



Contents

Welcome to Aspen Healthcare	4
Statement on Quality from Aspen Healthcare's Chief Executive	7
Introduction to Parkside Hospital	9
Statement on Quality Accountability Statement	10
Quality Priorities for 2018 - 2019 Patient Safety Clinical Effectiveness Patient Experience	11
Statements of Assurance Review of NHS Services Provided 2017 - 2018 Participation in Clinical Audit Participation in Research Goals Agreed with Commissioners Statement from the Care Quality Commission Statements on Data Quality Quality Indicators	14
Review of Quality Performance 2017 - 2018 Patient Safety Clinical Effectiveness Patient Experience	24
External Perspective on Quality of Services	27

Welcome to Aspen Healthcare

Parkside Hospital is part of the Aspen Healthcare Group

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

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

- **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 19 theatres, in 2017 alone Aspen has delivered care to:

- more than 43,000 patients who were admitted into our facilities
- just under 9,000 patients who stayed as an inpatient for overnight care
- over 34,000 patients who required day case surgery
- almost 310,000 patients who attended our outpatient departments
- more than 370,000 patients who attended our diagnostic departments.

We have delivered this care always with Aspen Healthcare's mission statement underpinning the delivery of all our care and services:

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

Aspen is now one of the main providers of independent hospital services in the UK and, through a variety of local contracts we provided 18,000 NHS patient episodes of care last year, comprising nearly 41% of our patient numbers. We work very closely with other healthcare providers in each locality including GPs, Clinical Commissioning Groups and NHS Acute Trusts to deliver the highest standard of services to all our patients.

It is our aim to serve the local community and excel in the provision of quality acute private healthcare services in the UK.

We are pleased to report that in 2017

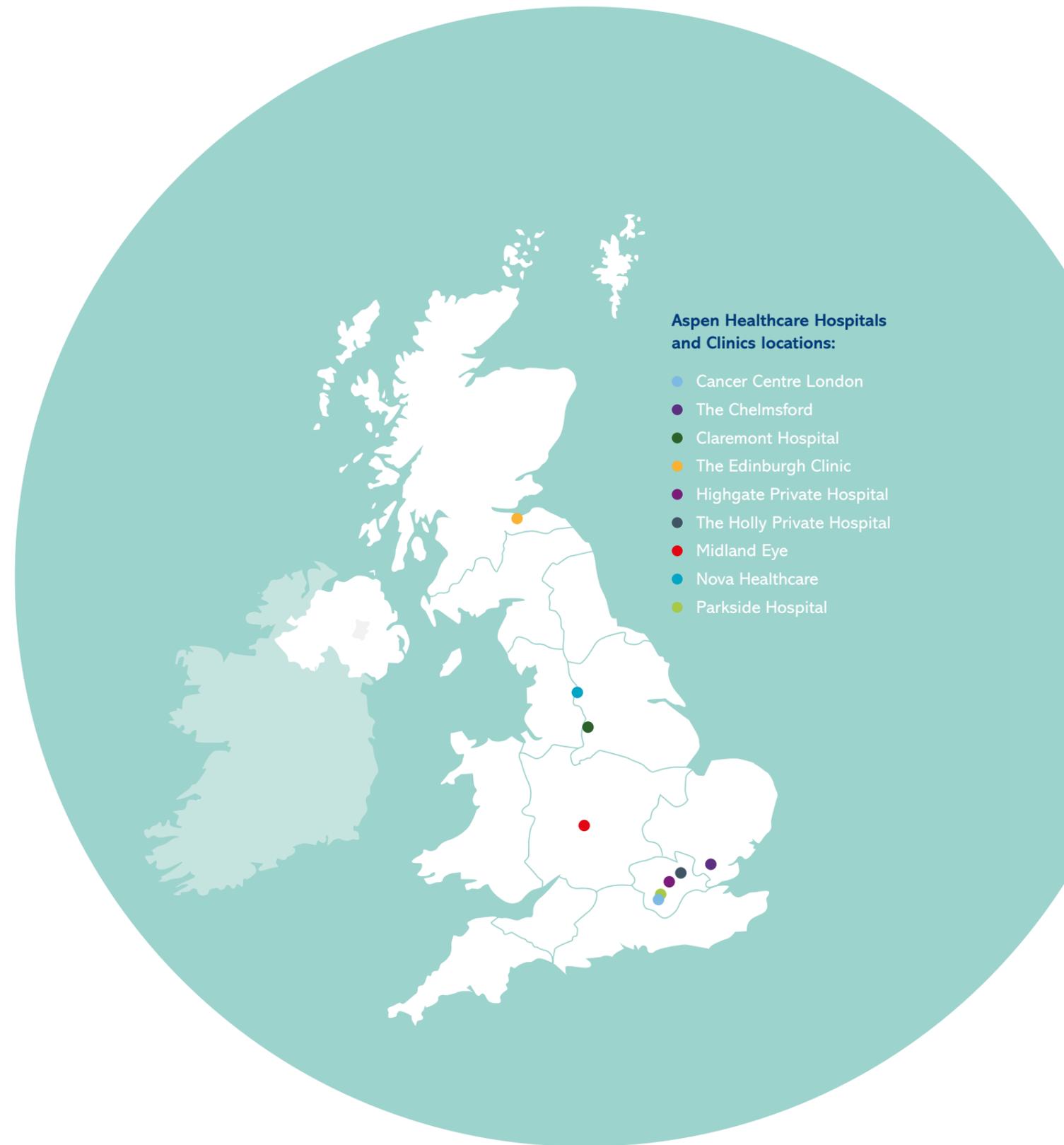
99.4%

of our inpatients and day patients rated the overall quality of their care as 'excellent', 'very good' or 'good'.

99%

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

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



Aspen Healthcare Hospitals and Clinics locations:

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





Statement on Quality from Aspen Healthcare's Chief Executive

Welcome to the 2017-2018 Quality Account, which describes how we did this year against our quality and safety standards.

