



Parkside Hospital Quality Account April 2015 – March 2016





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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

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

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

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

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

underpinning the delivery of all our care and services:

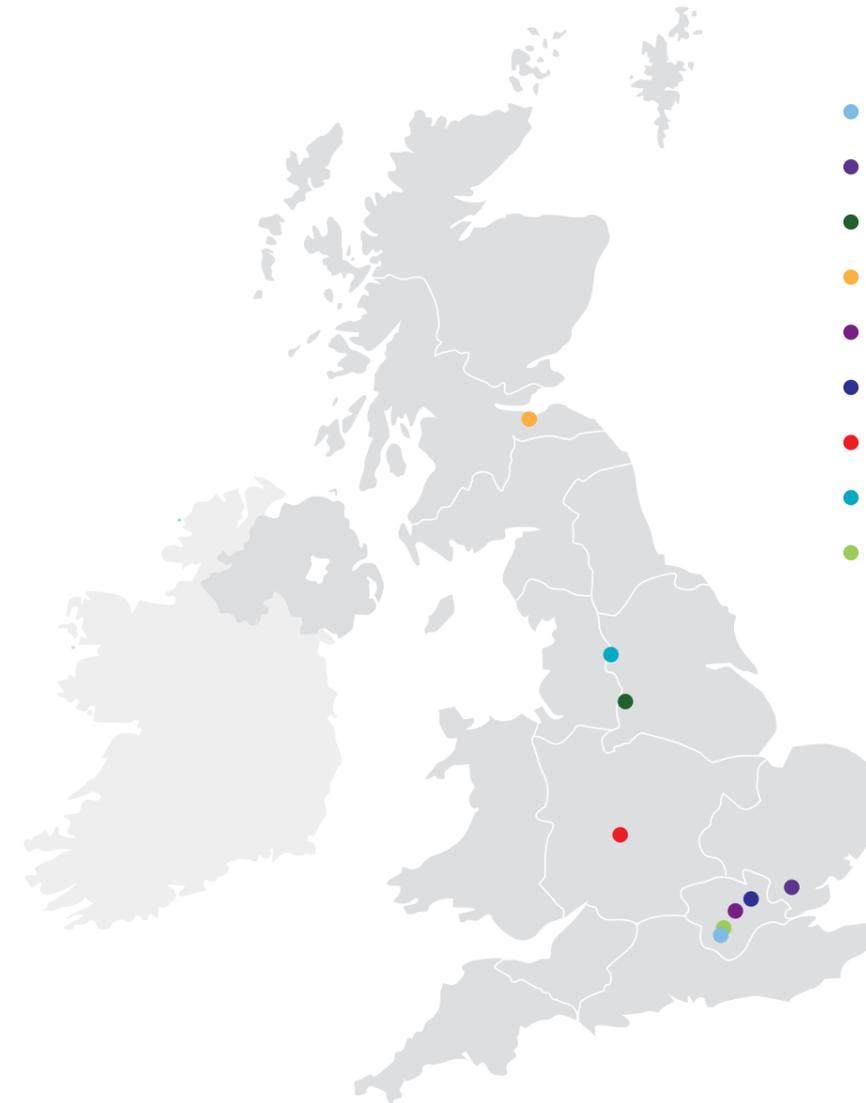
Our aim is to provide first-class independent healthcare for the local community in a safe, comfortable and welcoming environment; one in which we would be happy to treat our own families.

Aspen is now one of the main providers of independent hospital services in the UK and through a variety of local contracts we provided nearly 20,000 NHS patient episodes of care last year. We work very closely with other healthcare providers in each locality including GPs, Clinical Commissioning Groups and NHS Acute Trusts to deliver the highest standard of services to all our patients.

It is our aim to serve the local community and excel in the provision of quality acute private healthcare services in the UK and we are pleased to report that in 2015 our patient satisfaction ratings continued to be high with 99% of our inpatients rating their overall quality of their care as 'excellent', 'very good' or 'good', and 97% responding that they were 'extremely likely' or 'likely' to recommend the Aspen hospital visited.

