maintain our UKAS approval for our Pathology services. Our Board have approved our Medicines Optimisation Strategy which focuses on introducing new technology and staff training as we aim to improve medications safety.

Looking to the future

Quality and safety remain the utmost priority for our Executive Board including a commitment to further improve in our CQC ratings and to going beyond compliance in all aspects of care we provide to our patients.

Dr Zoltan Varga
Group Medical Director



Patient Satisfaction Results 2020

 <p>94% Of our patients said they would be 'Likely' or 'Extremely Likely' to recommend this hospital to family/friends</p>	 <p>98% Of our patients told us the overall quality of care was 'Good', 'Very Good' or 'Excellent'</p>	 <p>96% Of our patients answered 'Yes, definitely' when asked if they were involved as much as they wanted in decisions</p>
 <p>97% Overall impression of nursing care, 'Good', 'Very Good' or 'Excellent'</p>	 <p>99% Overall impression of your consultant, 'Good', 'Very Good' or 'Excellent'</p>	 <p>93% Overall impression of catering services, 'Good', 'Very Good' or 'Excellent'</p>
 <p>94% Overall impression of accommodation, 'Good', 'Very Good' or 'Excellent'</p>	 <p>92% Of our patients answered 'Yes, definitely' when asked if they felt they were treated with dignity and respect</p>	 <p>94% Overall quality of discharge, 'Good', 'Very Good' or 'Excellent'</p>

Patient Satisfaction Survey Outcomes – average score during 2020 (based on a total of 5,165 responses)

CANCER CENTRE
LONDON

“I had my treatment at a difficult time (COVID) and everything went smoothly. The staff were always helpful.”

CLAREMONT
PRIVATE HOSPITAL

“Extremely professional and provided me with plenty of information prior during and after which left me feeling very assured. The Staff Nurse on duty was also amazing she looked after my every need and made me feel comfortable and at ease nothing was too much trouble 10/10!”

HIGHGATE
PRIVATE HOSPITAL

“My first impression of Highgate Hospital was very welcoming. All staff were very professional, friendly, understanding, dignified and so informative of my future procedure which helped me to relax and feel confident I was going to be cared for. Thank you.”

MIDLAND EYE
PRIVATE CLINIC

“With COVID-19 everything has to be about safety - they have gotten it just right because there is enough time to cover the most important issues.”

NOVA
HEALTHCARE

“Informative, friendly service making the whole experience less frightening and overall couldn't be better.”

ASPEN
HEALTHCARE

PARKSIDE
PRIVATE HOSPITAL

“I was a little anxious when I arrived but was put entirely at ease, everything was explained perfectly, a very pleasant experience.”

THE EDINBURGH
CLINIC

“Nothing I can think of could make the experience any better. Every detail has already been dealt with to maximum consideration to patient.”

THE HOLLY
PRIVATE HOSPITAL

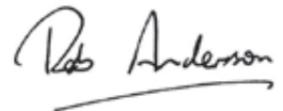
“I always find all staff, nurses, doctors fantastic at Holly. It's so friendly, helpful - doesn't feel like a hospital.”

Accountability Statement

Accountability Statement

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

This report has been prepared based on guidance issued by the Department of Health setting out these legal requirements. To the best of my knowledge, as requested by the regulations governing the publication of this document, the information is accurate



**Mr Rob Anderson,
Chief Executive**

**Date:
1 June 2021**

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



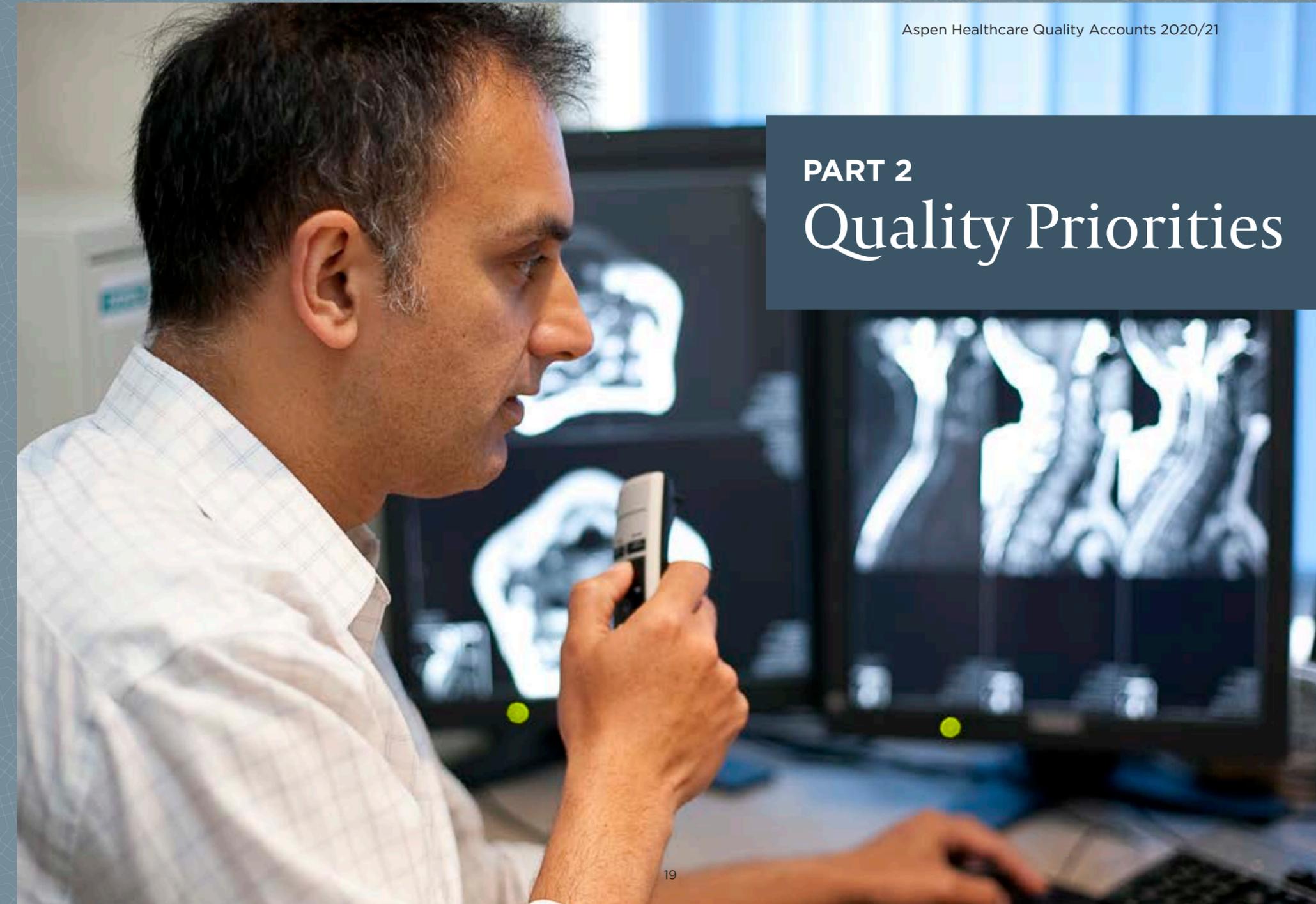
**Dr Zoltan Varga,
Group Medical Director**



**Rob Anderson,
Chief Executive,
Aspen Healthcare**

PART 2

Quality Priorities



Quality Priorities for 2021 - 2022

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 2021 - 2022.

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 Healthcare's Quality Governance Committee which meets quarterly, to monitor, manage and improve the processes designed to ensure safe and effective service delivery.

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

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



Patient Safety

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



Clinical Effectiveness

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



Patient Experience

Aspiring to ensure we exceed the expectations of our patients.

Patient Safety

Improving Patient Safety in Light of the Paterson Inquiry

The Report to Parliament and findings of the Paterson inquiry was published 4th February 2020. There were 15 recommendations across 9 areas for organisations including the Government, the NHS and private sector, and professional and systems' regulators. Aspen Healthcare has reviewed the recommendations and developed a patient safety improvement programme in light of the Paterson Inquiry as follows:

Undertake a review and updating of practising privileges

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

Continue to improve patient information

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

and indemnity, and the arrangements for emergency provision and intensive care. In addition, we must ensure that we clearly explain the admission criteria and transfer-out arrangements to our patients. We have updated our websites to explain these procedures to patients. In addition we are updating our Patient Guides to include this information. We will engage with patients to ensure that the information we provide is in plain English and can be easily understood.

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

Improve and update our policy for consent

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

Multidisciplinary team meetings (MDTs)

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

Aspen has implemented a review of MDT working. At each hospital site, support has been given to enable MDT working to occur not only in the cancer setting but also to assist with the care of patients.

It has been agreed that no treatment intervention be commenced on a patient with cancer until there is evidence of an MDT meeting - unless treatment needs to be provided urgently and, in that case, there must be a retrospective MDT. Aspen will ensure that procedures will not be undertaken, and treatment will not be given unless a discussion has taken place via an MDT.

MDT should be a standard agenda item for each MAC. The MAC needs to demonstrate that the MDTs' functionality is appropriate.

