



# Parkside Hospital Quality Account

April 2018 – March 2019



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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 specialist cancer centres and two day-surgery hospitals in the UK. Aspen Healthcare's current facilities are:

- Cancer Centre London  
Wimbledon, SW London
- 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 eight facilities, comprising over 250 beds and 18 theatres, in 2018 alone Aspen has delivered care to:

**42,000** patients were admitted into our facilities

**9,000** patients stayed as an inpatient for overnight care

**33,000** patients who required day case surgery

**306,000** patients who attended our outpatient departments

**65,000** patients who attended our diagnostic departments.

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

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

Aspen is now one of the main providers of independent hospital services in the UK and, through a variety of local contracts we provided 17,000 NHS patient episodes of care last year, comprising nearly 40% of our patient numbers. We work very closely with other healthcare providers in each locality including GPs, Clinical Commissioning Groups and NHS Acute Trusts to deliver the highest standard of services to all our patients.

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

**We are pleased to report that in 2018:**

**99%**

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

**99%**

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

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

Aspen Healthcare Hospitals and Clinics locations:

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





“The treatment I received was way above my high expectations. The radiographer was superb and made me feel calm and confident”

*P. Lynch,  
Richmond*

## Statement on Quality from Aspen Healthcare’s Chief Executive

Welcome to the 2018-2019 Quality Account, which describes how we did this year against our quality and safety standards.

On behalf of Aspen Healthcare, I am pleased to provide our latest annual Quality Account for Parkside Hospital. This report focuses on the quality of services we provided over the last year (April 2018 to March 2019) and, importantly, looks forward to setting out our plans for further quality improvements in the forthcoming year.

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

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

This Quality Account presents our achievements in terms of clinical effectiveness, safety and patient experience, and demonstrates that all our managers, clinicians and staff at Parkside Hospital are committed to providing the highest standards of quality care to our patients. The Account aims to provide a balanced view of what we are good at and where additional improvements can still be made. In addition, our quality priorities for the coming year (2019-2020), as agreed with the Aspen Senior Management Team, are outlined within this report.

In 2018-2019 we maintained our excellent record on reducing avoidable harm across our organisation, and saw further improvements made to both patient safety and increasing our already high levels of patient satisfaction. We remain committed to monitoring all aspects of our patients’ experience within Parkside Hospital ensuring this feedback is effectively utilised to continue to drive quality improvement. Our staff survey in 2018 also showed further improvement in staff engagement and a pride to work for Aspen. You will find more details outlined within the relevant sections of this report.

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

The majority of information provided in this report is for all the patients we have cared for during 2018-2019, both NHS and private. To the best of my knowledge the information included is an accurate and fair reflection of our performance. I hope that this Quality Account provides you with a clear picture of how important quality improvement, patient safety and patient experience are to us at Aspen Healthcare.

**Paul Hetherington**  
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 82 beds (including 5 High Dependency beds), with associated diagnostic and treatment facilities which enhance a holistic service.



## Vital Statistics



- ✓ Endoscopy Suite
- ✓ Pathology
- ✓ Physiotherapy
- ✓ Pharmacy
- ✓ Chemotherapy
- ✓ International Patient Service
- ✓ Sterile Services Department
- ✓ Hydrotherapy Pool
- ✓ Private GP Services
- ✓ Satellite Parkside at Putney
- ✓ NHS e-Referral Service
- ✓ On-site Parking
- ✓ All major insurers accepted

- ✓ 3 MRI Scanners
- ✓ CT
- ✓ Ultrasound
- ✓ X-ray
- ✓ Nuclear Medicine Scanner
- ✓ Digital Mammography
- ✓ Extremities MRI
- ✓ Dexa Scanning
- Bupa accredited Breast Cancer Unit
- Bupa accredited MRI Unit
- Bupa accredited Haemato-oncology Unit
- World Host® Customer Care Training
- AfPP Accreditation
- UKAS Accredited Pathology Laboratory

# Statement on Quality

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

In 2018 we celebrated thirty five years as the leading healthcare provider in Wimbledon. We are very proud of the strong reputation we hold in our local community and of our staff and Consultants who have helped us achieve our goals over many years. This was seen in our 2018 patient feedback annual report where we were measured as Number 1 across 15 categories including: Quality of Care, Recommend, Physiotherapy, Theatre and Pharmacy Teams by our survey provider.

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

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

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

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

## Accountability Statement

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



**Mr Phil Bates, Hospital Director**  
**Date: 30 April 2019**

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

Dr Liz Williams, Medical Advisory Committee Chair  
Mrs Liz Dowling, Quality Governance Committee Chair  
Mr Paul Hetherington, Interim Chief Executive, Aspen Healthcare  
Mrs Judi Ingram, Clinical Director, Aspen Healthcare

# Quality Priorities for 2019-2020

Ensuring our patients receive consistently high quality, safe care with outstanding health outcomes and experience is at the centre of all we do. We aim to be ambitious for our patients, innovative and forward thinking in how we deliver safe, high quality and effective care for our patients.

