



# Quality Accounts

2015/16

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# About Spencer Private Hospitals

Spencer Private Hospitals are two hospitals situated in South East Kent and they are owned and operated by East Kent Medical Services Limited. The larger of the two hospitals is a 22 bed independent hospital situated in Margate which has been open since October 1998. The second hospital is a 4 bed independent hospital in Ashford which opened in November 2008. Both hospitals have a reputation for providing excellent medical and surgical facilities supported by Specialist Consultants, Specialist Nurses and Physiotherapists. We have state of the art diagnostic equipment and exceptionally high standards of nursing care.

The Spencer Private Hospital at Margate is a purpose built hospital located close to the Accident & Emergency unit at the Queen Elizabeth the Queen Mother Hospital in Margate (QEQM).

The Spencer Private Hospital at Ashford is located within the Rotary Suite of the William Harvey Hospital in Ashford, with a new consulting suite facility consisting of 5 consulting rooms, Audiology Department and Physiotherapy Services which opened in March 2016.

Accordingly, our patients have full access to the treatment and operating facilities offered by these 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.

We pride ourselves on offering each patient the individual care and attention that they need to make a full and speedy recovery. Not being part of a large hospital group means that we are able to react swiftly to the ever-changing healthcare environment.

Spencer Private Hospitals attract Consultants from a wide range of specialities, who have extensive experience gained within both the NHS and private sectors. 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 best. You are doing it right. ”*

*“ Highly professional and caring staff who made my hospital experience so much easier. I cannot thank them enough. ”*

*“ Everyone helps to make your hospital stay as comfortable as possible, the team are very kind and compassionate and totally professional. ”*

# Hospital Manager's Quality Statement



**Lynn Orrin**  
**Hospital Manager**

Spencer Private Hospitals are now in their 17th year of business. Providing safe, effective, high quality care is our absolute priority and we are committed to Continuous Quality Improvement.

We pride ourselves on the quality of our healthcare services and we 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 extremely high patient satisfaction demonstrate and support our belief that we 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"*

We use a number of 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)

We 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.

## ISO 9001:2008 and ISO 14001:2004 accreditations

ISO 9001:2008 is a quality standard which was developed and published by the International Organization for Standardization (ISO). Compliance with this accreditation ensures that our policies and internal processes are continually reviewed and maintained.

ISO 14001:2004 was awarded to us in 2011 for implementing, maintaining and improving our environmental management systems which assists us to minimise our carbon footprint.

## Investors in People (IIP)

Staff training and development is a priority for our organisation and we have been an Investor in People since 2000. The IIP standard ensures that our training and development of staff not only develop them but also assists us to achieve our business goals.

Spencer Private Hospitals are conscious that they are chiefly answerable to patients and, we believe that all healthcare providers should be transparent and open to the closest of scrutiny. The production of our quality report 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. Spencer Private Hospitals remain committed to achieving and exceeding compliance with those standards in both healthcare and management practice. We are delighted to share our commitment to quality with you by publishing our Quality Account.



# Quality Priorities for 2015/16

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.

The key areas chosen for quality innovation and developments in 2015/16 were:

- Monitoring the WHO safer surgery checklist to ensure it is utilized appropriately in the surgical environment.
- Taking part in the PROMS program for hip/knee replacement surgery.
- Complying with patient experience measures.
- Monitoring Harm Free Care via the Safety Thermometer.
- Monitoring and auditing patients understanding of discharge medication given.

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



# Quality Standards



## ISO 9001:2008 Quality Management System

In 2002 Spencer Private Hospitals were awarded the ISO 9001:2008 accreditation. The standard is based on a number of quality management principles and has a strong customer focus to ensure our customers receive the highest standards of service. The ISO principles are embedded within the organisation at all levels and the management team is highly motivated to continually improve its operational processes. We are internally and externally assessed annually against the Quality standard which ensures that our policies and operational processes are continually reviewed and improved.