On behalf of Aspen Healthcare I am pleased to provide our latest annual Quality Account for Parkside Hospital. This report focuses on the quality of services we provided over the last year (April 2017 to March 2018) and, importantly, looks forward to setting out our plans for further quality improvements in the forthcoming year.

As this last year draws to a close I am pleased to be able to reflect on how we have further improved our safety and quality of care. At Aspen Healthcare we aim to excel in the provision of the highest quality healthcare services and work in partnership with the NHS, to ensure that the services delivered result in safe, effective and personalised care for all our patients. Each year we review the quality priorities we agreed in the previous year's Quality Account. These quality priorities form part of Aspen's overall quality framework which centres on nine drivers of quality and safety, helping to ensure that quality is incorporated into every one of our hospitals and clinics, and that safety, quality and excellence remain the focus of all we do, whilst delivering the highest standards of patient care. This is underpinned by Aspen's Quality Strategy, which focuses on the three dimensions of quality: patient safety, clinical effectiveness and patient experience.

All our hospitals and clinics in England have now been externally inspected by the health and social care regulator, the Care Quality Commission (CQC). These comprehensive inspections have provided external validation of the quality and safety of care we deliver and we are proud to report that all our hospitals and clinics have been rated as 'Outstanding' or 'Good', with commendations received on our staff's professionalism, kindness and compassionate care.

This Quality Account presents our achievements in terms of clinical effectiveness, safety and patient experience, and demonstrates that all our managers, clinicians and staff at Parkside Hospital are committed to providing the highest standards of quality care to our patients. The Account aims to provide a balanced view of what we are good at and where additional improvements can still be

made. In addition, our quality priorities for the coming year (2018-2019), as agreed with the Aspen Senior Management Team, are outlined within this report.

In 2017-2018 we maintained our excellent record on reducing avoidable harm across our organisation, and saw further improvements made to both patient safety and increasing our already high levels of patient satisfaction. We remain committed to monitoring all aspects of our patients' experience within Parkside Hospital, ensuring this feedback is effectively utilised to continue to drive quality improvement. Our staff survey in 2017 also showed further improvement in staff engagement and a pride to work for Aspen. You will find more details outlined within the relevant sections of this report.

I would like to thank all our staff who everyday show commitment to our values, high standards and goals, and for their contribution to the continuous improvements we strive to make to our patients' care and experience.

The majority of information provided in this report is for all the patients we have cared for during 2017-2018, 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.

Des Shiels
Chief Executive
Aspen Healthcare

“ ...how impressed I was with the scrupulousness of the nurses and the treatment rooms in the outpatient department. It made me feel confident that I was receiving the best care. ”

Mrs O.



Introduction to Parkside Hospital

Parkside Hospital was established in 1983 and is an independent hospital located in Wimbledon, London. The hospital offers services to patients who require both elective and emergency surgical, medical and oncological treatments. The hospital has 82 beds (including 5 High Dependency beds), with associated diagnostic and treatment facilities which enhance a holistic service.



Vital Statistics

- | | | | |
|---------------------------------|----|--------------------------------|---|
| ✓ Total Beds | 82 | ✓ Private GP Services | |
| ✓ Inpatient Beds | 66 | ✓ Satellite Parkside at Putney | |
| ✓ Dedicated Day Care Unit | 11 | ✓ NHS e-Referral Service | |
| ✓ High Dependency Beds | 5 | ✓ On-site Parking | |
| ✓ Total Theatres | 4 | ✓ All major insurers accepted | |
| ✓ Consulting Rooms | 38 | ✓ MRI Scanners | 3 |
| ✓ Endoscopy Suite | | ✓ CT | |
| ✓ Pathology | | ✓ Ultrasound | |
| ✓ Physiotherapy | | ✓ X-ray | |
| ✓ Pharmacy | | ✓ Nuclear Medicine Scanner | |
| ✓ Chemotherapy | | ✓ Digital Mammography | |
| ✓ International Patient Service | | ✓ Extremities MRI | |
| ✓ Sterile Services Department | | ✓ Dexa Scanning | |
| ✓ Hydrotherapy Pool | | | |

- Bupa accredited Breast Cancer Unit
- Bupa accredited MRI Unit
- Bupa accredited Haemato-oncology Unit
- WorldHost® Customer Care Training
- AfPP Accreditation
- UKAS Accredited Pathology Laboratory

“ I want to wholeheartedly thank you so very much for always being so kind, considerate, professional and with an exemplary positive patient attitude... **”**

Mrs A.

Statement on Quality

We continue to put the patient at the centre of all we do and live by values to create an environment where “... we would be happy to treat our own families”; an aim we share with our team and to which, I believe, they aspire in giving our patients the very best care.

This year we celebrate thirty five years as the leading healthcare provider in Wimbledon. We are very proud of the strong reputation we hold in our local community and of our staff and Consultants who have helped us achieve our goals over many years.

As Hospital Director, I am passionate about creating the best possible healthcare experience for our patients, a consistent culture of safety and in ensuring our team are supported in delivering on our commitment. From room cleanliness to theatre safety protocols, we have clear, articulated processes for delivering high standards of care quality with the patient at the centre of all we aim to achieve.

Our Governance Framework sets out our goals to reach the very highest standards of care and safety for all our patients. We have great support from our Consultants, many of whom are amongst the best in their profession; their commitment to ensuring the best outcomes for our patients underpins the work we do with our wider team.

This Quality Account is our written commitment to drive those standards further, through improved safety and quality measured through independent audit, patient satisfaction and our own internal assessments of how we do and, this year, we have established a Patient Forum to support us in making some real progress.

I am proud to lead the Parkside team – and they have reason to be justifiably proud of the work they do so well.