Aspen Healthcare's Quality Strategy sets out our approach to quality and how we plan to progress a number of quality and safety improvement initiatives that we will be focussing on over the coming years.

National Quality Account guidelines require us to identify at least three priorities for improvement and the following information outlines our main priorities for 2019-2020. These priorities have been agreed with our senior management team and were informed by feedback from our patients and staff, audit results, national guidance and recommendations from the various hospital/clinic teams across Aspen Healthcare.

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

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

**The key quality priorities identified for 2019-2020 are as follows:**

## Patient Safety

### **Implementation of National Early Warning Score 2 (NEWS2)**

NEWS is a well validated track-and-trigger early warning score system that is used to identify and respond to patients at risk of deteriorating. The NEWS is based on a simple aggregate scoring system in which a score is allocated to physiological measurements, already recorded in routine practice, when patients present to, or are being monitored in hospital. A score is allocated to each parameter as they are measured, with the magnitude of the score reflecting how extremely the parameter varies from the norm.

Following evaluation of NEWS, the scoring chart has been updated (to NEWS2) and NEWS2 has now received formal endorsement from NHS England and NHS Improvement to become the early warning system for identifying acutely ill patients.

Aspen Healthcare has fully adopted NEWS2 and will work to effectively implement and embed NEWS2, ensuring that via our Aspen National NEWS2 Champion we share best practice and the learning from this network.



## Work towards Venous Thromboembolism (VTE) Exemplar Status

Venous Thromboembolism is a collective term for deep vein thrombosis (DVT) & pulmonary embolism (PE). VTE is a significant cause of mortality, long-term disability and chronic ill-health problems – many of which are avoidable. 1 in 20 people will have a VTE at some time in their life and the risk increases with age. It is estimated that as many as half of all cases of VTE are associated with hospitalisation for medical illness or surgery and that as many as two thirds of cases of hospital-associated thrombosis (HAT) are preventable.

The National VTE Exemplar Centre Network was established by the Department of Health with the aim of sharing best practice and improving patient care through more effective prevention and treatment of VTE. The network provides access to a wealth of information and best practice from all of the VTE Exemplar Centres in England. This includes examples of VTE prevention protocols, information to support the implementation of risk assessment and root cause analysis, patient information and presentations from clinical experts.

VTE Exemplar Status will provide a kite mark for quality VTE prevention care, and conveys quality to patients and stakeholders; provides access to a community of health

## Clinical Effectiveness

### Audit of Pain Management

Effective management of acute pain has long been recognised as important in improving the post-operative experience, reducing complications and promoting early discharge from hospital. Pain is a unique complex bio-psychosocial experience with the management of pain closely associated with patient satisfaction, impacting on patients' overall experience.

In 2019-2020 Aspen Healthcare wishes to explore developing an audit of pain management and will assess various tools and their application in the Aspen facilities, with the aim of piloting at one Aspen hospital and then sharing the learning across all our facilities.

The audit will evaluate how patients' pain was managed and identify areas to improve the quality and effectiveness of care.

### Improve Staff Awareness of Acute Kidney Injury (AKI)

Acute Kidney Injury (AKI) is sudden damage to the kidneys that causes them to not work properly. It can range from minor loss of kidney function to complete kidney failure. AKI normally happens as a complication of another serious illness.

It is important that AKI is detected early and treated promptly as, without prompt treatment, abnormal levels of salts and chemicals can build up in the body, which affects the ability of other organs to work properly.

Someone with AKI can deteriorate quickly and suddenly, and we plan to develop training resources raising staff awareness of the prevention and recognition of AKI and the urgent actions required. This will be based on the National Institute for Health and Care Excellence clinical knowledge summary.

care professionals interested in quality and innovation in VTE; networking and sharing of resources and ideas; and recognition of excellence in VTE prevention care.

VTE Exemplar Centres provide leadership in improvement in thrombosis care locally and, to apply for VTE Exemplar Centre status, Aspen will commence working towards ensuring they meet the Exemplar Centre set criteria.

### Helping Our Staff: 'How to have Safety Conversations'

Aspen Healthcare aims to be a recognised leader in patient safety and our STEP-up to Safety staff engagement and training programme is an innovative initiative to help our staff to fully understand their own roles in patient safety. The programme has resulted in a significant improvement in safety measures, including an increase in safety reporting and was the overall winner at the National Customer Experience Awards in 2018.

