

spence

PRIVATE HOSPITALS



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About Spencer Private Hospitals



Spencer Private Hospitals Ltd (SPH) Head Office and three hospital sites are located within the beautiful county of Kent.

Unique amongst private healthcare providers, we are a Private Limited Company and a fully owned subsidiary of East Kent Hospitals University NHS Foundation Trust, with sites in:

- Ashford (William Harvey Hospital)
- Canterbury (Kent & Canterbury Hospital)
- Margate (Queen Elizabeth Queen Mother Hospital).

With a reputation for excellent clinical care and access to expert Consultants, Spencer Private Hospitals offer a safe and supportive environment in which to have your treatment.

The co-location of each site within Trust facilities affords patients and their families the unique reassurance and support that an NHS Foundation Trust offers.

Our consultants cover a wide range of specialities, and have extensive experience gained within both the NHS and the private sector. They are committed to providing first class standards of care and are available twenty-four hours a day to support the Spencer Private Hospital's high calibre and proficient staff.

The Spencer Private Hospital site situated in Margate is a purpose-built hospital in the grounds of the Queen Elizabeth the Queen Mother Hospital in Margate (QEQM). In addition to the ward provision the site offers a five-outpatient room facility, audiology suite, physiotherapy, and an endoscopy treatment room. Margate has access to 103 Consultants offering 24 different specialities for treatment as outpatients and in patients.



The Spencer Private Hospital in Ashford opened in March 2016 and is located on the site of the William Harvey Hospital. The four-bed in-patient area is in the Rotary Suite. Outpatient services are in the Arundel Unit consisting of five consulting rooms, treatment suite, audiology room and physiotherapy services.



The Spencer Private Hospital at Canterbury is an out-patient facility consisting of two consulting rooms offering the range of consultant led services found at the other two main sites. The in-patient facility consists of eight beds based on Invicta and Clarke ward, with operating in the Elective Orthopaedic Centre and Day Surgery unit.



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 (SPH), we are pleased to make this statement regarding our Quality Account for 2022-2023.

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 24th year of business. Providing safe, effective, high-quality care is our absolute priority and are committed to Continuous Quality Improvement. SPH prides itself 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 are recognised as the private provider of choice in East Kent”.

Our Mission

“To use our expertise in putting our clients at the centre of our business and to provide quality healthcare services that our users recommend, and our employees are proud of”.

Quality Standards

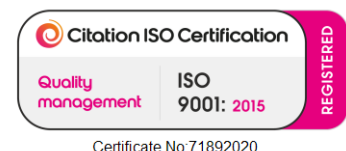
We use many external quality standard assessments to assist us in ensuring that we maintain and continually develop our services to the highest standards:

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'**

ISO Accreditations

ISO 9001:2015 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.



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 for 2021-2022

SPH are an organisation that has a proven track record for achieving clinical excellence and maintaining high standards.

SPH is one of the independent hospital providers who continue to support the NHS. They did this seamlessly offering staff and accommodation for patients to East Kent Hospitals Trust throughout the year.

SPH 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:

Treatment of disease, disorder, or injury.

Diagnostic and screening procedures.

Surgical procedures.

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 on 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.

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 Spencer Private Hospital's proficient staff in providing effective and efficient care pathways.

Across the sites there are 156 Consultants offering 24 different specialities for treatment either as 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 prides themselves 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) which was developed by the Independent Healthcare Providers Network (IHPN) in October 2019 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.

