



## Quality Account 2023-2024

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## About Spencer Hospitals

### Quality Statement – Registered Managers

**Lynn Orrin, Hospital Director Margate and Cheryl Lloyds, Hospital Director Ashford & Canterbury.**



On behalf of Spencer Private Hospitals, we are pleased to make this statement regarding our Quality Account for 2023-2024.

This Quality Account has been compiled from the outstanding work undertaken by our staff along with the feedback SPH have received from patients who have experienced care within our hospitals. The Quality Account provides an objective measure of the quality of our hospitals whilst giving us the opportunity to benchmark our service provision against a range of national criteria.

Quality and Safety remains our principal focus, and our emphasis remain on continuous improvement of the services SPH provide. The data and information within this account has been produced with the input of staff from all departments who contribute to our organisations Quality Agenda.

SPH are now in their 25<sup>th</sup> year of business. Providing safe, effective and high quality care is our absolute priority and we are committed to continuous quality improvement.

SPH pride ourselves on the quality of our healthcare services and are acutely aware that this would not be possible without the support given to us by our professional and committed staff and Consultant users.

Our excellent clinical outcomes and high patient satisfaction demonstrate and support our belief that SPH deliver a high-quality health care service to our clients.

## Our Vision

Spencer Private Hospitals Ltd are recognised as the private provider of choice in East Kent

## Our Mission

“First class healthcare provided by a first-class team”

## Our Values



## Quality Standards

We use many external quality standard assessments to assist us in ensuring that we maintain and continually develop our services to the highest standards:

### Care Quality Commission (CQC)

SPH have been assessed by the CQC against the Essential Standards of Quality and Safety outlined in the Health and Social Care Act Regulations 2012 and our reports are available for public view on the CQC website.

Our hospitals have been rated as **'GOOD'**



### Independent Healthcare Provider Network (IHPN)

SPH is a member of the IHPN Forum which provides a network for independent hospitals. The group provides the following support:

- Bringing independent healthcare providers together
- Supporting members to deliver great care for patients.
- Enables members to make positive contribution to UK Healthcare.



## ISO Accreditations

### ISO 9001 Quality Management System

ISO 9001 is the world's most recognised Quality Management System (QMS) standard which was developed and published by the International Organisation for Standardisation (ISO).



SPH were awarded the 9001 accreditations in 2002 and have successfully achieved and maintained accreditation following yearly external audit.

Compliance with this accreditation assists us to demonstrate that SPH consistently provide products and services that meet customer and regulatory requirements.

This is achieved by continually reviewing and maintaining our policies and internal processes.

### ISO 14001:2015 Environmental Management System (EMS)

ISO 14001:2015 was awarded to us in 2011 and SPH have successfully achieved and maintained the accreditation following yearly external audit.



SPH have created an EMS which assists us to Identify and control the environmental impact of our activities, products and services, which in turn, assists us to continually improve our environmental performance and minimise our carbon footprint.

### Investors in People (IIP)

Staff training and development is a priority for our organisation, and SPH have been an Investor in People since 2000.



The IIP standard ensures that our training and development of staff not only develop their skills, but also assists us to achieve our business goals.

*"They are interested in people and care about their employees. I feel I have landed on my feet moving here."*

*"I feel well supported by my line managers and if you have the motivation to develop and progress, our company provides the support to do so"*

*"I really love my job and my role,  
and it fits around my life."*

## **Quality Account**

SPH are conscious that they are chiefly answerable to patients and, believe that all healthcare providers should be transparent and open to the closest of scrutiny.

The production of our Quality Account is a part of our commitment to demonstrate our accountability to our service users.

Our patients have a justifiable expectation of the highest quality, safe and effective service. They should know that the Consultant treating them, and the nurse caring for them, have fulfilled the most rigorous eligibility criteria, have up to date skills, and have had their performance regularly reviewed.

Standards for quality and best practice evolve continuously.

SPH remain committed to achieving and exceeding compliance with those standards in both healthcare and management practice.

SPH are delighted to share our commitment to quality with you by publishing our Quality Account.

## **Quality Priorities**

Spencer Private Hospitals commitment to continuous quality improvement is at the core of our business in delivering the best possible outcomes for our patients.

Our quality account is divided into three areas:

- Patient Safety
- Clinical Effectiveness
- Patient Experience

## **Patient Safety**

## **External Regulation**

SPH are required to register with the Care Quality Commission (CQC) and is fully registered under the Health and Social Care Act 2012.

SPH are registered in respect of the following regulated activities:

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***Treatment of disease, disorder, or injury***

***Diagnostic and screening procedures***

***Surgical procedures***

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SPH were inspected by the CQC in February 2015 as part of a pilot wave of a new inspection programme.

Full inspection details for Margate and Ashford can be seen in the CQC website.

Following the Covid-19 pandemic the anticipated inspection by the CQC did not take place. SPH engaged with the CQC inspector during 2021 - 2022. This assessment was that SPH were continuing to do well and that there are no concerns about the organisation.

SPH Canterbury were inspected in September 2022 following the opening of in-patient services.

Full inspection details can be seen on the CQC website.

## **Practicing Privileges**

SPH attract Consultants from a wide range of specialities, who have extensive experience gained within both the NHS and private sector.

They are committed to providing first class standards of care and support SPH proficient staff in providing effective and efficient care pathways.

Across the sites there are 129 Consultants offering 24 different specialities for treatment for outpatients or in patients.



Accordingly, our patients have full access to the treatment and operating facilities offered by the NHS Foundation Trust Hospitals. This service provision offers our patients and their families the unique reassurance and support that NHS Foundation Trusts offer, providing an environment not enjoyed by other private providers in the area.

SPH pride ourselves on offering each patient the individual care and attention that they need to make a full recovery.

Not being part of a large hospital group means that SPH are able to react promptly to the ever-changing healthcare environment.

SPH follow the guiding principles of the Medical Practitioners Assurance Framework for Independent Healthcare Providers (MPAF). This was developed by the Independent Healthcare Providers Network (IHPN) in October 2019 and refreshed in September 2022 with an aim of improving the consistency in medical governance across independent healthcare providers.