Maintaining COVID-Free Facilities

Maintaining patient safety has been a key priority for Aspen Healthcare during the COVID-19 pandemic, and will continue to be so during the journey back to normality. In line with Government guidance, Aspen Healthcare Hospitals and Clinics will ensure that all patients, staff and visitors are screened for symptoms of COVID-19 before they enter the buildings, therefore ensuring our status as a dedicated 'Green' care pathway.

All patients admitted for care, treatment and procedures will go through a rigorous process of COVID-19 testing and self-isolation prior to admission to ensure that they remain COVID free. This has two purposes; firstly, to ensure that there is no hospital transmission of the virus and secondly, to prevent patients with COVID-19 infection having surgery, as this may be detrimental to their recovery.

In line with national recommendations, we also encourage all of our staff to undertake the twice weekly Lateral Flow Tests for COVID-19. This enables early detection of individuals who have contracted the infection to enable us to remove them from the workplace to prevent transmission to other staff and patients.

We are pleased to say that the majority of our staff have also now had the COVID vaccine.

All of these measures, in addition to our strong and established Infection Prevention and Control practices, have enabled us to have very low levels of infection amongst our patients and staff. We will continue to work to maintain COVID-free Hospitals and Clinics.

Improving Patient Safety: Focus on AfPP

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

During 2021, Aspen operating theatres will be undertaking our annual reaccreditation process and will have to actively demonstrate how we undertake all surgical safety processes, including the development, implementation and monitoring of compliance with policies, educational and training standards, audit processes and clinical practice. Clinical practice is assessed by external assessors visiting our sites and spending time in our operating departments.

Clinical Effectiveness

COVID-19 Clinical Effectiveness

It is our aim at Aspen Healthcare to ensure that all of our patients receive care in an effective, safe and seamless manner. To this end we are reviewing all aspects of our patient pathway from Outpatients to Discharge to ensure that we are not only compliant with all COVID-19 Government guidance, but that our patients receive the high-quality care and treatment that they expect from Aspen Healthcare facilities.

Initiatives we have introduced include:

- virtual and telephone consultations
- virtual and telephone pre-admission assessments to reduce footfall at sites
- pre-admission assessments to reduce footfall at sites
- pre-admission COVID-19 screening
- new COVID Consent Forms to ensure that patients understand what is required of them prior to surgery
- new COVID patient information patient literature advising patients on what to expect when they come into hospital and how to keep themselves and others safe
- a new on-Admission COVID Questionnaire to help us to ensure that COVID-19 requirements have been complied with by the patient.

Additionally, Aspen Healthcare has implemented guidance from the Royal Colleges of Surgeons and Anaesthetists related to when it is safe for patients to have elective surgery following COVID-19 infection.

To ensure that sites are not only achieving compliance with these requirements but endeavouring to go beyond compliance, the Group Clinical and Quality Governance Team including the Group Consultant Nurse for Infection Prevention and Control, have supported the development and implementation of these processes at sites and going forward will audit compliance and support new developments as national guidance requires.

Quality Standards for Imaging (QSI) Accreditation

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

Aspen Healthcare has commenced preparation for QSI accreditation with Parkside Hospital as its pilot site. A detailed gap analysis is being undertaken of the five QSI domains with support from Quality Improvement partners at the Royal College of Radiologists and the Society of Radiographers.

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

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

Once we achieve accreditation at Parkside Hospital we will look to roll this out to other appropriate Aspen facilities.

Patient Related Outcome Measures (PROMs)

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

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

With the COVID-19 pandemic hitting hard in 2020, most elective surgery was put on hold, including hip and knee replacement surgery. Patients who had private medical insurance or who were self-funding were unable to access our facilities, as the independent healthcare sector was prepared and ready to support the NHS during the crisis. Therefore, PROMs data that was eligible for submission was minimal, and so the statistics were not a true reflection of the surgical outcomes. We are now getting PROMs back on track: each Aspen facility who submit data are reviewing their procedures, and monthly monitoring calls are taking place. The expectation is that these compliance rates will rise steadily throughout 2021-22.

Patient Experience

The Golden Patient

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

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

This improvement project 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 ensure all surgical instruments are prepared. This project has been piloted in one Aspen Healthcare facility and the learning shared across all Aspen surgical units.

The priority for 2021-22 is to ensure that all Aspen sites are utilising the 'Golden Patient' process, so that by the end of the reporting period the 'Golden Patient' initiative will be embedded at all Aspen sites.

Ensuring Patients Have the Right Information

During 2020 - 2021, Aspen Healthcare will ensure that the recommendations of the Medical Practitioners Assurance Framework and the Paterson Inquiry are fully in place to ensure patients have the right information at the right time to understand their treatment and care.

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

Ensuring Patients have a Positive Experience With Us

The past year has been difficult across the world of healthcare and this is no different for Aspen Healthcare facilities and our staff and patients. As we move towards a 'new normal' it is a key priority for Aspen to ensure that our patients experience high-quality care and treatment while ensuring that they are safe and well cared for.

Our dedicated teams of Infection Prevention and Control, Clinical and Health and Safety professionals have reviewed all of our clinical environments and services to ensure that while complying with national requirements, our patients experience a seamless service in which they have confidence.

To achieve this, we are working within the remit of the Government 'Hands - Face - Space' messaging. We provide face coverings or masks for patients who do not bring their own. There are extensive hand hygiene facilities throughout our sites and staff and patients are encouraged to use them. Where possible in our buildings, we have developed one-way pathways to avoid as much as possible cross over in areas such as corridors and we also have redefined all of our waiting rooms to achieve social distancing. Where social distancing cannot be achieved, such as at reception desks, Perspex screening has been fitted to protect both our patients and our staff.

To support all of this work, our Housekeeping Teams have increased the frequency of cleaning in all parts of our facilities and more so in high traffic-high touch areas to ensure that risk of transmission of COVID-19 is reduced as much as possible. We will continue to implement all of these measures into 2022 and we will adapt them as required.

Throughout the pandemic, we have restricted visitors entering our facilities but have made exceptions for our paediatric patients and for patients who are having end of life care. We are looking forward to allowing patient visitors, when it is safe to do so.



Statements of Assurance

Review of NHS Services Provided 2020 - 2021

During April 2020 to March 2021, Aspen Healthcare facilities have provided and/or sub-contracted the following NHS services.

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

Aspen Healthcare Limited has reviewed all the data available on the quality of care in all of these NHS services.

The income generated by the NHS services reviewed in 2020 - 2021 represents 100% of the total income generated from the provision of NHS services by Aspen Healthcare for 1st April 2020 to 31st March 2021.

Parkside Private Hospital - Many of these services were provided under the National NHS Agreement with The Independent Sector during the COVID Pandemic. Cancer Centre London - No NHS cases undertaken



Participation in Clinical Audit

National Audits

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

During the period, April 2020 to March 2021, Aspen Healthcare participated in and completed 100% of all:

- national clinical audits and;
- national confidential enquiries

we were eligible to participate in, in relation to the provision of NHS Services.

Participation in national clinical audits is a helpful tool in helping us develop clinical practice as evidenced in the Case Studies found later in this document.

The national clinical audits and national confidential enquiries that Aspen Healthcare Limited was eligible to participate in during April 2020 to March 2021 are as follows:

National Audits

	Claremont Private Hospital	Highgate Private Hospital	Parkside Private Hospital	The Holly Private Hospital
National Joint Registry	627 (96%)	53 (100%)	97 (100%)	190 (100%)
Elective Surgery PROMs (results listed in detail later)	YES	YES	YES	YES
Bariatric Surgery Registry	YES	NA	NO	NA
British Spine Registry	YES	NO	NO	NO
Breast and Cosmetic Implant Registry	YES	YES	YES	YES
Serious Hazards of Transfusion	YES	YES	YES	YES
PLACE	No - suspended across group due to COVID	NO	NO	No due to COVID
Sit & See™ Audit	YES	YES	YES	No due to COVID
GIRFT - surgical site infection (results not yet published)	No	YES	YES	YES
GIRFT - Thrombosis Survey (extended to June 2020 due to COVID-19 so results not published)	NO - No surgical patients April-June 2020	YES	YES	YES

Cancer Centre London participated in the following National audits:

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

Midland Eye Clinic

PROMs, PLACE and Sit & See audits are normally completed by the Clinic. However, these audits were not undertaken in 2020 due to the pandemic. The audits were recommenced where possible in Quarter 1 of 2020.

Note: The Edinburgh Clinic and Nova Healthcare audits

National clinical audits were not conducted at The Edinburgh Clinic and Nova Healthcare between April 2020 and March 2021 as the services provided at the facilities do not cover the specialities associated with the audits.

National Confidential Enquiry into Patient Outcome and Death (NCEPOD)

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

Aspen Healthcare facilities participate in and collect data for The National Confidential Enquiry into Patient Outcome and Death (NCEPOD). However, in the reporting period during April 2020 to March 2021 there were no audits that were relevant to Aspen Healthcare. Any reports published by NCEPOD are shared and reviewed by Senior Management, and actions put in place where changes in practice are recommended.