Accountability Statement

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



Mr Phil Bates, Hospital Director
Date: 20th April 2018

This report has been reviewed and approved by:

Mr Adrian Fairbank, Medical Advisory Committee Chair
Ms Liz Lindsey, Quality Governance Committee Chair
Mr Des Shiels, Chief Executive, Aspen Healthcare
Mrs Judi Ingram, Clinical Director, Aspen Healthcare.

Quality Priorities for 2018-2019

Aspen'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 2018-2019. These priorities have been agreed with our senior management team and were informed by feedback from our patients and staff, audit results, national guidance and recommendations from the various hospital/clinic teams across Aspen Healthcare.

Our quality priorities are regularly reviewed by Aspen's Quality Governance Committee which meets quarterly, to monitor, manage and improve the processes designed to ensure safe and effective service delivery.

Parkside Hospital is committed to delivering services that are safe, of a high quality and clinically effective; we constantly strive to improve our clinical safety and standards. The priorities we have identified will, we believe, drive the three domains of quality: patient safety, clinical effectiveness and patient experience.

The key quality priorities identified for 2018-2019 are as follows:

Patient Safety

Continue to embed Aspen's STEP-up to Safety Programme

Aspen Healthcare aims to be a recognised leader in patient safety and our STEP-up to Safety (STEP-up) programme is an innovative staff engagement initiative for all our staff, helping them to fully understand their role in patient safety. This programme has resulted in a significant improvement in safety measures, including an increase in safety reporting whilst having a reduction in the number of incidents reported with harm. It was also shortlisted as a finalist for many national safety awards last year.

In 2018-2019, we will work to further embed this programme into 'how we do safety round here' at Aspen. This will include developing our Core Induction for all new staff to incorporate the STEP-up to Safety workshop; making STEP-up part of our mandatory staff training and promoting the involvement of our visiting Consultant staff with STEP-up. We will also support our staff in raising concerns by developing 'Stop the Line' – supporting them to feel able to raise safety concerns 'in the moment' of a busy healthcare environment.

Patient Safety

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

Clinical Effectiveness

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

Patient Experience

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

Promote Patient Involvement in Serious Incident Investigations

Providing healthcare is a complex business and even with good planning, training and policies, incidents will inevitably occur. The reporting of incidents is positively promoted to ensure that every opportunity is taken to minimise the likelihood of reoccurrence and, reduce future risk to our patients, visitors and staff, as well as to ensure that learning is sought and widely shared.

Serious incidents are events where the potential for learning is so great, or the consequences to patients, families and carers, staff or organisations are so significant, that a comprehensive response is justified. These incidents will usually, but not always, have caused significant harm, damage or disruption.

Aspen has a comprehensive approach to investigating any serious incidents and ensures a robust investigation is always undertaken. Informing and apologising to any patient involved in such an incident and ensuring our Duty of Candour requirements are met, are in place. We now wish to further enhance this by seeking more involvement of patients and/or their carers in the incident investigation. This would include enabling patients and/or carers to contribute to the development of the investigation's terms of reference when writing to inform them of, and apologise about, the incident as well as requesting that they inform us of any additional matters they wish us to include as part of the incident investigation.

Clinical Effectiveness

Develop a Consultant Handbook

Aspen Healthcare has a comprehensive clinical policy framework in place that is evidence-based and up-to-date, and all our doctors with admitting rights, (commonly called 'practising privileges'), are required to adhere to Aspen's policies and procedures. In recognition that many of our doctors may work with other providers, we will develop a handbook of the key elements of our clinical policies to enable them to readily access and comply with our policy framework.

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

Safe, effective clinical care depends on reliable, flawless communication between caregivers. Handover communication relates to the process of passing patient-specific information from one caregiver to another, from one team of caregivers to the next, or from caregivers to the patient and family for the purpose of ensuring patient care continuity and safety. Poor handover communication between units and amongst care teams might not include all the essential information, or information may be misunderstood and cause delay in diagnosis or treatment, missed or duplicated tests, incorrect treatment or errors, and a poor patient experience.

In 2018-2019 we will develop a standardised approach to handover communication, with associated training for our staff, utilising a recognised model such as ISBAR (Identify, Situation, Background, Assessment, and Recommendation). Handover tools, such as ISBAR, are easy to remember and can be used to frame conversations, especially critical ones, requiring a clinician's immediate attention and action. These tools enable clarification of what information should be communicated between members of the team, and how. It will also help to develop teamwork and support our culture of patient safety.

Improve Availability of Patient Reported Outcome Measures Data

Patient Reported Outcome Measures (PROMs) collect information on the effectiveness of care delivered to patients as perceived by the patients themselves, based on responses to questionnaires before and after surgery. In 2018-2019 we will work to improve the registration of patients for PROMs for certain surgical procedures, to complement the availability of our existing information on the quality of services and patient outcomes and improve the validity of the outcome data collected.

Patient Experience

Implement Dementia Self-Assessment Framework

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

Aspen Healthcare has a dementia strategy and pathway in place and in 2018-2019 we will adapt NHS Improvement's dementia assessment and improvement framework to further improve our care standards for those living with dementia during their stay in our hospitals/clinics. This national improvement framework describes what 'outstanding' care looks like and provides a system of assurance and continual improvement and learning. The framework combines national policy, guidance and best practice from organisations achieving an 'outstanding' rating from the national regulator - the Care Quality Commission (CQC) - and consists of eight standards that we will strive to meet.

Implementation of Complainants Survey Toolkit

We will further develop our management of complaints by utilising NHS England's Complainants Survey Toolkit to assess and measure complainants' experiences. This will permit us to survey complainants in a consistent and systematic way, and will provide a means of recording how complainants experience our complaints system and the extent to which we learn from complaints. This survey will also help us to assess the effectiveness of our approach and management of complaints, and will inform and drive improvements in our complaint handling and resolution.