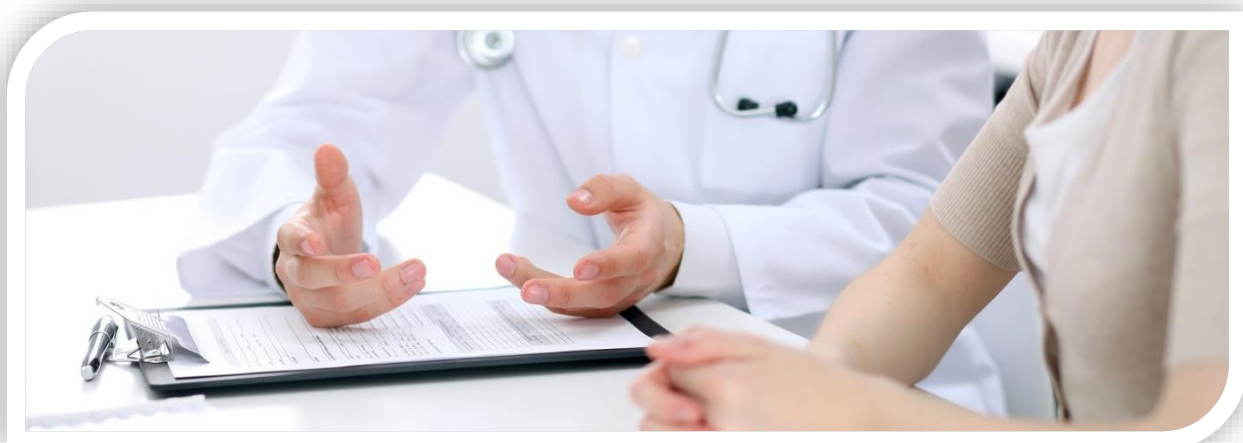
This aligns with the Care Quality Commission's (CQC's) well led domain and the CQC's State of Care in Independent Acute Hospitals report, published in 2018, which highlighted the need for greater standardisation in medical governance within the Independent Sector (IS).

SPH have a transparent clinical governance framework that is explicit about responsibility for medical performance and how performance issues are identified, managed, escalated, and communicated to relevant stakeholders.

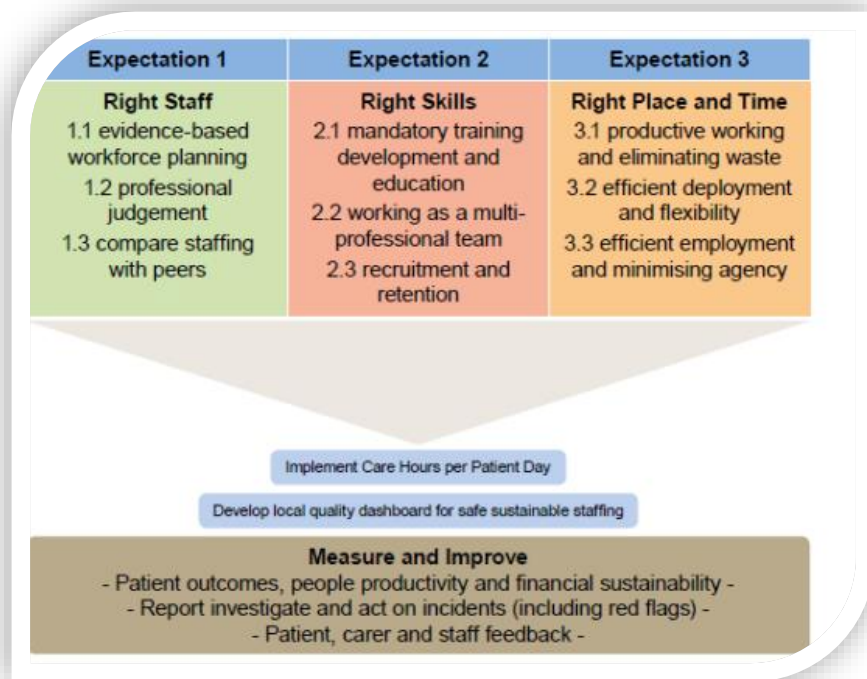
SPH's Board of Directors (BOD) are cognisant of their responsibilities for the quality of clinical care and have designated a non-executive board member who has a clinical background with the oversight of clinical governance of medical practitioners.

SPH have also appointed a clinician as a Lead for Clinical Governance with clearly defined responsibilities who reports to the Medical Director / BOD.

During the previous twelve months SPH have continued to support the NHS by providing elective surgical bed provision for their patients.



## Safe Staffing



Spencer Private Hospitals (SPH) have a duty of care to ensure that all patients are cared for by appropriately qualified, experienced and competent staff within a safe environment.

To support this objective, the organisation continues to utilise its Nursing Dependency Analysis Tool to ensure safe staffing levels are always maintained which is demonstrated by the hospital's quality metrics.

This practice is reflected within the Care Quality Commissions (CQC's) six standards applicable to all healthcare providers and observes the recommendations set out by the National Quality Board (NQB) guidance published in July 2016:

*“Supporting NHS providers to deliver the right staff, with the right skills, in the right place at the right time: Safe, sustainable and productive staffing”*

And the NQB's subsequent guidance:

*“Safe sustainable and productive staffing: An improvement resource for adult inpatient wards in acute hospitals”* in December 2016.

In line with the NQB's resources and other available sources including The Carter Review and its 9 key principles NHSE, NHSI, Health Education England, the Care Quality Commission and NICE Spencer Private Hospitals have reviewed and updated its Nursing Dependency Tool to ensure it met with the organisations clinical ward requirements.

Our clinical workforce is reviewed regularly to improve efficiencies and ensure agency usage remains minimal.

We have also reviewed our clinical training programs to ensure all our staff maintain the appropriate skills to continue to deliver safe, effective, caring, responsive and well led care in line with CQC and NQB expectations.

Our patient satisfaction, clinical outcomes, low infection rates and clinical incident statistics, PLACE, ISO and CQC audit and inspection results and maintenance of staffing KPI's supports our view that the Spencer Private Hospitals has a clear vision in relation to safer staffing and is maintaining and achieving company objectives to achieve the organisations strategic 3-year plan.

In 2023-2024 Spencer Private Hospitals continued to publish Safe Staffing data internally on patient information boards in ward areas.

The published data demonstrates levels of contracted staff, agency usage and skill mix, and the number of Care Hours Per Patient Day (CHPPD). The information is also published on the organisation's web site.

In addition to the above-mentioned data each month '*Harm Free Care*' statistics are published along with '*Never Event*' data. Monthly Health and Safety and Complaints reports are also provided to all staff and the Board of Directors; lessons learnt are shared with all concerned.