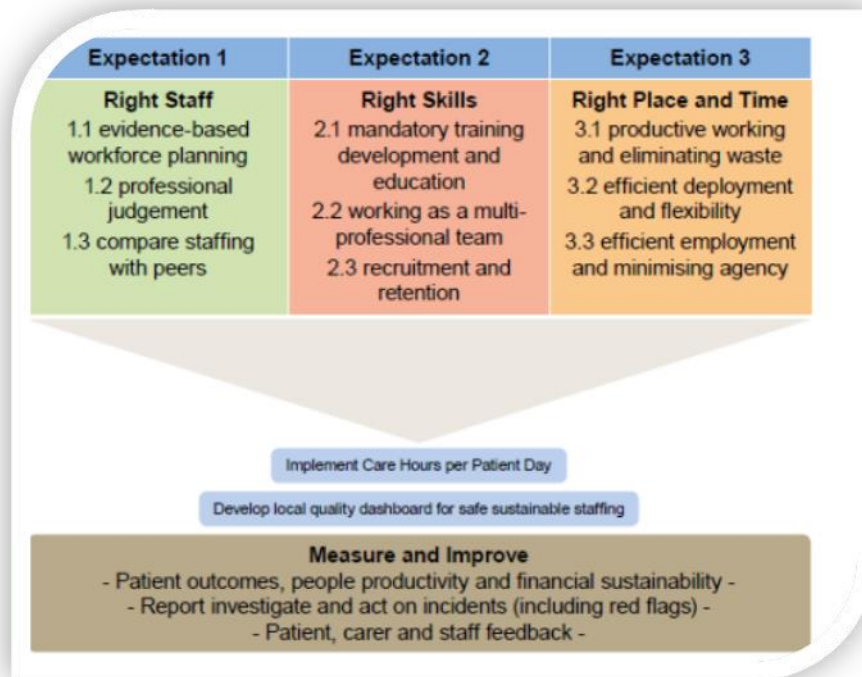
SPH's Board of Directors (BOD) are cognisant of their responsibilities for the quality of clinical care and have designated a non-executive board member who has a clinical background with the oversight of clinical governance of medical practitioners.

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.

As SPH move into 2022-2023 SPH will reignite private activity and NHS initiative elective surgical cases in accordance with our plan to maintain our referral to treatment plans.

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 2022-2023 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, self-employed 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 and shared with contractual partners and Care Quality Commission.



Medicines Management

Our pharmaceuticals 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.

For the year 2021-2022, there have been no reported medication administration errors recorded.

Controlled Drugs

SPH 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.

There have been no administration errors associated with controlled drugs in 2021-2022.

Harm Free Care Compliance

In 2021-2022 SPH exceeded the National Standards of 95% Harm Free Care at both Margate and Ashford sites.

Margate:

Harm	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total
Pressure ulcer	99.84%	99.87%	99.88%	100%	99.90%
UTI	100%	100%	100%	100%	100%
Falls	99.84%	99.73%	99.88%	99.55%	99.76%
VTE	100%	100%	100%	100%	100%

Ashford:

Harm	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total
Pressure ulcer	100%	100%	100%	100%	100%
UTI	100%	100%	100%	100%	100%
Falls	100%	100%	100%	100%	100%
VTE	100%	100%	100%	100%	100%

Canterbury:

No reported in-patient data due to in-patient services opening in March 2022.

Clinical Governance

Spencer Private Hospitals has local frameworks in place, through which clinical effectiveness, clinical incidents and clinical quality are monitored and analysed. This is through the work of the Clinical Governance Committee and the Medical Advisory Committee. This enables us to continually review and improve the quality of care delivered to our patients and to ensure our staff are developed to provide the highest standard of nursing care.

Spencer Private Hospitals are also active members of the Independent Healthcare Providers Network (IHPN) which is the representative body for Independent Healthcare organisations. The six functions of the IHPN are:

- Sharing Information and Intelligence
- Providing a voice for the Independent Sector
- Influencing policy making and decisions
- Point of contact between member's and healthcare regulators
- Events for members and the wider independent sector
- Collecting, producing and disseminating data

Adverse Incidents

SPH use the Datix reporting system to record adverse clinical and non-clinical incidents.

Weekly closing the loop meetings are held internally chaired by senior members of clinical staff. Incidents which have arisen and remain open are discussed. Shared Governance and learning take place with the acute Trust on a quarterly basis to maintain outcomes appropriate and proportionate to the incident.

The number of incidents reported for the year are:

Clinical

220 clinical incidents recorded for 2021-2022 accounting for 0.5% of patients treated at SPH

Non-clinical

50 non-clinical incidents reported for 2020-2021 accounting for 0.1% of patients treated at SPH

All adverse events are reported through the Clinical Governance Committee and Medical Advisory Committee quarterly and presented to the Board thereafter for validation.

