



Cancer Centre London

Quality Account April 2015 – March 2016





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Welcome to Aspen Healthcare

Cancer Centre London (CCL) is part of the Aspen Healthcare Group

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

Aspen Healthcare is the proud operator of four acute hospitals, two cancer centres, and three day-surgery hospitals in the UK. Aspen Healthcare's current facilities

- **Cancer Centre London**
Wimbledon, SW London
- **The Chelmsford Private Day Surgery Hospital**, Chelmsford, Essex
- **The Claremont Hospital**, Sheffield
- **The Edinburgh Clinic**, Edinburgh
- **Highgate Private Hospital**
Highgate, N London
- **The Holly Private Hospital**
Buckhurst Hill, NE London
- **Midland Eye**, Solihull
- **Nova Healthcare**, Leeds
- **Parkside Hospital**
Wimbledon, SW London

Aspen Healthcare's facilities cover a wide range of specialties and treatments providing consulting, diagnostic and surgical services, as well as state of the art oncological services. Within these nine facilities, comprising over 250 beds and 17 theatres, in 2015 alone Aspen has delivered care to:

- Over 42,000 patients who were admitted into our facilities
- Nearly 36,000 patients who required surgery
- More than 350,000 patients who attended our outpatient and diagnostic departments

We have delivered this care always with Aspen Healthcare's mission statement

underpinning the delivery of all our care and services:

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

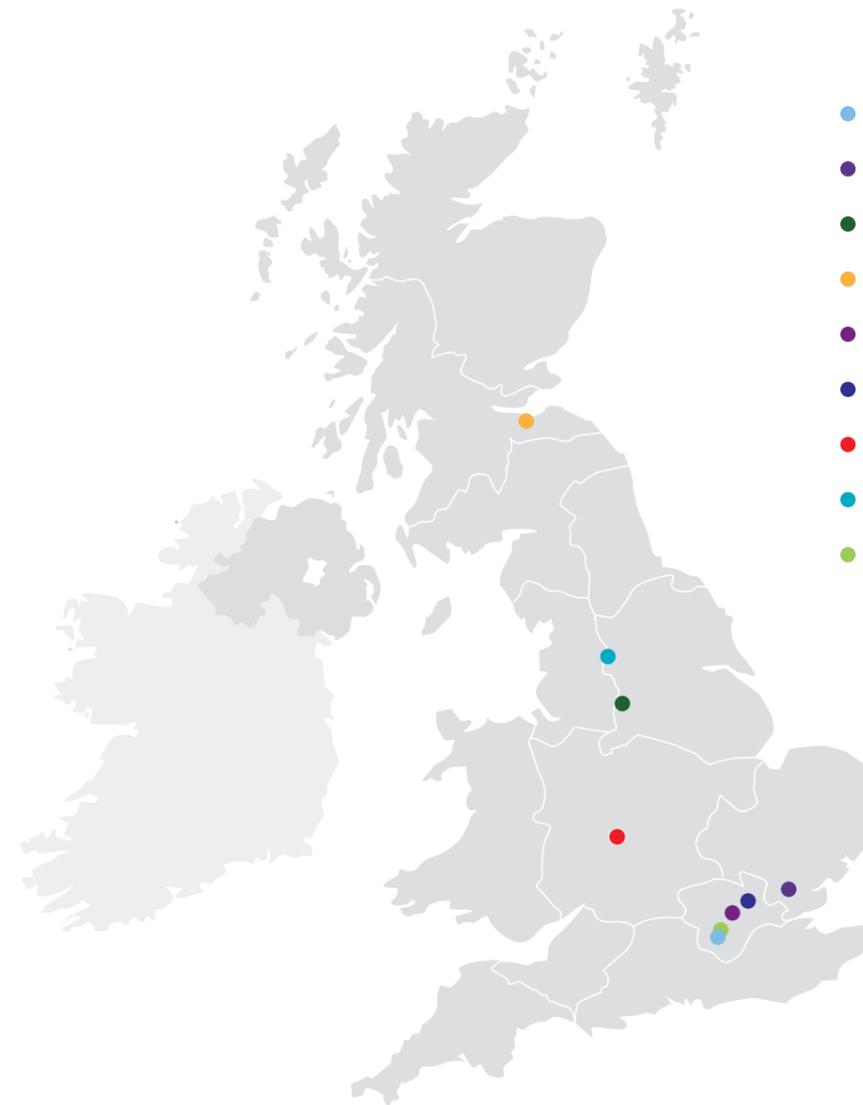
Aspen is now one of the main providers of independent hospital services in the UK and through a variety of local contracts we provided nearly 20,000 NHS patient episodes of care last year. We work very closely with other healthcare providers in each locality including GPs, Clinical Commissioning Groups 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 and we are pleased to report that in 2015 our patient satisfaction ratings continued to be high with 99% of our inpatients rating