Develop a Bereavement Questionnaire

Although the number of patient deaths is small across the Aspen hospitals, we wish to ensure high quality care for all adults at the end of life and will develop a short bereavement questionnaire, (based on the National VOICES survey), to seek the opinions of bereaved relatives who rate the quality of care provided to their friend or relative. This will focus on the quality of end of life care and, particularly, the last three months of life. The results gained will be used to inform policy and service development, and enable evaluation of the quality of end of life care of our patients as part of our ongoing audit and service improvement activities.

Develop a Ward Accreditation Scheme

Patients, quite rightly, expect compassionate care and high standards of clinical expertise in a clean, safe and caring environment. The quality of care a patient receives, whether in a ward, unit or department, is of the highest importance whoever the care giver is and, as part of our programme of quality improvement, we plan to develop a ward accreditation scheme in collaboration with our ward managers. This will enable and support them in engaging their staff and empowering leaders to improve standards and quality on our inpatient wards.

The accreditation framework will be designed around standards which are aligned to the CQC fundamental standards and key lines of enquiry, and also bring together our existing standards already in place as we currently collate a variety of information, from a variety of sources which is considered in a variety of arenas. The framework is designed to incorporate elements from care, experience, effectiveness, environment and leadership, together with workforce and finance metrics, enabling the ward/department to be performance managed in a holistic manner. Wards will progress through the required standards as they achieve their designated targets for consistent practice and performance over a set period. The scheme will set clear expectations in relation to the quality of care being consistently delivered to patients and the accreditation will set ambitious but realistic goals, thus driving continuous quality improvements whilst improving our patients' experience of care.

While targeting the areas above, we will also:

- Strive to further improve upon all our quality and safety measures
- Continue with our programme of development relating to other quality initiatives
- Continue to develop our workforce to ensure they have the skills to deliver high quality care, in the most appropriate and effective way
- Embed our 2018-2019 Commissioning for Quality and Innovation (CQUIN) initiatives so they become 'business as usual', and work to implement any locally agreed CQUINs with our commissioners
- Meet and exceed the Quality Schedule of our NHS Contracts.

Statements of Assurance

Review of NHS Services Provided 2017 - 2018

Only a small proportion of Parkside Hospital's activity is NHS and during April 2017 to March 2018, Parkside Hospital provided 869 episodes of NHS services. These services were within the following specialities:

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

The income generated by the NHS services reviewed in 2017-2018 represents 100% of the total income generated from the provision of NHS services by Parkside Hospital for 1st April 2017 to 31st March 2018.

Service	Activity
Gynaecology	20
Orthopaedics	264
Pain Management	113
General Surgery	98
ENT	167
Neurosurgery	33
Gastroenterology	3
Urology	171

Participation in Clinical Audit

National Audits

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

During April 2017 to March 2018, two national clinical audits and one national confidential enquiry covered services that Parkside Hospital provides.

During that period Parkside Hospital participated in 100% national clinical audits and 100% national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiries that Parkside Hospital was eligible to participate in during April 2017 to March 2018 are as follows:

- National Joint Registry
- National PROMS Programme
- Perioperative Diabetes Study.

The national clinical audits and national confidential enquiries that Parkside Hospital participated in, and for which data collection was completed during April 2017 to March 2018, are listed overleaf alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

National Clinical Audits		
Name of Audit	Participation	Number of cases submitted
National Joint Registry	Yes	250 (100%)
National PROMS Programme	Yes	193

National Confidential Enquiry		
Name of Audit	Participation	Number of cases submitted
Perioperative Diabetes Study	Yes	Organisational questionnaire 3 patients' case notes submitted (100%)

Local Audits

The reports of forty local clinical audits were reviewed by the provider in April 2017 to March 2018. These audits form part of the Aspen Integrated Audit Plan and are repeated regularly (monthly, quarterly and biannually). Results of audits are fed back to relevant teams and action plans, where required, are developed. The audits undertaken during the period include:

- Medical, nursing and physiotherapy records' completion audits
- Infection, Prevention and Control (IPC), hand hygiene, peripheral access devices, environmental and catheter insertion audits
- Antibiotic Stewardship
- Resuscitation Management
- Surgical and imaging safety (WHO) checklist completion
- VTE management
- Harm Free Care (Safety Thermometer)
- Consent Form completion
- Safeguarding Adults and Children
- Controlled Drugs management
- Standards for reporting MRI scans
- Pathology specimen pathways
- Transfusion compliance
- Early warning scores audits (NEWS and PEWS)
- Theatre traceability

- Consultant Practising Privileges
- Information Governance
- Intentional rounding
- Inpatient paediatrics
- Acupuncture
- Privacy and Dignity
- Inpatient visits by Consultants
- Edmonton Frailty Score
- Cosmetic Practice.

Parkside Hospital has taken the following actions to improve the quality of healthcare provided as a result of the above audits:

- Implemented a Falls Prevention policy to further reduce falls and falls with harm which resulted in Parkside Hospital winning the Aspen Annual Safety Award, 2017
- Updated and circulated safeguarding flowcharts to all departments
- Reviewed the clinical training programme to include pain management
- Ensured 100% compliance with the uptake of NEWS training for all children's nurses
- Opened five physiotherapy treatment rooms aimed at assuring the privacy and dignity of our patients.

Participation in Research

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

Goals Agreed with Commissioners

Parkside Hospital's income in April 2017 to March 2018 was not conditional on achieving quality improvement and innovation goals through the Commissioning for Quality and Innovation payment framework because this was not applicable to the commissioning contracts with the NHS in 2017-2018 at Parkside Hospital.