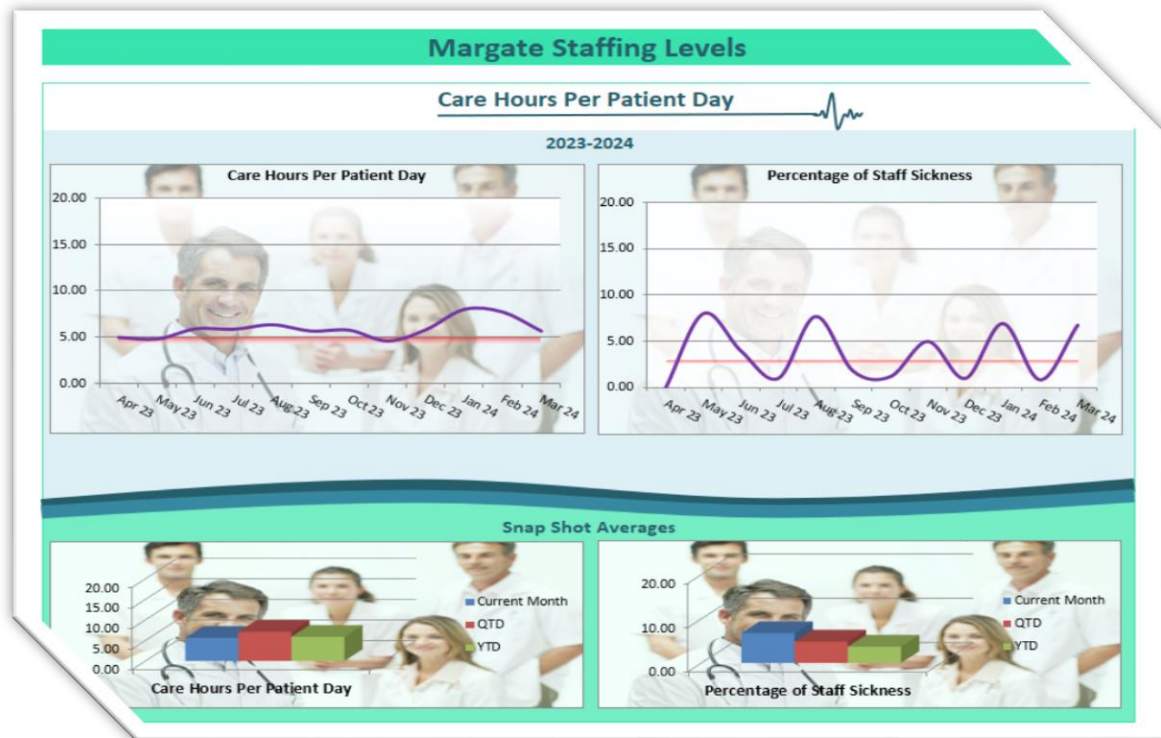
The NQB identified three expectations that form a 'triangulated' approach ('Right Staff, Right Skills, Right Place and Time') to staffing decisions; and offers guidance to SPH on using other measures of quality alongside CHPPD, to understand how staff capacity may affect the quality of care provided.

Utilising these resources assists SPH to ensure it has the right culture, leadership, and skills in place for safe, sustainable, and productive staffing whilst maintaining proactive, robust, and consistent approaches to measurement and continuous improvement to support safe, effective, caring, responsive and well-led care.

Setting appropriate planned levels of staffing is, therefore, fundamental to ensure SPH reduces any potential risk of patient's not experiencing high quality nursing care.

The NQB's resource has been used by SPH for the past seven years alongside our CHPPD to demonstrate and understand the impact of our staffing decisions on the quality of care that patients are receiving in our ward area.

Due to the difference in bed base capacity in Ashford and Canterbury sites the staff allocation remains the same daily. Two registered nurses are allocated to each shift whether there is minimum or maximum patient activity.



## Workforce Review

The past year has seen an increase in activity and occupancy along with providing clinical care for patients from a wider range of clinical specialities and increasing acuity due to supporting NHS services within EKHUFT.

This support has assisted EKHUFT to deliver the care required to the local population.

Despite recruitment difficulties, SPH staff have risen to this challenge and have provided outstanding support and care. The staff have developed their clinical skills and adopted flexible approaches to their roles along with improving efficiencies.

This in turn has maximised their impact on patients' lives by the care and support they have provided. Innovative ways of working have been introduced to achieve this, alongside new roles, and the development of existing ones.

It has been a very challenging time, but one that has brought significant opportunities for SPH workforce development including the completion of trainee HCA positions and the exploration of Trainee Associate Nursing and Trainee OPD roles which aligns with the organisations Investors in People Accreditation.

These opportunities aim to strengthen and develop the skills of the staff within the workforce.

A review has undertaken to align the workforce and the establishment, particularly the Registered Nursing establishment, to ensure the skill mix matches the organisation's 3-year strategy considering the national picture regarding the shortage of qualified nurses.

The aim of the review was to ensure staffing capacity and capability are sustainable and sufficient to provide safe and effective care to patients, taking account of any variation in demand. It was anticipated that the review will minimise the need for expensive agency staff and transfer to NHS Professionals by effectively planning the workforce needed for service requirements.

This aligns with the RCNs Workforce Standards as it is recognised that relying on agency staffing can impact on safe staffing and patient safety.

In addition to Safe Staffing metrics, additional quality measures have continually been reviewed and monitored including Datix Incident Reporting, Harm Free Care statistics, Complaints, Patient Experience Surveys, and Friends and Family feedback.

The organisations quality assurance framework is currently under further review along with any staff and patient feedback relating to staffing and patient safety.

## **Summary**

In line with the NQBs resource and other available resources, SPH continued to utilize its Nursing Dependency Tool in 2023-24 to ensure it met with the organisations clinical ward requirements.

Recruitment of qualified clinical ward staff has been difficult over the past few year. Ward occupancy and higher patient acuity, along with staffing shortages have affected the level of agency required.

A workforce pay review is complete and is anticipated the pay review will improve nursing vacancy rates.

Our clinical workforce has been continually reviewed during the year to improve efficiencies and to ensure agency staff in the ward area are only used where clinically indicated.

Agency lines of work have been utilised to support safe staffing and increase the ability to provide consistent care and quality outcomes for our patients.

**No Red Flag events** were reported relating to safe staffing levels during 2023-24.

SPH Patient Satisfaction results, clinical outcomes, low infection rates and clinical incident statistics, ISO and CQC audit and inspection results supports the organisations' view that SPH has a clear vision in relation to safe staffing and is maintaining and continuing to achieve company objectives within the organisations strategic 3-year plan.

## Medicines Management



Our pharmaceutical management processes ensure that all medicines are procured, stored, and dispensed in accordance with the Medicine Act 1968 and is in line with all regulatory and professional guidelines.

Spencer Private Hospitals complies with NMC guidelines for the administration of medicines, and we have an annual competency and calculation assessment of all our registered staff that administer medications.

The pharmaceutical arrangements of all our hospitals are inspected by the Care Quality Commission to ensure adherence to regulations related to Medicines Management. Spencer Private Hospital actively participates in national reporting procedures for any adverse occurrences relating to medicines to support continuous monitoring and learning.