Feedback from our staff has been that the most challenging aspect of 'STEP' is the 'T' for 'Talk', and in 2019-2020 we will further develop our STEP-up programme and work to support our staff in effectively communicating to work as safely as possible. This will include exploring the skills required and what is said, when, where and by who, body language, and also whether it will be understood and is likely to be heard.

### Commence Radiology ISAS (Imaging Services Accreditation Scheme) Accreditation

ISAS is the primary quality assurance and governance framework for imaging services and is the only UK-wide recognised accreditation scheme for diagnostic imaging services.

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

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

Aspen Healthcare will commence preparation for accreditation in 2019-2020 and plans to utilise the ISAS Traffic Light Ready (TLR) tool to undertake a detailed gap analysis in readiness for the next stages of accreditation.

## Patient Experience

### Implementation of GREATix

Much attention is focused on 'negative' events with our staff being encouraged to report incidents, via our risk management system, Datix. Although it is vital to learn from any errors/near misses in healthcare with these having a very important part to play in our safety culture, it is also as important to balance this with the recognition of positive performance, and to share and transfer examples of good/excellent practice.

In 2019-2020 Aspen Healthcare will develop an online GREATix reporting tool where any staff member can submit an online nomination when they observe excellence in patient care or excellent practice from another member of staff or team. This will be complemented by a paper GREATix version, that can be used by staff and our patients. The nomination is then reviewed and direct feedback sent to the individual staff member. In addition, GREATix themes or valuable learning examples can be discussed, shared and celebrated at governance and staff forums.

GREATix, as a positive reporting system, is likely to develop additional benefits in patient safety alongside traditional incident reporting. It is hoped that benefits are seen on staff moral and culture, its use as an improvement tool and another method of enhancing learning from our patients' experience.

### The 'Golden Patient'

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

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

This improvement project will be implemented to improve the start time of the first operation of each day in theatres, by pre-selecting a patient and nominating them as the 'golden patient' the day before they are due to be operated upon. This nominated patient is then fixed at the start of the theatre list the following day. The list can only then be changed if an emergency occurs overnight. The 'golden patient' is prioritised and optimised for theatre and the theatre staff ensures all surgical instruments are prepared. This project will be piloted at Parkside Hospital and the learning shared across all Aspen surgical units.

### Self-assessment of ISCAS Complaints Code

Aspen Healthcare takes pride in the delivery of quality care and services and always seeks to utilise all feedback, including patient complaints, as a mechanism of learning and improvement. Our approach to complaint management is a key element of our commitment to customer focus, and is part of our wider quality management system.

Aspen Healthcare, as an independent healthcare provider, voluntarily subscribes to the Independent Healthcare Sector Complaints Adjudication Service (ISCAS). This provides complainants with access to independent adjudication on complaints about any ISCAS subscriber when they have not been able to resolve their complaint locally with the provider.

Best practice standards, set by ISCAS for subscribers to the adjudication scheme, are outlined in the ISCAS Code of Practice for Complaints Management. The ISCAS Code provides a framework for the management of complaints made by complainants about the provision of independent healthcare services.

In 2019-2020 Aspen Healthcare will undertake a self-assessment of their complaints' management against all components of the ISCAS code. This will provide an opportunity to assess ourselves against each standard of the code, identify if there are any areas for improvement, with the aim to monitor and continually improve the effectiveness of our complaints handling in light of best practice and good governance.

### Develop Online Accessibility Guides for Disabled Patients and Visitors

In the UK, 1 in 5 people have a disability - this could be visual, hearing, motor or cognitive (affecting memory and thinking). Aspen Healthcare aims to anticipate our patients' needs as well as we can and endeavours to provide access to our facilities for people with a disability. However, for patients and visitors with access problems visiting our facilities may be a stressful and anxious experience and we recognise that everyone's accessibility needs are different. Having detailed and accurate access information is important in helping us assure the best experience for people with a disability.

In 2019-2020 we will develop online information and guides for disabled patients and visitors, providing information and detail on how accessible our facilities are. This will help us to communicate our facilities and services to disabled people and other visitors who require specific accessibility information.

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 any 2019-2020 Commissioning for Quality and Innovation (CQUIN) initiatives so they become 'business as usual', and work to implement any locally agreed CQUINs with our commissioners
- Meet and exceed the Quality Schedule of our NHS Contracts.



# Statements of Assurance

## Review of NHS Services Provided 2018-2019

During April 2018 to March 2019, Parkside Hospital provided 796 episodes of NHS services. These services were within the following specialities:

Specialty	Number of Patients
Plastics	40
Orthopaedics	211
Pain Management	106
General Surgery	116
ENT	143
Neurosurgery	27
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 2018-2019 represents 100% of the total income generated from the provision of NHS services by Parkside Hospital for 1st April 2018 to 31st March 2019.

