



Quality Account 2022-2023

Contents

About Spencer Hospitals

Quality Statement

Quality Priorities

Quality Standards

Patient Safety

**Practice Privileges
Safe Staffing
Medicines Management
Controlled Drugs
Clinical Indicators
Harm Free Care**

Clinical Governance

**Incidents
Serious Incidents
Infection Control
Safeguarding**

Clinical Audit & Outcomes

**National Joint Registry
PLACE**

Patient Experience

**In-Patient Survey
Ophthalmology Survey
Complaints**

Education & Training

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 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 9001:2015 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.

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

*"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"*

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 are an organisation that has a proven track record for achieving clinical excellence and maintaining high standards. As part of our commitment to comply with the Any Qualified Provider (AQP) status we are required to comply with the Commissioning for Quality and Innovation (CQUIN) scheme which provides a national framework through which organisations providing healthcare services under the NHS Standard Contract can earn incentive payments by achieving agreed national and local goals for service quality and improvement.

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:

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.

Canterbury CQC Inspection

In September 2022, Spencer Hospitals Canterbury had a full inspection of all registered activity. The inspection consisted of four members of the CQC team visiting for one day. Data was provided as evidence via the sharing portal.

The following areas were inspected:

- Consultant Data
- Appraisal Process
- Education and Learning
- Leadership
- Safeguarding Children and Adults
- Incident reporting
- Complaints Management
- Theatre Booking
- Equipment Checks
- Management of Medical Records
- Facilities Inspection including Theatre
- Patient Feedback

The final report was agreed and published in November 2022 with a **GOOD** Rating provided.

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).

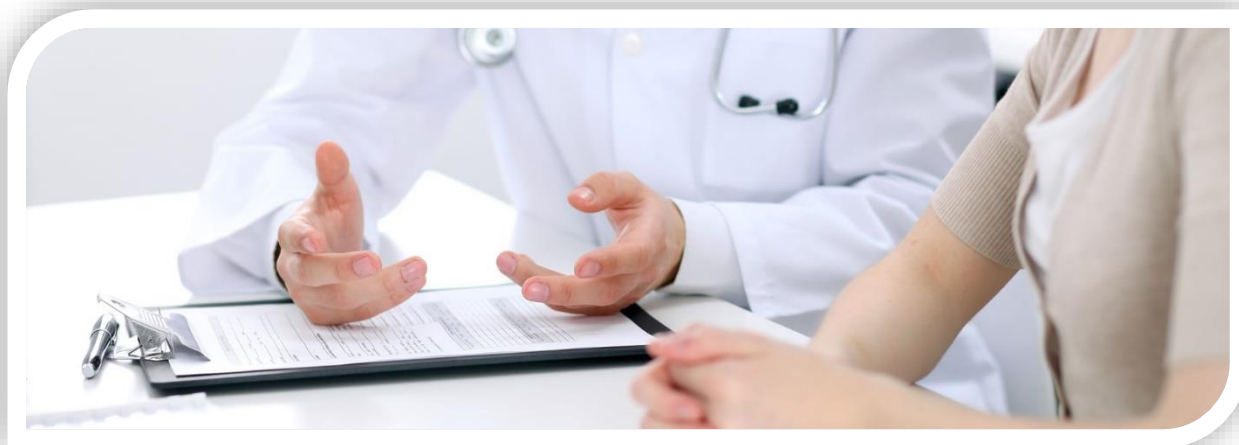
SPH have a transparent clinical governance framework that is explicit about responsibility for medical performance and how performance issues are identified, managed, escalated, and communicated to relevant stakeholders.

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.