Included in the Quality Report are any changes to national guidance, which are reviewed and introduced into care pathways as appropriate. This ensures that effective care is maintained reflecting evidence-based best practice for all our patients.

Policy and procedures are reviewed bi-annually, or sooner if required. This helps to safeguard the patient's best interest through evidence-based care.

Serious Incidents

There have been three reported serious incidents in 2021-2022. All processes were followed and Root Cause Analysis documents complete with documented action plans. Duty of Candour followed with all patients as written in SPH policy. These incidents accounted for 0.01% of all incidents.

Venous Thromboembolism

There has been one incident of Deep Vein Thrombosis reported for an SPH patient in 2021-2022. Incident accounted for 0.002% of clinical incidents.

Falls

There have been four reported falls in the year of 2021-2022 accounting for 0.01% of all incidents. Following investigation these have all been risk graded as no harm and all risk assessments complete.

Pressure Ulcers

There has been one reported incident of a hospital acquired pressure ulcer reported in the year 2021-2022. This incident accounted for 0.002% of incidents reported. The patient had a risk assessment complete and was identified as having a skin integrity vulnerability. With all actions in place a small ulcer was identified and treated.

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	Achieved/Not achieved
MRSA Bacteraemia	No avoidable cases	Achieved
MSSA Bacteraemia	No avoidable cases	Achieved
Clostridium difficile	No avoidable cases	Achieved
Surgical Site Infection	No cases	Achieved

There have been four reported needle stick injuries reported in 2021-2022, accounting for 0.01% of all clinical incidents.

Patient Led Assessments of the Care Environment (PLACE)

A good environment matters. Every patient should be cared for with compassion and dignity in a clean, safe environment. Where standards fall short, patients should be able to draw it to the attention of managers and hold the service to account.

PLACE assessments provide motivation for improvement by providing a clear message directly from patients, about how the environment or services might be enhanced.

Spencer Private Hospitals participates in annual PLACE inspections which apply to all hospitals delivering NHS-funded care. PLACE assessments put patient views at the centre of the assessment process, and use information gleaned directly from patient assessors to report how well a hospital is performing in the areas assessed privacy and dignity, cleanliness, food and general building maintenance.

The assessment results are reported publicly to help drive improvements in the care environment. The results show how hospitals are performing nationally and can be used to benchmark all healthcare providers.

Most importantly, patients and their representatives make up at least 50 per cent of the assessment team, which gives them the opportunity to drive developments in the health services they receive locally.

PLACE Results:

2022 PLACE Results

	National Average	Spencer Private Hospitals
Cleanliness	98.01%	99.17%
Food	90.23%	95.14%
Privacy, Dignity and Wellbeing	86.08%	95.24%
Condition, Maintenance and Appearance	95.79%	100%
Disability	82.49%	97.78%

Clinical Audit and Outcomes

Clinical External National Audits

During 2021–2022 SPH have participated in all relevant National Clinical Audits including NCEPOD. The National Clinical Audits and NCEPOD that SPH participated in during 2021–2022 were as follows:

- National Elective Surgery - Patient Reported Outcome Measures (PROMS)
- NJR: Hip, Knee, Ankle and Shoulder replacements
- EQ-ER audit for primary hip and knee replacements
- Patient Outcome and Death

Patient Report Outcome Measures (PROMS)

The PROMS study measures general health improvement as well as site specific Oxford joint scores for total hip and total knee joint replacements. This information is obtained from a pre-operative and a 6-month post-operative questionnaire.

The PROMS audit is a record of the percentage of patients who scored a post-operative improvement in measures such as pain, stiffness, mobility, and usual activity as compared to their pre-operative score.

Due to the continued support SPH have provided to the NHS there is only data available for primary hip replacement. SPH have been successful in providing a 67% response rate for which remains above the national average of 60%. The EQ – 5D is maintained to the average health gain and the Oxford Hip Score is matched to the England average.