Statement from the Care Quality Commission

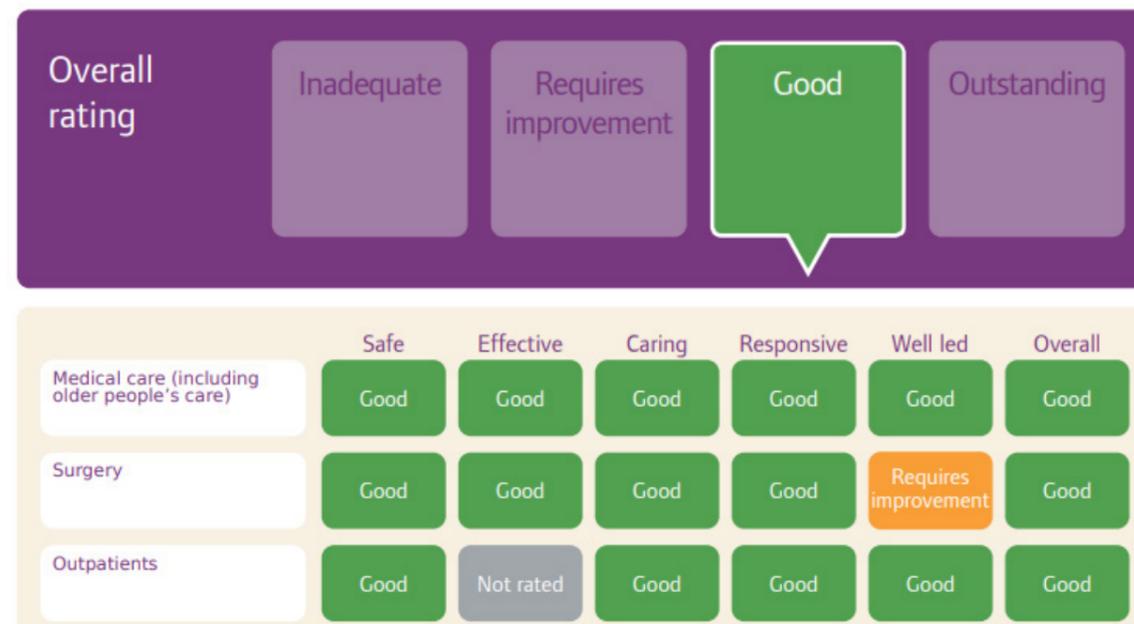
Parkside Hospital is required to register with the Care Quality Commission (CQC) and its current registration status is to provide the following regulated activities:

- Treatment of disease, disorder or injury
- Diagnostic and/or screening services
- Surgical procedures
- Services for everyone.

At 31 March 2018, Parkside Hospital has no conditions on registration.

The Care Quality Commission has not taken enforcement action against Parkside Hospital during April 2017 to March 2018.

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



In August 2016 the CQC published its Inspection Report of Parkside Hospital and awarded an overall rating of 'Good'.

We were rated as Good in the Safe, Effective, Caring and Responsive domains. We required improvement in the Well-led domain. Of note, the CQC commended Parkside Hospital for:

- Changing the pre-assessment for patients having breast surgery to involve a breast care nurse to provide additional emotional support and practical information
- The 'one-stop clinic' operated by the Radiology department and breast surgeons operated three to four times per week, whereby patients could have a consultation, mammography and ultrasound, with options for additional interventional procedures if required during one appointment
- A feedback questionnaire compiled by the provider for services provided for children and young people asked both parents and children for their opinions with an appropriate language style for children.

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

- Report all patient deaths, both expected and unexpected, that occur at the hospital to the CQC – the hospital has updated the policy in regards to reporting of deaths so that each death is reported by the governance team with ongoing audit to assess compliance
- Speed up the JAG accreditation process for their endoscopy unit – the hospital continues to submit data and is currently undertaking a review of the physical environment in line with JAG requirements
- Document and monitor place of death data in order to ascertain how well the service was performing against key benchmarks of the hospital – put in place in 2017
- Implement a written strategy for the oncology and end of life care service to deliver the vision of the hospital – put in place in 2017
- Develop a protocol for informing GPs about their patients requiring community end of life care – put in place in 2017
- Review how incidents are shared where patients have deteriorated and review the policy for pre-assessment, to make sure all patients who require a pre-assessment have one carried out to the appropriate level. During 2017 the hospital implemented a Clinical Heads of Department Governance meeting on a monthly basis to ensure that learning from patient reported incidents are shared in a timely manner. Pre-assessment is in place for patients undergoing surgery of one night and above, plus NHS day case procedures. The hospital plan to implement pre-assessment for all day case admissions during 2018
- Review the treatment area and gym within the Physiotherapy department to improve patient privacy and dignity. Five new private treatment rooms were commissioned in 2017
- Ensure all relevant staff are made aware of the learning from 'never events' and incidents. During 2017-2018 there were no reports of any 'never events' at Parkside Hospital
- Address the nursing staff vacancies, particularly in the Recovery Suite. At the end of 2017 all Recovery Nurse vacancies were filled
- Improve the anaesthetic cover of the High Dependency Unit (HDU). This has been reviewed and a risk assessment is in place which outlines the controls in place at the hospital for anaesthetic cover in the HDU

- Improve staff awareness of the Mental Capacity Act and Deprivation of Liberty Safeguards. This training is mandatory for all staff and is monitored in line with the hospital's governance framework
- Resolve the ongoing quality issues flagged by the governance system. Quality issues are regularly monitored and actioned as part of the governance processes at the hospital. Improvement has been seen in the majority of quality measures over 2017-2018
- Improve the quality of training and workforce activity data collected by the internal automated systems. All training and workforce activity data is now captured on WIRED, Aspen's electronic training record log.

Statements on Data Quality

Parkside Hospital 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 supporting the information governance process. This includes standards for record keeping and storage, and the 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 organisations providing NHS care must complete and submit annually by 31 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.

Parkside Hospital will be taking the following actions to further improve data quality:

- Ensure all staff complete Information Governance training via eLearning
- Upgrade the current Aspen Patient Administration System (APAS) to APAS 2
- Continue audits of medical records' completion, via the hospital's integrated audit programme
- Review inpatient notes to ensure that included in the records are copies of the outpatient consultation, GP letters and medical discharge summaries.

Information Governance Toolkit attainment levels:

Aspen Healthcare's Information Governance Assessment Report overall score for April 2017 to March 2018 was 72% and was graded satisfactory, achieving Level 2 in all categories and meeting national requirements.

