



Parkside Hospital

Quality Account

April 2014 – March 2015





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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, 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 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
- **Holly House 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 2014 alone Aspen has delivered care to:

- Almost **42,000** patients who were admitted into our facilities
- Nearly **32,000** patients who required day case surgery
- More than **10,000** patients who required inpatient care
- More than **311,000** 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:

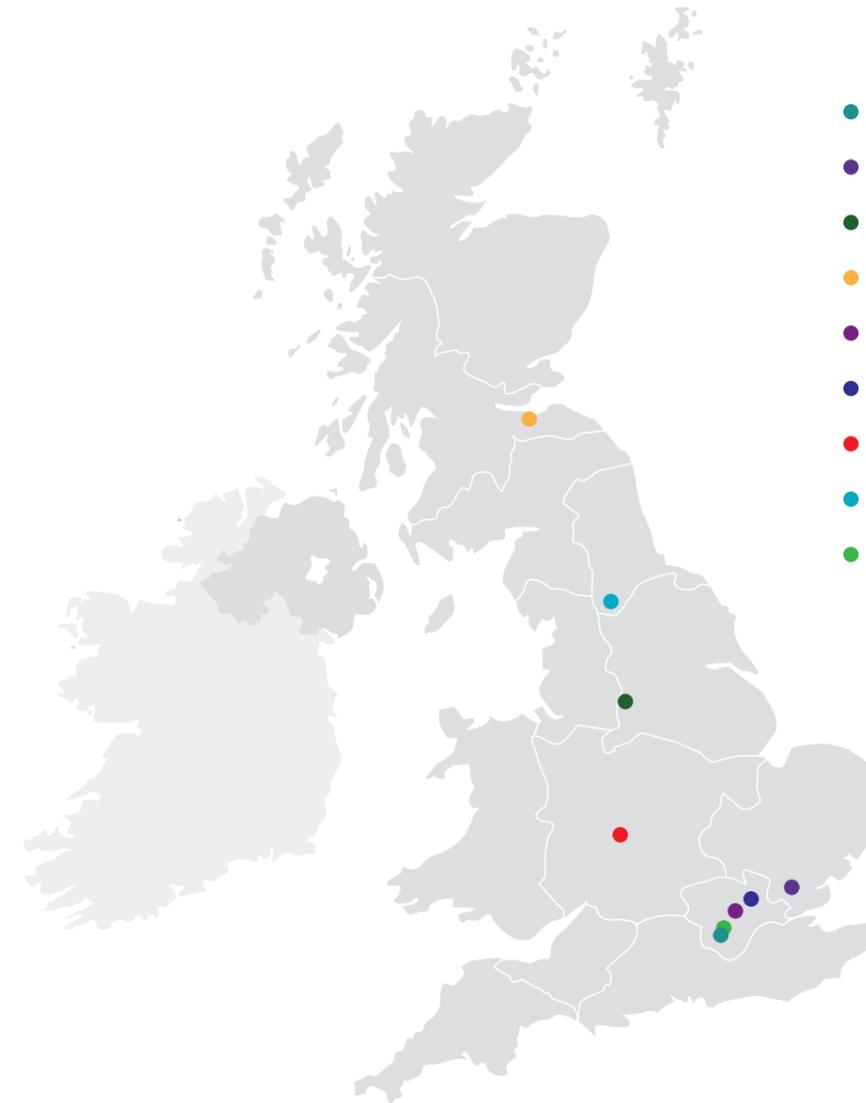
Our aim is to provide first-class independent healthcare for the local community in a safe, comfortable and welcoming environment; one in which we would be happy to treat our own families.

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 17,000 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 2014 we have further improved our patient satisfaction ratings with 99% of our inpatients rating their overall quality of their care as 'excellent', 'very good' or 'good', and 98% 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
- Holly House 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 Parkside Hospital – 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 2014 to March 2015). 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. This is evidenced by our high quality performance over the past year and by ensuring that we continuously make improvements to the services we provide to our patients. Our quality framework 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 Quality Account presents our achievements in terms of clinical excellence, effectiveness, safety and patient experience, and demonstrates that our managers, clinicians and staff at Parkside Hospital 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.