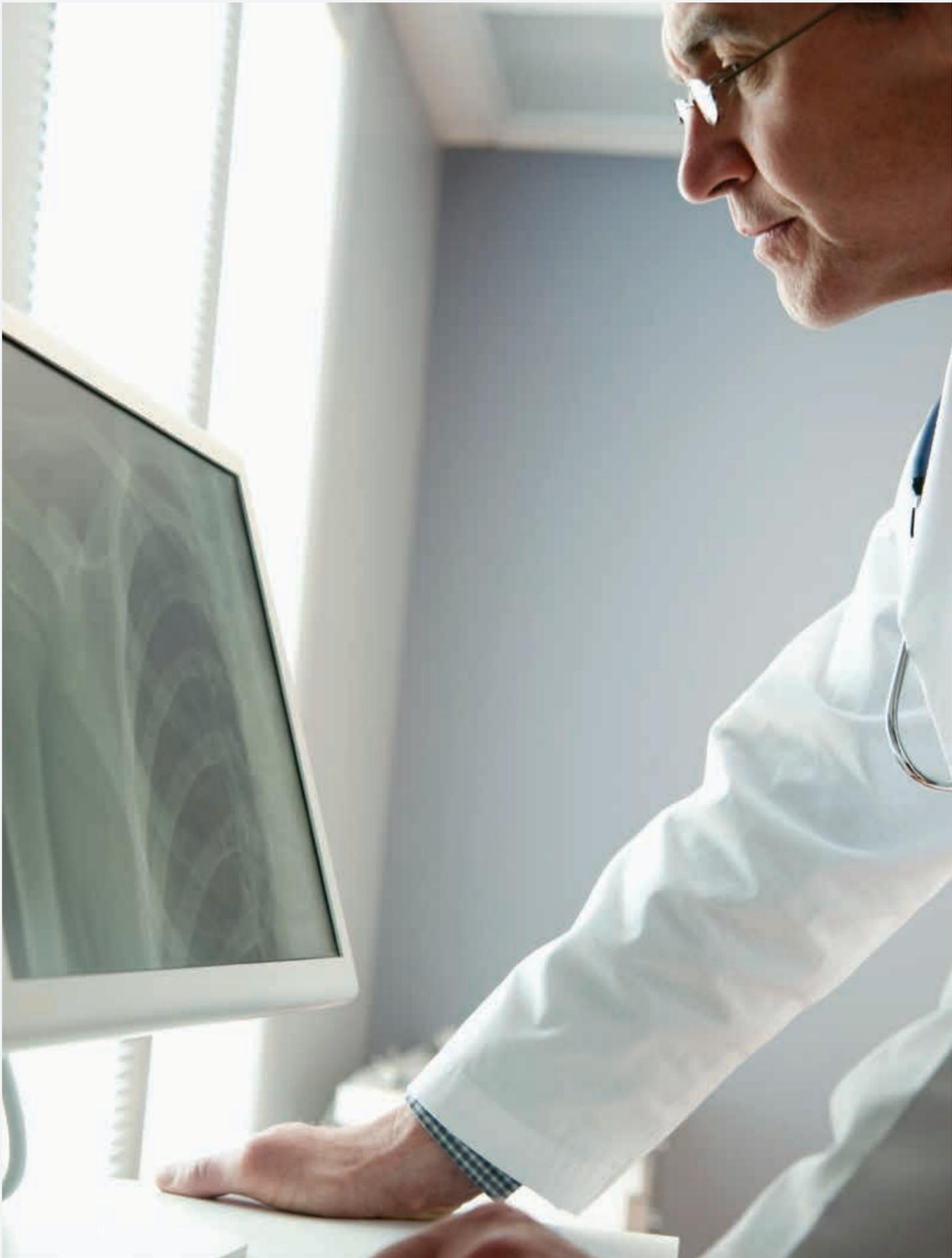
Across Aspen we strive to go 'beyond compliance' in meeting required national standards and excel in all that we endeavour to do. Although every year we are happy to look back and reflect on what we have achieved, more importantly we look forward and set our quality goals even higher to constantly improve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