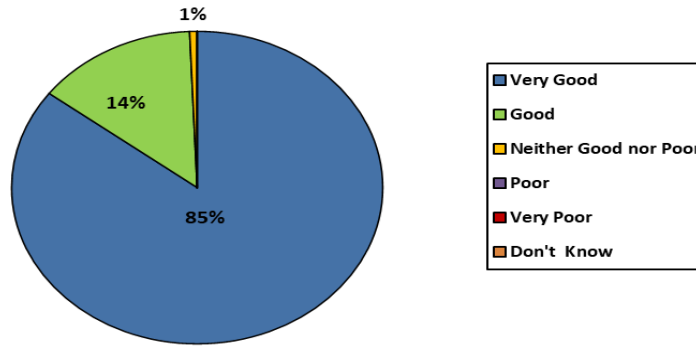
National Joint Registry

SPH contribute to the data within the National Joint Registry (NJR). Due to the continued impact of the pandemic data shows limited activity undertaken with only 355 cases of joint replacement. All measures are reported as being better than expected in line with the result reported prior to the pandemic.

Patient Satisfaction

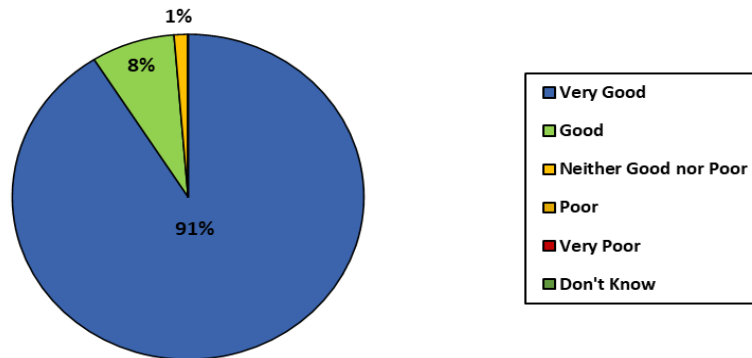
Patient satisfaction has remained high within SPH during this year. A response rate of 13.81% (Margate) and 30% (Ashford) was achieved.

**Patients Overall Experience of the Service at
The Spencer Private Hospital Margate**



No. of Questionnaires Received		No of Eligible Admissions	% Response
Q1	96	421	22.80%
Q2	99	478	20.71%
Q3	97	520	18.65%
Q4	18	552	3.26%
TOTAL	214	1550	13.81%

**Patients Overall Experience of the Service at
The Spencer Private Hospital Ashford**



No. of Questionnaires Received		No of Eligible Admissions	% Response
Q1	12	19	63%
Q2	24	141	17.02%
Q3	42	98	42.86%
Q4	0	0	0%
TOTAL	78	258	30%

Selection of Patient Feedback

Patient Feedback – Accommodation & Housekeeping:



“Good clean rooms, friendly caring nurses, good menu.”

“All staff were very helpful nothing was too much to ask. Accommodation First class.”

“Clean, quiet, calm and well attended too with kind staff.”

“Room good, nurses lovely, nice to have a window to see daylight.”

“Very comfortable surroundings, kind, helpful and attentive staff.”

Patient Feedback – Catering Service:



“Catering staff very friendly and kind, food standard high and service with a smile makes everything feel better.”

“Chef made sure I had food that was free from all my allergy triggers and made sure I was well fed with good quality food.”

“Everyone works so hard and are helpful and very caring. The food is wonderful, cannot fault it.”

“Top notch, the fact I am vegan was dealt with thoughtfully, I really appreciated the effort - thanks!”

Patient Feedback – Nursing:



“I cannot fault the care and compassion of any member of the team.”

“Staff were wonderful and put you at ease. Explained everything that was going on.”

“All nursing staff were very prompt when called for even when busy. I felt very cared for.”

“Staff friendly and helpful, happy to chat when you wanted and seemed to know when you didn't.”

Patient Feedback – Overall Experience:

“Absolutely stunning, made a not very nice life experience much, much better.”

“Considerate, friendly and empathetic service, only too happy to help. Good quality food, excellent nursing care.”