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 aim to continue developing our initiatives around quality and safety to ensure we are able to bring further benefits to our patients and the care they receive. Our new Quality Strategy underpins this, centering on the three dimensions of quality: patient safety, clinical effectiveness and patient experience, as described in this Quality Account.

The majority of information provided in this report is for all the patients we have cared for in 2014/15 – NHS and private.

Des Shiels
Chief Executive, Aspen Healthcare



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 85 beds (5 High Dependency beds), with associated diagnostic and treatment facilities which enhances a holistic service.

Vital Stats



Parkside Hospital provides the following:

Total beds	85	Private GP Services	✓
Inpatient beds	69	Satellites Parkside at Putney	✓
Dedicated day case beds	11	Choose & Book	✓
Critical care beds	5	On site Parking	✓
Total Theatres	5	Accept all major insurers	✓
Consulting rooms	✓	MRI	✓
Endoscopy Suite	✓	CT	✓
Pathology	✓	Ultrasound	✓
Physiotherapy	✓	X-ray	✓
Pharmacy	✓	Nuclear medicine	✓
Chemotherapy	✓	Digital mammography	✓
Radiotherapy	✓	Extremities MRI	✓
Sterile Services department	✓	Dexa	✓
Hydrotherapy pool	✓	International Patient Service	✓

- Bupa accredited Breast Cancer Unit
- Laing and Buisson Independent Healthcare Awards – Finalist in the Medical Practice category 2014

“Thank you for my wonderful medical care during my stay at Parkside, and thank you to all the lovely staff for making my stay such a pleasant one. I often find myself referring to returning to the ‘Hotel’ – rather than the Hospital!”

Mrs R. Middlesex

Statement on Quality

Parkside Hospital is proud to present our second 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 2015/2016 centred on the areas of patient safety, clinical effectiveness and patient experience.

The Quality Account is actively owned by all the teams at Parkside Hospital. 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. Our local Quality Governance Committee meets 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. The 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, Parkside Hospital
Date: 1st May 2015

This report has been reviewed and approved by:

Mr Adrian Fairbank, Medical Advisory Committee Chair, Parkside Hospital

Ms Liz Lindsey, Quality Governance Committee Chair, Parkside Hospital

Mr Des Shiels, Chief Executive Officer, Aspen Healthcare

Mrs Judi Ingram, Clinical Director, Aspen Healthcare

Quality Priorities For 2015-16

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 the key priorities to include in this year's Quality Account. 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 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.

Parkside Hospital 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 2015-16 are as follows:

Patient Safety

Safety Leadership Walkabouts

Strong effective leadership is essential to building a safety-oriented organisational culture and we will implement safety leadership walkabouts over the next year to further help embed our safety culture. 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. They are also a way of demonstrating visible commitment by listening to and supporting staff when issues of safety are raised. These will help our senior leaders to not only 'talk the talk' but to 'walk the walk'.

Patient Safety Newsletter

To help ensure we share our learning and initiatives around further improving our clinical safety we will launch a new staff patient safety newsletter. This will provide a vehicle to share best practice and learning across our hospital, promoting a culture of safety and continuous learning. This will help us to focus on continually improving our systems and processes to provide the best and safest possible care to our patients.

Datix Risk Register Rollout

Risk management involves identifying and understanding the things that could have an adverse impact upon the delivery of our services to our patients. As part of our risk management framework and to support the identification of risks, their prioritisation and actions required to reduce the likelihood of recurrence, we will implement the Datix system, risk register module. This will enable us to robustly record and track the risks across our hospital and the principal objectives they threaten.

Clinical Effectiveness

Ward and departmental Datix Dashboards rollout

Ensuring our staff receive meaningful and relevant information on reported clinical indicators will help inform their daily decisions on the quality of patient care. We will develop ward and department based Datix dashboards of measures to provide near time information on the effectiveness of care so that this improves our staff understanding of outcomes and actions taken and supports local quality improvement initiatives.