Aspen Healthcare Hospitals and Clinics locations:



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





Statement on Quality from the Chief Executive Aspen Healthcare

On behalf of Aspen Healthcare I am pleased to provide this Quality Account for 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 2015 to March 2016). It also importantly looks forward and sets out our plan of quality improvements for the following year.

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

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

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

This Quality Account presents our achievements in terms of clinical excellence, effectiveness, safety and patient experience, and demonstrates that our managers, clinicians and staff at 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. In addition our quality priorities for the coming year, 2016/17, have been agreed with the Aspen Senior Management Teams and will be outlined within this report.

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

The majority of information provided in this report is for all the patients we have cared for in 2015/16 – 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 84 beds (including 5 high dependency beds), with associated diagnostic and treatment facilities which enhance a holistic service.

Vital Stats



Parkside Hospital provided the following in 2015/16:

Total beds	84	Private GP Services	✓
Inpatient beds	68	Satellites Parkside at Putney	✓
Dedicated day case beds	11	NHS e-referral System	✓
High Dependency Beds	5	On site Parking	✓
Total Theatres	5	Accept all major insurers	✓
Consulting rooms	23	MRI scanners	3
Endoscopy Suite	✓	CT	✓
Pathology	✓	Ultrasound	✓
Physiotherapy	✓	X-ray	✓
Pharmacy	✓	Nuclear medicine scan	✓
Chemotherapy	✓	Digital mammography	✓
Radiotherapy	✓	Extremities MRI	✓
Sterile Services department	✓	Dexa bone scanning	✓
Hydrotherapy pool	✓	International Patient Service	✓

- Bupa accredited Breast Cancer Unit
- Bupa accredited MRI Unit
- Bupa accredited Haemato-oncology Unit
- World Host© Customer Care accreditation
- Association of Perioperative Practice (AFFP) Accreditation
- United Kingdom Accreditation Service (UKAS) Accredited Pathology Laboratory
- Blood Transfusion Services – Medicine and Healthcare Products Regulatory Agency
- ISO accredited decontamination unit.

“ I was very impressed with his professionalism and of his competence during and after the operation...”

Mr V. London SW18

Statement on Quality

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

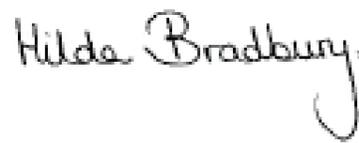
The Quality Account is actively owned by all the teams at Parkside Hospital. We have a genuine desire to drive forward our quality initiatives over the next year, modelled on our Quality Governance Framework and Quality Strategy. This Quality Account also helps us to openly report on what we do and what 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: 27 April 2016

This report has been reviewed and approved by:

Mr Adrian Fairbank, Medical Advisory Committee Chair, Parkside Hospital

Ms Helene Cross, Quality Governance Committee Chair, Parkside Hospital

Mr Des Shiels, Chief Executive Officer, Aspen Healthcare

Mrs Judi Ingram, Group Clinical Director, Aspen Healthcare

Quality Priorities For 2016-17

National Quality Account guidelines require us to identify at least three priorities for improvement. Aspen's quality strategy outlines how we will progress a number of quality and safety initiatives for the forthcoming years and the following information provided focuses on our main priorities. These have been determined by our senior management team and are informed by feedback from our patients and staff, audit results, national guidance and recommendations from the various hospital/clinic teams across Aspen Healthcare.