Local Audits

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



The audits undertaken are listed below:

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

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

Changes we have implemented as a result of undertaking local audits

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

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

- Spot check audits implemented between formal audit checks. This has provided the team with a focus and understanding of audit expectations.
- Reviewed auditor training in specific areas to raise awareness of where the auditor can find relevant data.
- Increased frequency of audits where compliance was low, and reduced frequency where results were consistently high.
- Safety improvements through the introduction of a pre-chemotherapy checklist prior to any treatment which is then included in the patient's electronic record.

- Additional training sessions held for clinical staff on blood transfusion, and they then completed transfusion competencies as part of their ongoing development. The subsequent audits showed an improved score resulting from compliance with documentation in the transfusion pathway.
- With Consultant records, any records noted below the standard, has an additional audit (Star1) undertaken with the support from the Hospital Director to improve standards.
- Consent Audit improved as multi-department (Outpatient/Bookings/Ward and Senior Management Teams) investment and focus in ensuring first and second stage consent is completed as per GMC Guidance; this has been supported and led by the MAC Governance Lead and MAC Chair to embed consultant engagement.
- Improvement in VTE audit results due to interconnection between Ward and Theatre teams in engaging consultants.

Participation in Research

The Edinburgh Clinic

Ten patients at The Edinburgh Clinic participated in a University of Edinburgh, Centre for Inflammation Research study to investigate lung repair following highly effective CFTR modular therapy. This research went through Queens Medical Research Institute and was covered by Aspen Healthcare's local research policy. The results of this research will be presented in academic meetings, and published in scientific journals. This study was organised by Dr Robert Gray, University of Edinburgh and NHS Lothian and funded by the Chief Scientist Office.

All research in the NHS is looked at by an independent group of people called a Research Ethics Committee. The North of Scotland (2) Research Ethics Committee has reviewed the study. NHS Management Approval has also been given.

Midland Eye

Over fifty private and NHS patients participated in Novoxel Ltd Dry Eye Study entitled 'The Tixel Study'. This study has now concluded and Tixel is offered to relevant private patients. Commissioner Goals are in line with The New NHS Framework.

Nova Healthcare and Claremont Hospital

No research was carried out at Nova or Claremont Hospital. Due to being under the COVID contract for the NHS, CQUINS were not applied to the contract for either site.

Statements on Data Quality

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

Aspen Healthcare maintains a comprehensive Data Protection and Governance policy framework, which is subject to regular review in order to maintain modern governance standards as set forth within the UK GDPR and national data protection standards set by the National Data Guardian. All Aspen Healthcare staff are required to read and accept centrally managed policies relating to the support of high standards for data accuracy and quality, record keeping, and appropriate information governance.

National Data Guardian standards

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

- People – Ensure staff are equipped to handle information respectfully and safely.
- Process – Ensure the organisation proactively prevents data security breaches and responds appropriately to incidents or near misses.

- Technology – Ensure technology is secure and up-to-date.

Each of the three National Data Guardian obligations require constant year-on-year improvement, which is reflected within the annual Data Security and Protection Toolkit submission. Aspen Healthcare strive to ensure its data security and governance standards remain modern and compliant and have achieved the ‘Standards Met’ criteria during its 2020-2021 Data Security and Protection Toolkit submission.

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

Charlie Eustace
Data Protection Officer



Secondary Uses System (SUS)

All Aspen Healthcare facilities submitted records during April 2020 to March 2021 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:

	Cancer Centre London	Claremont Private Hospital	Highgate Private Hospital	Midland Eye Clinic	Parkside Private Hospital	The Holly Private Hospital
Admitted Patient Care	100%	100%	100%	100%	100%	100%
Outpatient Care	100%	100%	100%	100%	100%	100%

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

	Cancer Centre London	Claremont Private Hospital	Highgate Private Hospital	Midland Eye Clinic	Parkside Private Hospital	The Holly Private Hospital
Admitted Patient Care	100%	100%	100%	100%	100%	100%
Outpatient Care	100%	100%	100%	100%	100%	100%

Note:

We do not submit SUS for Nova Healthcare as this is done by The Leeds University Hospitals' Trust and The Edinburgh Clinic does not upload SUS as they do not follow NHSE Commissioning rules.

Clinical Coding Error Rate

No Aspen Healthcare facilities were subject to the Payment by Results clinical coding audit during April 2020 to March 2021 by the Audit Commission.

Speaking Up Arrangements

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

Effective 'speaking up' arrangements are in place to protect patients and improve the experience of our staff. Aspen Healthcare has nominated the Group Chief Nurse and Head of Clinical Services, and Group Human Resources Director as named Executive Leads and as Aspen Healthcare's Freedom to Speak up Guardians. Both have completed the national Freedom to Speak Up (FTSU) Guardian's 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 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'.

In 2020, we launched a new initiative to further promote and encourage 'speaking up', in that at all of our hospitals and clinics we now have a nominated Speaking up Champion. As part of their induction to the role, our Champions attend the National Guardian's Office 'Freedom to Speak Up Guardian' Introductory Sessions. These sessions cover the fundamental principles of Freedom to Speak Up and the Guardian role itself, and are designed for those newly appointed to a guardian role.

Our Speaking Up Champions meet formally on a monthly basis. The meeting is chaired by our Chief Nurse and is further supported by an HR Business Partner with the aim to share learning and to share ideas on how to encourage 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 Healthcare sites. Positive outcomes from

speaking up cases are shared and promoted and, as a result, staff are more confident to 'speak up' and our staff engagement surveys demonstrate this. The latest survey taken in December 2020 shows that staff are not only aware of our policy but also that they have confidence in our speaking up processes, with 92% of staff reporting they are confident that they know how to report an incident.

Aspen Healthcare'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.

For 2021 we have introduced a new role to appoint a Speak Up Champion Lead for Aspen Healthcare. The Speak Up Champion Lead will work direct and encourage our Speak Up Champions as well as work alongside the leadership teams to promote Aspen Healthcare to become a more open and transparent place to work, where all staff are actively encouraged and enabled to speak up safely without recourse.

On appointment the Speak Up Champion Lead will undertake a full review of the Freedom to Speak Up self-assessment in 2021 with recommendations presented to the Executive Team to further enhance our speaking up arrangements.

Quality Indicators

Number of Patient Safety Incidents, including Never Events

Source: Aspen Healthcare's incident reporting system DATIX

In the reporting period, 1 April 2020 to 31 March 2021, there was one Never Event recorded at an Aspen Healthcare facility, which was investigated, with learnings and an action plan in place. No Serious Incidents were recorded at an Aspen Healthcare facility.

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 13 deaths across the Group from April 2020 – March 2021.

Ten of these were expected deaths from patients who were receiving end-of-life care at Parkside Private Hospital.

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

In all cases the Coroners investigation found that the patients had died of natural causes and unrelated to the surgery. Internal investigation found that in two of the three cases there were some learning in relation to record keeping and administration but none which directly influenced the patient care. In the third case no learning or actions were identified by the review.

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 and Cancer Centre London do not treat any patients that are eligible for any of the Aspen Healthcare PROMs related procedures.

Claremont Private Hospital

Patient Reported Outcome Measures (PROMs)	2019 - 2020	2020 - 2021
Hip replacement surgery:		
Number of cases	34	40
% of respondents who recorded an increase in their EQ-5D index score following operation	94% (National NHS Comparator n/a)	87% (National NHS Comparator n/a)
Knee replacement surgery:		
Number of cases	36	44
% of respondents who recorded an increase in their EQ-5D index score following operation	75%	77%

Highgate Private Hospital

Patient Reported Outcome Measures (PROMs)	2019 - 2020	2020 - 2021
Hip replacement surgery:		
Number of cases	4	4
% of respondents who recorded an increase in their EQ-5D index score following operation	75% (National NHS Comparator N/A)	100%
Knee replacement surgery:		
Number of cases	13	5
% of respondents who recorded an increase in their EQ-5D index score following operation	54% (National NHS Comparator N/A)	80%

Midland Eye Clinic

Patient Reported Outcome Measures (PROMs)	2019 - 2020	2020 - 2021
Cataract Surgery (private patients only):		
Number of cases	42	13
% of respondents who recorded an increase in their Catquest rating following operation	86%	23%

Parkside Private Hospital

Patient Reported Outcome Measures (PROMs)	2019 - 2020	2020 - 2021
Hip replacement surgery:		
Number of cases	37	9
% of respondents who recorded an increase in their EQ-5D index score following operation	86%	89%
Knee replacement surgery:		
Number of cases	40	7
% of respondents who recorded an increase in their EQ-5D index score following operation	75%	57%
Cataract Surgery (private patients only):		
Number of cases	12	8
% of respondents who recorded an increase in their Catquest rating following operation	92%	0%

The Edinburgh Clinic

Patient Reported Outcome Measures (PROMs)	2019 - 2020	2020 - 2021
Cataract Surgery (private patients only):		
Number of cases	49	38
% of respondents who recorded an increase in their Catquest rating following operation	84%	18%

The Holly Private Hospital

Patient Reported Outcome Measures (PROMs)	2019 - 2020	2020 - 2021
Hip replacement surgery:		
Number of cases	34	19
% of respondents who recorded an increase in their EQ-5D index score following operation	73% (National NHS Comparator N/A)	72%
Knee replacement surgery:		
Number of cases	41	17
% of respondents who recorded an increase in their EQ-5D index score following operation	80%	100%
Cataract Surgery (private patients only):		
Number of cases	15	12
% of respondents who recorded an increase in their Catquest rating following operation	73%	45%

Other Mandatory Indicators

All performance indicators are monitored on a monthly basis at key meetings and then reviewed quarterly at both local and corporate level Quality Governance Committees. Any significant anomaly is carefully investigated and any changes that are required are actioned within identified time frames. Learning is disseminated through various quality forums in order to prevent similar situations occurring again.