## ISO 14001:2004 Environmental Management System

ISO 14001:2004 is an internationally accepted standard that assists organisations to put into place an effective Environmental Management System. The standard is designed to address the delicate balance between maintaining profitability and reducing a company's environmental impact. The most important part of this process is the commitment of the entire organisation to become more environmentally friendly.

Spencer Private Hospital recognises the importance of environmental protection and is committed to operating its business in compliance with all legal requirements relating to the provision of healthcare services. As part of our on-going commitment to minimise our company's environmental impact Spencer Private Hospitals have established an Environmental Management System which supports the organisation's commitment to this important issue. To achieve the ISO 14001:2004 Environmental Management System Award, the organisation identified and recorded the environmental aspects and impacts of its activities and once identified, environmental objectives and measurable targets were set with time scales for

their achievement. This was achieved in 2011 and all staff within the organisation are committed to maintaining the award and ensuring our organisation continues to be more environmentally friendly.

In June 2015 we were externally inspected for both ISO standards. Full passes were achieved in both inspections with No Non-conformances found. We were commended for operating both systems to an excellent standard.



## Investors in People (IIP)

Through the Investors in People (IIP) standard we ensure that our training and development of staff not only develops them but helps us to achieve our business goals. In February 2014 we were externally inspected against the standard and were highly commended for continuing to achieve the standard. The next external inspection will be undertaken in 2017.



## Cosmetic Quality Standards – Treatments You Can Trust Accreditation

We are also registered with the Treatments You Can Trust which is a Department of Health and industry backed Register of Cosmetic Injectable Treatment Providers, overseen by Independent Healthcare Advisory Services (IHAS) established in 2010. It is an independent, self-regulatory scheme. The Treatments You Can Trust Register of Cosmetic Treatment Providers has been set up to publish a list of cosmetic injectable treatment providers who have been independently assessed and have been found to comply with the IHAS Standards for these types of treatments. The Treatments You Can Trust Register is your guide to safe treatments carried out by trained and experienced practitioners (providers).

# Patient Safety

## External Regulation under the Health and Social Care Act 2012

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

Spencer Private Hospitals are registered in respect of the following regulated activities:

- <sup>1</sup> Treatment of disease, disorder or injury
- <sup>2</sup> Diagnostic and screening procedures
- <sup>3</sup> Surgical procedures.

Spencer Private Hospitals were inspected by the CQC in February 2015 as part of a pilot wave of a new inspection program.

The new approach included using a national team of expert hospital inspectors and clinical and other experts, including people with experience of receiving care (Experts by Experience). Intelligent Monitoring was used to decide when, where and what to inspect, including listening better to people's experiences of care and using the best information across the system. The inspection was in-depth.

The five key questions that the CQC asked us:

- Are we safe?
- Are we effective?
- Are we caring?
- Are we responsive to people's needs?
- Are we well-led?

We are pleased to report that following our CQC inspection in February 2015 we were rated as **Good** in all areas with no statutory improvements recommended.





# Safer Staffing

In March 2014 Jane Cummings (Chief Nursing Officer, NHS England) and Sir Mike Richards (Chief Inspector of Hospitals, Care Quality Commission) circulated **'Hard Truths Commitments Regarding the Publishing of Staffing Data'** to the Chief Executives of all Trusts. This outlined the actions necessary to support the implementation of the requirements set out in the NQB and the Chief Nursing Officer's report **'How to ensure the right people with the right skills, are in the right place at the right time: A guide to nursing, midwifery and care staffing capacity and capability'**.

Following guidance on Safe Staffing from the **'Hard Truths'** document, CQC, NICE and The Francis Report recommendations, The Private Hospital Information Network (PHIN) established a development forum to consider and make recommendations to the Independent Sector (IS) on the methodology and publication of nursing metrics. All IS hospital groups were represented within the group and Lynn Orrin, Hospital Manager represented Spencer Private Hospitals. However in June 2015 NHS England asked NICE to suspend the safer staffing program. NHS England has now taken forward the issue of staffing as part of a wider programme of service improvement. It is looking at alternative approaches to helping NHS providers to achieve the right levels and mix of staff.