Core Clinical Training Programme

Our staff need to be supported in maintaining their skills to provide the best possible care to our patients and we will support our frontline clinical staff in developing and building upon their clinical skills and knowledge by implementing a new training programme. This will include a

Implement a VTE Root Cause Analysis Toolkit

Venous thromboembolism (VTE), deep vein thrombosis or pulmonary embolism, is a recognised complication in patients who are admitted into hospital. We will introduce a more formalised approach to undertaking root cause analysis (RCA) on all confirmed cases of VTE and develop a toolkit to help ensure a systematic and evidence based approach is taken to understanding the factors that lead to any pulmonary embolism/ deep vein thrombosis and ensure that all actions are taken to reduce them occurring again.

competency based foundation programme in critical care, clinical skills updates and training in the context of care delivery.

PROMs to Private Patients

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. The NHS PROMs programme covers four common elective surgical procedures: groin hernia operations, hip replacements, knee replacements and varicose vein operations. In 2015-2016 we will roll out PROMS to all our patients (NHS and private) for certain surgical procedures to complement our existing information on the quality of services and patient outcomes.

Patient Experience

Embedding our Values – Improving our Patients Experience

After developing our values with our staff, we formally launched the Aspen Values of “Beyond Compliance; Personalised Attention; Investing in Excellence, Partnership and Teamwork; Always with Integrity” in 2014 to all our staff. In 2015, we will now seek to further embed these into our hospital culture in order to distinguish ourselves from other healthcare organisations; we aim to ensure that these values inform our staff how they should go about their work demonstrating positive behaviours and attitudes. We will train ‘values partners’ to take this exciting work forward and deliver bespoke training to our staff with the primary aim of continuously improving the experience and satisfaction of our patients and our staff; putting quality at the heart of everything that we do.

Implement Practice Observational Tools

We wish to assure ourselves that our patients have an excellent experience of care in our hospital and understand what good quality care looks and feels like from a patient's perspective. By observing clinical practice we will be able to capture those elements of care that make such a difference to our patients. We will celebrate excellent examples of care delivery and make recommendations on where to improve certain aspects of care based on our findings. Staff will be trained to use observational tools to help see care from the patients' perspective providing them with important insights into the difference their interactions can make to patient care, dignity and respect. Tools to

be used will include the Sit and See™ and the Fifteen Steps Challenge. These tools will help us to highlight what is working well and what might be done to increase patient confidence.

Increase Friends and Family Test Response Rates

The national Friends and Family Test (FFT) is a broad measure of patient experience that 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. The FFT is a feedback tool that supports the fundamental principle that people who use our services should have the opportunity to provide feedback on their experience and asks if people would recommend the services they have used to friends and family if they needed similar care or treatment. To ensure this information is representative we wish to increase our response rates ensuring that at least 15% of our eligible patients respond.

While targeting the above areas, we will continue to:

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

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 2014 to March 2015 but reported in June as required by the guidelines.

Review of NHS Services Provided 2014-15

Only a small proportion of Parkside Hospital's activity is NHS and during April 2014 to March 2015, Parkside Hospital provided 876 NHS episodes of care within the services as follows:

ENT	134
General Surgery	175
Pain	74
Gastroenterology	10
Neurosurgery	98
Gynaecology	65
Orthopaedic	198
Plastic Surgery	38
Urology	71
General Medicine	13

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 2014/2015 represents 100% of the total income generated from the provision of NHS services by Parkside Hospital for April 2014 to March 2015.

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 2014 to March 2015, two national clinical audits and one National Confidential Enquiry (NCEPOD) covered services that Parkside Hospital provides.

During this period Parkside Hospital participated in 50% of national clinical audits it was eligible to participate in.