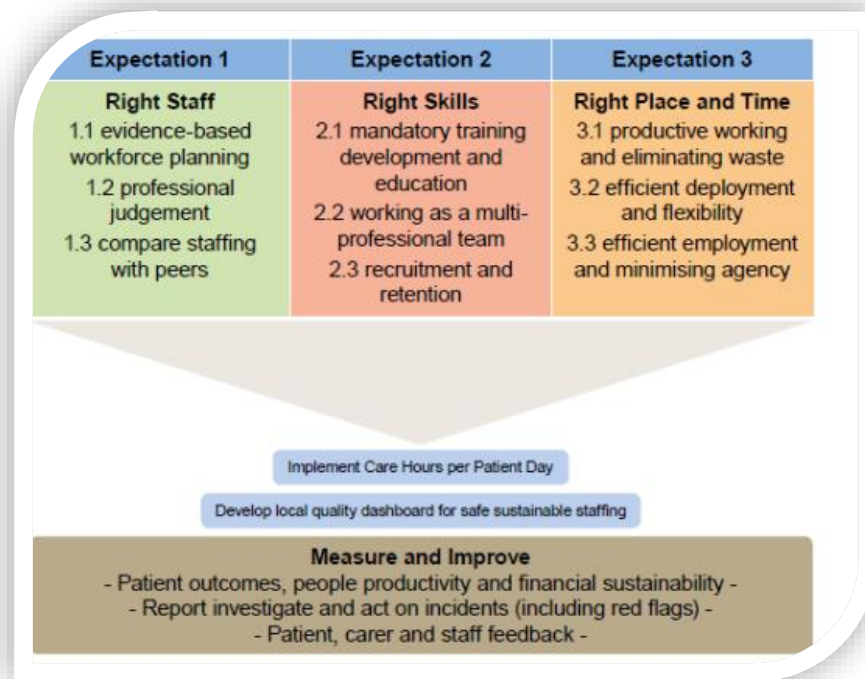
SPH have also appointed a clinician as a Lead for Clinical Governance with clearly defined responsibilities who reports to the Medical Director / BOD.

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.

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 six 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 / occupancy along with providing clinical care for patients from a wider range of clinical specialities and increasing acuity due to NHSEs request to support 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 bought 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 further review is being undertaken at the time of writing this report to review the workforce and the establishment, in particular the Registered Nursing establishment, to ensure the skill mix aligns with the organisation's 3-year strategy considering the national picture regarding the shortage of qualified nurses.

The aim of the review is 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 is anticipated that the review will minimise the need for expensive agency staff 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 utilise its Nursing Dependency Tool in 2022-23 to ensure it met with the organisations clinical ward requirements.

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

A workforce pay review was recently commenced, which at the time of writing this report, remains ongoing. It 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 2022-2023

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 Margate 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 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.

The 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. The 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 NHS England and the Central Alerting System to simplify and increase reporting, improve data report quality, maximise learning and guide practice to minimise harm from medication errors by:

- Sharing incident data between the MHRA and NHS England reducing the need for duplicate data entry by frontline staff.
- Providing new types of feedback from the National Reporting and Learning System (NRLS) and MHRA to improve learning at local level.

• Clarifying medication safety roles and identifying key safety contacts to improve communication between local and national levels.

Joining with the National Medication Safety Network as a forum for discussing potential and recognised safety issues

For the year 2022-2023 we had six reported medication errors accounting for 0.02% 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 were inspected by the Home Office in April 2018 and were inspected as fully compliant against regulations. The next inspection is due in 2023.

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 12th 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 responded to Key Issues:

- The governance of CDs has been fully reviewed during 2022-2023. 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 2022-2023 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 is currently working 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 were discussed at clinical departmental meetings and the Spencer Private Hospitals Clinical Governance Committee meetings to ensure best practice and shared learning.

Internal clinical competency assessment documentation were 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.

2022-2023 Reportable Incidents

In 2022-2023 there were no reported Red Controlled Drug Incidents.

In 2022-2023 there were no reported Amber Controlled Drug Incidents.

In 2022-2023 there were three reported Green Controlled Drug Incidents.

Home Office (HO) Annual CD Returns

The annual return for 2022 was completed and submitted to the HO in January 2023 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 2022 - 2023 there were 6249 patients admitted to Spencer Private Hospitals.

Falls

There were 14 incidents of falls during 2022/2023. Accounting for 0.2% of patient admissions.

Pressure Ulcers

There were 2 incidents of Pressure Ulcers during 2022/2023. Accounting for 0.03% of patient admissions.

VTE

There were no incidents of VTE in 2022/2023.

Urinary Infection

There were no incidents of Urinary Infections in 2022/2023.