Secondary Uses System (SUS)

Parkside Hospital submitted records during April 2017 to March 2018 to the Secondary Uses Service for inclusion in the Hospital Episode Statistics which are included in the latest published data. The percentage of records in the published data which

included the patient's valid NHS number was:

100% for admitted patient care
100% for outpatient care.

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

100% for admitted patient care
100% for outpatient care.

Clinical Coding Error Rate

Parkside Hospital was not subject to the Payment by Results clinical coding audit during April 2017 to March 2018 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 the quality account.

Not all indicator measures that are routinely collated in the NHS are currently available in the independent sector and work will continue during 2018-2019 on improving the consistency and standard of quality indicators reported across Aspen Healthcare.

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

Parkside Hospital considers that this data is as described in this section as it is collated on a

continuous basis and does not rely on retrospective analysis.

Parkside Hospital constantly reviews ways to improve data collection submissions, and the quality of its services, by working with the Private Healthcare Information Network (PHIN). Data is now collected and published about private and independent healthcare, which includes quality indicators. Aspen Healthcare is an active member of PHIN and is working with other member organisations to further develop the information available to the public. See: www.phin.org.uk.

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

Number of Patient Safety Incidents, including Never Events

Source: From Aspen Healthcare's incident reporting system:

2016-2017		% of patient contacts	2017-2018		% of patient contacts
Serious Incidents	3	0.002%	Serious Incidents	1	0.001%
Serious Incidents resulting in harm or death	0	0	Serious Incidents resulting in harm or death	0	0
Never Events	1	0.001%	Never Events	0	0%
Total	3	0.002%	Total	1	0.001%

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

Patient Safety Incidents

Serious Incidents (SIs) 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 (NEs) are a subset 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 Parkside Hospital'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 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 system-based approach), and also investigate those incidents that have resulted in low or no harm if they had the potential to cause 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.

The key learning from the above serious incident was:

- Review of hospital's discharge policy to include pathway for aggressive or vulnerable situations that could potentially be out of control
- Review of training for staff in dealing with gender dysphoria
- Documentation of all pre-assessment information
- Review of escalation of emergency situations to on-call managers.

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'.

During April 2017 to March 2018, 15 of Parkside Hospital's patients died and all deaths were expected. The number of deaths which occurred in each quarter of the reporting period were:

- 7 in the first quarter;
- 1 in the second quarter;
- 3 in the third quarter; and
- 4 in the fourth quarter.

By 31 March 2018, 7 case record reviews and 0 investigations have been carried out in relation to the 15 deaths included above. No cases required both a case record review and an investigation.

The number of deaths in each quarter for which a case record review or an investigation was carried out was:

- 0 in the first quarter;
- 0 in the second quarter;
- 3 in the third quarter; and
- 4 in the fourth quarter.

Parkside Hospital strives to ensure that any learning from case reviews are embedded into practice. Whilst no concerns were highlighted regarding any of the deaths reviewed during 2017-2018, one change to practice was made:

- The hospital will now ensure that 100% of patients receiving oncology care are screened for MRSA in line with national guidance and Aspen policy.

No patient deaths (representing 100%) during the reporting period were judged to be more likely than not to have been due to problems in the care provided to the patient.

These reviews were undertaken using Aspen Healthcare's mortality review template which was implemented at Parkside Hospital during the third quarter of 2017.

Patient Reported Outcome Measures

Patient Reported Outcome Measures (PROMs) assess general health improvement from the patient perspective. These currently cover four clinical procedures in the NHS and one clinical

procedure in the independent sector, and calculate the health gains after surgical treatment using pre- and post-operative surveys.

Patient Reported Outcome Measures (PROMs)	2016-2017	2017-2018
Hip replacement surgery: % of respondents who recorded an increase in their EQ 5D index score following operation	94.4% (National NHS Comparator 88.8%)	80% (National NHS Comparator N/A)
Knee replacement surgery: % of respondents who recorded an increase in their EQ 5D index score following operation	70.5% (National NHS Comparator 80.9%)	78% (National NHS Comparator N/A)
Groin hernia surgery:	Not collected	40% (National NHS Comparator N/A)

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	2016 - 2017	2017 - 2018	Actions to improve quality
Number of people aged 0 - 15 years readmitted within 28 days of discharge.	CQC performance indicator Clinical audit report	N/A	0	
Number of people aged 16 years and over readmitted within 28 days of discharge	CQC performance indicator Clinical audit report	8	16	We will continue to analyse and monitor data, to ensure that any immediate actions are addressed
Number of admissions risk assessed for VTE	CQUIN data	99%	88.5%	3 monthly VTE audits are in place
Number of Clostridium difficile infections reported	From national Public Health England/ Scotland returns	0	0	

Number of patient safety incidents which resulted in severe harm or death	From hospital incident reports (Datix)	0	0	
Responsiveness to personal needs of patients	Patient satisfaction survey data – for overall level of care	82%	93%	Patient feedback surveys. Recruit into a Patient Liaison position. Continue focus on nursing recruitment.
Friends and Family Test - patients	Patient satisfaction survey – rated extremely likely/likely	82%	93%	Continued monitoring of results via patient feedback review process.
Friends and Family Test - staff	Staff satisfaction survey	N/A	78%	Focus on improving staff engagement to obtain feedback. Staff Forums to be held quarterly.

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 2017-2018 work continued to ensure effective systems were in place to prevent and control health care associated infections (HCAI) and ensure the safety of our patients and/or their relatives, staff and visiting members of the public.

Parkside Hospital continues to carry out IPC Environmental Audits in all patient-centred clinical areas. Added to this, Parkside Hospital also audits hand hygiene, insertion of peripheral cannula and urinary catheter insertion.

Parkside Hospital held three scheduled IPC Committee meetings during 2017-2018 and aims to hold quarterly meetings in 2018-2019. The minutes of these meetings are circulated to all staff and feed into the governance and quality agenda. IPC is a standing item on the Medical Advisory Committee agenda and all issues related to IPC are discussed.