The national clinical audits and national confidential enquiries that Parkside Hospital was eligible to participate in during April 2014 to March 2015 were as follows:

- ✓ National Joint Registry
- ✓ National PROMS Programme
- ✓ NCEPOD Sepsis Study

The national clinical audits that Parkside Hospital participated in, and for which data collection was completed during April 2014 to March 2015, are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

National Clinical Audits		
Name of Audit	Participation	Number of cases submitted
National Joint Registry	Yes	278
National PROMS	No	n/a*

*Parkside hospital had only a very small volume of NHS patients eligible for PROMS in 2014/2015 and therefore the number reported were below the national required reporting threshold.

The report of one national clinical audit was reviewed in April 2014 to March 2015 and Parkside hospital intends to take the following actions to improve the quality of healthcare provided:

- Review submission of PROMS data and ensure that Parkside Hospital participates in this programme from 1st April 2015 (subject to casemix/activity).

Local Audits

The reports of 20 local clinical audits were reviewed in April 2014 to March 2015 which includes the following:

✓ Medical, nursing and physiotherapy records completion audits	✓ Safeguarding Adults and Children
✓ Infection, Prevention and Control (IPC), hand hygiene, peripheral access devices, environmental and catheter insertion audits	✓ Control Drugs management
✓ Resuscitation Management	✓ Standards for reporting MRI scans
✓ Surgical safety (WHO) checklist completion	✓ Pathology specimen pathways
✓ VTE management	✓ Transfusion compliance
✓ Harm Free Care (NHS Safety Thermometer)	✓ Early warning scores audits (NEWS and PEWS)
✓ Falls risk assessment compliance	✓ Theatre traceability audit
✓ Consent form completion	✓ Consultant Practising Privileges audit
	✓ Information Governance
	✓ Intentional rounding
	✓ Inpatient paediatrics
	✓ Acupuncture.

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

- Set up a hospital paediatric services committee which assists in the review of practices and development of processes for paediatric patients
- Reviewed the discharge summaries given to patients prior to discharge
- Improved the environment by undertaking refurbishment of various areas of the clinical environment

- Implemented an Elearning module to train all nursing staff on the use of NEWS
- Increased compliance with documentation completion
- Developed new outpatient prescription charts
- Implemented a pharmacy patient safety audit week
- Increased recording of near miss incidents
- Refurbished the medical records storage area.

Participation in Research

The number of patients receiving NHS services provided or sub-contracted by Parkside Hospital in April 2014 to March

2015 that were recruited during that period to participate in research approved by a research ethics committee was none.

Goals Agreed With Commissioners

Parkside Hospital income in April 2014 to March 2015 was not conditional on achieving quality improvement and innovation goals through the Commissioning for Quality

and Innovation (CQUIN) payment framework because this was not applicable to the commissioning contracts with the NHS in 2014/15 at Parkside Hospital.

Statement from The Care Quality Commission

 All standards were met when the service was inspected

Parkside Hospital 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 services
- Services for everyone
- Surgical procedures
- Treatment of disease, disorder or injury
- Caring for children (0 – 18yrs)

The CQC has not taken enforcement action against Parkside Hospital during April 2014 to March 2015.

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

Parkside Hospital was last inspected by the CQC in November 2013 and was found to be fully compliant with the five essential standards reviewed. As at 31st March 2015 Parkside Hospital does not have any conditions on its registration.

Statement 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 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 2014-15 was 70%, achieving level 2 in all categories and meeting national requirements.

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

- Continue with the monthly audit of patients medical records
- Review of storage facilities for medical records with a view to moving hard copies to a scanning facility
- Ensure 100% of staff complete the ELearning modules related to record keeping and Information Governance.

Secondary Uses System (SUS)

Parkside Hospital submitted records during April 2014 to March 2015 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 2014 to March 2015 by the Audit Commission.

“...My care has been excellent from the front door where you feel like a Royal and an individual...the whole day was wonderful, the whole staff team looked after me with great care. I feel very lucky to have had my operation through the choose and book system.....”

Ms A. Streatham

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 2015/16 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

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 Parkside Hospital 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

on a continuous basis and does not rely on retrospective analysis.

Parkside Hospital has taken the following actions to improve our data collection submissions, and the quality of its services, by working with the Private Healthcare Information Network (PHIN) which was launched in April 2013. Data is 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. 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.