Goal:

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

Outcome:

In 2022/2023, we exceeded the National Standards by achieving:

- 99.8% Harm Free Care recorded for Falls
- 99.97% Harm Free Care recorded for Pressure Ulcers
- 100.00% Harm free Care recorded for VTE
- 100.00% Harm Free Care recorded for Urinary Infections

Clinical Governance

Clinical Indicators:

Indicator	Totals	% of all admissions
Mortality	0	0.00%
Peri-operative deaths	0	0.00%
Unplanned re-admission within 28 days of discharge	0	0.00%
Unplanned return to theatre	1	0.002%
Unplanned transfer to: ITU	0	0.00%
HDU (TSW)	0	0.00%
Other ward	0	0.00%
Infection rate	0	0.00%
Surgical site infections	0	0.00%
MRSA Bacteraemia - Hospital aquired -TRUST	0	0.00%
MRSA Bacteraemia - Hospital aquired -TSW	0	0.00%
MRSA Bacteraemia - Community aquired	0	0.00%
MSSA	0	0.00%
E-Coli	0	0.00%
C Difficile - TSW	0	0.00%
Serious Injury/ Never Event	1	0.002%
Ophthalmology	31	0.10%
Safeguarding	3	0.01%
Falls	14	0.02%
Paediatrics	7	0.01%
Medication	9	0.02%
Pressure Ulcers	3	0.01%

Serious Incidents

There was one reported Serious Incident in 2022-2023.

The incident involved a patient fainting post-surgery resulting in a fractured wrist from a fall. Root Cause Analysis and action complete. The incident followed the SPH Guidance for Duty of Candour.



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 three reported needle stick injuries reported in 2022-2023, accounting for 0.006%% 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 2022-2023 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 has been undertaken through Relias as the Face-to-Face training was limited following the pandemic.

Access through EKHUFT for face-to-face training has been agree for 2023-2024. The organisation's Safeguarding Lead has undertaken level 4 training.

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

There have been three reported Safeguarding incidents reported in 2022-2023 accounting for 0.01% of all patient capacity.

Freedom to Speak Up (FTSU) Guardian

Elaine Tanner is SPH's Freedom to Speak Up Guardian.

The FTSU Guardian has 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/or the way a concern has been handled to ensure the hospitals policies are followed correctly.

Elaine has ensured all FTSUP 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 no FTSUP concerns raised during 2022-2023 and a nil report has been submitted.

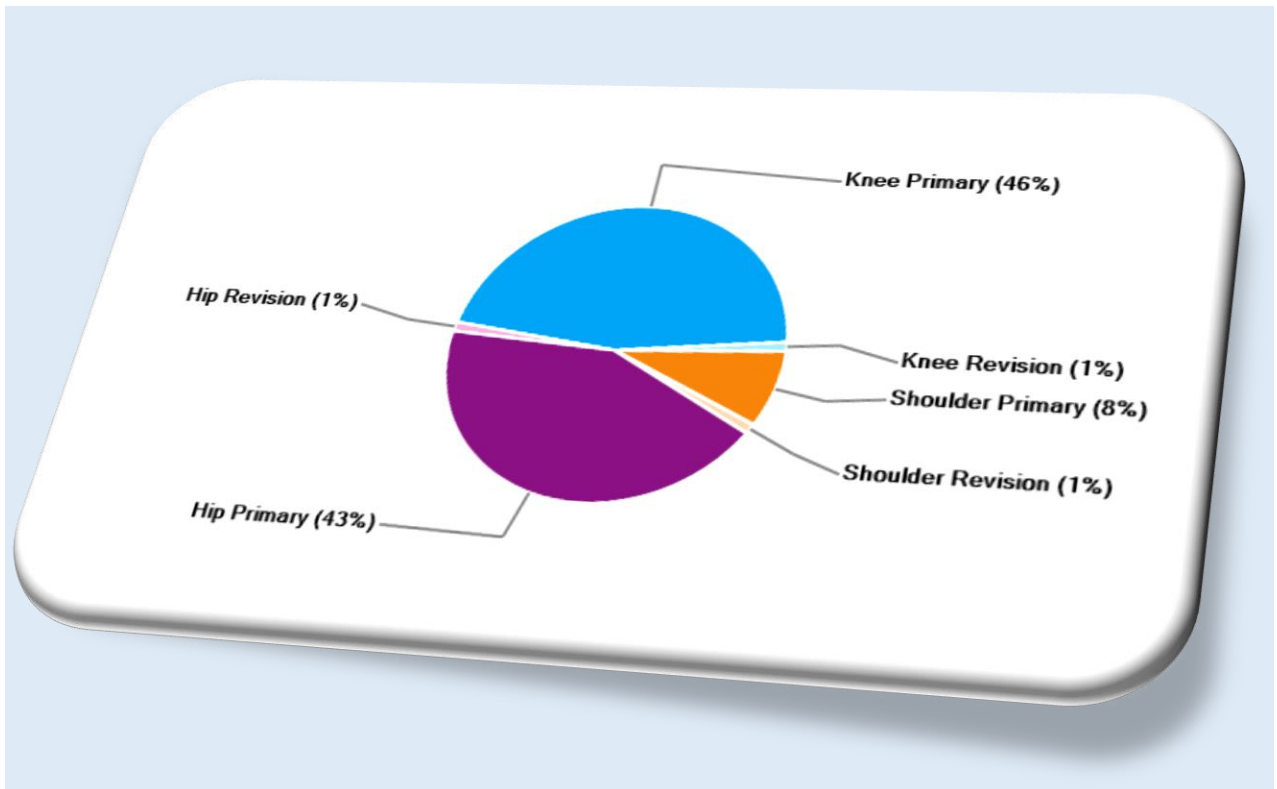
The FTSUP policy was ratified by SMT in November 2022 and has a 3 yearly review date set for July 2025.