Healthcare Associated Infections

Infection	2016-2017	2017-2018
MRSA positive blood culture	0	1
MSSA positive blood culture	1	0
E. Coli positive blood culture	2	3
Clostridium difficile hospital acquired infections	0	0

Complaints

Whilst Parkside Hospital 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. Complaints are monitored and discussed at our internal Governance Committees.

Number of Complaints

2016-2017	2017-2018
113	135

% per 100 Admissions

2016-2017	2017-2018
0.10%	0.14%

Changes have been made throughout 2017 in response to issues raised and include:

- Ongoing recruitment and retention of nurses to reduce reliance on temporary nurses
- Development of a pathology test quote generator in the Outpatient Department
- A Self-Pay Price structure review
- Radiology Price review
- A change in the catering team and a review of patient menus.

As a result of the issues raised in the complaints received, we have increased our audit focus in the following areas:

- Intentional rounding
- Medical Records audit
- Safety cross improvement audits
- Various food audits
- Housekeeping audits
- Annual deep dive audits
- Sit and See™ observational audits.

The main objectives in 2018 will be:

- Increased transparency and clarity on pricing
- Full review of patient menus and the process of delivering food to the patient
- Focus on nursing recruitment to reduce agency usage
- Investment in improved entertainment facilities for patients, e.g. WiFi
- An accelerated patient engagement initiative to include patient forums, visits from senior nurses and the Executive Chef for long staying patients.

“The various staff who were present were marvellous and made me far less nervous.”

Mrs D.



Review of Quality Performance 2017-2018

This section reviews our progress with the key quality priorities we identified in last year's Quality Account.

Patient Safety

Involving Patients in Monitoring Hand Hygiene

It is well known that the hands of healthcare workers can become contaminated with microorganisms during the course of their duties, with hand hygiene being the leading measure in preventing the transmission of healthcare acquired infections. To minimise healthcare acquired infections, we have in place a robust hand hygiene policy and training, and undertake regular audits of our staff compliance with good hand hygiene practice.

In 2017 we developed this further by involving our patients by asking them to participate in the monitoring of this. Patients were provided with a proforma to document whether staff cleaned their hands before and after giving them care. The results were reassuringly positive at all our Aspen hospitals and clinics and this patient-centred safety initiative will now be regularly used to complement our existing hospital-based hand hygiene programme.

Parkside Hospital survey results showed that:

- 80% of patients reported that nurses and other clinical staff always washed their hands or used alcohol gel hand rub before and after care.
- 100% of patients reported that nurses and other clinical staff were 'bare below the elbows'.

Further analysis of the survey results highlighted that not all staff washed their hands or used alcohol hand rub in the patient room prior to or after giving care and this resulted in patients not observing hand hygiene. Alcohol gel hand rub dispensers are wall mounted in all patient bedrooms, as well as in corridors leading to rooms. We will continue to reiterate to staff the need to utilise hand rub in front of patients. Hand hygiene training and audits will continue in 2018-2019.

Patient Safety Survey

Providing healthcare is inherently complex and risky. Patient safety involves the prevention of avoidable harm to patients associated with the delivery of healthcare. Our patients' experience is essential to understanding the impact of harm and how we can work together to improve patient safety.

Patients are central to the services we provide and we wished to meaningfully engage with them to further develop ways to improve our safety. We had little knowledge about how, if on occasions, patients have felt unsafe and the reasons for this. Building upon the work we have developed in previous years in providing patients with information and tips on how to keep safe whilst an inpatient/day case, we introduced a new survey that explored our patients' perceptions of safety. The survey enabled us to work in partnership with our patients and has provided us with areas for improvement, to support our service delivery and ensure our patients always feel safe.

The survey was launched in early 2018 and 97% of patients surveyed reported that they felt safe in our care. 96% of patients felt that there were enough staff on duty to meet their needs with 98% stating they had received information on how to keep safe during their stay with us. Other comments made included the friendliness and professionalism of our staff and the need to give accurate indications of waiting times and delays. Results from the survey will help us to build on strategies to further support our patients to feel safe under our care.

The results were higher than the Aspen average and work continues at the hospital to ensure patient safety at all times.

97%

of patients surveyed reported that they felt safe in our care

96%

of patients felt that there were enough staff on duty to meet their needs

98%

stated they had received information on how to keep safe during their stay with us

Clinical Effectiveness

Improve Practical Training Compliance

In order to ensure that the care we provide is at its most efficient and effective we aimed, over the last year, to increase our focus on face-to-face practical training sessions' training compliance for all our staff. This training complements our comprehensive eLearning suite of training programmes.

Each hospital/clinic has developed an annual practical training programme and they reported back regularly on their compliance to the hospital/clinic's Senior Management Team and Governance Committee. The oversight of this was monitored at Aspen's Group Quality Governance Committee, chaired by our Chief Executive. A new monitoring system was also introduced called 'Wired', which provides much improved visibility for each hospital/clinic overall and each member of staff's compliance at the touch of a button. This has resulted in an increased focus on compliance with all training, including practical mandatory training. Ensuring all our staff have undertaken training to support them in their roles, will remain a priority for Aspen Healthcare.

Implementation of Cosmetic Clinical Quality Indicators (CQIs) / Q-PROMs (Patient Reported Outcome Measures)

As a cosmetic surgery provider we have worked towards collecting the clinical outcome measures as developed by the Royal College of Surgeons. An annual audit has been created to capture these, whilst systems are being developed to collect outcome measures for cosmetic surgery that can be published by individual surgeons and hospitals.

The capturing of more accurate information about the demographics of patients having cosmetic surgical procedures will enable more consistent audit standards and quality improvement, permitting activity and outcomes to be monitored whilst supporting improved patient choice and informed decision-making.