Our quality priorities are reviewed at our Aspen Quality Governance Committee which meets quarterly to monitor, manage and improve the processes designed to ensure safe and effective service delivery. Regular reporting on these priorities will also be provided to the Group Quality Governance Committee, to Aspen's Executive Team and Board of Directors, and also the commissioners of NHS services.

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 2016 -17 are as follows:

Patient Safety

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

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

Using our Patients' Experience to Improve Safety

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

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 (DH) regulations, and reviews our performance over the last year, running from April 2015 to March 2016 but reported in June 2016 as required by the guidelines.

Clinical Effectiveness

Develop an Audit Tool to Review Cardiac Arrests/Calls

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

Patient Experience

Implement a Dementia Awareness Strategy

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

Develop Ways to Improve Meaningful Patient Involvement and Engagement

Patients are at the centre of the services we provide and we wish to explore how we can improve their involvement and have meaningful engagement with our patients. To achieve this we will implement a board range of initiatives to encourage patient involvement. These will include reviewing

Review and Improve Patients Fluid and Hydration Pathway

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

how we can make it easier for our patients to feedback on their experience, improving patient information, including them in patient forums with our staff and inviting them to participate in the design, planning and delivery of any new services.

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

- Strive to further improve upon all our quality and safety measures
- Continue with our programme of development relating to other quality initiatives
- Continue to develop our workforce to ensure they have the skills to deliver high quality care in the most appropriate and effective way
- Embed our 2016/17 Commissioning for Quality and Innovation (CQUIN) initiatives so they become 'business as usual', and work to implement any locally agreed CQUIN's with our commissioners
- Meet and exceed the Quality Schedule of our NHS Contracts.

Review of NHS Services Provided 2015-16

Only a small proportion of Parkside Hospital's activity is NHS and during April 2015 to March 2016, Parkside Hospital provided 791 episodes of care within the services as follows:

Gynaecology	44
Orthopaedics	138
Pain Management	98
General Surgery	81
General Medicine	32
ENT	138
Neurosurgery	74
Plastic Surgery	33
Urology	153

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 2015/2016 represents 100% of the total income generated from the provision of NHS services by Parkside Hospital for April 2015 to March 2016.

Participation in Clinical Audit

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

During April 2015 to March 2016, two national clinical audits and two National Confidential Enquiries (NCEPOD) covered services that Parkside Hospital provides as shown in the table below.

During this period Parkside Hospital participated in all of the national clinical audits and NCEPOD enquiries it was eligible to participate in.

The national clinical audits and national confidential enquiries that Parkside Hospital was eligible to participate in during April 2015 to March 2016 were as follows:

- ✓ National Joint Registry
- ✓ National PROMS Programme
- ✓ Sepsis
- ✓ Care of Patients with Mental Health Problems in Acute General Hospital

The national clinical audits that Parkside Hospital participated in, and for which data collection was completed during April 2015 to March 2016, 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	448
National PROMS	Yes	62

PROMS data collection commenced in July 2015 and Parkside Hospital plans to continue to develop the process for collection of PROMS data during 2016 to ensure all patients eligible to participate are included.

National Confidential Enquiry		
Name of Audit	Participation	Number of cases submitted
Sepsis	Yes	No case submissions were made as this was an organisational questionnaire.
Care of Patients with Mental Health Problems in Acute General Hospital	Yes	No case submissions were made as this was an organisational questionnaire.

The reports of 2 national confidential enquiries were reviewed by Parkside Hospital in April 2015 to March 2016 and Aspen has taken/intends to take the following actions to improve the quality of healthcare provided:

- Development of a protocol and pathway for the early detection of Sepsis which includes training for staff, use of the 'sepsis six pathway' as part of the patients care plan, and development of a poster for display in clinical areas.

... the physiotherapy I received after my ... operation was brilliant and was of tremendous emotional as well as physical support. I cannot speak high enough about the care I received...

Ms A SW17

Local Audits

The reports of up to 30 local clinical audits were reviewed in April 2015 to March 2016. 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 included:

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

The audit programme is reviewed throughout the year and additional audits are added as required.