## Participation in Clinical Audit

### National Audits

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

During April 2018 to March 2019, four national clinical audits and zero national confidential enquiries covered NHS services that Parkside Hospital provides.

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

The national clinical audits and national confidential enquiries that Parkside Hospital was eligible to participate in during

April 2018 to March 2019 are as follows:

- National Joint Registry
- National PROMS Programme
- Mandatory Surveillance of Bloodstream Infections and Clostridium Difficile Infections
- Serious Hazards of Transfusion (SHOT).

The national clinical audits and national confidential enquiries that Parkside Hospital participated in, and for which data collection was completed during April 2018 to March 2019, 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 PROMs Programme	22%	65
Mandatory Surveillance of Bloodstream Infections and Clostridium Difficile Infections	100%	11
National Joint Registry	92%	267
Serious Hazards of Transfusion (SHOT)	100%	0

### National Confidential Enquiry

There were no NCEPOD National Confidential Enquiries in 2018-2019 that were applicable to Parkside Hospital to participate in.

## Local Audits

The reports of forty-eight local clinical audits were reviewed by the provider in April 2018 to March 2019. These audits form part of the Aspen Integrated Audit Plan and are repeated regularly (monthly, quarterly and biannually). Results of audits are fed back to relevant teams and action plans, where required, are developed. The audits undertaken during the period include:

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

## Participation in Research

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

- Inpatient paediatrics
- Acupuncture
- Privacy and Dignity (all areas)
- Inpatient visits by Consultants
- Pre-Assessment Edmonton Frailty Score
- Stage 1 complaints
- Local policy compliance
- Health records access requests
- Stop Before You Block
- Elective surgery fasting compliance
- Pain management
- Inpatient paediatric audits
- Post discharge follow up calls
- MDT proforma completion (breast surgery and chemotherapy)
- Cosmetic Practice.

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

- Updated and circulated safeguarding flowcharts to all departments
- Implemented and embedded 'Stop Before You Block' in the operating department
- Implemented training for all nursing staff in NEWS2
- Undertook competency assessments for all staff who manage and administer controlled drugs
- Implementation of Point of Care Testing
- Reviewed the Aspen complaints template.

## Goals Agreed with Commissioners

### Use of the CQUIN payment framework

Parkside Hospital income in April 2018 to March 2019 was not conditional on achieving quality improvement and innovation goals through the Commissioning for Quality and Innovation payment framework because this was not applicable to the commissioning contracts with the NHS in 2018-2019 at Parkside Hospital.

## Statement from The Care Quality Commission

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

- Treatment of disease, disorder or injury
- Diagnostic and/or screening services
- Surgical procedures

At 31 March 2019, Parkside Hospital had no conditions on its registration.

The Care Quality Commission has not taken enforcement action against Parkside Hospital during April 2018 to March 2019.

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

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

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

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

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

- Report all patient deaths, both expected and unexpected, that occur at the hospital to the CQC – the hospital carries out audits on death notifications and is currently compliant with reporting
- Speed up the JAG accreditation process for their endoscopy unit – the hospital has commenced a building programme with a plan to open an accredited unit in December 2019
- Document and monitor place of death data in order to ascertain how well the service was performing against key benchmarks of the hospital – in place via audit

- Implement a written strategy for the oncology and end of life care service to deliver the vision of the hospital – reviewed in January 2019 and updated
- Develop a protocol for informing GPs about their patients requiring community end of life care – reviewed and updated in 2019 to ensure communication effective
- Review how incidents are shared where patients have deteriorated and review the policy for pre-assessment, to make sure all patients who require a pre-assessment have one carried out to the appropriate level – Pre-assessment review undertaken in early 2019
- Review the treatment area and gym within the Physiotherapy department to improve patient privacy and dignity - Five new private treatment rooms were commissioned in 2017
- Ensure all relevant staff are made aware of the learning from 'never events' and incidents – During 2018-2019 staff were informed of the outcome of 1 never event
- Address the nursing staff vacancies, particularly in the Recovery Suite – Nursing recruitment plan in place with improved recruitment in this area
- Improve the anaesthetic cover of the High Dependency Unit (HDU) – A risk assessment is in place which outlines the controls in place at the hospital for anaesthetic cover in the HDU. This is updated annually
- Improve staff awareness of the Mental Capacity Act and Deprivation of Liberty Safeguards – This training is mandatory for all staff and is monitored in line with the hospital's governance framework
- Resolve the ongoing quality issues flagged by the governance system – Quality issues are regularly monitored and actioned as part of the governance processes at the hospital
- Improve the quality of training and workforce activity data collected by the internal automated systems – All training and workforce activity data is now captured on WIRED, Aspen's electronic training record log.