These are reported within our Clinical Governance Framework, which ensures we continuously train and assess the competency all our staff and improve patient safety.

In addition to our robust internal processes, we are also working together with the NHS to simplify and increase reporting, improve data report quality, maximise learning and guide practice to minimise harm from medication errors by:

- Sharing incident data reducing the need for duplicate data entry by frontline staff
- Clarifying medication safety roles and identifying key safety contacts to improve communication between local and national levels

For the year 2023-2024 we had five reported medication errors accounting for 0.01% of our patient capacity.



## **Controlled Drugs**

Controlled Drugs (CDs) are those controlled under the Misuse of Drugs Act 1971 and subsequent legislation.

There are two main provisions for ensuring the safe management of controlled drugs: appointing controlled drugs accountable officers (CDAOs) in controlled drug designated bodies (CDDBs) and sharing information between organisations, regulators and agencies via local intelligence networks (LINs).

Our Controlled Drugs Accountable Officer (CDAO) for Margate is Lynn Orrin.

Our Controlled Drugs Accountable Officer (CDAO) for Ashford is Cheryl Lloyds.

They are responsible for the safe and effective use and management of controlled drugs and for acting where concerns are raised. All required reporting was submitted on-line to NHS England in line with the regulations.

The CQC are responsible for assuring that providers of health and adult social care and other regulators create a safe environment for the management of controlled drugs. Spencer Private Hospitals Margate and Ashford were inspected by the Home Office in 2023 and were inspected as fully compliant against regulations.

Spencer Private Hospitals have assessed Controlled Drugs Management against NICE Baseline assessment tool for Controlled Drugs: safe use and management (NICE medicines practice guideline NG46). All recommendations have been met.

NICE Guidance on Controlled Drugs: Safe Use and Management issued on 12<sup>th</sup> April 2016 remains current guidance. The guidance has been fully appraised, and policies and procedures are reviewed annually and amended to ensure all regulations are met.

### **SPH responses to Key Issues:**

- The governance of CDs has been fully reviewed during 2023-24. This includes the updating of all related policies and the implementation of a new SOP for ordering of CDs from EKHUFT Pharmacy. Internal and external governance audits continue in line with regulatory requirements.
- CDLIN meetings have been attended during 2023-24 and all relevant information has been discussed throughout the organisation for shared learning.
- There have been no deaths reported relating to CD's.
- The diversion of CDs and misuse by staff has been discussed at Governance and SMT level. All required governance processes are in place including twice daily CD auditing and internal

and external monthly audits. Following an increase in supply of codeine a review was undertaken of the management of this medication and codeine is now monitored in line with CD management to minimise risk of diversion.

- Shared governance meetings between SPH and EKHUFT continue including reviewing and investigating any Datix incidents relating to CDs' for shared learning.
- There were no issues reported regarding prescribing during remote consultations.
- The identification of cannabis use is a part of the current pre-assessment process. Any areas of concern are escalated to the required teams and actioned.
- There were no issues reported regarding the diversion or misuse of propofol.
- SPH has worked with EKHUFT to implement electronic prescribing.

### **Internal Audit of CD Management**

The clinical areas where Controlled Drugs are stored are audited monthly and at three monthly intervals by EKHUFT pharmacy personnel.

The results of all audits are discussed at clinical departmental meetings and Spencer Private Hospitals Clinical Governance Committee meetings to ensure best practice and shared learning.

Internal clinical competency assessment documentation has been reviewed including all aspects of Controlled Drugs Management and NICE guidance.

Spencer Private Hospitals continue to utilise a RAG rated Traffic Light System for the reporting of CD related incidents. The purpose of the 'traffic light' system is to:

- Assist those responsible for returning quarterly Occurrence Reports to regulated bodies.
- Assist all staff involved with the management and/or administration of CDs of the degree of urgency required when reporting CD incidents internally.
- Assists with sharing lessons learnt and developing clinical staff competencies.



## **2023-2024 Reportable Incidents**

In 2023-2024 there were no reported Red Controlled Drug Incidents.

In 2023-2024 there were no reported Amber Controlled Drug Incidents.

In 2023-2024 there were seven reported Green Controlled Drug Incidents accounting for 0.01% of all patients.

## **Home Office (HO) Annual CD Returns**

The annual return for 2023 was completed and submitted to the Home Office in January 2024 by EKHUFT as SPH is now considered as an end user of CDs supplied by EKHUFT.

Compliance has been discussed with the Pharmacy Director for EKHUFT. This is included in the current SOP for Ordering and Supply of CD's.

## **Harm Free Care**

During 2023 - 2024 there were 5253 patients admitted to Spencer Private Hospitals.

### **Falls**

There were eleven incidents of falls during 2023-2024. Accounting for 0.2% of patient admissions.

### **Pressure Ulcers**

There were no incidents of Pressure Ulcers during 2023-2024.

### **VTE**

There was one incident of VTE in 2023-2024. Accounting for 0.01% of patient admissions.

### **Urinary Infection**

There were no incidents of Urinary Infections in 2023-2024.

### **Goal:**

The National Standard for Harm Free Care is set at 95% for all four harms.

### **Outcome:**

In 2022/23, we exceeded the National Standards by achieving:

- 99.8% Harm Free Care recorded for Falls
- 100% Harm Free Care recorded for Pressure Ulcers
- 99.99% Harm free Care recorded for VTE
- 100% Harm Free Care recorded for Urinary Infections

## Clinical Governance

### Clinical Indicators

Spencer Private Hospital		
Date Range start >>	01.04.2023	
Date Range finish >>	31.03.2024	
	Surgical	Medical
In-patients >>	5252	0
Day-patients >>	2206	0
Out-patients >>	47549	0
Total Patients>>	55007	
Total Admissions	7458	
Total Day-patients >>	2206	
Total Out-patients >>	47549	
Indicator	Totals	% of all admissions
Mortality	0	0.0%
Peri-operative deaths	0	0.0%
Unplanned re-admission within 28 days of discharge	0	0.0%
Unplanned second operation within 6 weeks of initial surgery	0	0.0%
Unplanned second operation within 28 days of discharge	0	0.0%
Unplanned return to theatre	0	0.0%
Unplanned transfer to: ITU	0	0.0%
HDU (TSW)	0	0.0%
Other ward	3	0.01%
Infection rate	0	0.0%
Surgical site infections	0	0.0%
MRSA Bacteraemia - Hospital aquired -TRUST	0	0.0%
MRSA Bacteraemia - Hospital aquired -TSW	0	0.0%
MRSA Bacteraemia - Community aquired	0	0.0%
MSSA	0	0.0%
E-Coli	0	0.0%
Staphlococcus Aureus	1	0.002%
C Difficile - TSW	0	0.0%
C Difficile - Trust	0	0.0%
Post-operative VTE	1	0.002%
Post-operative CVA	0	0.0%
Myocardial infarction	0	0.0%
Serious injury/ Never Event	1	0.002%
Theatre list delay	2	0.004%
Conversion to overnight stay from daycase	1	0.002%
Serious Incident	0	0.0%
Incidents	406	0.7%

## Serious Incidents

There was one reported Serious Incident in 2023-2024.