## The Spencer Private Hospitals Safer Staffing Tool

The Spencer Private Hospitals made the decision to continue to collect staffing information. Utilizing this data supports the organisation's duty of care to ensure that all patients are cared for by appropriately qualified and experienced staff within a safe environment.

To support this objective the organisation has used a Nursing Dependency Analysis since 2002. This practice is reflected within the Care Quality Commissions (CQC's) six standards applicable to all healthcare providers. Setting appropriate planned levels of staffing is, therefore, fundamental to ensure Spencer Private Hospitals reduces any potential risk of patient's not experiencing high quality nursing care.

A project group was set up in 2015 and the Dependency Tool was reviewed and improved to ensure it assists the organisation to continue to provide an open and transparent picture of the staffing levels for patients, families and members of the public.

Staffing data is published internally on patient information boards in ward areas. The published data demonstrates levels of contracted staff, flexi bank staff (self-employed status) agency usage and skill mix and the number of nursing hours per patient per day.

Both the Inpatient Safe Staffing report and the Nursing Establishment Review are published on the organisations website.

During 2015/16, there were no "red flag" staff concerns.



# Medication Errors

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 a minimal of annual competency assessments of all our staff that administer medications. The pharmaceutical arrangements of all our hospitals are inspected by the Care Quality Commission inspectors 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 all of our staff and improve our incidence of medication errors.

For the year April 2015 to April 2016 we had three reported medication errors. The errors were minor incidents where no harm was caused to the patient. Required actions were identified through a Root Cause Analysis and lessons learnt were implemented.

There is a rigorous training schedule for Spencer Private Hospitals' clinical staff in medicine administration which continues throughout the year, demonstrating further proof of our commitment to reduce medication errors from occurring.

In addition to our robust internal processes, we are also working together with NHS England and the MHRA 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 allow better communication between local and national levels.
- Joining with the National Medication Safety Network as a new forum for discussing potential and recognised safety issues.





# 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) Lynn Orrin is responsible for the safe and effective use and management of controlled drugs and for taking action where concerns are raised.

The CQC is 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 February 2014 and were inspected as fully compliant against regulations.

Spencer Private Hospitals have implemented 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

## 2015/16 Reportable Incidents (RAG rated Red/Amber/Green)

- **There were no reported Red Controlled Drug Incidents.**
- **There were no reported Amber Controlled Drug Incidents.**
- **There were two reported Green Controlled Drug Incidents. These were minor issues where there was no harm to patients.**





# Clinical Indicators

Venous Thromboembolisms (VTE) is a term used for blood clots that can form inside a blood vessel in the body, more commonly known as Deep Vein Thrombosis (DVT) and Pulmonary Embolism (PE). The incidence and rate of VTE is monitored through our Clinical Governance and Incident Reporting process.

VTE is a significant cause of mortality, long-term disability and chronic ill-health problems – many of which are avoidable. 1 in 20 people (NICE 2010) will have a VTE at some time in their life and the risk increases with age. It is estimated that as many as half of all cases of VTE are associated with hospitalisation for medical illness or surgery. VTE is an international patient safety issue and its prevention has been recognised as a clinical priority for The Spencer Private Hospitals.

## Preventive Measures

The National Institute for Clinical Excellence (NICE, 2010) recommends that all patients should be assessed for risk of developing thrombosis (blood clots) on a regular basis, as follows:

- Every patient should be assessed on admission to hospital
- Every patient should be assessed again, 24 hours after admission to hospital
- Every patient should be assessed again, whenever their medical condition changes
- Every patient should be assessed again before discharge
- Every patient should receive information on how to continue preventative measures at home.

All our clinical staff have received specific VTE assessment training, and the assessments are audited monthly. On average we achieve 97% compliance which is above the national standard of 95%.