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:

2013 – 2014		% of patient contacts	2014 – 2015		% of patient contacts
Serious Incidents	4	0.004%	Serious Incidents	1	0.001%
Serious Incidents resulting in harm or death	1	0.001%	Serious Incidents resulting in harm or death	0	0%
Never Events	3	0.003%	Never Events	0	0%
Total	4**		Total	1	

**Nb All Never Events are recorded as serious incidents so there is duplication as reported above.

Key learning from the above serious incidents:

- Storage of equipment and prosthesis has been reviewed in the operating theatres and outpatient department
- Ensuring all staff aware of the 'Never Events' process so that serious incidents are communicated in a timely manner.
- Requirements of 'Duty of candour' regulations disseminated to staff

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.

Patient Reported Outcome Measures (PROMs)

Patient Reported Outcome Measures (PROMs) assess general health improvement from the patient perspective. These currently cover four clinical procedures and calculate the health gains after surgical treatment using

pre and post operative surveys. Parkside Hospital plans to collect this data from 1st April 2015 for those surgical categories it undertakes.

“...without exception everyone treated me in such a kind and caring manner and I am truly grateful.”

Mrs B. London SW14

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	2013 – 2014	2014 – 2015	Actions to improve quality
Number of people aged 15 years and over readmitted within 28 days of discharge	CQC performance indicator Clinical audit report	7	4	Continue to monitor data. Review all readmissions at Quality Governance and Medical Advisory Committees. Investigate each one and provide learning and actions plans where appropriate.
Number of admissions risk assessed for VTE	CQUIN data	97.5%	100%	Continue to audit all records. Disseminate audit results and implement any action plans as required.
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)	1	0	Continue to monitor data
Responsiveness to personal needs of patients	Patient satisfaction survey data – for overall level of care and service	97.1%	95%	Continue to monitor data. Refurbishment of inpatient bedrooms. World Host customer care training programme.
Friends and Family test – patients	Patient satisfaction survey – extremely likely/likely to recommend	100%	97%	Continue to monitor data

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 2014-2015 considerable work has continued in further establishing Aspen's IPC infrastructure and policies, with excellent work being undertaken across all facilities. Effective systems are 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.

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

Parkside Hospital held all scheduled quarterly IPC committee meetings during 2014-2015 and aims to do the same in 2015-2016. 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.

Infection	2013-2014	2014-2015
MRSA positive blood culture	0	1
MSSA positive blood culture	1	0
E. Coli positive blood culture	1	2
C. Difficile infection	0	0

All infections were fully investigated (root cause analysis) to ensure all opportunities for improvement and learning was gained.

Cleanliness

The cleanliness of a hospital is very important to patients, those who visit and all the staff who work within the organisation.

As part of the monitoring system, the views of patients are sought through the use of satisfaction questionnaires. The table below identifies the percentages of patients who

considered hospital cleanliness and hygiene as either 'excellent' or 'very good'.

We hope to see improvement in results following refurbishment of inpatient rooms and implementation of a spot-check audit system by supervisory staff.

Patient Views of Cleanliness

Indicator	2013-14	2014-15
	% excellent or very good	% excellent or very good
Cleanliness	92%	92%

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.

Indicator	2013-2014	2014-2015
Number of complaints	136	141
% per 100 admissions	0.15%	0.15%

“...It was my first general anaesthetic and everybody made an effort to make me feel at ease. I have to admit that I do not remember much about the post-operative recovery as I did seem to sleep rather well. I remember saying goodbye in Recovery and the next thing I knew, three hours later, I woke up in my room. Please would you be good enough to thank the theatre, recovery and ward staff for their excellent care.”

Mr A. Barnes



Review of Quality Performance 2014/2015 (previous year)

This section reviews our progress with Aspen Healthcare's key quality priorities as identified in last year's Quality Account (2013/14).

Patient Safety

Focus on further embedding a positive Patient Safety Culture

A positive safety culture underpins the improvement of patient safety and we undertook a detailed staff patient safety culture survey in autumn 2014 to assess our progress.