This was a patient death at home one week post operative following a joint replacement.

The incident was reported as an Invasive Surgical Treatment reaching the serious incident criteria. The root cause analysis was completed and submitted, and the outcome delivered in March 2024.

The process is complete, and the action plan accepted and agreed.

### Outcome: Unpreventable death

The actions for improvement are as follows:

1. Change in anaesthetic review process leading to a change in Pre-Assessment and admission criteria and SOP.
2. Letter sent to all patients having to indicate the 10 steps for admission at least one week prior to surgery to remind patients to advise us to any changes to their medical or surgical history.
3. Full medical record being available at the time of Pre-Assessment.



## Infection prevention and control (IP&C)

Mandatory reporting for three specific antigens allowed SPH to achieve compliance with the standards identified with the Code of Practice.

Objective	Target
MRSA Bacteraemia	No cases
MSSA Bacteraemia	No cases
Clostridium difficile	No cases
Surgical Site Infection	One case

There have been one reported needle stick injuries reported in 2023-2024, accounting for 0.02% of all clinical incidents.

## **Safeguarding**

Safeguarding remains a key priority for SPH. In line with The Health and Social Care Act 2012 and CQC regulations, the organisation has policies and systems in place to safeguard the people who use our services.

During 2023-2024 the organisation continued with its on-going program of training in relation to safeguarding Adults and Children for both clinical and non-clinical staff.

Training for level 1 and 2 has been undertaken through Kalidus while level 3 training is complete as a face to face attended session.

The organisation's has three senior clinical staff who have undertaken level 4 training.

Safeguarding incidents are included in the organisational Quarterly Clinical Governance and Safety reports which are shared from Ward to Board.

There have been no reported Safeguarding incidents reported in 2023-2024.

## **Freedom to Speak Up (FTSU) Guardian**

The FTSU Guardians have a key role within SPH to raise the profile of raising concerns and provide confidential advice and support to the staff in relation to concerns they have about patient safety and the way a concern has been handled to ensure the hospitals policies are followed correctly.

The lead for Freedom to Speak UP has ensured all processes have been reviewed and actions taken to ensure best practice is maintained including:

- Encouraging staff to speak up utilizing a dedicated email for staff to use to confidentially raise concerns.
- FTSU clinics have been offered.

There were two FTSUP concerns raised during 2023-2024.

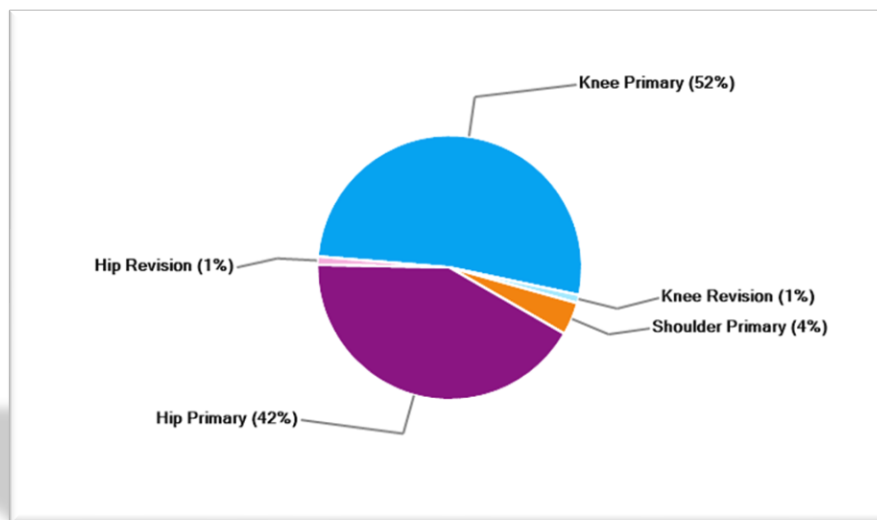
The FTSUP policy was ratified by SMT in Nov 22 and has a 3 yearly review date set for July 2025.

## Clinical Audit & Outcomes

### National Joint Registry

1<sup>st</sup> April 2022 – 31<sup>st</sup> March 2023

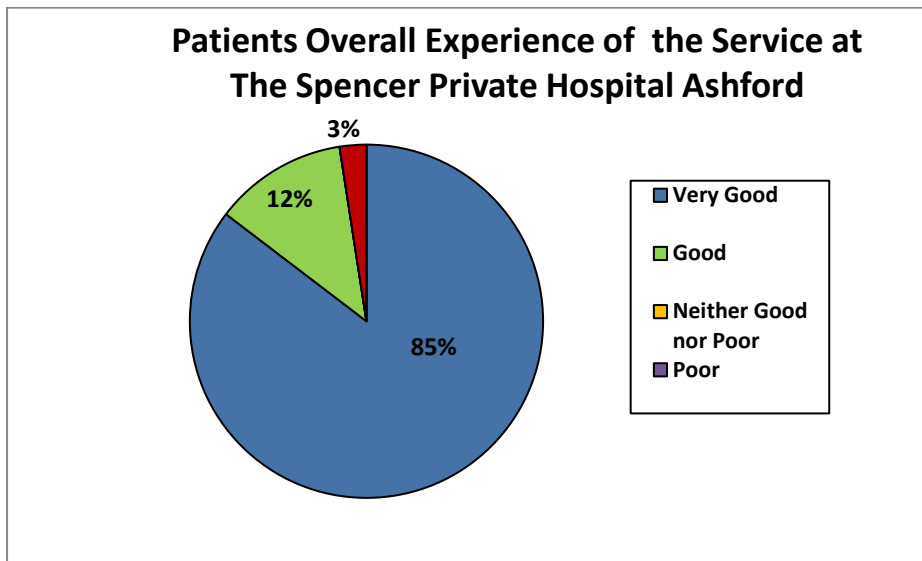
There were 324 joint replacements completed in 2022-2023 compared to 563 in 2023-2024.