In 2015/16 we had 2 patients reported with a VTE in this reporting time period. (0.062% of all admissions) All VTE that are identified from 90 days of discharge are investigated and a VTE Root Cause Analysis completed for each incidence ensuring lessons learnt are shared appropriately.

All VTE that are identified from 90 days of discharge are investigated and a VTE Root Cause Analysis completed for each incidence ensuring lessons learnt are shared appropriately. For the 2 incidents of VTE the patients made a full recovery. Our aim is to ensure that the risks associated with planned surgery are minimised for our patients. We strive to achieve this by providing excellent patient information and guidance on the prevention of VTE. This combined with the relevant prophylaxis and continuous assessment of our service users; ensure that we continue to see low incidence rates of VTE.

# Harm Free Care

**Spencer Private Hospitals have implemented the 'Harm Free Care' programme with the aim of improving our patients' experience of healthcare and protecting them from harm.**

The Safety Thermometer is a measurement tool for a program of work to support patient safety improvement. It is used to record patient harms at ward level and to provide immediate information and analyses for clinical teams to monitor their performance in delivering harm free care.

The 'Harm Free' care program supports health care organisations such as ourselves to eliminate these four harms through one plan within and across the organisation. This builds on existing health and safety improvements and helps us to consider complications from the patient's perspective, with the aim of every patient being 'harm free' as they move through the system.

The Safety Thermometer records the presence or absence of four harms:

- Pressure ulcers
- Falls
- Urinary tract infections (UTIs) in patients with a catheter
- Venous thromboembolisms (VTEs)

These four harms were selected as the focus by the Department of Health's QIPP Safe Care programme because they are common, and because there is a clinical consensus that they are largely preventable through appropriate patient care.

The concept of Harm Free Care was designed to bring focus to the patient's overall experience. Our Harm Free Care results are published on our patient information boards situated in the ward areas at both hospitals and is reported throughout the organisation from "Board to Ward".

**In 2015/16 we exceeded the National Standards of 95% Harm Free Care by achieving at Margate SPH:**

**100% Harm Free Care in Pressure Ulcers**

**99.94% in VTE**

**99.79% in Falls**

**100% in Urinary Tract Infections**

**In 2015/16 we exceeded the National Standards of 95% Harm Free Care by achieving at Ashford SPH:**

**100% in VTE**

**100% in Urinary Tract Infections**

**100% in Pressure Ulcers**

**100% in Falls.**

# Clinical Effectiveness and Clinical Governance

**At Spencer Private Hospitals we are committed to a programme of Clinical Governance, where we are accountable to patients, their doctors and other health care agencies.**

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 the highest standard of nursing care.

Spencer Private Hospitals are also members of the Association of Independent Healthcare Organisations (AIHO) which is the trade association for Independent Healthcare organisations. The objectives of AIHO are to facilitate effective communication between all of its members, the Government and external organisations. It strives to develop and drive policy advancement through shared member input and consultation, delivering focused practical information and guidance in all areas of regulation and policy, sharing and distributing knowledge.

Spencer Private Hospitals currently participate in the following work streams with AIHO.

- Cosmetic Surgery/Treatments Work stream
- Infection Prevention/ Decontamination Work stream
- Patient Experience and Safety Quality Work stream

## Quality Account

The sub-indicators of clinical effectiveness used in this report are:

- Average length of stay
- Adverse outcomes
- Unplanned transfers
- Return to theatre
- Re-admissions within 28 days

## Average Length of Stay

The average length of stay of patients is closely monitored through our patient activity reporting, Enhanced Recovery data collection and Clinical Governance analysis.

Over the years we have seen a decrease of the average length of stay of our service users. This is mainly due to the advance in medical technology, implementation of the Enhanced Recovery and Quality Pathways, and an increase of day surgery procedures and outpatient procedures that are now available. In 2014-2015 the average length of stay was 1.94 days. In 2015-16 the average length of stay was 1.8 days.