Parkside Hospital  
CQC overall rating

Good

16 August 2016

## Statements on Data Quality

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

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

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

- Ensure all staff complete IG training and training in GDPR via eLearning modules
- Upgrade the current Aspen Patient Administration System (APAS) to APAS 3 at the end of 2019/ beginning 2020
- Continue audits of records completion, via the hospital's integrated audit programme
- Audit of information governance practice within the hospital
- Implement a process to ensure a full set of notes is held for each patient.

“I wanted to compliment your Hospital and staff for looking after me so well during my visit. I was kept well informed and was looked after by courteous and kind nursing staff, and I was impressed with the service I received. I just wanted to say Thank you!”

*J.Young Cheam*

### Data Security and Protection Toolkit March 2019

Aspen Healthcare has met the standard for the Data Security and Protection Toolkit for 2018-2019, having provided 100 of 100 mandatory evidence items with 40 of 40 assertions confirmed.

### Secondary Uses System (SUS)

Parkside Hospital submitted records during April 2018 to March 2019 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 2018 to March 2019 by the Audit Commission.

## Speak Up Arrangements

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

Effective speaking up arrangements are in place to protect patients and improve the experience of our staff. Aspen Healthcare has nominated the Group Clinical Director and Group Human Resources Director as named executive leads and as Aspen's Freedom to Speak up Guardians, and both have completed the national Freedom to Speak Up (FTSU) Guardians training.

An up to date Speaking Up policy is in place which has been externally reviewed by a national whistleblowing charity and a programme of ongoing promotional Speak Up posters and leaflets assure a high profile to encourage staff to feel able to speak up. This is regularly reinforced at induction, the Executive Roadshow and staff forums.

Senior leaders use speaking up as an opportunity for improvement to ensure learning is embedded in future practice, to deliver better quality care and improve staff experience, and we continually review and improve our systems to support speaking up. Any Speak Up issues that raise immediate patient safety concerns are quickly escalated and investigated, ensuring all staff who do speak up do not suffer any detriment, and that lessons learnt are shared widely across the Aspen sites.

Positive outcomes from speaking up cases are shared and promoted and, as a result, staff are more confident to speak up. Our staff engagement and staff patient safety culture surveys demonstrate this. The latest survey shows that staff are not only aware of our policy but have confidence in our speaking up processes, with 83% of staff reporting that they would freely speak up if they saw something that may negatively affect patient care.

Aspen's bespoke STEP-up to Safety staff training and engagement programme remains central to this and forms part of our mandatory training with all staff required to attend.

Aspen has also completed the national FTSU self-assessment and has a developmental plan in place to further enhance its speaking up arrangements.



## Quality Indicators

In January 2013, the Department of Health advised amendments had been made to the National Health Service (Quality Accounts) Regulations 2010 and a core set of quality indicators were identified for inclusion in quality accounts.

Not all indicator measures that are routinely collated in the NHS are currently available in the independent sector and work will continue during 2019-2020 on improving the consistency and standard of quality indicators reported across Aspen Healthcare.

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

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

### Number of Patient Safety Incidents, including Never Events

#### Patient Safety Incidents

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

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

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

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). Data is now collected and published about private and independent healthcare, which includes quality indicators. Aspen Healthcare is an active member of PHIN and is working with other member organisations to further develop the information available to the public. See: [www.phin.org.uk](http://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.

Recognising and reporting any incident (or near miss) is the first step to learning and all our staff are encouraged to report these. Incidents are classified by degree of harm (or potential to harm). We undertake robust investigations of all serious incidents (using a human factors and system-based approach), and also investigate those incidents that have resulted in low or no harm if they had the potential to cause harm. These investigations are undertaken in an open and transparent approach with our patients. We take our responsibility to be honest with our patients (Duty of Candour) very seriously and are committed to acknowledging, apologising and explaining when things do go wrong.

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

Source: From Aspen Healthcare's incident reporting system:

2017-2018		2018-2019			
	% of Patient Contacts		% of Patient Contacts		
Serious Incidents	1	0.001%	Serious Incidents	2	0.002%
Serious Incidents resulting in harm or death	0	N/A	Serious Incidents resulting in harm or death	0	N/A
Never Events	0	N/A	Never Events	1	0.001%
<b>Total</b>	<b>1</b>	<b>0.001%</b>	<b>Total</b>	<b>2</b>	<b>0.002%</b>

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

The key learning from the above serious incident(s) were:

- Reviewed the process for 'Stop Before You Block' when administering peripheral nerve blocks
- Implemented audits on the process above and, at end March 2019, we were achieving 100% compliance.