their overall quality of their care as 'excellent', 'very good' or 'good', and 97% responding that they were 'extremely likely' or 'likely' to recommend the Aspen hospital visited.

Across Aspen we strive to go 'beyond compliance' in meeting required national standards and excel in all that we endeavour to do. Although every year we are happy to look back and reflect on what we have achieved, more importantly we look forward and set our quality goals even higher to constantly improve upon how we deliver our care and services.

Aspen Healthcare Hospitals and Clinics locations:



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





Statement on Quality from the Chief Executive Aspen Healthcare

On behalf of Aspen Healthcare I am pleased to provide this Quality Account for Cancer Centre London - this is our annual report to the public and other stakeholders and focuses on the quality of services we have provided over the last year (April 2015 to March 2016). It also importantly looks forward and sets out our plan of quality improvements for the following year.

Aspen Healthcare is committed to excelling in the provision of the highest quality healthcare services and in working in partnership with the NHS to ensure that the services delivered result in safe, effective and personalised care for all patients. Each year we review a set of quality priorities that we agreed we would focus on in the previous year's Quality Account. Our quality priorities form part of our quality framework which centres on nine drivers of quality and safety, helping ensure that quality is incorporated into every one of our hospitals/clinics and that safety, quality and excellence remains the focus of all we do whilst delivering the highest standards of patient care. This is underpinned by our Quality Strategy, centering on the three dimensions of quality: patient safety, clinical effectiveness and patient experience.

Over the past year there has been a change in the way healthcare organisations are externally monitored with the Care Quality Commission (CQC), England's health and social care regulator, introducing a new comprehensive inspection regime aimed at raising standards. We will continue

to work closely with the CQC to ensure we continue to strive for excellence and continual improvement in the services we provide.

This Quality Account presents our achievements in terms of clinical excellence, effectiveness, safety and patient experience, and demonstrates that our managers, clinicians and staff at Cancer Centre London are all committed to providing continuous, evidence based, quality care to those people we treat. It provides a balanced view of what we are good at and where additional improvements can be made. In addition our quality priorities for the coming year, 2016/17, have been agreed with the Aspen Senior Management Teams and will be outlined within this report.

The experience that patients have in all our hospital/clinics is of the utmost importance to Aspen and we are committed to establishing an organisational culture that puts the patient at the centre of everything we do. We are committed to monitoring all aspects of the patient's journey within Cancer Centre London, providing our staff with the results of our patient feedback questionnaires so that they can drive improvement for the department they work in and for Aspen. I would like to thank all the staff who continue to show commitment to the continuous improvements we have made to our patients care and experience.

The majority of information provided in this report is for all the patients we have cared for in 2015/16.

Des Shiels
Chief Executive, Aspen Healthcare



Introduction to Cancer Centre London

Cancer Centre London (CCL) was established in 2003 and is a specialist oncology centre registered to treat adult patients (18 years and older) who have cancer with chemotherapy and radiotherapy. Based in Wimbledon, London, the centre offers an extensive range of oncology patient support services and works closely with Parkside Hospital, enhancing a holistic service to this group of patients who also require the provision of

expert cancer surgery and inpatient beds. The multi-disciplinary team at CCL comprises of internationally renowned and pioneering medical and clinical oncology consultants, on-site resident medical officers, pharmacists/ pharmacy technicians, oncology nurses, radiographers, physicists, healthcare assistants, an outpatients team, an information centre co-ordinator, supported by our hotel service teams.