## Adverse Outcomes

By promoting an open and transparent culture of learning from incidents and lessons learnt we have seen that reporting of incidents has increased. This has assisted our Clinical Governance Committee to analyse trends and take action to address any issues identified which has led to a minimisation of risk of recurrence.

# Serious Incidents and Never Events

Serious Incidents in health care are adverse events, where the consequences to patients, families and carers, staff or organisations are so significant or the potential for learning is so great, that a heightened level of response is justified. (NHS England 2015)

In 2015-16 there was one serious incident reported at our Margate hospital. The incident was an inadvertent intra-arterial injection during a routine wrist injection in the Outpatients Department. At the time of the report the investigation into the incident remains on-going.

Never Events are a particular type of serious incident that meet all the following criteria (NHS England 2015):

- They are **wholly preventable**, where guidance or safety recommendations that provide strong systemic protective barriers **are available at a national level**, and should have been implemented by all healthcare providers.

Each Never Event type **has the potential to cause serious patient harm or death**. However, serious harm or death is not required to have happened as a result of a specific incident occurrence for that incident to be categorised as a Never Event.

## In 2015/16 there were No Never Events reported for Spencer Private Hospitals.

### Unplanned Transfers

We are fortunate to be situated within the grounds of the NHS Foundation Trust Sites. We have transfer agreements and protocols in place allowing smooth and rapid transfers to ensure patients receive the level of treatment they require as quickly as possible.

Our reporting protocols are continually reviewed to demonstrate our commitment to providing high quality patient care. The hospital has in place a multi-professional Clinical Governance Framework. The strategy is to:

- Incorporate the use and review of evidence based clinical quality information;
- Compliance with and achievement of national standards and quality assurance processes;

- The continuing effective development of our people, Providing a methodology to monitor and respond to feedback and complaints from patients, employees, clinicians, local communities and other stakeholders.

For our Margate Hospital from April 2015-March 2016 there was 1 unplanned transfer to ITU facilities (0.030% of all admissions) this was a decrease of 2 transfers from the previous year.

For our Ashford Hospital between April 2015-March 2016 there were no patients transferred to ITU facilities in the Trust (0.00% of all admissions). This was same when compared to the previous year.

### Returns to Theatre

All surgery carries a risk of complications and these may result in an unplanned return to theatre. At our Margate Hospital there were four reported unplanned returns to theatre in 2015/16 (0.124% of all admissions) this was the same as the previous reporting year. On analysis there were no clinical trends identified.

At our Ashford hospital we did not have any unplanned returns to theatre in 2015/16 which was the same as the previous year.

### Re-admissions within 28 days

Unplanned re-admissions are normally due to a clinical complication related to the original surgery. At our Margate Hospital there were three reported re-admissions between April 2015-March 2016 (0.014% of all admissions) which showed a decrease of four from the previous year where we had seven reported re-admissions during the year within 28 days of discharge.

At our Ashford Hospital there were no reported readmissions for 2015/2016 (0.0% of all admissions). The previous year there was one reported re-admission. Re-admissions to hospital will continue to be monitored through clinical governance processes.

All of the patients made a good recovery and were discharged home with no on-going problems.



# Infection Prevention and Control

The focus on Infection Control in relation to preventable infections is one of the main priorities for our clinical staff. We monitor this internally and regularly report infection rates to the Care Quality Commission and Clinical Commissioning Groups. In addition to this, we also report to the new Public Health England (PHE), where our results are benchmarked against other Independent and NHS care providers.

At both of our hospitals we have an Infection Control Link Nurse whose role is to support and communicate with all our staff and liaise with the East Kent Hospitals University Foundation Trust's Infection Control Team for additional reinforcement and education. The link nurse also facilitates internal audits, to ensure high standards are maintained.

Our Infection Control and Infection Prevention Clinical Lead is a Consultant Microbiologist who assists us with any areas of concern and provides guidance for all of our Consultants.

We are also guided by the Infection Control Society, NHS England (clean your hands campaign), NICE guidance and AIHO guidance to ensure highest possible standards are maintained. Our staff training in infection control and prevention is mandatory and comprises e-learning modules with in-house training sessions and is updated annually.