### Hospital Level Mortality Indicator and Percentage of Patient Deaths with Palliative Care Code

This indicator measures whether the number of people who die in hospital is higher or lower than would be expected. This data is not currently routinely collected in the independent sector.

#### Learning From Deaths

Aspen Healthcare has a 'Reporting, Management and Review of Patient Deaths' policy which is in line with the national guidance on 'Learning from Deaths'.

During April 2018 to March 2019, 19 of Parkside Hospital's patients died. This comprised the following number of deaths which occurred in each quarter of the reporting period:

4 in the first quarter;

7 in the second quarter;

5 in the third quarter; and

3 in the fourth quarter.

By 31 March 2019, 19 case record reviews and 0 investigations have been carried out in relation to 19 of the deaths included above. In 0 cases a death was subjected to both a case record review and an investigation.

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

4 in the first quarter;

7 in the second quarter;

5 in the third quarter; and

3 in the fourth quarter.

0 representing 100% of the patient deaths during the reporting period are judged to be more likely than not to have been due to problems in the care provided to the patient. In relation to each quarter, this consisted of:

0 representing 100% for the first quarter;

0 representing 100% for the second quarter;

0 representing 100% for the third quarter; and

0 representing 100% for the fourth quarter.

#### Patient Reported Outcome Measures

Patient Reported Outcome Measures (PROMs) assess general health improvement from the patient perspective. These currently cover three clinical procedures in the NHS and one clinical procedure in the independent sector, and calculate the health gains after surgical treatment using pre- and post-operative surveys.

Patient Reported Outcome Measures (PROMs)	2017-2018	2018-2019
<b>Hip replacement surgery:</b>		
Number of cases submitted	69	19
% of respondents who recorded an increase in their hip rating, following operation	96% National NHS Comparator 97%	100% National NHS Comparator N/A
<b>Knee replacement surgery:</b>		
Number of cases submitted	32	21
% of respondents who recorded an increase in their knee rating, following operation	91% National NHS Comparator 94.3%	100% National NHS Comparator N/A

NB: 2018-2019 PROMs data: Data shown taken from internal PROMs reports. This is not available on the NHS Digital site as, although all files were uploaded successfully to NHS Digital without any apparent errors, some NHS patient numbers and postcodes did not correlate to a HES episode (due to missing NHS number and postcodes). Therefore, the NHS PROMs data has not been published and, unfortunately, this cannot be rectified retrospectively.

## Other Mandatory Indicators

All performance indicators are monitored on a monthly basis at key meetings and then reviewed quarterly at both local and corporate 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	2017 - 2018	2018 - 2019	Actions to improve quality
Number of people aged 0 - 15 years re-admitted within 28 days of discharge	CQC performance indicator Clinical audit report	N/A	0	
Number of people aged 16 years and over readmitted within 28 days of discharge	CQC performance indicator Clinical audit report	16	23	We will actively analyse and monitor data, to ensure that any immediate actions are addressed.
Number of admissions risk assessed for VTE	CQUIN data	88.5%	79.5%	Audit in place quarterly. We have commenced weekly spot check audits by senior nursing staff.
Number of Clostridium difficile infections reported	From national Public Health England/Scotland returns	0	0	
Number of patient safety incidents which resulted in severe harm or death	From hospital incident reports (Datix)	0	0	
Responsiveness to personal needs of patients	Patient satisfaction survey data – for overall level of care	93%	98.5%	We will continue to monitor patient feedback and make changes in light of this.
Friends and Family Test - patients	Patient satisfaction survey – rated extremely likely/likely	93%	99%	We will continue to monitor patient feedback and make changes in light of this.
Friends and Family Test - staff	Staff satisfaction survey	78%	N/A	Staff were last surveyed in 2017. Survey is due to be undertaken again in Q3 2019.

**“You have shown me deepest respect and patience throughout my stay with you. Nothing has been too much trouble. I’ve been greeted with constant smiles and you’ve made me feel very welcome. Thank you ever so much, I really really appreciate all you’ve done for me.”**

*C.Foster, Hertfordshire*

## 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 2018-2019 work continued to ensure effective systems were in place to prevent and control health care associated infections (HCAI) and ensure the safety of our patients and/or their relatives, staff and visiting members of the public.

Parkside Hospital continues to carry out IPC Environmental

Audits in all patient-centred clinical areas. Added to this, Parkside Hospital also audits hand hygiene, insertion of peripheral cannula and urinary catheter insertion. In 2018 we added MRSA screening audits in the oncology setting.

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

Infection	2017-2018	2018-2019
MRSA positive blood culture	1	0
MSSA positive blood culture	0	2
E. Coli positive blood culture	3	7
Clostridium difficile hospital acquired infections	0	0

## Complaints

Whilst Parkside Hospital strives to provide consistently excellent care and services, there are occasions when service users have reason to complain. Every complaint is considered a valuable source of feedback and information

on how our services can be improved. All complaints are investigated and any opportunity for learning or service improvement acted upon. Complaints are monitored and discussed at our internal Governance Committee.