Vital Stats



Cancer Centre London offers the following services:

Chemotherapy chairs	12	Radiotherapy	2
Consulting rooms	5	MRI	✓
Pathology	✓	Physiotherapy	✓
Pharmacy	✓	Nuclear medicine	✓
Nurse led breast care	✓	Counselling	✓
Complimentary therapies	✓	Pain management services	✓
Dietician	✓	Palliative care	✓
Cancer Information Centre	✓	Support Groups	✓
Blood Cancer treatments	✓	Photodynamic Therapy	✓
Lymphoedema	✓	International Patient Service	✓
On-site Parking	✓	Accepts all major insurers	✓

- Caspe Healthcare Knowledge System (CHKS) accreditation (Cancer Standards)
- ISO 9001:2008 certification
- Macmillan approved quality cancer environment - CCL Information Centre
- Bupa accredited Breast Cancer Unit
- Bupa accredited Haemato-oncology Unit
- 'Innovation in Technology' Award winner at the 2015 Independent Healthcare sector Laing and Buisson national awards.
- WorldHost© Customer Care accreditation.

From 1st April 2015 to 31st March 2016, over 23,000 patients were treated at Cancer Centre London.

Statement on Quality

Cancer Centre London is proud to present our first Quality Account and hope it helps to demonstrate our commitment to quality and safety. We have aimed to measure our progress objectively, identifying where we need and want to improve in 2016/2017 centred on the areas of patient safety, clinical effectiveness and patient experience.

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

At CCL we hold a range of quality meetings where we discuss our quality measures, outcomes and plans. The Quality Improvement meetings are used to discuss radiotherapy related measures and our comprehensive Quality Management Review

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

Accountability Statement

Directors of organisations providing hospital services have an obligation under the 2009 Health and Social Act, National Health Service (Quality Accounts) Regulations 2010 and the National Health Service (Quality Accounts Amendment Regulation (2011) to prepare a Quality Account for each financial year. This report has been prepared based on guidance issued by the Department of health setting out these legal requirements.

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



Hilda Bradbury
Hospital Director, Cancer Centre London
Date: 1st May 2016

Quality Priorities For 2016-17

National Quality Account guidelines require us to identify at least three priorities for improvement. Aspen's quality strategy outlines how we will progress a number of quality and safety initiatives for the forthcoming years and the following information provided focuses on our main priorities. These have been determined by our senior management team and are 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 reviewed at our Aspen Quality Governance Committee which meets quarterly to monitor, manage and improve the processes designed to ensure safe and effective service delivery. Regular reporting on these priorities will also be provided to the Group Quality Governance Committee, to Aspen's Executive Team and Board of Directors, and also the commissioners of NHS services.

Cancer Centre London is committed to delivering services that are safe, of a high quality, and clinically effective and 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**
This is about improving and increasing the safety of our care and services provided
- **Clinical Effectiveness**
This is about improving the outcome of any assessment, treatment and care our patients receive to optimise patients health and well-being
- **Patient Experience**
This is about aspiring to ensure we exceed the expectations of all our patients.

The key quality priorities identified for 2016 -17 are as follows:

Patient Safety

STEP- up to a Culture of Safety Programme
All our Aspen hospitals and clinics want to be recognised as having an outstanding standard of patient safety. As part of that ambition, we are starting a new programme in 2016 – directed at all our staff and consultants – which will invite us all to 'STEP-up to a culture of safety'.

This will involve all our staff undergoing a training session in 'human factors' which encompass all those factors which impact on our staff performance, such as environmental, organisational and job factors, and individual characteristics that can influence people and their behaviour at work. The amount of training will be dependent on job role but our aim is that by working together we can come closer to our goal of eliminating all avoidable harm.

Using our Patients' Experience to Improve Safety

Our patients' experience is essential to understanding the impact of harm and how we would work together to improve safety. We plan to use various mechanisms, including a survey for patients. The survey will explore the perceptions of safety from a patient perspective, as we know little about how our patients actually feel about their treatment and if on occasions patients have felt unsafe and the reasons for this. With an improved understanding of our patients' perceptions of safety we can use this to inform changes we need to make and support co-production of changes to service delivery.