Clinical Audit & Outcomes

National Joint Registry

1st April 2021- March 2022

There were 355 joint replacements completed in 2021-2022 compared to 637 in 2022-2023.

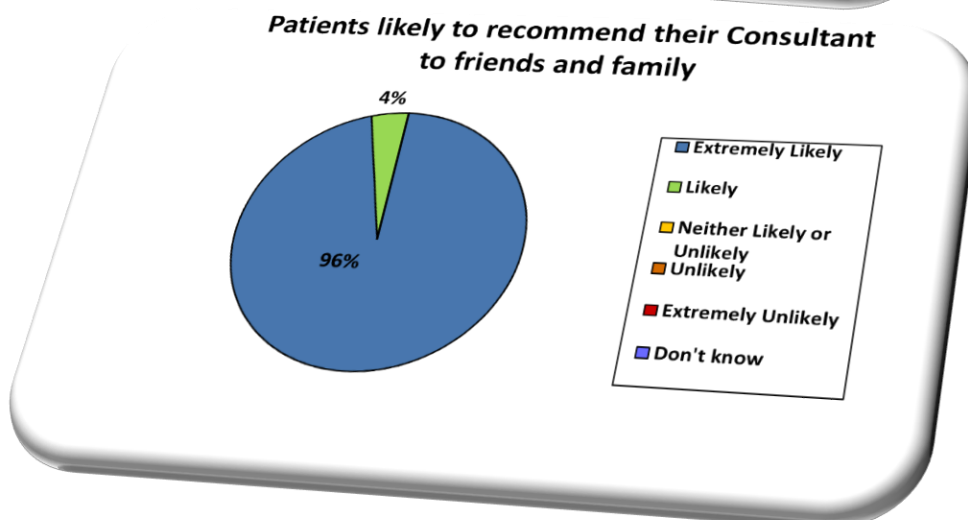
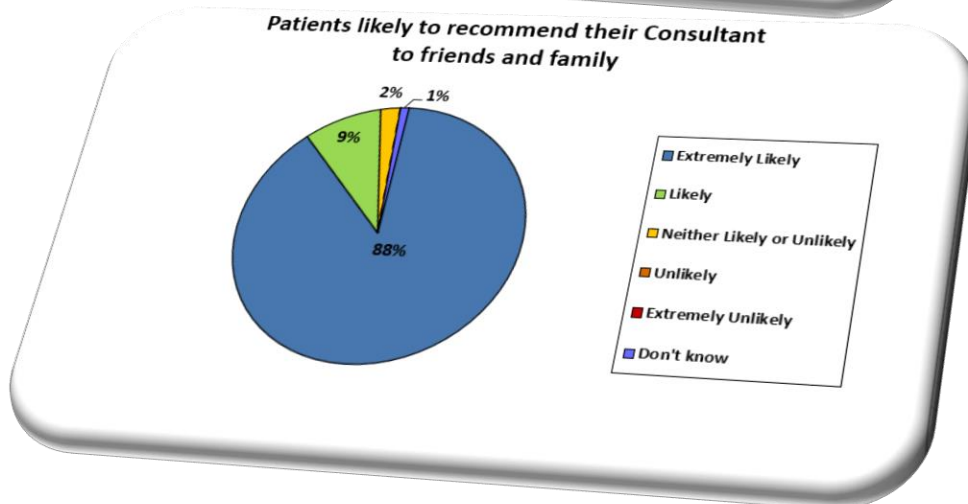