	Cancer Centre London		Claremont Private Hospital		Highgate Private Hospital		Midland Eye Clinic		Nova Healthcare		Parkside Private Hospital		The Edinburgh Clinic		The Holly Private Hospital	
Other Mandatory Indicators	2019 2020	2020 2021	2019 2020	2020 2021	2019 2020	2020 2021	2019 2020	2020 2021	2019 2020	2020 2021	2019 2020	2020 2021	2019 2020	2020 2021	2019 2020	2020 2021
Number of people aged 0 - 14 years re-admitted within 28 days of discharge	NA	NA	0	0	NA	NA	NA	NA	NA	NA	0	0	NA	NA	0	0
Number of people aged 15 years and over readmitted within 28 days of discharge	NA	NA	6	7	7	11	0	0	0	0	23	9	0	0	3	11
Percentage of admissions risks assessed for VTE	NA	NA	97%	100%	100%	100%	NA	NA	100%	100%	79.5%	99%	100%	100%	100%	86.4%
Number of Clostridium difficile infections reported	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Number of patient safety incidents which resulted in severe harm or death	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0
Overall Impression of nursing care (hospitals only)			99.3%	98.9%	98.9%	95.7%					98.1%	96.7%			98.7%	96.6%
Overall quality of care (hospitals only)			99.7%	98.7%	99.4%	96.9%					98.8%	97.3%			98.8%	96.7%
Overall quality of service (clinics only)	99.7	99.2					99.8%	99.7%	100%	100%			98.9%	98.8%		
Friends and Family Test - patients	98%	98%	100%	98.4%	70%	96.9%	100%	99.7%	97.5%	99.2%	99%	95%	97%	96%	99%	98%
Friends and Family Test - staff	76%	84%	90%	92%	79%	87%	95%	90%	92%	91%	87%	87%	92%	91%	89%	85%

Infection Prevention and Control

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

This process includes:

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

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

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

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

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

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

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

Number of Hospital Acquired Infections

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

Infection	Cancer Centre London		Claremont Private Hospital		Highgate Private Hospital		Midland Eye Clinic		Nova Healthcare		Parkside Private Hospital		The Edinburgh Clinic		The Holly Private Hospital	
	2019 2020	2020 2021	2019 2020	2020 2021	2019 2020	2020 2021	2019 2020	2020 2021	2019 2020	2020 2021	2019 2020	2020 2021	2019 2020	2020 2021	2019 2020	2020 2021
MRSA positive Blood Stream Infections	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
MSSA positive Blood Stream Infections	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0	0
E. Coli positive Bloods Stream Infections	0	0	0	0	0	0	0	0	0	0	7	3	0	0	0	0
Clostridium difficile hospital acquired infections	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Klebsiella Positive Blood Stream Infections	0	0	0	0	0	0	0	0	0	0	1	2	0	0	1	0
Enterobacter Blood Stream Infections	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Pseudomonas Blood Stream Infections	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0





Complaints

Aspen Healthcare performance standards stipulate that reportable complaints should be acknowledged within three working days.

Reportable complaints tend to be more formal and require an investigation and a written response. As an internal benchmark, we try to resolve complaints within 20 days and measure ourselves accordingly.

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

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

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

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

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

Complaints by Site	2019 - 2020		2020 - 2021	
	Number	% per 100 Admissions	Number	% per 100 Admissions
Cancer Centre London	0	0.00%	3	0.02%
Claremont Private Hospital	25	0.06%	31	0.04%
Highgate Private Hospital	78	0.19%	32	0.09%
Midland Eye Clinic	2	0.01%	3	0.01%
Nova Healthcare	0	0.00%	0	0.00%
Parkside Private Hospital	69	0.06%	87	0.10%
The Edinburgh Clinic	6	0.03%	14	0.06%
The Holly Private Hospital	39	0.43%	45	0.05%
Total	219	0.13%	215	

Complaints

Changes made at facilities as a result of complaints

Cancer Centre London	During the start of the pandemic immunosuppressed patients became very concerned about having contact with cancer centre due to fear of contracting COVID. We implemented changes in light of IPC guidance which gave patients reassurance that a safe COVID environment was in place.
Parkside Private Hospital	<p>Parkside Hospital takes all complaints very seriously and works to ensure that any learns can be shared across the hospital. In 2020, the hospital rolled out the following initiatives in response to patient feedback.</p> <ul style="list-style-type: none"> • Pathology fee schedules have been placed in all consulting rooms and together with posters in outpatients. • All-inclusive self-pay price packages have been reviewed and information provided to patients via the website and self-pay team. • The hospital has developed a COVID guidance information leaflet for patients attending the Hospital for outpatient and inpatient treatment.
The Holly Private Hospital	The Holly Private Hospital seeks to ensure that every opportunity is taken to make changes following all feedback, concerns and complaints to improve the care and services received by patients, users, and their representatives. Weekly complaints meetings led by our Patient Relations Representative, has identified areas of focus such as consultant communication and nursing care. We foster a whole team approach from MAC to front line staff, in order that our complaint investigation is robust and lessons are shared. Our Patient Relations Representative has been pivotal in taking complaints management to a more cohesive level.

Claremont Private Hospital	Claremont hospital ran a Urology study day for clinical staff and improved the process for booking patient follow-up appointments following hospital discharge.
Highgate Private Hospital	<p>Highgate continues to manage all complaints and feedback in line with the Aspen policy and invite all patients to meet with the Hospital Director in person or by virtual appointment to discuss their complaint.</p> <ul style="list-style-type: none"> • In response to feedback and complaints about facilities within some bedrooms, Highgate have replaced some televisions and safes. • In response to feedback and complaints about nursing care and communication details have been shared with teams involved as learning outcomes.
Midland Eye Clinic	The clinic received two complaints related to patient satisfaction and surgical outcomes which were discussed at the MAC in Q4 meeting to ensure all consultants discuss and document all expectations and limitations of surgery with the patient.
Nova Healthcare	Did not receive complaints during this period.



The Edinburgh Clinic

COVID has increased the anxiety that one feels when coming into hospital. To alleviate some of those concerns and as a response to the feedback that we have received, we have looked to implement a circular flow through the clinic reducing the likelihood of cross contamination. We have also looked to become a completely "green site" in that all our patients who require a procedure, whether it be under a general anaesthetic or local, receive a PCR test confirming their negative COVID status. This works along national guidance in terms of face covering, regular handwashing, and social distancing. We have worked to create an environment wherein our patients feel safe and confident in the care that they receive including reducing footfall through the clinic and creating more spaced-out reception areas.

Due to the inevitable delay between seeing a patient for an initial consultation and their treatment, we are looking to review all ophthalmic patients who have been waiting for longer than 9 months. This will include another appointment with a specialist to reassess their requirements.

We have moved to secure payment for procedures and treatment over the phone in an effort to maintain patient confidentiality and reduce time in clinic.

The Clinic has implemented a process whereby we can order and track special ophthalmic lenses and link them to a patient and operation date. This should reduce the occurrence of having to cancel procedures and ensure that all our patient get the care they need at a date and time they are expecting.



PART 3
Quality Performance



Quality Performance 2020 – 2021

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

Patient Safety

Venous Thromboembolism Exemplar (VTE) Status

Venous Thromboembolism is a collective term for deep vein thrombosis (DVT) and 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.

Aspen Healthcare committed to working towards VTE Exemplar Centre status in 2020 - 2021 and used the framework to identify opportunities for improvement. The group has made significant changes to move towards the achievement of exemplar status by standardising the group drug charts which now include the VTE risk assessment, changing the patient pathway documents and prescribing policies to ensure there is clear accountability of VTE prophylaxis prescriptions improving VTE prevention and the treatment of VTE with in our Hospitals. The work to achieve VTE exemplar status will continue with next steps including an external review of our audits, training and communication.

Support our Staff in Having Safety Conversations

Aspen Healthcare is a leader in patient safety and our innovative STEP-Up to Safety staff safety engagement and training initiative helps our staff to fully understand their own roles in patient safety irrespective of where they work or what their job is. The STEP-Up to Safety programme has resulted in a significant improvement in patient safety across all of our facilities.

In response to the COVID 19 Pandemic, Aspen Healthcare produced a staff training film called STEPPING up to Safety in the COVID Era, outlining safe behaviours that we wanted our staff to adopt in light of COVID-19, in order to keep both patients and themselves safe.

The film features clinical leaders from across the facilities including the Associate Medical Director and Responsible Officer, Aspen's Lead Consultant Nurse for Infection Prevention & Control, Group Quality Governance Manager as well as STEP-Up Safety Ambassadors from various facilities.

Key messages of the film highlight the importance of:

- Maintaining social distancing
- The correct use of PPE
- Maintaining good hand hygiene
- Taking care of yourself and of others.