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

- Additional training for nursing staff in the completion of nursing documentation including generic patient risk assessments, early warning scores, and nutritional assessments
- Reiterated to staff the need to record example signatures in the front of the patients medical records
- Raised awareness of the need to ensure all safety checklists are fully completed by all members of the surgical team
- Revised the Inpatient Surgical Pathway documentation
- Developed and implemented an Inpatient Paediatric Pathway documentation
- Assessed nursing staff who deliver care to children against a set of Aspen paediatric competencies
- Updated and circulated revised safeguarding flowcharts to all departments
- Reinforced the Aspen information governance standards.

Participation in Research

The number of patients receiving NHS services provided or sub-contracted by Parkside Hospital in April 2015 to March

2016 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 2015 to March 2016 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 2015/16 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
- Surgical procedures
- Treatment of disease, disorder or injury

The CQC has not taken any enforcement action against Parkside Hospital during

April 2015 to March 2016 and 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 and as at 31st March 2016 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 supporting the information governance process. This includes standards for record keeping and storage, continuous audit of records to ensure accuracy, completeness and validity.

Information Governance Toolkit attainment levels:

The Information Governance Toolkit is a

performance assessment tool, produced by the Department of health, and is a set of standards the organisations providing NHS care must complete and submit annually by 31st March each year. The toolkit enables organisations to measure their compliance with a range of information handling requirements, thus ensuring that confidentiality and security of personal information is managed safely and effectively.

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

Parkside Hospital will be taking the following

actions to further improve data quality:

- Review records storage facility with the intention of moving to a scanning facility
- Continued review of medical records completion which will be monitored via the

hospital's integrated audit programme

- Ensure all staff complete information governance training via e-learning
- Upgrade the current Patient Administration System (APAS) in 2016.

Secondary Uses System (SUS)

Parkside Hospital submitted records during April 2015 to March 2016 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 2015 to March 2016 by the Audit Commission.

... I had my hip replaced at Parkside in August and just wanted to say from the pre admissions nurses to the outpatient Physio, everyone I have had contact with has been, not only efficient but also kind and caring. I have made a good recovery so far and I can only put this down to the excellent treatment received at Parkside...

Ms E. Kew.

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 2016/17 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

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

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. 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:

2014 - 2015		% of patient contacts	2015 - 2016		% of patient contacts
Serious Incidents	1	0.001%	Serious Incidents	4	0.003%
Serious Incidents resulting in harm or death	0	N/A	Serious Incidents resulting in harm or death	3	0.003%
Never Events	0	N/A	Never Events	3	0.003%
Total	1	0.001%	Total	4	0.003%

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

Key learning from the above serious incidents included:

- Consultant staff have been reminded of the need to ensure a copy of all test results from other facilities are to be retained in hospital notes; that treatment plans should be fully documented in the patients notes; and have received further training on the consent process.
- Update and revision of surgical documentation pathways
- Use of a digital camera for confirmation of surgical site where it cannot be viewed by patient
- Adherence to the surgical safety policy
- Human factors training
- Review of the process for completion of theatre booking forms.
- Prompt escalation of any incidents by staff and consultants to the senior management team

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 commenced the collection of PROMS data in 2015 for those patients undergoing hip and knee replacement surgery, NHS and private, plus data related to patients undergoing private cataract surgery.

Data is not currently available on the health outcomes for our patients from PROMS due to the low numbers of submissions to date.

Parkside Hospital plans to review the collection of PROMS data to promote completion/submission during 2016/2017 for the following procedures:

- Primary hip replacement surgery
- Primary knee replacement surgery
- Groin hernia
- Cataracts (private patients only).