### PLACE Inspection

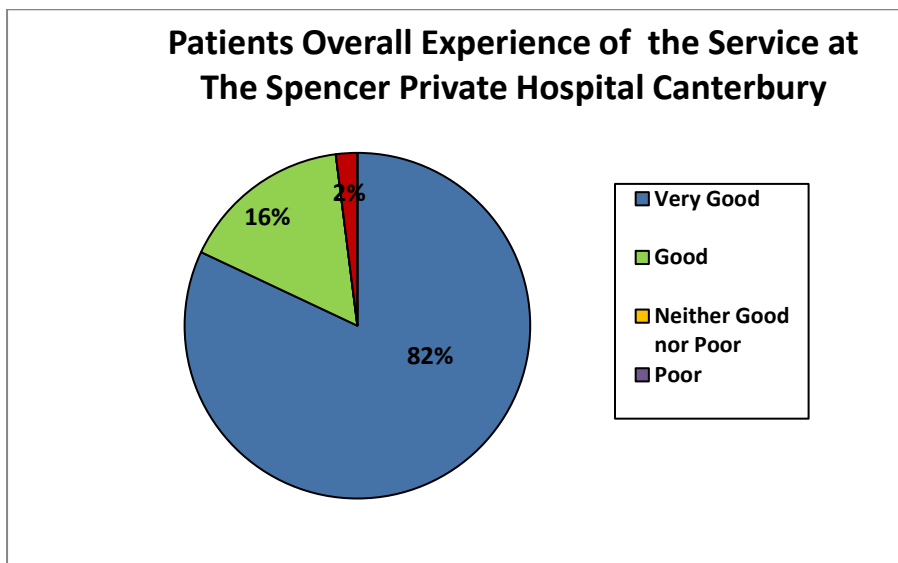
	National Average %	Spencer Private Hospital Scores %
> Cleanliness	98.1%	100%
> Food	90.9%	98.95%
> Privacy, Dignity and Wellbeing	87.5%	92.31%
> Condition Maintenance and appearance	95.9%	100%
> Disability	84.3%	95.45%

## Patient Experience



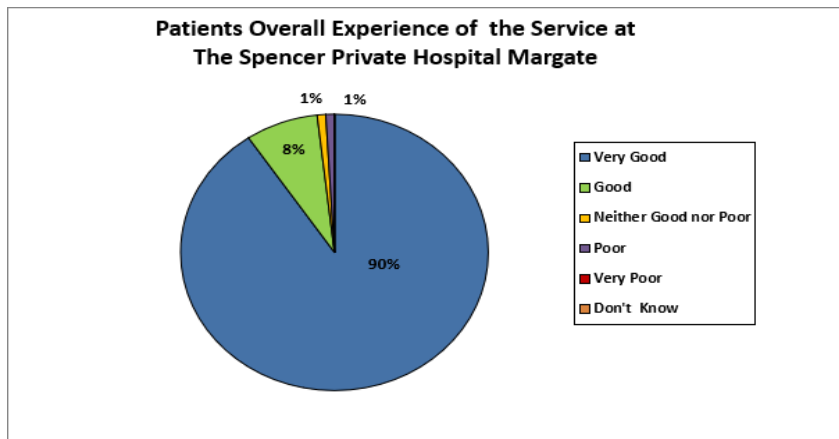
*"All the staff were friendly and made me feel at ease."*

*"Consultant was an excellent Doctor; informative, helpful and caring. All the nursing staff were excellent too. Thank you."*



*"Everyone was so welcoming and friendly. I need extra care after the surgery and the Consultant & Anaesthetist were fantastic and kept my wife fully up to date."*

*"This is the best stay in Hospital I have ever had. I don't want to go home as I have been treated like a king."*



*"Staff are a credit to you."*

*"The food was excellent - well prepared, always hot where necessary and well presented. There was a very good choice at all meals. The catering staff I met were all very friendly and helpful."*

*"The professionalism and quality efficiency reflects on skilled teamwork. All staff were very kind and willing to go the extra mile to make my stay comfortable, safe and enjoyable. They gave me praise when walking without aids, this encouraged my confidence."*

*"All staff came across kind, caring and showed empathy during my stay. Friendly and reassuring. A big thank you for taking care of me during my stay. Great team!"*

*"The staff deserve praise for their work; always smiling. The staff and nurses were excellent, friendly and extremely helpful. Staff like these are not easy to find and a credit to the service."*

*"The catering staff are so helpful and willing to accommodate any dietary needs."*

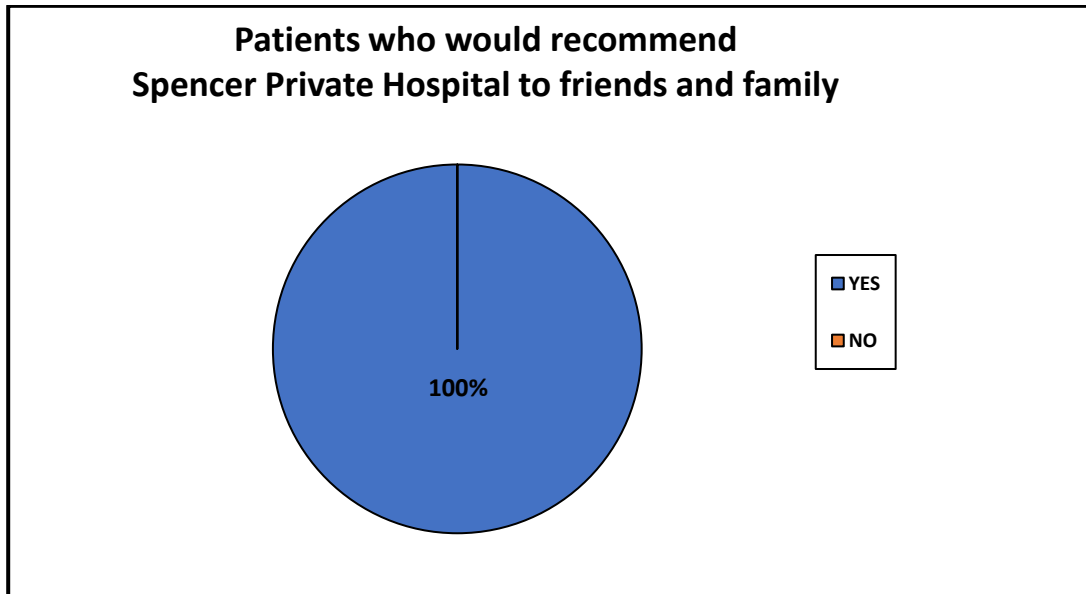
*"Cleanliness was of an exceptional standard."*

## Ophthalmology Survey

In 2023-2024 SPH Margate and Ashford provided 17,930 episodes of care for patients with degenerative eye conditions leading to blindness.