The film is based around the four principles of the STEP-Up programme:

- Spot the problem: is about encouraging staff to identify issues of safety, and think about their individual role in that.
- Talk: is about encouraging a culture of reporting, a culture of openness. Spotting a problem is one thing but you need the right culture that enables and encourages you to tell others about it. We plan to add additional training and train the trainer sessions in further empowering our teams to have resilient safety conversations, especially where hierarchy can hinder having an effective conversation..
- Examine: is about a culture of justice, looking at it in an objective way, not jumping to conclusions or scapegoating, but really exploring what the causes were.
- Prevent: is about creating a culture of improvement, where you put things in place to prevent the incident happening again.

The new STEP-Up film was delivered as mandatory training and was very well received with 98% of staff saying they learnt something relevant to their role.

Clinical Effectiveness

Achieve United Kingdom Accreditation Scheme (UKAS) ISO 15189:2012 Medical Laboratories and ISO 22870:2006 Point of Care Testing (POCT).

ISO 15189:2012 This accreditation standard underpins confidence in the quality of medical laboratories through a process that verifies their integrity, impartiality and competence. Assessments under UKAS accreditation ensure labs meet the relevant requirements including the operation of a quality management system and the ability to demonstrate that specific activities are performed within the criteria set out in the relevant standard.

ISO 22870:2006 This is applied for in conjunction with ISO 15189, and is an important element in establishing and maintaining confidence in a point of care testing service.

Achieving the above accreditations will demonstrate that Aspen Healthcare complies with defined standards and best practice. Accreditation will provide assurance of the competence of the service, reduces risk and can act as a leverage for change or service improvement.

At present both Parkside Private Hospital and The Holly Private Hospital Pathology Departments have undergone an UKAS ISO 15189 assessment during January and February of 2021. After submitting a number of non-critical findings we await the assessors report and have confidence in maintaining their accreditation.

Achieving this will further assure the clinical safety and effectiveness of our services.

Main initiatives for 2021/22

- Consolidation of our quality management systems across both Parkside and The Holly Hospital sites.
- Update operational documentation, including policies & procedures
- Better align the delivery Pathology services with those of our users.
- Integrate and pathology audit schedule with those of the Hospital where appropriate
- Re-audit all sites to ensure all Pathology pathways are being followed
- Achieve and maintain accreditation for all the required pathology standards.
- Review Laboratory Information Management System (LIMS) with capacity to interface with A-PAS, providing seamless requesting and reporting capabilities, for example, order communications.

Achieve Joint Advisory Group on Gastrointestinal Endoscopy (JAG) Accreditation for Aspen Healthcare Endoscopy Services

JAG Accreditation is the formal recognition that an endoscopy service has demonstrated that it has the competence to deliver against the criteria set out in the JAG standards. The scheme was established in 2005 for all endoscopy services and providers across the UK in the NHS and the Independent Healthcare Sector. Also with the Global Rating Scale (GRS) it has supported Endoscopy Services across the UK to focus on standards and identify areas for development. The JAG scheme is regarded as one of the most innovative and effective in the healthcare sector, and has been used as a model and source of inspiration for similar schemes in the UK and overseas.

At present three Aspen Healthcare Hospitals (Parkside, Highgate and Claremont) have achieved and are maintaining their JAG Accreditation with the newly refurbished unit at Parkside achieving accreditation in February 2021.

The scheme has helped to raise the expectations of both patients and healthcare professionals, since the standards were introduced, and these in turn have contributed to the provision of high-quality environments for endoscopic patient care.

Aspen will continue to strive to achieve and maintain JAG Accreditation across all of its hospitals. As we progress towards the end of the COVID-19 Pandemic, The Holly Private Hospital will recommence work towards refurbishment of its Endoscopy Unit during 2021 and hopes to attain accreditation thereafter.



★ Patient Experience

The Golden Patient

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.

Aspen Healthcare had planned to roll out this initiative during 2020, following a successful pilot at one site in 2019. However due to the COVID pandemic we put this project temporarily on hold.

With patient activity increasing, and as we adjust to the new ways of working, the Golden Patient project is now being progressed at all Aspen Hospitals and relevant clinics, with engagement from theatre and ward managers. Quarterly reviews are taking place to ensure that each site is on track.

Ensuring Patients Have the Right Information

During 2020 - 2021, Aspen Healthcare's senior management worked with the consultant body to ensure that the Medical Practitioners Assurance Framework (MPAF) and the recommendations of Paterson Inquiry are fully in place to ensure patients have the right information at the right time to understand their treatment and care fully.

In accordance with this, and as part of the wider review of the MPAF recommendations, patient guides are being updated currently, to ensure that they reflect best practice and give clear information to patients about their procedures, both before and after surgery.

Working towards excellence in discharge

In 2019 Aspen Healthcare embarked on a patient discharge improvement programme via Aspen's leadership development programme The Aspen People Academy. Unfortunately, due to the COVID pandemic both the discharge project and leadership programme were temporarily put on pause as we focussed on more pressing priorities.

From March 2020, Aspen provided its full capacity and resources to support the NHS. In doing so we delivered a huge amount of training and clinical documentation to staff including:

- 47 online clinical training sessions to prepare for supporting the NHS
- A mandatory COVID e-learning programme
- A new STEP-Up to Safety in the COVID Era staff training video produced in-house with 99% of staff saying they learned something relevant to their role
- 50 COVID infection prevention and control documents
- Safety training including PPE, FFP3 Fit testing, IPC COVID-19 to embed SAFE practice.

Staff also continued to complete their mandatory and statutory learning via elearning.

We are hoping to resume The Aspen People Academy in 2022 and will review the Working towards excellence in discharge initiative to measure how relevant it is to the needs of our patients.



External Perspective on Quality of Services

Response from Barking and Dagenham, Havering and Redbridge Integrated Care Partnership, (BHR ICP), of the North East London Clinical Commissioning Group, (NEL CCG)

Barking and Dagenham, Havering and Redbridge Integrated Care Partnership, (BHR ICP), of the North East London Clinical Commissioning Group, (NEL CCG), would like to thank Aspen Healthcare for requesting their input into the draft Quality Account, and also to give comments on the quality improvements both made and planned for the coming year.

Firstly, we would like to recognise the positive relationship between ourselves and The Holly Private Hospital and the open and transparent way of working together. We would also like to recognise and praise the significant work that The Holly Private Hospital and their hardworking staff have undertaken to support the response to the COVID-19 pandemic, in particular the close working arrangements with the Barking, Havering and Redbridge, (BHR), NHS Trust to care for patients from their local community, in both the in-patient and out-patient settings, demonstrating a positive example of how the NHS and the private sector can work together. This is a positive reflection of the leadership, commitment and dedication of the staff at The Holly Private Hospital. We would like to thank all involved for their hard work and ongoing determination to provide quality healthcare services to the residents of North East London during this time.

The Quality Account commences with the 2020 patient satisfaction results which demonstrate very high response and satisfaction rates across the services that are delivered.

We are supportive of the quality improvement priorities and objectives that have been identified and are in place for 2021/22, with a focus on patient safety, clinical effectiveness and patient experience to continue to drive forward the three domains of quality. We also support the approach that has been taken to determine them.

We welcome the focus on patient safety and the development of the patient safety improvement programme in light of the Paterson Inquiry, (2020). Similarly, we welcome the focus on the continuation of work to improve patient information and patient experience through a Multi-disciplinary Team approach. Also the priority to utilise the 'Golden Patient' process and embed it in The Holly Private Hospital by 2022.

The Quality Account also details the audits that have been undertaken, the participation in research and performance against key quality indicators. It is very useful to note and understand the learning that has taken place, and how services have improved as a result of these quality initiatives.

We are encouraged to see that The Holly Private Hospital has made significant changes to move towards Venous Thromboembolism Exemplar status through the identified quality priority for 2020/21 and we welcome this being a continued focus for the current year. We acknowledge that The Holly Private Hospital has undergone a United Kingdom Accreditation Scheme assessment in January and February of 2021, as an identified quality priority for 2020/21. Also, that further quality management systems, pathways and audit initiatives have been identified for 2021/22. Working towards the excellence in discharge initiative through the re-commencement of The Aspen People Academy in 2022 is also supported.

The external perspective on the quality of services at The Holly Private Hospital is detailed through a patient story in both the In-patient and community settings, where the treatment and care were of a very high standard and the patient experience was extremely positive.

Clearly a priority for NEL CCG is greater collaboration between organisations within the North East London footprint in order to improve quality and patient safety. We would welcome working with The Holly Private Hospital and wider organisations on patient pressure ulcer pathways to enhance communication between organisations as well as shared learning opportunities to embed learning and development.

We look forward to working together to deliver innovation and transformation of care for our residents as we move towards an Integrated Care System (ICS) approach and thank you for your support and care to the residents of NEL CCG.

Statement from West Essex Clinical Commissioning Group

West Essex Clinical Commissioning Group is responsible for commissioning a range of elective surgical procedures from The Holly Private Hospital run by Aspen Healthcare for the citizens of west Essex.

As a private hospital The Holly is required to publish a Quality Account because they care for NHS patients under an NHS contract. Last year NHS patients accounted for a proportion of all patients cared for at The Holly.