We have implemented the Cosmetic Q-PROMs and these will be completed by our cosmetic patients pre- and post-operatively, allowing for a

measurement of how patients feel, which is then attributable to the surgical cosmetic intervention. These will, over time, provide our patients with information which can be utilised to benchmark outcomes at both service and clinician level against national averages, as well as help us to further improve our services and standardise care.

Implementation of the Edmonton Frailty Tool

The Edmonton Frailty Tool uses indicators of frailty to identify patients for further screening and assessment. The tool assesses cognitive impairment, dependence in activities of daily living, burden of illness, self-perceived health, depression, weight loss, medication issues, incontinence, social support and mobility. The tool is a valid measure of frailty and has now been integrated into our pre assessment procedures to identify patients 'at risk' for their level of frailty. This leads to the development of appropriate care plans and optimum outcomes for our patients. An audit of the implementation of this tool has also now been added to our audit programme, to provide oversight and monitoring of the use of this tool, both at a hospital/clinic and Aspen Group level.

Our recent audit, undertaken in the first three months of 2018, showed a compliance score of 100%.

“ The staff are a credit to the hospital. ”

—Mrs C.

Supporting Patients in Accessing Advice and Referral to Services to Prevent Ill Health Related to Tobacco and Alcohol

Parkside Hospital currently collects data to meet the requirements of the Commissioning for Quality and Innovation (CQUIN) indicator for 'Preventing ill health by risky behaviours – alcohol and tobacco'. This CQUIN seeks to help deliver on the objectives set out in the Government's Five Year Forward View document, particularly around the need for a '...radical upgrade in prevention...' and '...incentivising and supporting healthier behaviour'.

The process to meet this CQUIN includes screening of patients on their use of alcohol and tobacco. The scope of patients who are eligible for screening under this CQUIN included all NHS

admissions and inpatients (of one night or more) who are aged 18 years and over. Day cases are not included in this CQUIN. During 2017-2018, 505 patients were assessed for alcohol and tobacco use during the pre-admission assessment process

The assessment consists of asking patients if they use alcohol or tobacco. If a patient reports use then they are given advice on health risks, which is followed up with an information leaflet. Those patients who use excessive alcohol are offered referral to a local alcohol liaison service (nil patients required this). Those patients who use tobacco are offered medication to help stop and, if appropriate, they are signposted to local stop smoking services.

Topic	% Patients screened	Patients given advice	Patients offered medication	Patients signposted to other services
Alcohol	100%	154	N/A	0
Tobacco	100%	39	12	11

Patient Experience

Implement Online Patient Survey Data Collection

We have revised the majority of our patient feedback surveys in 2017-2018 to ensure they continue to inform how we are doing and to highlight areas that require further focus to enhance our patients' experience. In 2017-2018 we worked with our survey provider to develop online feedback data collection and have successfully completed this for the hospital inpatient/day case survey. This now permits the timely capture of our patients' feedback and the ability to respond to this more promptly. We have also developed online surveys for our clinics, and these will be rolled out later in 2018.

During 2018 we plan to continue to embed these online surveys, and to promote and increase patient online response rates, as we appreciate that these are a really important way to gather our patients' feedback.

Implement Patient Post Discharge 48-hour Telephone Calls

To further enhance our patients' experience of discharge from our hospitals and clinics, we have introduced routine follow-up telephone calls to patients after discharge. These calls support patients and their families after discharge from the hospital/clinic, improve patient and family

satisfaction and are known to decrease re-admission rates. Patients identified are called 48-hours after their discharge by a member of the clinical team. These phone calls include a review of each patient's health status and confirm arrangements for any follow up appointments, as well as permitting clarification of any other questions they may have. An audit of the implementation of these discharge follow up calls has also been added to our audit programme, to provide oversight and monitoring at both a hospital/clinic and Aspen Group level. Our patients' overall satisfaction with their discharge will continue to be a focus over 2018.

At Parkside Hospital we have a dedicated staff member whose role it is to contact patients post discharge. These calls are logged and audited via our internal audit process.

Mystery Shopper – Assuring the Best Patient Experience

Aspen is genuinely committed to delivering and excelling at providing an excellent patient experience and in being responsive to our patients' needs. In seeking to ensure the provision of high customer service standards and further improving upon our patients' overall experience, we undertook 'mystery shopper' calls to our Bookings departments to measure the quality of service and standard of interaction when a patient books

an appointment with one of our hospitals/clinics by telephone. The 'mystery shopper' posed as a prospective patient and gathered information about their service experience.

Findings identified that 100% of staff welcomed and introduced themselves on the call and all staff referred to 'the patient' by their name. Areas for improvement included ascertaining any additional outpatient needs and assessments that may have enhanced the patient's experience.

This information provides us with valuable insight, enabling us to have an understanding of the patient experience and further improve our standards.

Achieve 'Dementia Friendly' Clinical Environments

The number of people with dementia is increasing and, by 2025, it is expected that more than one million people will be living with dementia in the UK. A range of approaches were identified as being important in delivering better care for people with

dementia and their families/carers while in hospital. These include education and training of staff, involvement of family carers, skilled assessment, individualised care and the availability of a specialist.

Aspen Healthcare has a Dementia Strategy which has guided our development and achievements in both dementia care and training. Over the last year we have worked to look at the clinical environment of care, to assist those people living with dementia when an inpatient at one of our hospitals/clinics and to help them manage the emotional impact that an admission may involve. This includes things like appropriate lighting, clear signage, use of accent colours, large face clocks, provision of calendars and memory aids, such as photographs to aid recall. The aim is to promote orientation whilst maximising independence, self-esteem, confidence and safety. This work is still ongoing and will be further progressed in 2018-2019, led by our local Dementia Champions.

External Perspective on Quality Of Services

What others say about our services:

Parkside Hospital requested Wandsworth Clinical Commissioning Group, Healthwatch Merton and, Merton Health and Wellbeing to comment on this Quality Account. Prior to publication no comments had been received.



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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