Clinical Effectiveness

Develop an Audit Tool to Review Cardiac Arrests/Calls

Although we have very low numbers of cardiac arrests in our hospitals and clinics we wish to ensure that we utilise every opportunity to review and analyse all in-hospital cardiac arrests and cardiac arrest calls so that we can use this information to inform and improve practice and policy. This new audit tool will assist us in collecting collect the data and permit us to identify and promote improvements in the prevention, care delivery and outcomes from cardiac arrest.

Patient Experience

Implement a Dementia Awareness Strategy

With an aging population, the number of people in the UK living with, or at risk of, dementia is continuing to rise. We will implement a dementia awareness strategy across all our hospitals and clinics to foster staff awareness and an improved perception of dementia to help enhance the quality, safety and experience of our care to patients and families/carers who are affected by dementia. This will include a series of improvement projects, training for our staff, implementation of a dementia care pathway and developing ways in which we can assure those suffering from dementia, and their family/carers, that we provide dementia appropriate care.

Develop Ways to Improve Meaningful Patient Involvement and Engagement

Patients are at the centre of the services we provide and we wish to explore how we can improve their involvement and have meaningful engagement with our patients. To achieve this we will implement a board range of initiatives to encourage patient involvement. These will include reviewing how we can make it easier for our patients to feedback on their experience, improving patient information, including them in patient forums with our staff and inviting them to participate in the design, planning and delivery of any new services.

Review and Improve Patients Fluid and Hydration Pathway

The provision of optimum fluid intake is fundamental to good health. We aim to review our policies and procedures and ensure these support and reflect best practice guidance. This will include reviewing the assessment of the hydration status of our patients, intravenous (IV) fluid therapy practice and the fasting of our patients prior to surgical procedures. We will ensure that there are robust processes in place to record all fluid intake and output for all patients who require this by developing our fluid recording charts and by providing staff training. We will audit the outcome of the changes we make via our integrated audit programme.

Review and Implement Revised Patient Feedback Surveys.

Aspen Healthcare is genuinely committed to delivering and excelling at providing excellent care to all our patients and being responsive to our patient's needs. We will refine the survey tools used to obtain improved information on the views and perceptions of our patients on the care they have received at our clinic so we can use this information to inform the continued development and improvement of our services. This will include including the friends and family question on how likely a patient is to recommend our clinic to their friend's and family if they needed similar care or treatment.

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

- Maintain our CHKS accreditation and ISO 9001:2008 certification
- Strive to further improve upon all our quality and safety measures
- Continue with our programme of development relating to other quality initiatives
- Continue to develop our workforce to ensure they have the skills to deliver high quality care in in the most appropriate and effective way.

Statements of Assurance

This section of the Quality Account provides mandatory information for inclusion in a Quality Account, as determined by the Department of Health regulations, and reviews our performance over the last year, running from April 2015 to March 2016 but reported in June 2016 as required by the guidelines.

Review of NHS Services Provided 2015-16

The majority of the Cancer Centre London's patient are private patients with CCL providing a very small number of services for NHS patients.

Cancer Centre London has reviewed all the data available to them on the quality of care

in all of these NHS services.

The income generated by the NHS services reviewed in 2015/2016 represents 100% of the total income generated from the provision of NHS services by CCL for April 2015 to March 2016.

Participation in Clinical Audit

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

During April 2015 to March 2016, there were zero national clinical audits and zero National Confidential Enquiry (NCEPOD) that covered services that Cancer Centre London provides.

CCL has a comprehensive audit programme. The radiotherapy department participates in the Society of Radiographers national audit programme and in 2015 CCL participated in two audits:

- Radiotherapy: radiographic workforce census 2015

- Therapeutic Radiography Workforce Questionnaire.

The physics department are members of the Institute of Physics Engineering & Medicine's Interdepartmental Audit Group and undertakes audits in various NHS Trust radiotherapy departments with CCL being audited twice last year.

The haemato-oncology department has full membership of the European Blood and Bone Marrow Transplant Group (EBMT) and the British Society for Blood and Marrow Transplants (BSBMT) as an Autologous Stem Cell Transplant Centre. The Centre returns data on each transplant, which is audited as part of a national registry.