“I felt relaxed and cared for despite feeling quite anxious about the procedure when admitted. A very positive experience.”

“Very kind attentive staff and a lovely quiet room, couldn't have been looked after any better. Thank you.”

“Everyone from the admissions team, surgeon, surgical staff and nurses have been excellent in everyway possible.”

“Exceptional kindness shown by all staff, thank you so much.”

As a result of patient feedback, the following has been implemented: -

- Corporate refurbishment programme continuing
- Heating system to be upgraded.

Complaints Management

Effective complaints management is an integral component of SPH high-quality governance. SPH Quality and Safety framework is underpinned by excellent governance at all operational and organisational levels and the organisation as a whole works as a team to deliver person-centred care. This includes putting patients and their families at the centre of our decision-making processes. This aligns with the organisations Mission Statement:

“Placing clients at the centre of our business to provide healthcare services that our users recommend, and our employees are proud of “

SPH are committed to delivering the best possible patient experience to every single patient, every single time. It is a key aspect of the leadership commitment to SPH customers and is a part of the hospitals wider quality management system.

SPH has a clear focus on enhancing customer satisfaction and experience. As part of this process staff listen, take seriously, and respond promptly and openly to any complaint received. This approach assists in ensuring patients feel confident in raising any issues or concerns they may have and enables help to ensure that our staff to feel supported to respond to patients who experience issues or concerns.

In 2021-2022 SPH continue to use the Datix Management System to manage all the organisation’s complaints and concerns. Weekly updates are included within the Closing the Loop Management forum with a full and open discussion of outcomes and lessons learnt.

ISCAS 7 Steps

SPH follows the ISCAS 7 steps to good complaints handling to ensure that the hospitals processes reflect all regulatory guidance. SPH also liaises with the local Clinical Commissioning Group (CCG) and Health Service Ombudsman for patients whose care is funded by the NHS.



Margate Complaints Analysis

There were 35 complaints recorded in 2021-2022, equating to 1.18% of patient admissions. There were 478 thank you’s received during 2021-2022.

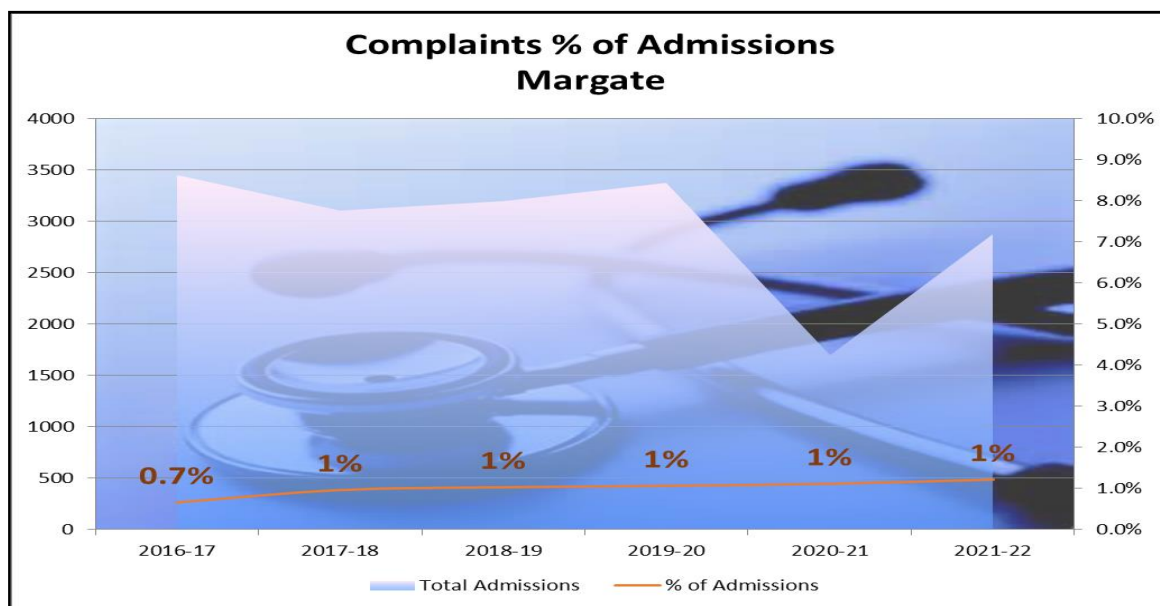
Complaint Category	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022
Care/Treatment by a Clinician	9.5	13	11	13	12
Delay S/B a Clinician	1	1	3	0	4
Staff Attitude	0	0	1	0	0
Nursing Care	2	6	3	2	10
Finance	2.5	3	2	1	4
Outpatients (OPD)	0	2	2	0	0
Bookings/Administration	6	6	8	2	5
Hotel Services / Facilities	0.5	0	1	1	0
Other	3	1	4	0	0
TOTAL	30	33	36	19	35