Progress:

During 2014 Parkside Hospital carried out a staff patient safety survey. 41% of staff participated in this survey. The overall staff rating of patient safety was 65% (excellent and very good) compared to 56% in 2013.

The overall strengths identified included:

- We have enough staff to handle the workload
- We have enough time to get things accomplished which prevents the chance of errors
- We do not work in "crisis" mode trying to do too much, too quickly
- Patient safety is never sacrificed to get more work done
- We do not use more agency/temporary staff than is best for patient care
- My supervisor/manager would not overlook patient safety problems that happen over and over again.

Patient Safety Leadership Training

Having staff that are empowered to lead on patient safety will make a tangible difference to improving patient safety at the frontline of care delivery. In 2014 we commenced the roll out of bespoke Patient Safety Leadership staff training.

Progress:

This was included in our staff training and development programme 'Investing in You' which was well evaluated by our staff and has been further expanded in our 2015/16 programme for both frontline staff and middle managers.

Review of Nurse Staffing Levels

Having the right number of staff, with the right skills, in the right place will help ensure that appropriate numbers of skilled nursing staff are available to care for our patients safely. We implemented tools to help us to objectively assess this and determine how many nursing staff and with what skill mix is required.

Progress:

Parkside Hospital undertook a ward nursing staffing establishment review in May 2014. This involved the assessment of the ward staffing needs using The Shelford Safer Nursing Care Tool. This audit tool is nationally recognised and allows senior nurses to make assessments of the number of nurses required in line with the dependency of the patients on any one ward. Parkside Hospital was able to demonstrate that the number of nursing staff employed during the survey month was in line with the audits tools findings. The findings of this survey were shared with the ward managers and Senior Management Team of Parkside Hospital.

Parkside Hospital plans to carry out another assessment of staffing using The Shelford Safer Nursing Care Tool during 2015. Work is currently being undertaken on the development of a bespoke staff management tool which will be used in various departments throughout Aspen Healthcare during 2015/2016.

Clinical Effectiveness

Patient-led Assessments of the Care Environment

A clean, safe and therapeutic environment of care matters to our patients. We registered for the first time in 2014/15 to take part in the national programme of patient-led assessments of the care environment (PLACE).

Progress:

Parkside Hospital is scheduled to undertake its first PLACE audit in April 2015.

Infection Prevention and Control 'Deep Dives'

A clean and safe environment of care matters to our patients. A comprehensive 'deep dive' assessment of our Infection Prevention and Control (IPC) practices led by Aspen Healthcare's Consultant Nurse for IPC and the Group Health and Safety Manager were undertaken.

Progress:

Parkside Hospital underwent a 'deep dive' assessment in February 2015. The results of this assessment have been shared with managers and staff and an action plan has been devised in order to ensure the all IPC activities continue to reflect current practice and Aspen standards. A monthly review of this action plan will take place until all actions are completed.

Care Plan Documentation

High standards of patient documentation supports communication and decision making about our patient's care and is vital to ensure the continuity, safety, and effectiveness of patient care. A review was undertaken of the quantity, quality and style of patient care plan documentation.

Progress:

A review was undertaken of the surgical, day case, ophthalmology, and paediatric care plan pathways. Associated policies were revised and new risk assessments developed and implemented in line with national guidance and best practice, which have been incorporated into the updated pathways. To ensure that these are completed to a high standard audits are also in place reflecting the revised policies and documentation.

Pre-operative Assessment

Our pre-assessment team helps to ensure that our patients are fit and prepared for surgery and, where appropriate, are assessed in advance of their admission to reduce the chance of their operation being cancelled for safety or clinical reasons.

Progress:

In 2014/15 we completed a review of our assessment and documentation processes and developed a revised Pre-assessment Policy and Pre-operative Assessment Questionnaire that meets best practice and further supports the provision of effective patient care.