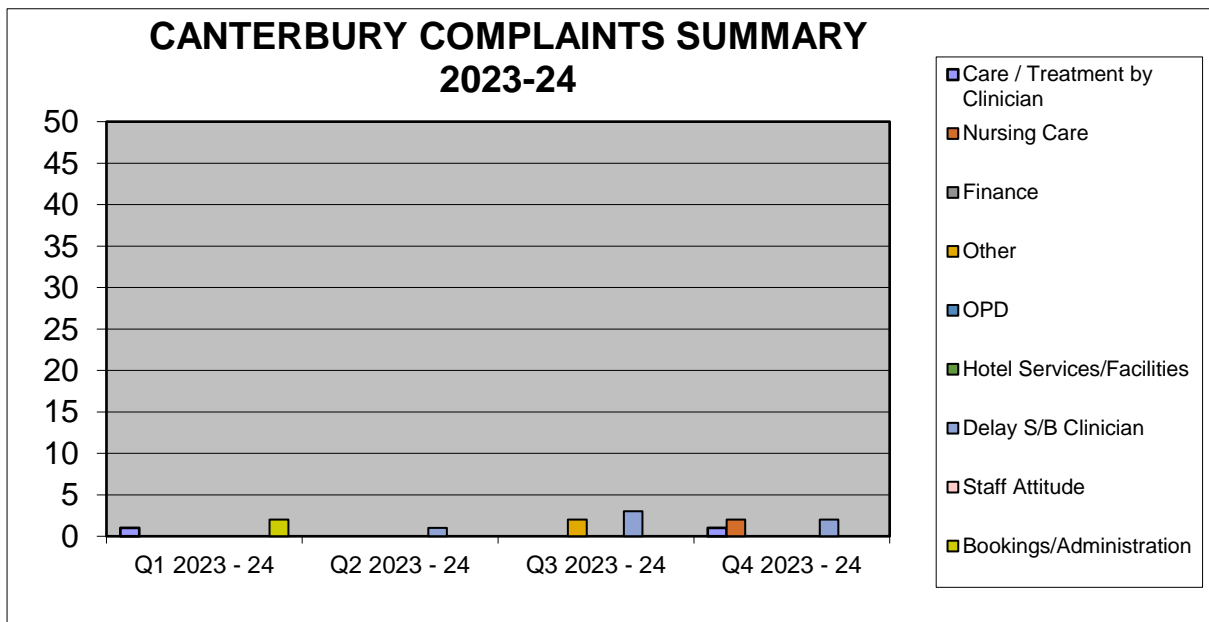
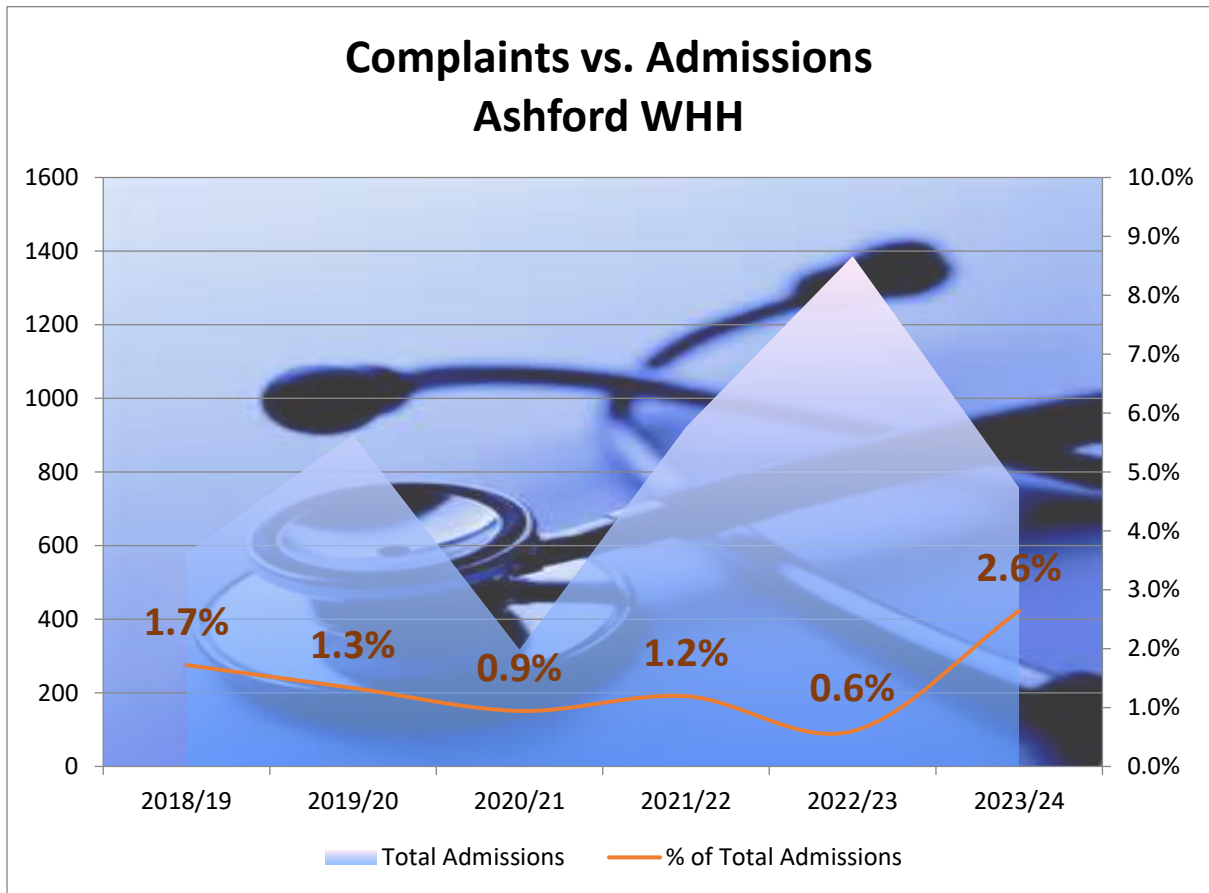
This service continues to grow, and our patients have repeated appointments leading to a close relationship with patients, relatives, and staff in the fight against loss of sight.