Ashford Complaints Analysis

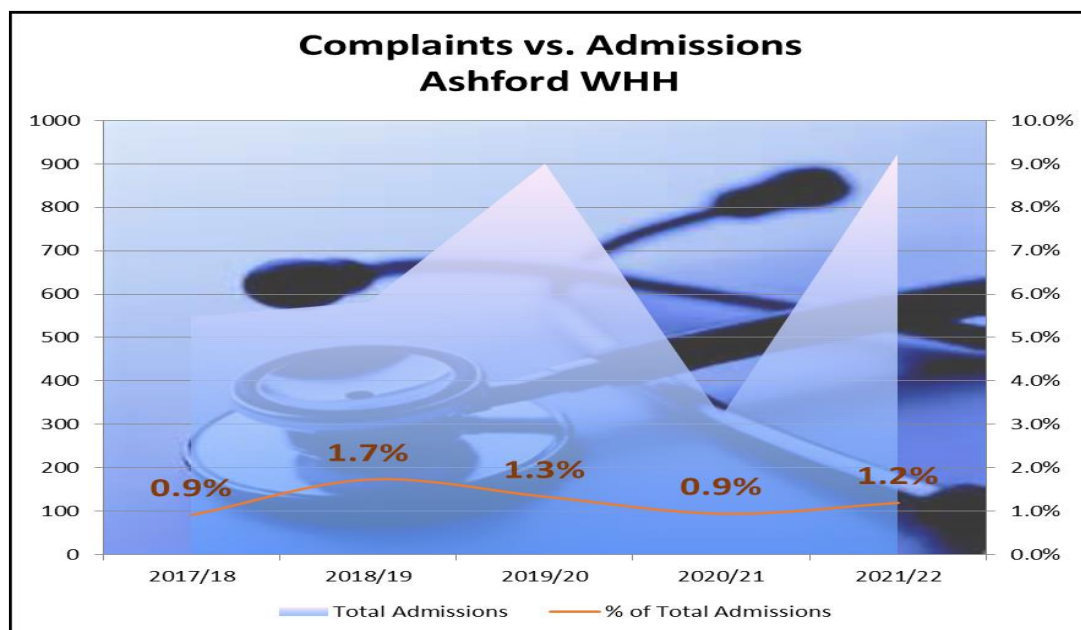
There were 11 complaints recorded in 2021-2022, equating to 1.19% of patient admissions. There were 47 thank you's received during 2021-2022.

Complaint Category	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022
Care/Treatment by a Clinician	10	13	11	0	1
Delay S/B a Clinician	1	1	3	0	3
Staff Attitude	0	0	1	0	0
Nursing Care	2	6	3	0	1
Finance	3	3	2	0	2
Outpatients (OPD)	0	2	2	0	1
Bookings/Administration	6	6	8	1	2
Hotel Services/ Facilities	1	0	1	1	1
Other	3	1	4	0	0
TOTAL	26	32	35	2	11

Complaints V Admissions Margate



Complaints V Admissions Ashford



Canterbury Complaints Analysis

There have been no reported complaints for Canterbury in the year 2021-2022.