“Many thanks for looking after me with your smiles and cheerfulness throughout my weeks of treatment... “

Mr F. Esher, Surrey

Local Audits and External Audits

The reports of 25 local clinical audits were reviewed in April 2015 to March 2016 which includes the following:

- Clinical Audit - delays to treatments, cancelled and uncompleted treatments, neutropenic sepsis, and deaths
- Medical notes compliance
- Audit of skin reaction for breast patients undergoing radiotherapy.
- Audit of unscheduled interruptions in treatment as per the Royal College of Radiologists guidelines
- Scheduled quality system audits
- Participation in The Institute of Physics and Engineering in Medicine (IPEM) Dosimetry Audit
- Unplanned admissions during treatment e.g. neutropenic
- Patients with clinically defined post-operative Hickman/PICC (peripherally inserted central catheter) line infections
- Number of extravasations events
- Chemotherapy waiting times
- Pharmacy related audits including: checklist completions, allergy status recording, chemotherapy protocol adherence, controlled drugs and electronic prescribing compliance.

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

- ✓ ensured appropriate systems and checks are in place that minimise the risk of harm
- ✓ ensured that all staff are aware of the systems in place to report incidents

Participation in Research

There were no NHS patients recruited during the reporting period for this Quality Account

✓ developed ways to share learning from any incident to help reduce the likelihood of reoccurrence

✓ regularly review our practice and policy guidelines to ensure these reflect the latest best practice guidance.

Cancer Centre London had an external audit undertaken by Caspe Healthcare Knowledge Systems (CHKS), part of Capita Health Partners. Twelve standards are assessed and included: departmental and service management, quality management, risk, competent workforce, information governance and technology, management of clinical records, patient focus, administration and clerical services, radiotherapy, radiotherapy physics, chemotherapy and outpatient clinics.

Actions taken following the audit included:

- Since the CHKS audit, it has been clarified and is now clearly defined in the Aspen Quality Governance Framework that all Radiotherapy Incidents level 1-4 are recorded on both Datix and QPulse, whilst all level 5 documents are recorded on the QPulse system only.
- All Radiotherapy incidents on QPulse are classified according to the 'Towards Safer Radiotherapy' classification. This allows comparison of CCL radiotherapy incidents with the Safer Radiotherapy National DH publications.
- All Radiotherapy and Physics staffing adhere to the Society of Radiographers (SOR) and Institute of Physics and Engineering in Medicine (IPEM) staffing recommendations.

All improvement actions were submitted to CHKS and CCL was awarded CHKS (Cancer Standards) Accreditation and ISO certification (April 2015 – July 2017).

to participate in research approved by a research ethics committee.

Goals Agreed With Commissioners

Cancer Centre London's income in April 2015 to March 2016 was not conditional on achieving quality improvement and innovation

goals through the Commissioning for Quality and Innovation (CQUIN) payment framework - during 2015/16.

Statement from the Care Quality Commission

✓ All standards were met when the service was inspected

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

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

The CQC has not taken any enforcement action against Cancer Centre London during April 2015 to March 2016 and CCL has

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

Cancer Centre London was last inspected by the CQC in December 2012 and was found to be fully compliant with the five essential standards reviewed and as at 31st March 2016 Cancer Centre London does not have any conditions on its registration.

Statement on Data Quality

Cancer Centre London recognises that good quality information underpins the effective delivery of patient care and is essential if improvements in quality of care and value for money are to be made. Information Governance is high on the agenda and robust policies and procedures are in place support the information governance process. This includes standards for record keeping and storage, continuous audit of records to ensure accuracy, completeness and validity.

The Information Governance Toolkit is a performance assessment tool, produced by the Department of Health, and is a set of standards the organisations providing NHS care must complete and submit annually by 31st March each year. The toolkit enables organisations to measure their compliance with a range of information

handling requirements, thus ensuring that confidentiality and security of personal information is managed safely and effectively.

Aspen Healthcare's Information Governance Assessment overall score for 2015-16 was 75% achieving level 2 in all categories and meeting national requirements.

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

- Ensure all staff complete Information Governance training relevant to their role
- Continue to audit medical records
- Ensure all staff receive training in relation to the new Aspen Patient Administration System (APAS) when it is implemented in 2016.

Clinical Coding Error Rate

Cancer Centre London was not subject to the Payment by Results clinical coding audit

during April 2015 to March 2016 by the Audit Commission.