NHS West Essex CCG would like to commend and thank all the staff and volunteers that work for The Holly for their continued response to the COVID 19 pandemic. Staff have responded with professionalism, energy and adaptability. Their team work and continued energy has enabled the care of patients to continue during the challenging time of the pandemic.

The production of this year's Quality Account has been challenging for all providers, the Department of Health and Social care considered an extension for publication to the deadline of 30.06.21 (a significant extension to the time frame was enabled in 2020), however confirmation was received in May that there would not be an extension this year.

The Quality Account produced by Aspen Healthcare covers all eight hospitals in their group and provides data mainly for the group, but in some cases there is individual hospital data, for example in relation to; infection rates, complaints and patient reported feedback outcomes.

In 2020/21 Aspens priorities were corporate across the group and addressed the three elements of quality care; safe, clinically effective and good patient experience. The majority of priorities were progressed and where there was not full achievement work is on-going to continue these initiatives until completion, for example working towards VTE exemplar status.

The Account includes details on how speaking up for safety is encouraged and managed at Aspen and the positive safety culture that has been developed within the group.

The priorities for 2021/22 have been devised in collaboration with staff and patients. The governance of the priorities is manager through the Aspen Healthcare Quality Governance Committee.

The priorities are well articulated; a significant part of the priorities are a patient safety improvement programme that Aspen has developed in light of the Paterson Inquiry which was published in February 2020.

We confirm that we have reviewed the information contained within the Account and checked this against data sources where these are available, however we cannot confirm the validity of some data as it is locally collated.

We have reviewed the content of the Account; it complies, on the whole, with the prescribed information as set out in legislation and by the Department of Health and Social care.

The required information related to what changes Aspen have made as a result of local audits has not been included we hope that this will be included in the final version.

The CCG would like to extend its thanks to all The Holly staff for their dedication and commitment to the people they care for and how they have provided compassionate, supportive care to people through the pandemic.

Dr Rob Gerlis, Chair

Dr Jane Halpin, Chief Officer

Statement from NHS Sheffield Clinical Commissioning Group

NHS Sheffield Clinical Commissioning Group (CCG) has reviewed the information provided by Aspen Healthcare in this account. In so far as we have been able to check the factual details, the CCG view is that the report is materially accurate and gives a fair representation of the provider's performance.

Claremont Private Hospital provides routine Elective Care services and Diagnostics, and it is right that all these services should aspire to make year-on-year improvements in the standards of care they can achieve. The account fairly articulates where this has been achieved and also where this has been more challenging.

The CCG supports the provider's identified Quality improvement Priorities for 2021/22. In addition, the CCG welcomes additional actions the provider will be taking to recover activity and reduce inpatient and outpatient waiting lists following interruptions to planned treatment due to Covid-19.

During 2020/21 Covid-19 has had a huge impact on how Claremont Private Hospital operates. Plans have been put in place to address increased waiting lists and we are assured that Claremont Private Hospital is working to support NHS recovery plans.

The CCG's overarching view is that Claremont Private Hospital continues to provide, overall, high-quality care for patients, with dedicated, well-trained, specialist staff and good facilities. This quality report evidences that the Trust has achieved positive results in several key objectives for 2020/21. Where issues relating to clinical quality have been identified in year, the provider has been open and transparent.

Our aim is still to pro-actively address issues relating to clinical quality so that standards of care are upheld whilst services recover from the impact of Covid-19 and then continue to evolve to ensure they meet the changing needs of our local population and in particular look to reduce inequalities. The CCG will continue to work with the provider to recover from the pandemic, considering appropriate targets whilst at the same time incentivise the delivery of high quality, innovative services.

Submitted by Beverly Ryton on behalf of:

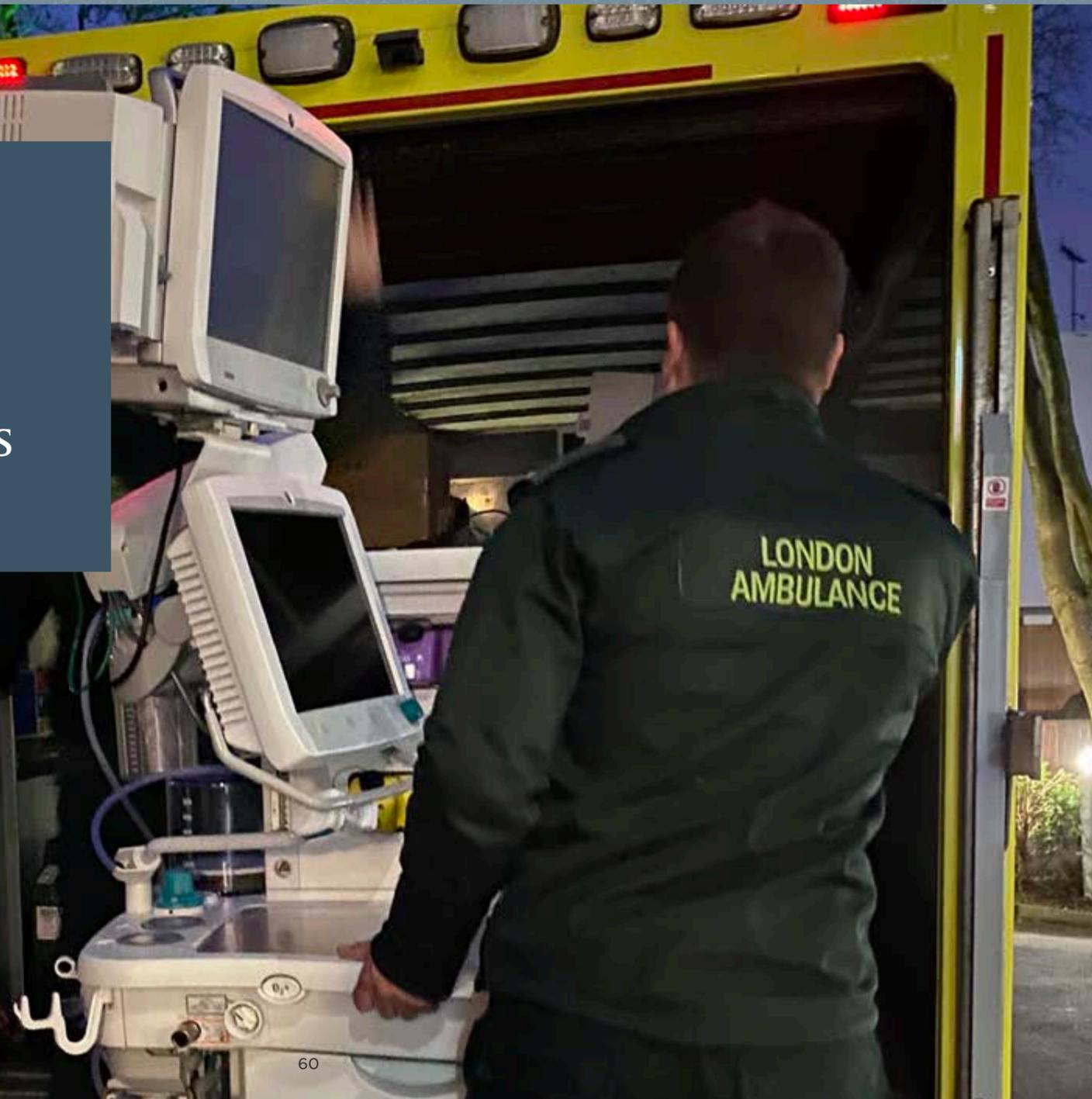
Zak McMurray, Medical Director
and **Kirsty Mallalieu, Senior Contract Manager**



PART 4

Case Studies

Some examples of best practice across Aspen Healthcare.



CANCER CENTRE
LONDON

New Tattoo-less Radiotherapy Transforms Patient Care

New high precision equipment being used at Cancer Centre London has removed the need for permanent tattoo markings on patients prior to radiotherapy treatment, transforming the patient experience.

Historically, tattoo markings have been the only way to accurately position patients for treatment. Before radiotherapy treatment can begin, patients have a CT scan, which allows treatment to be planned. They are then tattooed with small dots to allow accurate positioning for that treatment to begin.

The tattoos act as reference marks; the radiographers use these marks to line patients up into the same position every day. Some radiographers might also draw marks around the tattoos with an ink pen. This highlights the tattoos in a dark room and makes them look like small crosses.

For many patients these radiotherapy tattoos are a constant and permanent reminder of their treatment and can be psychologically damaging. Tattoos are also problematic for people whose religious beliefs do not permit permanent ink to be marked onto the skin.

Now however, for patients at Cancer Centre London, a relatively new optical monitoring system called 'AlignRT' can provide a different method of positioning the patient, which does not rely on tattoos.

The AlignRT system tracks the patient's skin surface in real time using 3D camera technology. Using the external skin surface, the technology monitors movement and knows exactly where the patient is at any moment during treatment delivery, to within a fraction of a millimetre.

Speaking about the initiative, Keisha Robinson, Head of Radiotherapy and Quality at Cancer Centre London, said:

"We're always looking to improve patient experience at CCL and we're very pleased to be using the new AlignRT system to offer tattoo-less radiotherapy. This technology allows us to apply radiation treatment in a highly targeted

manner without needing to permanently mark the patient to deliver the treatment. Further, the AlignRT system is used for live monitoring during treatment delivery.