Infection control rates are published monthly on our patient information boards which are situated within the ward areas of both hospitals.

Annual results can be found on our website.

## Infection rates for 2015/16

- **C-Difficile - 0%**
- **Staphylococcus Aureus - 0%**
- **MRSA/MSSA - 0%**
- **E-Coli - 0%**

**0% There were no reported infections at either hospital.**



# Patient Led Assessments of the Care Environment (PLACE)

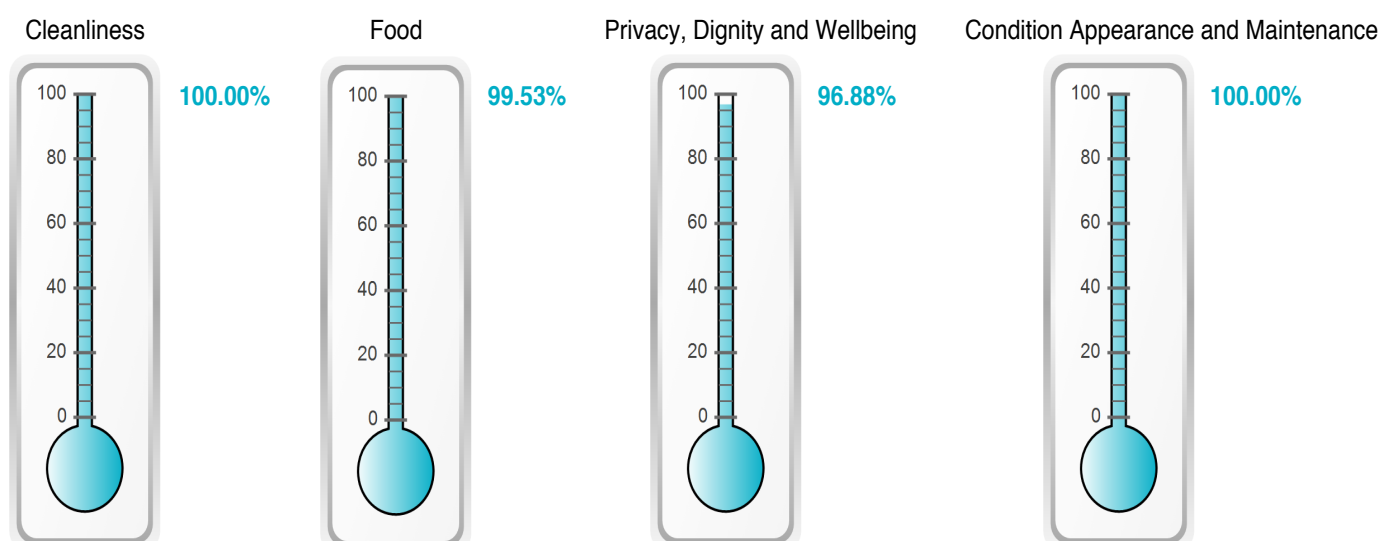
A good environment matters. Every patient should be cared for with compassion and dignity in a clean, safe environment. Where standards fall short, patients should be able to draw it to the attention of managers and hold the service to account. PLACE assessments provide motivation for improvement by 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. The results, were published by the [Health and Social Care Information Centre](#).

We are delighted to have been named in PLACE Survey as the best provider of hospital food nationally for the second year in a row. Outperforming all other hospitals across the NHS and Independent Sector, Spencer Private Hospitals in Margate achieved a rating of **99.53%** for the quality of its food. The next closest rating in Kent was **91.20%**. Cleanliness and Maintenance of hospital facilities also rated amongst the highest nationally.