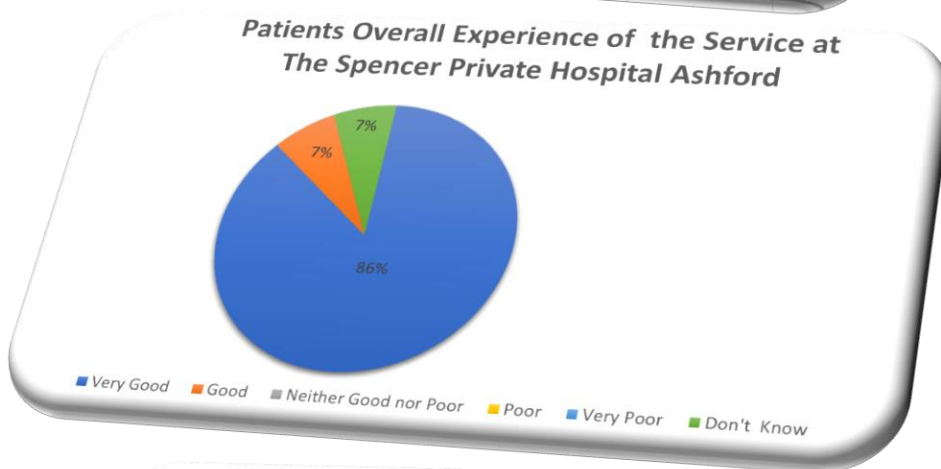
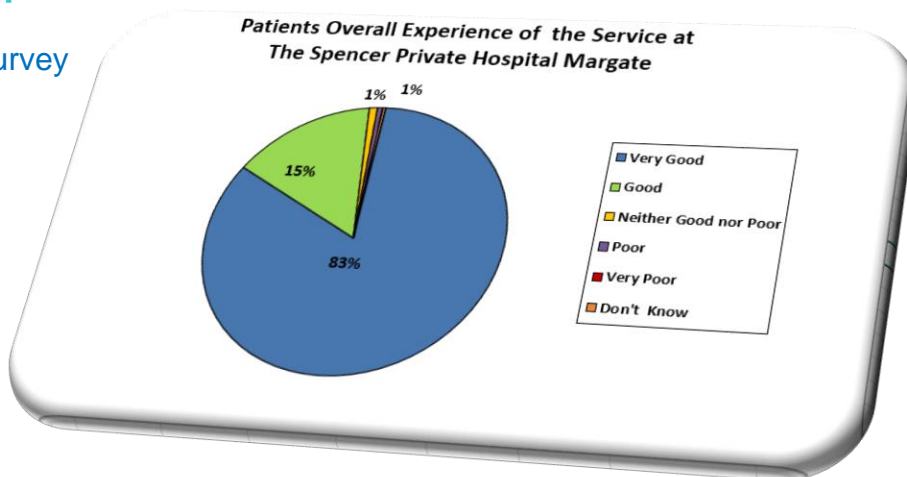


PLACE Inspection

National Average %		Spencer Private Hospital Scores %
➤ 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%