All of this is incredibly positive and is likely to result in stronger health outcomes for the patient both physically and psychologically. They can move on with their lives without a constant physical reminder of what they have gone through."

All patients referred for radiotherapy at Cancer Centre London will have the option to use the new tattoo-less technology, with our expert radiotherapy team on hand to discuss the procedure with all patients.



A renewed focus on health and wellbeing

Claremont Hospital prides itself on providing exceptional healthcare to patients, and on looking after its staff and colleagues. The hospital is well-known for being an incredibly warm, friendly and positive place to be, for patients and staff alike.

One of the most important aspects of providing excellent healthcare to patients is to nurture a happy and caring workplace. Aspen Healthcare has a staff wellbeing strategy based on four pillars of wellbeing: Mental, Physical, Social and Financial wellbeing. Over the past year and particularly during the COVID pandemic, the local Claremont management team had to come up with some new and innovative ways to deliver the wellbeing strategy to staff. The Claremont Team delivered a number of wellbeing initiatives including:

- A wellbeing committee
- A health and wellbeing portal containing Claremont-specific health and wellbeing information
- Regular wellbeing newsletter for staff
- Meditation sessions
- Book clubs
- Mindful Tai Chi exercise classes
- Monthly photo competitions
- 'Fruity Tuesdays'
- Dance lessons
- Virtual 5k

- Promotion around the benefits available from the Aspen group: Employee Assistance Helpline, 24/7 Counselling, Private GP etc.

In 2021 the hospital launched a new monthly Health and Wellbeing 'Your Space' newsletter. The Claremont family has received the wellbeing initiatives very warmly, which is particularly heartening after the challenging year we have all endured. Between March 2020 and March 2021, the team at Claremont Hospital have overseen more than 15,000 NHS patient interactions including vital scans, time-critical operations and outpatient appointments. The Hospital could not have done this without the ongoing commitment of the local staff.

Caring for the health and wellbeing of our staff is an ongoing process at Claremont, and the hospital always encourages two-way dialogue to ensure our initiatives are useful, relevant and helpful. The Hospital will continue rolling out new programmes in the months to come.



Pulling out all the stops for the NHS

As COVID-19 hit the UK and the severity of the virus started to become apparent in Spring 2020, Highgate Private Hospital rapidly transformed its day-to-day work in order to provide vital support to the NHS.

As part of its support, Highgate made available its entire staff team, resources and essential equipment including anaesthetic ventilators, syringe pumps and syringe drivers, which were sent to the NHS during the first peak of the pandemic to support the establishment of the Nightingale Hospitals.

As an independent healthcare provider located within close proximity to central London, Highgate was perfectly placed to support some of the country's largest NHS Trusts during the pandemic including Whittington Health NHS Trust, Royal Free London NHS Foundation Trust, and North Middlesex University Hospital. University College London Hospitals NHS Foundation Trust and the Royal National Orthopaedic Hospital also drew upon Highgate's resources during the peak of the pandemic.

In supporting the NHS, Highgate's team showed great adaptability, skill and determination. At the end of March 2020, Highgate cleared its operating schedules and worked hand-in-hand with NHS partners to take on patients for surgery in the areas of urgent general surgery, gynaecology, orthopaedics and pain management. Daily

outpatient space was created for immune-suppressed patients to receive biological infusions, and also for regular Parkinson's and Falls Clinics.

Clear communication with NHS partners was at the heart of Highgate's efforts to provide support during this time. Highgate's senior managers and leadership team acted fast, with the Hospital Director and Matron quickly establishing regular communications with senior colleagues at local NHS Trusts. One such example was the creation of new IT links between Highgate and Whittington NHS Trust, enabling one of Whittington's 'wards' to be set up on Highgate's Patient Administration System portal, thereby allowing postoperative orthopaedic patients to be admitted to the hospital.

Highgate and Whittington also set up a WhatsApp Group to enable key individuals to stay in touch regarding shift patterns, training, challenges and solutions. The WhatsApp group allowed for speedy and clear communication, and key messages were disseminated at speed, allowing clinicians to return to their life-saving work.

As the pressure on the NHS beds lifted, but self-isolation guidance continued to affect Whittington staffing levels, Highgate sent 30 clinical staff to work on the Whittington wards to help care for frail elderly patients, many of whom had tested positive to COVID-19. This was a very different workload for the Highgate team but their skill, flexibility and passion for delivering patient care shone through.

Speaking about the experience, Douglas Watson, Hospital Director at Highgate Hospital said, "It has been a privilege to work together, help the NHS and save lives during this challenging period in history."

Over the past year, the Highgate team overcame logistical, clinical and administrative barriers in order to offer a safe and effective service for NHS patients. The creation of strong new relationships and the nurturing of existing partnerships with local hospitals bodes well for the future as we enter 'the new normal'.

MIDLAND EYE
PRIVATE CLINIC

Coventry City FC legend ‘given second lease of life’ following surgery at Midland Eye

Football legend John Sillett has praised the fantastic team at Midland Eye following surgery to correct worsening vision that left him unable to read the newspaper and prevented him from getting behind the wheel.

The 83-year-old patient, who played for Chelsea, Coventry City and Plymouth Argyle before returning to Coventry to manage them to FA Cup glory in 1987, started experiencing vision problems in recent years.

Blurred vision and clouding in his eyes was starting to impact his day-to-day life and stopping him from doing the things he loved most, including watching his beloved Coventry City.

After initially ignoring the symptoms, Mr Sillett’s vision continued to deteriorate until he was unable to read the newspaper and he even had to quit driving out of fear he might endanger himself or other road users. A friend recommended he see a specialist at Midland Eye to look into his problems.

There, Mr Sillett met Professor Sunil Shah, world-renowned Consultant Ophthalmic Surgeon and pioneer of LASEK laser eye surgery. After a consultation, Mr Sillett was diagnosed with cataracts in both eyes and told his vision could deteriorate and ultimately result in blindness if he didn’t have corrective surgery.

A cataract is a clouding of the lens which is essential for focusing images on to the retina.

Surgery is the only treatment for cataracts and involves an operation to restore the sight.

Within a few days of his consultation, Mr Sillett was back at Midland Eye to undergo an advanced laser cataract removal procedure, called a femto laser-assisted cataract surgery.

Midland Eye is one of only a handful of specialist eye centres to have the cutting-edge technology to enable surgeons like Professor Shah to operate. The surgery takes only a few minutes and involves making precise cuts to remove the cataract. It’s more precise than ordinary manual cataract removal and is favoured by many specialist cataract surgeons.

“It’s a remarkable procedure using state-of-the-art equipment”, says Prof Shah. “The femto laser surgery replaces many of the steps during cataract surgery that require a blade and softens the cataract, allowing for an easier and smoother removal.

“Mr Sillett really did require this operation, and it’s good he came to us when he did. The longer he left it, the worse his vision would’ve got. This could’ve ultimately led to blindness,” said Prof Shah.

Despite his nervousness about the laser operation, the procedure was an unqualified success:

“Eyes are special so I was a bit nervous but wanted to get back to living my life. Nothing could’ve been worse than continuing with my poor vision. I had no reason to worry though – the whole procedure was perfection, a painless five minute job. They placed a cloth over my eye and within a few minutes I was good as new. It really was incredible,” said Mr Sillett.

“Post-op recovery was almost instant. I noticed a remarkable improvement virtually straightaway with full vision restored within hours. I was home the same day and fine within hours. It was really unbelievable.”

Thanks to the care and expertise that the former defender received from Professor Shah and the team at Midland Eye, Mr Sillett no longer has to wear glasses:

“The entire team at Midland Eye was highly professional, kind and friendly. For me, the main benefit was the speed at which I was seen, from my initial consultation to the operation being carried out. I honestly thought after the procedure, ‘a miracle’s happened here’. I could see clearly again – it was amazing.

NOVA
HEALTHCARE

Continuing exceptional cancer care throughout the pandemic

On 23 March 2020 the UK was placed in lockdown to try and counter the rising number of cases of COVID-19. Nova Healthcare, was faced with difficult decisions around how to maintain a high-quality cancer service whilst not compromising patients’ cancer management or unduly increasing patients’ risk of infection from COVID-19.

Over a year on, the Cancer Clinic can reflect on the exceptional cancer care they have provided to patients, despite the unprecedented and challenging circumstances.

Nova Healthcare occupies an important and unique space as the provider of specialist treatment to patients diagnosed with cancer, blood disorders and a range of neurological diseases. The clinic is based at the St James’s Institute of Oncology within Leeds Cancer Centre. Nova is a successful example of an independent sector healthcare provider working in co-operation with prominent local NHS consultants to provide high-quality care. As such, when the pandemic struck, it was crucial that the Clinic quickly adapted and did their utmost to continue providing a valuable service to patients.

The specialist cancer treatment our teams provide also meant they had to act quickly in the face of COVID-19. For example, chemotherapy treatment lowers a patient’s immune system, putting them at a higher risk if they were to contract COVID-19. To keep the risk of patients coming into contact with the virus as low as

possible, and to ensure the safety of all our patients undergoing treatment, Nova quickly implemented a range of safety measures to protect patients and the team. This enabled Nova to continue providing vital cancer services and treatments to patients who urgently needed care.