## 2015 PLACE Results



# Clinical Audit and Outcome Measures

## External National Audits

During 2015/16 Spencer Private Hospitals have participated in all relevant National Clinical Audits and NCEPOD (national confidential enquiry audits). The National Clinical Audits and NCEPOD that Spencer Private Hospitals participated in during 2015-2016 were as follows:

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

## Patient Reported 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.

The latest available published data available for the period April 2015 to December 2015 showed:

- For knee procedures we scored 72.28% (the national average 73.8%)
- For hip procedures we scored 82.5.7% (the national average was 77.1%)
- Of the 87 post-operative questionnaires sent out, 39 have been returned a response rate of 44.8% (59.4% in England).

## Enhanced Recovery Programme For Hip and Knee Replacement

The Enhanced Recovery Programme is about improving patient outcomes and speeding up a patient's recovery after surgery. It results in benefits to both patients and staff. The programme focuses on making sure that patients are active participants in their own recovery process, by ensuring patients are fully informed and aware of their role and responsibilities in their recovery. It also aims to ensure that patients always receive evidence based care at the right time.

It brings together two best practices:

- Organisation of care.
- Clinical Management, whilst making sure that patients receive evidence based care.

## National Joint Registry (NJR)

Between 1st April 2015 and 31st March 2016, based on operation date.

Total Forms Completed	% Compliance
131 Hip	Average NJR consent rate for all 259 procedures = 94%
169 Knee	
9 Shoulder	
<b>309 in total</b>	

Following a review of these clinical audits in 2015/16, Spencer Private Hospitals intend to take the following actions into 2016/17 to improve the quality assurance of healthcare provided:

- Ensure as many patients complete both PROMS and NJR forms correctly to increase the compliance levels.
- To increase and maintain education and training for all clinical staff on the Enhanced Recovery Programme for hip and knee replacement patients.
- Strive to increase the post-operative improvement measurements for patients undergoing knee replacements to be at the same level or more than the national average.

# Overall Patient Experience

## Understanding and improving how patients experience their care is a key component to successfully delivering high-quality services that are based on their needs.

### Complaints

Spencer Private Hospitals are committed to delivering the best possible patient experience to every single patient, every single time. As part of this process we listen, take seriously and respond promptly and openly to any complaint we receive. This approach assists the organisation to work hard to ensure patients feel confident in raising any issues or concerns they may have. It also enables us to help our staff to feel supported to respond to patients who experience issues or concerns.

To assist with this commitment, following Board of Director approval, a Customer Services Manager was recruited in 2015. This role has had a significant impact on customer experience/satisfaction and in turn has resulted in a reduction in customer complaints. Positive feedback has been given from Customers, Medical colleagues and staff.

### Duty of Candour.

Our approach to complaints management is in line with the CQC's introduction of Regulation 20 – Duty of Candour, which ensures as a health care provider we are open, honest and transparent with staff, patients, the public and regulators when things go wrong with their care and treatment.

### Complaints Management.

Complaints are reviewed at Management Review Meetings as part of our ISO process and at our Quarterly Clinical Governance Meetings. These are then fed back at Quarterly Medical Advisory Committee Meetings (MAC).

Complaints are additionally discussed at Board Meetings, Senior Management Team Meetings, Heads of Department Meetings and Individual Departmental Meetings to ensure that staff learn from patient experiences. The hospital complaints procedure was reviewed in 2015/16 in line with DH, NHSE and AIHO guidance.

Complaints documentation was updated in 2015/16 in line with the Care Quality Commissions (CQC) operating model for the new Inspection process.

The patient guide in all patient rooms, as well as the Statement of Purpose and hospital website, contains information on how to make a complaint.