Changes have been made throughout the year in response to issues raised and these include:

- Ongoing recruitment and retention of nurses to reduce reliance on temporary nurses
- A member of the Self-Pay team is now based in Outpatients as a contact point for self-funding patients, to ascertain the price of their treatment prior to going ahead so as to make an informed decision
- New Executive Chef recruited
- New Housekeeping Manager was recruited to improve hospital appearance and cleanliness
- A Patient Relations Manager was recruited to resolve patient complaints before they escalate
- Patient Forum launched
- New patient entertainment system and improved Wi-Fi were installed
- Price lists were placed in consultation rooms
- Consultant reviews were undertaken
- Fixed price packages were published on the internet

- New menus were developed and updated seasonally
- Minor refurbishments of some rooms.

As a result, we have increased our audit focus in the following areas:

- Food audits and menu tasting
- Housekeeping audits
- Sit & See™ observational audits.

The main objectives for 2019-2020 will be:

- Spend more time listening to the patients voice; including involving patients in hospital improvements
- Refurbishment and refreshment of the hospital environment
- Improve customer service, pre-empting the patient's needs to provide a more personalised service
- Continue with ongoing recruitment to ensure that the right staff are in the right place
- Continue our focus on transparency and clarity on pricing.

# Review of Quality Performance 2018-2019

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

## Patient Safety

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

Aspen Healthcare's STEP-up to Safety programme is an innovative staff engagement training initiative for all staff and aims to help them fully understand their own roles in patient safety. The programme has led to significantly improved patient safety outcomes, with a notable reduction in the number of incidents reported with harm.

In 2018-2019 we worked to continue to embed the programme so that it became 'how we do patient safety round here' and we developed this further to ensure it remains fresh and meaningful to our staff. STEP-up to Safety now forms part of mandatory training for all our staff and is included in our core Induction for all new staff. We have started to involve our visiting Consultant staff and have identified local Consultant STEP-up Ambassadors. In 2018 we also developed a new film and training workshop to support our staff in speaking up called 'STOP the LINE' – helping them to feel able to raise safety concerns 'in the moment' of a busy healthcare environment.

Our latest Staff Patient Safety Culture survey showed an overall increase of 4% in how our staff rate patient safety at their hospital/clinic Aspen-wide and an increase of 9% at Parkside Hospital. The programme was recognised as the overall winner at the National Customer Experience Awards in October 2018.

### Promote Patient Involvement in Serious Incident Investigations

Despite strong safety systems, good planning, training and policies, serious incidents will still inevitably occur due to the complexity of healthcare provision. Having developed a positive reporting culture, we now involve our patients and/or their carer's in the investigation of serious incidents, to ensure that every opportunity is taken to minimise the likelihood of reoccurrence and to further reduce future risk to our patients, visitors and staff.

We have enhanced our approach to investigating any serious incident and now routinely ask patients and/or their carers to contribute to the development of the investigation's terms of reference, as well as asking if they have any additional matters they wish us to include as part of the incident investigation. This has helped ensure that our patients get the answers they may be seeking when an incident occurs, rather than the traditional and organisational-led approach taken.

## Clinical Effectiveness

### Develop a Consultant Handbook

Our comprehensive clinical policy framework is evidence-based and up to date and all our doctors with admitting rights (commonly called 'practising privileges' in our sector), are required to adhere to these policies and procedures. In recognition that many of our doctors may work with other healthcare providers, we have collated the key elements of our clinical policies to enable them to be aware of, and comply with, our policy standards. We are now developing these into an App format to facilitate ease of access.

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

Safe, effective clinical care depends on reliable handover communication between all caregivers passing on patient-specific information to ensure patient care continuity and safety.

In 2018-2019 we developed an ISBAR communication pad and stickers to provide staff with a 'prompt' tool to standardise our approach to handover communication. ISBAR (Identify, Situation, Background, Assessment, and Recommendation) is a recognised model that delivers a framework for staff to structure critical information and communicate between multidisciplinary teams and different levels of staff.

Conversations, especially critical ones, requiring a clinician's immediate attention and action can be challenging. The Aspen ISBAR communication pad will encourage prior preparation and empower staff to confidently and effectively handover key information. It will also help to develop teamwork and support our culture of patient safety to ensure patients are receiving the best possible care.

### Improve availability of Patient Reported Outcome Measures (PROMs) Data

Patient Reported Outcome Measures (PROMs) collect information on the effectiveness of care delivered to patients as perceived by the patients themselves, based on responses to questionnaires before and after surgery. These metrics are used across healthcare providers to evaluate the perceived outcomes of certain surgical procedures and are an invaluable source of data to drive the quality improvement agenda.