Other Mandatory Indicators

All performance indicators are monitored on a monthly basis at key meetings and then reviewed quarterly at both local and corporate level Quality Governance Committees. Any significant anomaly is

carefully investigated and any changes that are required are actioned within identified time frames. Learning is disseminated through various quality forums in order to prevent similar situations occurring again.

Indicator	Source	2014 – 2015	2015 – 2016	Actions to improve quality
Number of people aged 15 years and over readmitted within 28 days of discharge	CCQC performance indicator Clinical audit report	4	4	Report all readmissions on Datix reporting system and review at Quality Governance and Medical Advisory Committees. Investigate each case on Datix and monitor trends
Number of admissions risk assessed for VTE	CQUIN data	100%	97.5%	Continue to audit all records. Provide training and support for newly appointed staff on completion of documentation
Number of Clostridium difficile infections reported	From national Public Health England returns	1	1	Continual monitoring of infections
Number of patient safety incidents which resulted in severe harm or death	From hospital incident reports (Datix)	0	1	Ensure enact learning from incidents and continue to monitor data
Responsiveness to personal needs of patients	Patient satisfaction survey data – for overall level of care and service	95%	97%	Continue to monitor data. Restructure of nursing infrastructure. Review of patient information provided
Friends and Family test - patients	Patient satisfaction survey – extremely likely/likely	97%	97%	To increase response rates
Friends and Family Test Staff	Staff satisfaction survey	N/A	75%	Staff forums held and to survey staff annually (previously biennially) and review responses

Infection Prevention and Control

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

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

Parkside Hospital continues to carry out IPC environmental audits in all patient centred

clinical areas, and in addition Parkside Hospital also audits hand hygiene, insertion of peripheral cannula and urinary catheter insertion.

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

Healthcare Associated Infections

Infection	2014-2015	2015-2016
MRSA positive blood culture	1	0
MSSA positive blood culture	0	0
E. Coli positive blood culture	2	3

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	2014-2015	2015-2016
Number of complaints	141	121
% per 100 admissions	0.15%	0.13%

Changes and improvements have been made throughout 2015 in response to issues raised and these include:

- Revised recruitment and retention strategy to improve and augment permanent staff base and reduced reliance on temporary staff

- Audit of records, consent forms, medicine charts to monitor documentation standards
- Patient medicine safety week to raise the profile of medication safety
- Improving and raising the profile of charging information in outpatient areas.

Review of Quality Performance 2015/2016 (last year)

This section reviews our progress with Aspen Healthcare's key quality priorities as identified in last year's Quality Account (2014/15).

Patient Safety

Safety Leadership Walkabouts

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

Progress:

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

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

Patient Safety Newsletter

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

Progress:

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

Newsletters are displayed in all wards and departments and staff have found these to be a useful tool in updating staff on the safety framework in place within Aspen.

Datix Risk Register Rollout

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

Progress:

The Datix system, risk register module was rolled out to all Aspen hospital and clinics and now enables us to robustly record and track the risks at Parkside Hospital and the principal business objectives they threaten. Although this module still requires some embedding into practice great progress has been made with an improved oversight of identified risks now available. The risk register is reviewed at Parkside Hospitals quarterly Health and Safety Committee and Quality Governance meeting, minutes of which are circulated to all staff.

The risk register is also reviewed at the Aspen Quality Governance and Quality Board meetings with the aim to now further develop this into an effective Board Assurance Framework.

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

Implement a VTE Root Cause Analysis Toolkit

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

Progress:

An Aspen VTE root cause analysis toolkit was developed and launched last year and now supports a systematic and evidence based approach to undertaking investigations of all confirmed cases of VTE. There was only one episode of VTE (pulmonary embolism) last year and the toolkit was used to guide this investigation.

Clinical Effectiveness

Ward and Departmental Datix Dashboards Rollout

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

Progress:

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

Parkside Hospital also plans to implement safety and quality display boards in all departments and the Datix dashboards will be used as part of this display to inform staff of incidents, actions taken, and lessons learned in their departments.