Across Nova Healthcare, the following safety measures were quickly established:

- COVID-19 screening was introduced for all patients attending an appointment at the clinic. Any visitors, including business partners and support staff were also screened.
- Social distancing: new signage and markings were applied to the Clinic to help maintain social distancing measures
- Additional risk assessments were introduced for patients undergoing procedures including testing for COVID-19 and pre-procedural self isolation for up to 14 days
- Mandatory face coverings were in place throughout the clinic

- New patient flow control introduced to manage occupancy and the flow of people throughout the Clinic
- Additional cleaning throughout the clinic including between patients.

With these measures rapidly rolled out, Nova continued to provide life-saving treatment to patients throughout pandemic, in conjunction with the Trust, ensuring that patients had continuity of care.

Nova’s excellent patient satisfaction record in recent months reflects their commitment to providing exceptional healthcare. Feedback in recent months includes:

- “We don’t have the words to thank you enough for the wonderful care. Everything explained, nothing was ever too much trouble”
- “Thank you for all the care and attention over the last few years. It is more than appreciated”

The management team at Nova is very grateful to the multidisciplinary oncology team of doctors, nurses, administration and clerical staff whose dedication and adaptability allowed them to continue to provide exceptional healthcare.



Achieving JAG accreditation

JAG accreditation is awarded to high-quality gastrointestinal endoscopy services and is the formal recognition that an endoscopy service has demonstrated that it has the competence to deliver against the criteria set out in the JAG standards. The scheme was developed for all endoscopy services and providers across the UK in the NHS and independent sector.

Why Parkside wanted to achieve accreditation

Parkside's Endoscopy Unit is staffed by highly-skilled endoscopy specialists and is supported by an experienced clinical and managerial team. The hospital's Day Unit was fully refurbished in January 2020 and opened by Baroness Karren Brady. The state-of-the-art Day Unit includes 12 private pods for patients undergoing planned day case surgical procedures, as well as a new contemporary reception and waiting area for family and loved ones.

To build on this exceptional service, Parkside wanted to achieve the prestigious Joint Advisory Group (JAG) accreditation for their endoscopy service.

The process involved:

To receive accreditation, a service must provide clear evidence it has met all of the JAG standards, which are organised into four domains: clinical quality, patient experience, workforce and training. The accreditation is only awarded to the top performing endoscopy

units, and is a reflection of a high-quality environment for patients and performance in endoscopy.

To receive accreditation, the JAG process involved:

- observing, listening and thinking about where to start the transformation process
- undertaking a series of audits
- looking at the entire patient pathway and journey from start to finish
- implementing patient satisfaction surveys that were specific to patients undergoing endoscopy procedures
- training sessions with staff in various departments from the wards to reception staff
- building good relationships with the consultant body and engaging them in Endoscopy Users Group meetings
- lots of team work.

Results

Parkside Private Hospital achieved JAG accreditation in early 2021, and a result of working on the initiatives has:

- improved the patient pathway
- developed great relationships with our consultants
- increased patient, staff and consultant confidence in the endoscopy service in our hospital
- developed links with our NHS partners and the Aspen Healthcare Group Endoscopy Lead.

In addition, Parkside Hospital has happy, confident staff who want to work in endoscopy in a great learning environment.

Phil Bates, Parkside Hospital Director, said, "I am delighted that our Endoscopy Team have been given the recognition they deserve and would like to thank them for their outstanding work. The accreditation is a testament to the care they provide to patients, and reinforces our commitment at Parkside to providing exceptional healthcare to all our patients."

Sohana Jisook, Theatre Manager, said: "Having JAG accreditation is the gold standard of endoscopy regulation and safety, and we're delighted to have achieved this significant award. Our patients can be assured that the highest standards of quality and safety are met, and that our unit can consistently offer a first-class service."

Post-COVID imaging service at The Edinburgh Clinic

During the COVID-19 pandemic, The Edinburgh Clinic resumed its imaging service and expanded its offering to support the NHS and local communities.

As with all healthcare providers during 2020, the COVID-19 pandemic presented a set of unprecedented challenges for the team at The Edinburgh Clinic.

During the first peak of the pandemic, The Edinburgh Clinic was closed but placed on standby should any of the Clinic's services be required by the NHS in Scotland. During this time, staff at The Edinburgh Clinic volunteered to return to the NHS in order to support colleagues on the front-line battling the virus, and others were placed on furlough as the Clinic paused operations in the Spring of 2020.

As the virus continued to spread across Scotland and a national lockdown was announced, pressure on the NHS in Scotland continued to grow. The Edinburgh Clinic's local NHS partners, NHS Lothian, quickly drew upon additional resources in order to ease this local pressure, and contacted The Edinburgh Clinic, requesting that its imaging services resume seeing patients in order that vital scans such as MRIs and CT scans could be undertaken.

Restarting and expanding imaging services during the pandemic was a challenging proposition but one that the team at The Edinburgh Clinic embraced wholeheartedly.

From assembling a skeleton staff team to rolling out new COVID-19 safety measures in order to protect patients and staff from the virus, The Edinburgh Clinic rapidly adopted new practices in order to provide essential patient care.

On 29 June 2020, The Edinburgh Clinic once again opened its doors to NHS and some private patients requiring crucial imaging scans and investigations. Before doing so, the team strictly observed national guidelines on COVID-19 safety measures and consulted with colleagues across Aspen Healthcare on rolling these out.

The new safety measures at The Edinburgh Clinic included:

- using The Edinburgh Clinic's car park as a waiting area and screening zone for patients, including asking patients to complete all paperwork in their cars before entering the Clinic
- mandatory face coverings at all times throughout the Clinic
- social distancing rules and signage
- a one-way system inside the clinic.
- additional cleaning throughout the Clinic including extended appointment times to allow for extensive cleaning between patients
- hand sanitising points

With The Edinburgh Clinic made COVID-safe, it was ready to welcome patients. An experienced skeleton staff team was assembled included four Radiographers, Staff Nurses from Outpatients, and two Healthcare Assistants. This team managed the running of the Clinic from administrative tasks including booking in patients to undertaking scans. The team also included a receptionist and an imaging administrator who dealt with all the appointments and telephone enquiries. Over the course of Summer 2020, The Edinburgh Clinic opened Monday to Friday and saw hundreds of patients, meeting local demand and easing the pressure on NHS services.

Commenting on the pandemic and resumption of services, Anne Perks, Lead Radiographer, said: "I'm exceptionally proud of the team for managing the process of reopening The Edinburgh Clinic in such a safe and timely fashion. The safety of our patients is our utmost priority so to roll out so many new safety measures in order to welcome patients needing urgent scans is no mean feat."

With the resumption of services, new ties have been forged with partners at NHS Lothian, and existing relationships have been strengthened.





‘Fantastic care during unprecedented times’: one patient’s experience at The Holly

Life has been different for everyone since the COVID-19 pandemic hit, but for people seeking surgery to restore their health or improve their quality of life, it’s been a particularly challenging time.

That was certainly the experience for Alison Balchin, 55, who was one of many thousands of people whose care had to be delayed due to the pandemic.

Alison’s hip replacement had been booked in to take place at The Holly Private Hospital on 2 April. Unfortunately, the date for Alison’s procedure coincided with the first peak of the COVID-19 pandemic and the announcement of a national lockdown amid a surge of COVID cases.

With The Hospital’s entire team and resources redeployed to support nearby NHS hospitals in the fight against the virus, most non-urgent operations had to be rescheduled to protect patient safety. During the first peak of the pandemic, The Holly rapidly transformed its day-to-day operations, instead providing time-critical surgery for the NHS across a range of specialties including urology, endoscopy, pain management, general surgery and spinal cases as well as outpatient ophthalmology for Barking, Havering and Redbridge NHS Trust, and outpatient urology for Whipps Cross.

As the infection rate began to slow after the first peak, Alison returned for her life-changing operation on 12 November, spending three nights as an inpatient at The Holly Private Hospital.

She was delighted that the procedure could take place and was extremely impressed with the standard of care offered at The Holly. Commenting on her experience, Alison said: “From the moment I arrived, the staff tried their best to put me at ease which was hugely comforting. I was grateful to all of them for providing me with on-going reassurance and kindness in what was an extremely anxious situation. Surgery went seamlessly and I only have praise for the high standard of treatment and care I received.

“Since leaving hospital my aftercare has been wonderful. The physiotherapy I have received has been fantastic; the team have taken great care to ensure my route to recovery is smooth-running. I am very thankful for this support which has meant that I am significantly

stronger and I am walking very well, sometimes unaided after just a few weeks.”

The Holly Private Hospital is continuing to support the NHS as well as private patients amid the COVID pandemic, and is committed to providing an exceptional holistic experience for all its patients.

David Henderson, Hospital Director at The Holly, said: “We all know what pressure the NHS has been under and we’re very pleased as an independent healthcare provider to be doing our bit. We’re absolutely determined to provide whatever support the NHS needs and will continue to help the health service for as long as it takes.”

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