Patient Experience

In-Patient Survey

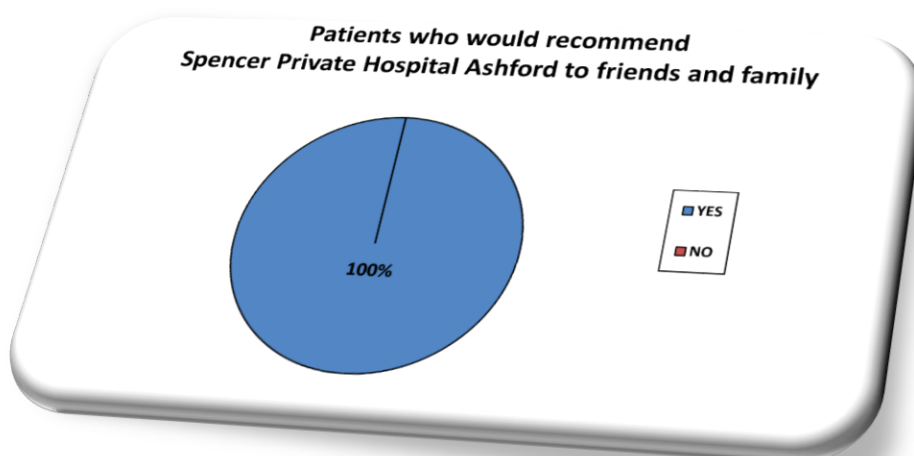
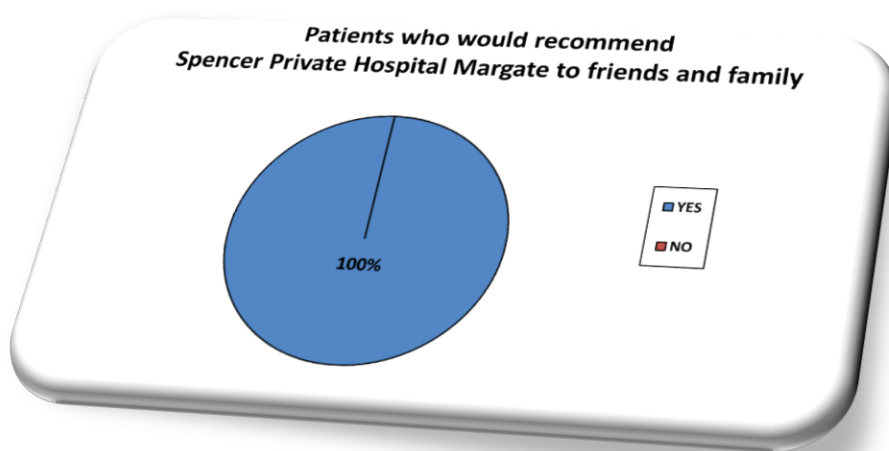


Ophthalmology Survey

In 2022-2023 SPH Margate and Ashford provided 18,962 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.



Best AMD service in Kent. I'm very lucky to receive such fantastic treatment.

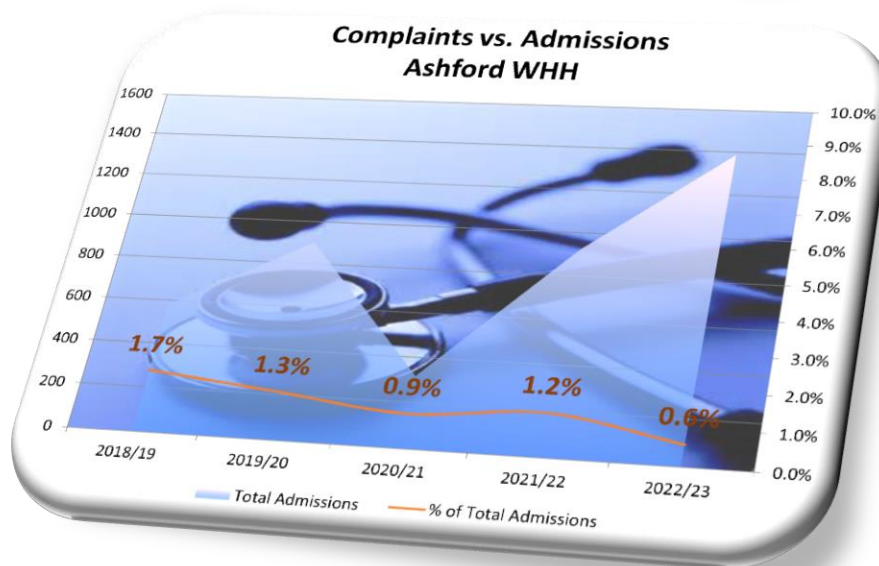
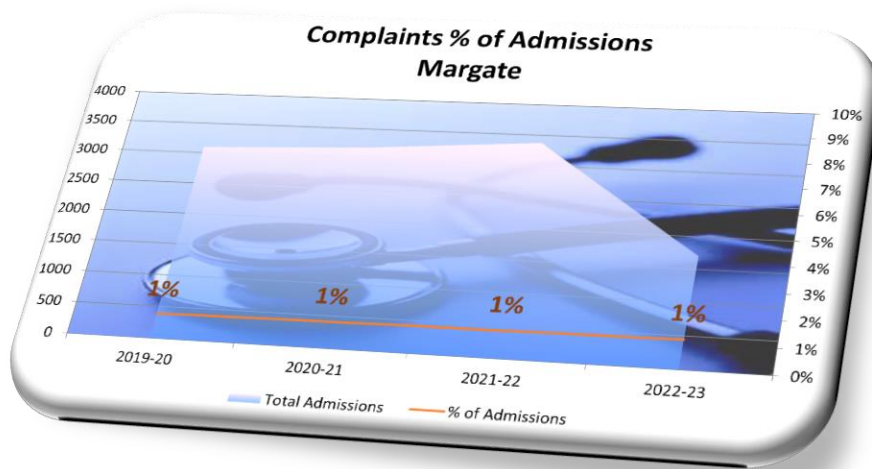
Staff are very professional and kind.