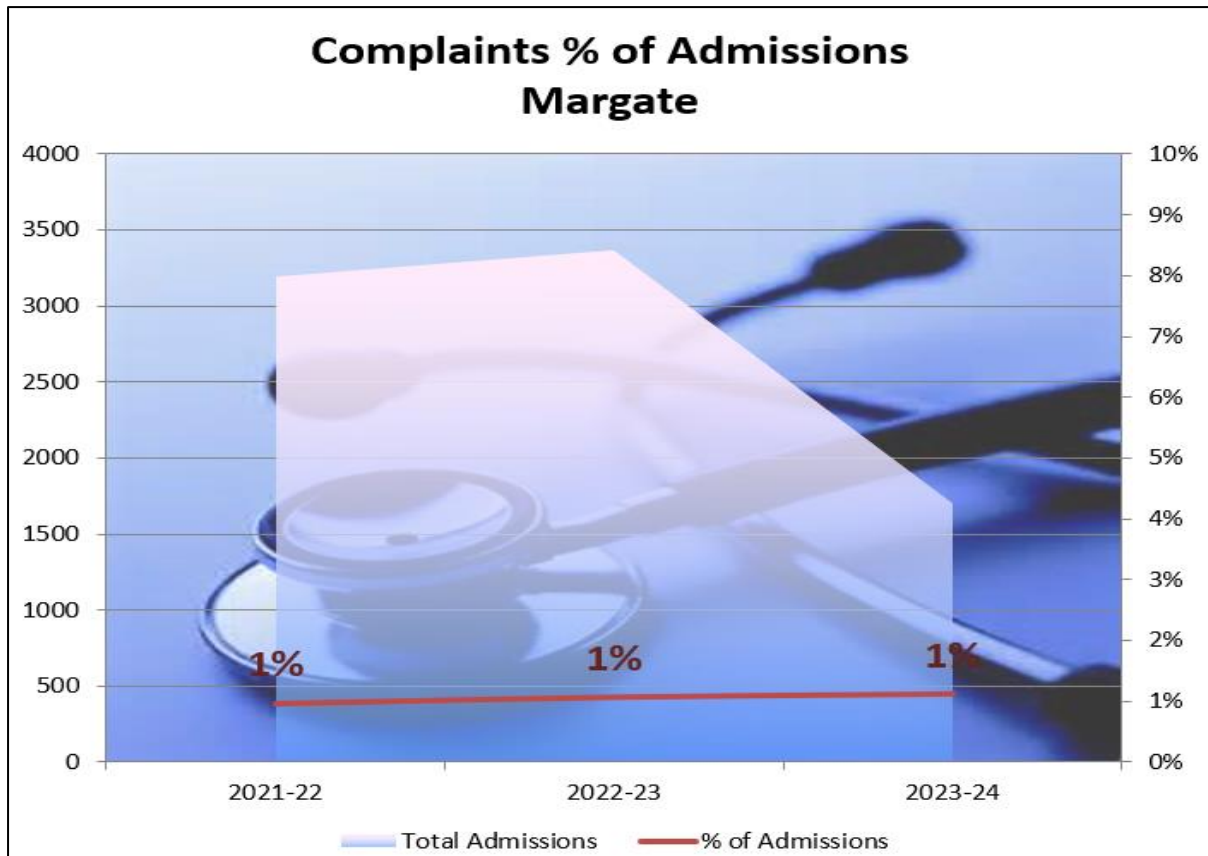
Our patients are asked to complete surveys following their care and SPH are proud with 100% of patients recommending this service to their family and friends.





## Complaints





#### **Preventative Measures / Lessons Learnt Following Complaints:**

##### **Care / Treatment by Consultants / Clinician:**

- Around one third (30%) of the complaints related to Consultant behaviour and manner. The Consultants involved all offered their sincere apologies to patients for any upset or distress caused as this was not their intention. The Hospital Director has met with required Consultants to ensure communication with patients improves.
- Communications have been held with Consultants regarding their timekeeping to ensure they are not late for their clinics, nor do they overrun.
- Requests have been made to Consultants to ensure they advise the administration team of all booked annual leave to prevent cancellation of clinics.

##### **Delay in Treatment and Waiting Times:**

- Around one third (30%) of the complaints were related to a delay in patient treatment, either through cancellation of procedures or outstanding wait times following the pandemic which continues to impact on the scheduling of procedures. The bookings and administration teams do their utmost to minimise occurrences of cancellations and have worked hard to address RTT waiting times. Meetings to review the RTT continue monthly, and outcomes are reported to the ICB at the regular contractual meetings.

### **Administration / Bookings:**

- Around 14% of the complaints received were in relation to errors in the booking and administration process. All of the complaints have been discussed with the Head of Customer Services who has ensured that additional staff training has been provided where required, and that staff are informed of patient feedback, both positive and negative in order to improve administrative practices and communication skills.

### **Nursing Care:**

- Registered Nurses have attended refresher courses on cannula care and the administration of IV medications.
- Registered Nurses have undertaken re-training in administration of Controlled Drugs.
- The procurement of pharmacy medicines for planned discharges has been reviewed to ensure timely discharging is maintained.
- Discussions have taken place with the nursing team to ensure effective communication is maintained with patients.
- Discharge protocols have been reviewed with clinical staff to ensure full compliance is met.
- Discussions have taken place with the nursing staff to assist with improvement in patient care and patient communications.
- A review has been undertaken with Canterbury Christ Church University relating to the supervision of student nurses.
- Pre-assessment processes, including the triaging of patients, have been reviewed and improved. This included the implementation of LifeBox which is a digital preassessment process. The system has streamlined process and improved pre-operative patient safety.
- Shared Governance meetings with EKHUFT have continued throughout 2023-24 to discuss and review clinical incidents and clinical practice along with learning from complaints received relating to the transfer of patients.

### **Finance:**

- Communications have been held with the finance team to ensure due diligence is undertaken with patient paperwork, particularly with regards to patient insurance claims and making sure cover has been agreed by the insurance company prior to surgery.

### **Facilities:**

- All required facilities maintenance has been undertaken. The site supervisor has reviewed the organisations planned maintenance programme to ensure any issues are identified in a timely manner.
- Menus and beverage services have been reviewed and improved. The Site Supervisor is collaborating with 2GSS on all aspects of the food provision service.
- Communications have been held with the facilities team to ensure all patients are regularly reviewed throughout the day to establish nutritional requirements. The team are to ensure they attend daily huddles.

### **Education & Training**



- Staff clinical training programs have also been reviewed and the Kalidus training system has worked very well to ensure all our staff maintain the appropriate skills to continue to deliver Safe, Effective, Caring, Responsive and Well Led care in line with CQC and ICB expectations.
- The senior nursing staff are additionally being included in a management training program developed by the HR team.
- HR are currently exploring potential new training systems for 2024-25.

**Priorities 2024-2025:**

Increased survey response

Increase treatment room capacity

Physiotherapy Out-Patients

Children's Service expansion

Assessment of the viability of the ward facilities

**Priorities 2023-2024:**

Establish day light operating

Expanding Out-Patient Facilities

ENT elective surgery

Establish Childrens Services

Expand In-patient services.

Establish private urology services

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