Significant work has been undertaken to increase the collection of this data. This has included monthly feedback to each Aspen site of their PROMs data capture and registration of patients, as a percentage of the number admissions for each procedure, for which PROMs are reported. This was also reported on, and monitored at the Aspen Group Quality

Governance Committee, which has led to a significant improvement across all the Aspen sites that collect PROMs data. As well as an improved number of patients being registered for PROMs, there has also been a marked increase in the return of patient PROMs questionnaires at the later stages of data collection. Work will continue to improve data capture to ensure that the maximum benefit of this essential patient outcome measurement is fully realised.

## Patient Experience

### Implement Dementia Self-Assessment Framework

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

In 2018-2019 we have further developed our existing dementia strategy by adapting the NHS Improvement Dementia Assessment and Improvement Framework to create an audit tool to assess our clinical environments. This national improvement framework describes what 'outstanding' care looks like, and provides a system of assurance, continual improvement and learning. The framework combines national policy, guidance and best practice from organisations achieving an 'outstanding' rating from the national regulator - the Care Quality Commission (CQC) - and consists of eight standards that we strive to meet.

Audits will be undertaken in 2019 by the Aspen Head Office Quality Team and a report provided to each Aspen site. The use of this audit tool will enable our teams to continually improve care standards for those living with dementia, while accessing our services to ensure they have the best and safest possible experience whilst in our care.

### Implementation of Complainants Survey Toolkit

NHS England has developed a Complainant Survey Toolkit to review how complainants perceived their complaints were managed, and Aspen Healthcare have used this toolkit as the basis to pilot an adapted version to meet the needs of our organisation.

The pilot tool is now being trialled at one Aspen hospital and involves asking complainants to complete a confidential survey on their experience of submitting a complaint to us. The plan is to learn from this pilot, and then roll this innovative approach out to all Aspen sites. This survey will help us understand how well complaints are managed and obtain complainants' perceptions on how to improve. It is anticipated that the data collated will allow each Aspen hospital/clinic and the wider organisation, to be more responsive to the needs of users who have felt it necessary to raise a complaint. It is hoped that by understanding how complainants perceived how their complaints were handled, it will enable us to ensure greater consistency and learning from complaints overall.

### Develop a Bereavement Questionnaire

Although the number of patient deaths is small across the Aspen hospitals, we wish to ensure high quality care for all adults at the end of life. To do this we developed a short bereavement questionnaire to seek the opinions of bereaved relatives on the care provided to their friend or relative. This survey asked for feedback on the quality of care delivered in the last three months of the deceased's life at an Aspen Healthcare hospital.

Our survey has been adapted from the National VOICES questionnaire and was sent to relatives known to our care teams. We acknowledge that the survey may contain questions of a sensitive nature and it is, therefore, only provided to people who had been bereaved within the previous year.

This survey will now be an ongoing initiative to provide bereaved families an opportunity to have their experiences heard and provide us with important feedback. The results gained will be used to inform policy and service development, and enable evaluation of the quality of end of life care of our patients, as part of our ongoing audit and service improvement activities, helping to ensure our end of life patients and their families have the best possible experience.

### Develop a Ward Accreditation Scheme

Internal ward accreditation schemes aim to drive high standards of clinical expertise, compassionate care, well led teams, and maximise patient experience. Aspen Healthcare has embarked on devising an internal system of quality assurance, centred on the Aspen values and linked to a range of quality indicators for inpatient ward areas. The intention is to continue to drive quality improvement within the in-patient ward environment. The scheme will operate voluntarily, however the aim is to empower inpatient ward teams to utilise an internally recognised assessment framework, to enable them to measure multiple quality indicators, driving both external and internal quality improvement programmes.

The framework incorporates elements from care, experience, effectiveness, environment and leadership, together with workforce and finance metrics, enabling the ward/department to be assessed in a holistic way, and includes self and observed elements as well as patient input. The accreditation will set ambitious, but realistic, goals, thus driving continuous quality improvements whilst further enhancing our patients' experience of care.

## External Perspective on Quality Of Services

### What others say about our services:

Parkside Hospital invited Wandsworth Clinical Commissioning Group (CCG), Merton Health & Wellbeing Board and Healthwatch Merton to comment on this Quality Account. Prior to publication no comments had been received.

“Not only was the care outstanding, it was also very genuine. My sense was the nursing staff very much did care a lot about me getting better and overcoming the situation I found myself in, following the complications....They went well out of their way in giving me the care I needed. I am certain that without their time, attention and action I would not have recovered as I have”

*C.Skinner, Weybridge*



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 websites:

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