Core Clinical Training Programme

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

Progress:

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

One hundred and sixty-three (163) staff from Parkside Hospital attended a variety of different core clinical training programmes during 2015, with a further nine staff undertaking the Clinical Leadership course. Staff evaluations of all courses was very good and further courses have been planned for 2016.

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 is well established and in 2015-2016 we planned to 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 [Beyond Compliance; Personalised Attention; Investing in Excellence, Partnership and Teamwork; Always with Integrity] with our staff, we planned in 2015/16 to further embed these into our hospital culture in order to distinguish ourselves from other healthcare organisations.

Progress:

We have now successfully launched 'Our Values Workshops' that aim to engage, inform and train our staff how they should go about their work always demonstrating positive behaviours and attitudes that truly reflect our values. In 2015 we successfully recruited 25 Values Partners from across the business, representing each Aspen facility and then as a collaboration developed a one day bespoke workshop centred around living our values day in day out. Our target is for all staff, regardless of their level or role in the organisation, to attend a workshop. Our aim is to achieve 85% attendance in 2016 across Aspen Healthcare and Parkside Hospital held values workshops for 177 staff during 2015. This represents 45.5% of the workforce and work will continue during 2016 to ensure all staff are trained by year end.

Progress:

PROMS to private patients was successfully extended across Aspen to include private patients for cataract, knee replacement, hip replacement and groin hernia surgical procedures. This has extended our existing information on the quality of services and patient outcomes. Data (as available) on PROMS is included in this Quality Account and during 2016/2017 PROMS will be further embedded at Parkside Hospital.

Implement Practice Observational Tools

In wishing 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 we proposed to introduce tools to support us in observing clinical practice so that we could capture those elements of care that make such a difference to our patients.

Progress:

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

Parkside Hospital undertook 9 sit&see™ observations across the hospital during

2015/2016. The results of these observations have been fed back to the departments involved and, where appropriate, action plans have been devised. Actions highlighted from these observations have included:

- Reiteration of the staff uniform policy standards
- Reminder of the need for maintenance of confidentiality in open areas
- Staff reminded to answer telephones in line with policy to reduce caller waiting times
- Reinforcing hand hygiene best practice.

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

Increase Friends and Family Test Response Rates

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

Progress:

We worked to encourage our patients to complete our surveys stressing how important their feedback was to us and in assisting us in improving our services. We aimed for at least 15% of our eligible patients to respond. Our response rates at the end of 2015 increased (compared to the end of 2014) with nearly 25% of our inpatients responding across Aspen. This now helps us in ensuring that the feedback obtained is representative and, having added an additional text box seeking the reason for giving the response they have to the FFT question this permits us to act in confidence on the results in making positive changes that improve our patients' experience.

Parkside Hospital achieved a response rate of 20% during 2015 compared with 15.75% in 2014. This increase in response rate occurred as a direct result of the work undertaken to improve our discharge process. This included raising staff awareness on the need to engage patients in feedback, handing out the survey tool to patients as part of the discharge process, checking by pharmacy staff that the patient has received the survey tool when patients collect their take home medicines, and the installation of collection boxes in all ward areas should patients wish to drop the completed survey at the hospital before leaving.

"...He has received the most exceptional medical and nursing care. The nursing staff has been outstanding in their skill and kindness both to him and to me at this worrying time. We cannot praise or thank you enough for their care. You should be very proud of the hospital."

Mrs A.P., Surrey KT3.

External Perspective on Quality of Service

What others say about our service

Parkside Hospital requested Wandsworth CCG and the local Healthwatch to supply any comments they wished to add to our Quality Account. Prior to publication no comments had been received.

“...I wanted to thank you for all you did for my father before he passed away. He was in and out of hospital many times and it helped enormously to know he would always get the best possible care. He was able to keep his humour right up until the end and this was helped by all of you keeping his spirits up and joking with him, which he loved...”

Ms G.



**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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