Quality Indicators

In January 2013, the Department of Health advised amendments had been made to the National Health Service (Quality Accounts) Regulations 2010. A core set of quality indicators were identified for inclusion in a quality account. Not all indicator measures that are routinely collated in the NHS are currently available in the independent sector, or are applicable to specialised centres such as CCL and work will continue during 2016/17 on improving the consistency and standard of quality indicators reported across Aspen Healthcare.

Patient Safety Incidents

Serious incidents are events in health care where the potential for learning is so great, or the consequences to patients, families and carers, staff or organisations are so significant, that they warrant a comprehensive investigation to be completed.

Never Events are a sub set of serious incidents that have been classified by NHS England. They have the potential to cause serious patient harm or death and are deemed largely preventable if comprehensive safety safeguards had been effectively put in place.

Incident reporting is a key element of Cancer Centre London's patient safety programme. There is a real commitment to learn from any actual (or potential) error or mishap to reduce the likelihood of the incident reoccurring, and of any future harm to our patients.

Recognising and reporting any incident (or near miss) is the first step to learning

A number of limited metrics have been chosen to summarise our performance against key quality indicators of effectiveness, safety and patient experience.

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

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

and all our staff are encouraged to report these. Incidents are classified by degree of harm (or potential to harm). We undertake robust investigations of all serious incidents (using a human factors and systems-based approach), and also investigate those incidents that have resulted in low or no harm if they had the potential for harm. These investigations are undertaken in an open and transparent approach with our patients. We take our responsibility to be honest with our patients (duty of candour) very seriously and are committed to acknowledging, apologising and explaining when things do go wrong.

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

Number of Patient Safety Incidents (including Never Events)

Source: From Aspen's incident reporting system:

2014 - 2015		% of patient contacts	2015 - 2016		% of patient contacts
Serious Incidents	0	0	Serious Incidents	0	0
Serious Incidents resulting in harm or death	0	0	Serious Incidents resulting in harm or death	0	0
Never Events	0	0	Never Events	0	0
Total	0	0	Total	0	0

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.



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.

Indicator	Source	2014 -2015	2015 - 2016	Actions to improve quality
Number of Clostridium difficile infections reported	From national Public Health England returns	0	0	Continue to monitor reports
*Number of patient safety incidents which resulted in severe harm or death	From hospital incident reports (Datix)	0	0	Continue to monitor data
Responsiveness to personal needs of patients	Patient satisfaction survey data – for overall level of care and service	N/A	Not collected	Reviewing CCL's survey in 2016/2017 to include this data
**Friends and Family test - patients	Patient satisfaction survey – extremely likely/likely	N/A	100%	Continue to monitor data
Friends and Family Test Staff	Staff satisfaction survey	N/A	57%	Staff forums are now in place To review staff satisfaction now annually (previously biennially)

NB *CCL did not collect responsiveness to personal needs of patients in previous surveys and has commenced this for 2016/2017.

CCL survey previously asked 'would you recommend us' and this question has been revised to meet the Friends and Family test criteria in 2016.

Thank you so much for all your care, support and professionalism during my treatments. You all have helped the past five weeks fly by, making me feel at ease and relaxed during each visit.

Ms A. London.

Infection Prevention and Control

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

During 2015-2016 work continued in developing Aspen's IPC infrastructure. Effective systems are now in place to prevent and control health care associated infections (HCAI) and ensure the safety of our patients, their relatives, and staff and visiting members of the public.

CCL continues to carry out IPC Environmental Audits in all patient centred clinical areas.

In addition to these, CCL also audits hand hygiene and insertion of peripheral cannula.

In conjunction with Parkside Hospital, CCL held 3 scheduled IPC committee meetings during 2015-2016 and aims to hold regular quarterly meetings in 2016-2017. The minutes of these meetings are circulated to all staff and feed into the governance and quality agenda. IPC is also a standing item on the Medical Advisory Committee agenda and all issues related to IPC are discussed.