Preventative Measures / Lessons Learnt following complaints:

- **Treatment by Consultant** – There was found to be a commonality around complaints relating to treatment by consultant highlighting the Consultants manner. Statements were gathered from all Consultants involved who offered their sincere apologies for any distress caused during the patients' appointments.
- **Waiting Times – complaints relating to delays in surgery or procedures** – Due to delays caused by Covid and the subsequent triaging process of patients along with limited Consultant theatre availability, some procedures were delayed. Assurances and apologies were given to the patients affected with procedure dates being rebooked as soon as was safely possible.
- **Environment – fixtures and fittings** – Letters of apology were sent to the patients along with an explanation of the refurbishment programme being undertaken currently.
- **Finance – Patients challenging treatment costs** – Investigations showed that patients costs had been explained in line with CMA regulations and patients had signed the appropriate forms agreeing to costs. Findings were discussed with patients and payments were made.

- **Nursing Care** – Feedback was given to staff and re-training undertaken where indicated. Where complaints were in relation to care provided by agency staff, feedback was given to the agency and the staff members involved. Shared governance meetings were commenced with EKHUFT to discuss and review clinical practices from Trust staff working within SPH during the pandemic. These meetings continue whilst SPH continue to offer bed capacity and continue with shared care provision for Trust transferred patients.
- **Clinic Delays / Cancellations** – Discussions have been held with consultants regarding timekeeping and clear patient communication. All required actions have been undertaken to improve concerns raised.
- **Administration** – Waiting lists have been reviewed and triaged following postponement of patient surgeries due to the Covid-19 pandemic. All patients have received communications in relation to required care. Waiting Lists / RTT are monitored continually and discussed at weekly planning meetings. Errors in booking processes have been discussed with the appropriate staff members and re- training provided where necessary. Medical secretarial support services have been reviewed to ensure they meet with service demands from consultants and patients.

All patients were responded to in line with the organisation's complaints process. This included personal calls made by the Hospital Directors to enhance patient satisfaction where appropriate.

Education and Training

SPH are committed to providing education and training to their staff so that delivery of care from all quarters is optimal. Staff have undertaken appropriate training in addition to all mandatory training requirements. This education will continue to be enhanced with the employment of a Clinical Nurse Tutor who will assist with development of our Trainee Healthcare Assistants.

SPH has extended the roles within the hospital to include several trainee positions. Additionally, funding has been provided for two members of staff to complete the Associate Nursing Programme and one member of staff to complete the OSCE training.

SPH are an accredited Investors in People organisation since 2000 and received a highly commended rating when re inspected in 2017.

Staff are all part of the annual Personal Development Programme (PDP) within SPH, which involves three meetings during the year to ensure compliance is achieved and any changes reflected therein. Training and education are aligned to the PDP discussions and outcomes.

SPH also have three Freedom to Speak up guardians who are available on the sites on designated days or alternatively can be contacted at any time for confidential advice. In addition, SPH promote Mental Health First Aiders and TRiM practitioners who ensure that the mental health and well being of all staff is maintained.

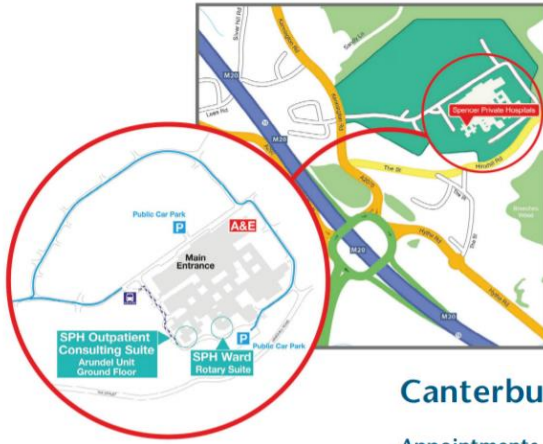
Ashford

Appointments and General Enquiries

01233 616 201

How to Find Us

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William Harvey Hospital
Kennington Road
Ashford, Kent
TN24 0LZ



Canterbury

Appointments and General Enquiries

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How to Find Us

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Kent & Canterbury Hospital
Ethelbert Road
Canterbury, Kent
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Margate

Appointments and General Enquiries

01843 234 555

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