Patient Experience

Intentional Nurse Rounding

We implemented a model of intentional nurse rounding which involved our staff carrying out regular and systematic checks on our patients at set intervals. This aimed to improve our patients' experience of care, build their trust further, and help ensure that care is safe and reliable.

Progress:

Parkside Hospital commenced the use of nurse rounding during 2014. Each patient is visited at least hourly (2 hourly overnight) depending on their individual needs. Following a review of nurse rounding it was agreed that other hospital professionals also have a key role in checking patients and other members of the healthcare team now participate in recording their visits to patients on the nurse rounding forms.

Review of Patient Information

Our patients need to be properly informed so that they can share in decisions about their care and treatment. We undertook a review of the information we provides to our patients and ensured that this was accurate, impartial, evidence based and well written.

Progress:

To support our patients in being properly informed so that they can share in the decision-making process we adopted a nationally endorsed library of treatment specific Patient Information Leaflets. This is supported by a policy outlining the standards

expected in the provision of written information to our patients. This enables us to work in partnership with our patients to ensure that they receive a high standard of relevant and comprehensive information which meets their needs.

Staff Satisfaction

Our staff satisfaction results are very important to us as satisfied, well trained and competent staff will help to ensure patient safety and a good experience of care. After the last staff satisfaction survey we commenced holding regular staff forums to address areas for improvements identified in the survey

Progress:

During 2014 Parkside Hospital set up and held six Employee Forums. The purpose of these was to develop and improve communication and encourage cohesive working between departments, management and staff. Key points raised during meetings focus on customer service, quality improvements, health and safety, staff recognition and reward, and staff workload. Members of the forum include staff from all hospital departments across all grades with the exclusion of managers. The forum is chaired by a member of the Senior Management Team and minutes and actions are disseminated to all staff.

External Perspective on Quality of Service

What others say about our service



Healthwatch Merton response to Parkside Hospital Quality Account 2014/2015

Healthwatch Merton acknowledge the good work of Parkside Hospital over the last year in endeavouring to deliver its mission in providing 'first-class independent healthcare for the local community in a safe, comfortable and welcoming environment'.

We are pleased to receive Parkside Hospital's Quality Account and although Healthwatch Merton have had few dealings with the hospital, we recognise its role in the NHS Choice scheme and look forward to working closer with Parkside Hospital in the future.

In the Quality Account under 'Patient Safety Leadership Training' it mentions this training will make a tangible difference. Having already commenced roll out of bespoke training on this starting in 2014, Healthwatch Merton would like to know – What has been the noticeable tangible difference from those staff who have been on the training?

We are delighted to read that Parkside Hospital had scheduled a 'PLACE' (Patient Led Assessments of the Care Environment) audit for April 2015 and we are very interested in this patient led piece of work, and look forward to seeing the results.

Jade Fairfax, Information and Outreach Officer
Healthwatch Merton
www.healthwatchmerton.co.uk

In response to Healthwatch Merton's question in relation to 'Patient Safety Leadership Training', this has been covered on page 24 of this quality account where the reported staff patient safety culture survey improved by 9% year on year.

Parkside Hospital also requested their NHS Commissioners and London Health Wellbeing Board to supply them with any comments they would like adding to our Quality Account. Prior to publication, no comments had been received.

"...I have never had such wonderful nursing, I felt I must write and tell you, everybody was so kind. I never had to ring a bell twice, I loved the way everybody was a team – the nurses, physios, porters, the young lad who flew me down to the pool, the cleaners, the kitchen staff....A St Thomas' nurse who is now retired, when she heard where I was going, told my sister, that the nursing is one of the best in the country – and I can second that. So thank you all very much. "

Mrs B. Sussex

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

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

Please contact us via our website:

www.parkside-hospital.co.uk

www.aspen-healthcare.co.uk

Or call us on:

020 8971 8000 Parkside Hospital

020 7977 6080 Head Office, Aspen Healthcare

Write to us at:

Parkside Hospital

53 Parkside

Wimbledon

London SW19 5NX

Aspen Healthcare

Centurion House (3rd Floor)

37 Jewry Street

London EC3N 2ER