Healthcare Associated Infections

Infection	2014-2015	2015-2016
MRSA positive blood culture	0	0
MSSA positive blood culture	0	0
E. Coli positive blood culture	0	1

Complaints

Whilst Cancer Centre London strives to provide consistently excellent care and services, there are occasions when service users have reason to complain. Every complaint is considered a valuable source

of feedback and information on how our services can be improved. All complaints are investigated and any opportunity for learning or service improvement acted upon.

Indicator	2014-2015	2015-2016
Number of complaints	3	5
% per 100 admissions	0.02%	0.023%

Actions that we have or will be taking to address concerns raised from complaints include:

- Redesign of the patient car park to improve disability access

- Ongoing audit of waiting times for take home medications
- Ensuring that all CCL staff attend values workshops during 2016.

Review of Quality Performance 2015/2016 (last year)

This section reviews our progress with Aspen Healthcare's key quality priorities, part of the Quality Strategy and governance agenda. Although CCL did not publish a Quality Account last year these quality priorities were applicable to all Aspen facilities.

Patient Safety

Safety Leadership Walkabouts

Leadership walkabouts have been demonstrated to have a significant impact on safety culture and are a way of ensuring that senior management teams are informed first hand of any safety concerns by their own frontline staff.

Progress:

An Aspen toolkit and guide was developed to support the implementation of safety leadership walkabouts.

Safety leadership walkabouts have resulted in improved visibility of the senior management team for staff and has further enhanced communication. We plan to schedule these walkabouts more consistently during 2016.

Patient Safety Newsletter

These newsletters aimed to provide a vehicle to share best practice and learning further improving our clinical safety and promoting a culture of safety and continuous learning.

Progress:

This priority was fully achieved with three editions published in 2015/16. These patient safety newsletters included topical issues, reinforced safety messages to our staff, and importantly shared the learning from serious incidents that had occurred across the Aspen group. Positive feedback was received from staff and these will continue to be published 3-4 times a year.

These newsletters are displayed in departments throughout the centre and staff have found them to be an excellent resource in terms of updating themselves on safety issues.

Datix Risk Register Rollout

An effective risk management framework requires the identification of risks, their prioritisation, and actions required to reduce the likelihood of recurrence. The implementation of the Datix system, risk register module aimed to support the recording and monitoring of these more effectively.

Progress:

The Datix system, risk register module was rolled out to all Aspen hospital and clinics and now enables us to robustly record and track the risks at Cancer Centre London and the principal business objectives they threaten. Although this module still requires some embedding into practice great progress has been made with an improved oversight of identified risks now available. The risk register is reviewed at the Aspen Quality Governance and Quality Board meetings with the aim to now further develop this into an effective Board Assurance Framework.

At Cancer Centre London we review our risk register and associated action plans on a regular basis in conjunction with the Aspen Health and Safety and Risk Manager.

Implement a VTE Root Cause Analysis Toolkit

Venous thromboembolism (VTE), deep vein thrombosis or pulmonary embolism, is a recognised complication in patients admitted into hospital. A root cause analysis (RCA) approach will help to ensure an understanding of any factors that led to an incidence of pulmonary embolism/deep vein thrombosis.

Progress:

Although not applicable to the case mix of patients at CCL we appreciate that

monitoring is required to ensure that all risks are managed to support patient safety and according to NICE guidance. An Aspen VTE root cause analysis toolkit was developed and launched last year and now supports a systematic and evidence based approach to undertaking investigations of all confirmed cases of VTE. There was only one episode of VTE (pulmonary embolism) last year across Aspen and the toolkit was used to guide this investigation.

Clinical Effectiveness

Departmental Datix Dashboards Rollout

The aim of this quality priority was to provide staff with near time meaningful information on reported clinical indicators to help inform their daily decisions on the quality of patient care.

Progress:

Department based Datix dashboards of measures have been developed and these are now available to provide information on the effectiveness of care and key quality metrics.

Core Clinical Training Programme

Our clinical staff need to be supported to develop and maintain their skills to provide the best possible care to our patients.

Progress:

We developed and implemented a new core training programme comprising of key modules and seminars to support our frontline clinical staff in developing and building upon their clinical skills and knowledge. This included competency based foundation training in critical care, clinical skills updates, training in the professional context of care delivery and a clinical leadership four day programme. These evaluated extremely well and the programme will continue in 2016/17.