Everything is very good, 7 years I've been coming here.

Staff are angels.

Excellent and very efficient.

Complaints



Canterbury

Complaint Category	2022-2023
Care/Treatment by a Clinician	1
Delay S/B a Clinician	0
Staff Attitude	0
Nursing Care	0
Finance	0
Outpatients (OPD)	0
Bookings/Administration	0
Hotel Services/ Facilities	0
Other	0
TOTAL	1

Preventative Measures / Lessons Learnt following complaints:

- Discussions have been held with consultants regarding timekeeping written communication and clear patient communication. All required actions have been undertaken to improve concerns raised.
- Discussions have been held with the local trust to improve communications relating to completed diagnostics.
- In line with best practice and national guidance NHS patients will receive copies of their clinic letters. A digital solution has been provided to improve our processes.
- Due to delays caused by either lack of theatre equipment, the triaging process of patients along with limited Consultant theatre availability, some procedures were delayed. Some paediatric procedures were delayed due to procedures being under a specialist sub-category of certain specialties which meant that there were only a few Consultants who specialise in these areas. Assurances and apologies were given to the patients affected with procedure dates being rebooked as soon as was safely possible.
- Communications have been held with the finance team to ensure due diligence with completing quotations.
- Registered Nurses have attended a refresher course on cannula care and the administration of IV medications.
- Discharge protocols have been reviewed with clinical staff to ensure full compliance is met and improve communication.
- Pre-assessment processes, including the triaging of patients, have been reviewed and improved.
- All required facilities maintenance has been undertaken.
- Menus and beverage services have been reviewed and improved. Staff ensure that all patients are reviewed throughout the day to establish nutritional requirements.

Feedback is given to all 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.

Quarterly Shared Governance meetings continue to be held with the local trust to discuss and review clinical practices and any relevant incidents.

Education & Training



Staff clinical training programs have also been reviewed and the Relias 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 NQB 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 2023-2024.

Ashford

Appointments and General Enquiries
01233 616 201

How to Find Us

Spencer Private Hospital
Arundel Unit
William Harvey Hospital
Kennington Road
Ashford, Kent
TN24 0LZ



Canterbury

Appointments and General Enquiries
01227 206 700

How to Find Us

Spencer Private Hospital
Kent & Canterbury Hospital
Ethelbert Road
Canterbury, Kent
CT1 3NG



Margate

Appointments and General Enquiries
01843 234 555

How to Find Us

Spencer Private Hospital
Ramsgate Road
Margate, Kent
CT9 4BG



spencerprivatehospitals.com Follow Spencer Private Hospitals



Registered in England and Wales: 03130118. Registered Address: Spencer Private Hospital Ltd, Units 1 & 3
Almond House, Betteshanger Road, Betteshanger, Deal, Kent, CT14 0EN