Six (6) staff from Cancer Centre London attended a variety of these core clinical training programmes during 2015 and one member of staff undertook a Level 3 Certificate in Leadership and Management programme. Staff evaluations of all courses was very good and further courses have been planned for 2016.

... your care, kindness
and gentle attention to me
during my three weeks of
radiotherapy, your smiles and
friendliness have made my
treatment very bearable....

Mrs C. East Sheen SW14

Patient Experience

Embedding our Values – Improving our Patients Experience

After developing our values [Beyond Compliance; Personalised Attention; Investing in Excellence, Partnership and Teamwork; Always with Integrity] with our staff, we planned in 2015/16 to further embed these into our centre culture in order to distinguish ourselves from other healthcare organisations.

Progress:

We have now successfully launched 'Our Values Workshops' that aim to engage, inform and train our staff how they should go about their work always demonstrating positive behaviours and attitudes that truly reflect our values. In 2015 we successfully recruited 25 Values Partners from across the business, representing each Aspen facility and then as a collaboration developed a one day bespoke workshop centred around living our values day in day out. Our target is for all staff, regardless of their level or role in the organisation, to attend a workshop. Our aim is to achieve 85% attendance in 2016 across Aspen Healthcare and the Cancer Centre London has had 36 staff attend in 2015 which represents 65.4% of the workforce. These workshops will continue during 2016 to ensure all staff are trained by the year end.

Implement Practice Observational Tools

In wishing to assure ourselves that our patients have an excellent experience of care in our centre and understand what good quality care looks and feels like from a patient's perspective we proposed to introduce tools to support us in observing clinical practice so that we could capture those elements of care that make such a difference to our patients.

Progress:

Using the sit&see™ and Fifteen Steps Challenge tools all Aspen facilities undertook regular sessions observing the care environment and interactions with our patients. These have proven to provide excellent examples of care delivery and also permitted us to make recommendations on where to improve certain aspects of care based on the observational findings. Staff (including our non-clinical staff) were trained in use of the observational tools and these have really provide us with information from the patients' perspective providing important insights into the difference staff interactions can make to patient care, compassion, dignity and respect.

A total of four sit&see™ observational audits were undertaken at the centre during 2015. These audits showed that 89% of interactions during the observations were positive. An action plan was developed after each audit and key improvement actions identified included:

- Review of the furniture in the waiting areas
- Environmental issues, such as lighting, were improved
- Signage was updated
- Staff were reminded to answer telephones in line with policy to reduce caller waiting times.

sit&see™ observations will continue throughout 2016/2017 and an audit schedule is in place.

Increase Friends and Family Test Response Rates

The national Friends and Family Test (FFT) is a feedback measure of our patient experience and asks if people would recommend the services they have used to their friends and family if they needed similar care or treatment. It can be used alongside other data to continuously improve the services we offer, reinforce exemplary standards of care, and improve care where improvement is needed. We worked to improve our response rates to try and ensure this really was a representative reflection of our patient's experience.

Progress:

Across Aspen we worked to encourage our patients to complete our surveys stressing how important their feedback was to us and in assisting us in improving our services. We aimed for at least 15% of our eligible patients to respond and our response rates at the end of 2015 increased (compared to the end of 2014). This will now help us in ensuring that the feedback obtained is representative and, having also added an additional text box seeking the reason for giving the response they have to the FFT question this permits us to act in confidence on the results in making positive changes that improve our patients' experience.

As a non-NHS provider CCL did not collect FFT as part of the patient survey during 2015/2016. We plan to include the FFT in CCL's revised survey during 2016/2017.

“... I cannot tell you how much you have helped me over these six weeks. You have supported me through my tears and tantrums, made me laugh and feel happy and at ease. I have grown to enjoy and look forward to seeing you all even though it has been one of the most challenging times of my life. Bless you...”

Ms E. London.

External Perspective on Quality of Service

What others say about our service

Cancer Centre London requested the local Healthwatch to supply any comments they wished to add to our Quality Account. Prior to publication no comments had been received.

... wanted to say a big thank you for your kindness and support – literally getting me on and off the table! Not to mention the moans and groans from the bad back! ...you are definitely the 'unsung heroes'...

AD. London



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

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

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