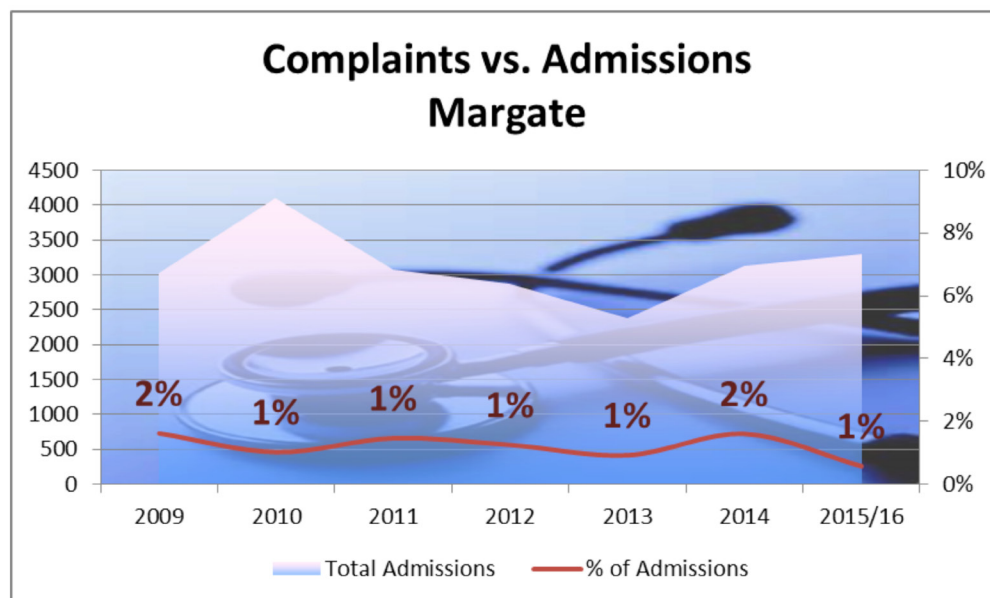
We are members of the Association of Independent Healthcare Organisation (AIHO) which gives us access to the Independent Sector Complaints Adjudication Service (ISCAS) for Non-NHS patients should this be required. We also liaise with the local Clinical Commissioning Group (CCG) for patients whose care is funded by the NHS.





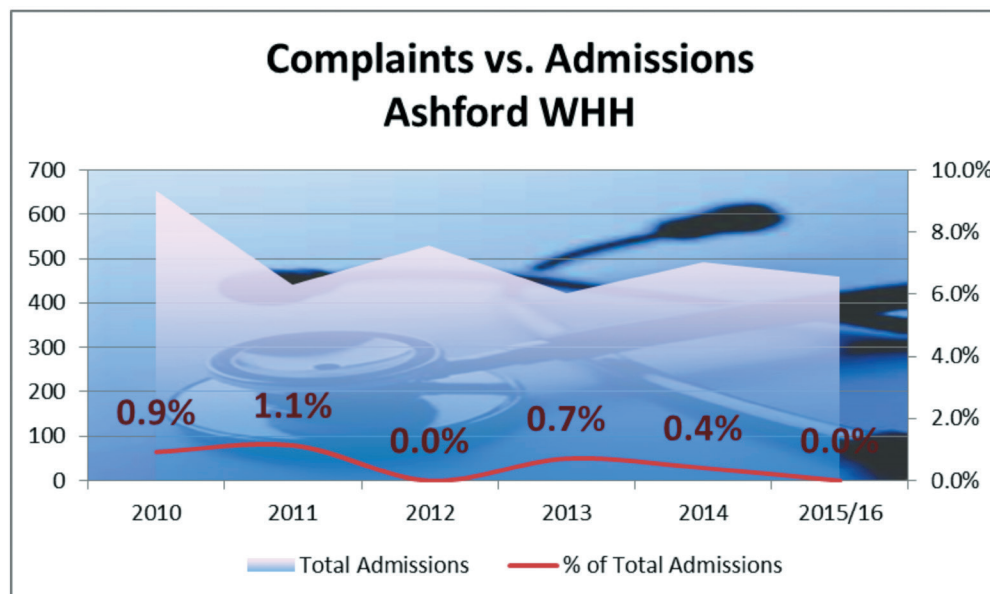
There were 19 complaints recorded in 2015/16 for Margate Spencer Private Hospitals, this was a decrease of 60% on the previous year. This equates to 1% of all patient admissions.

There were 321 thank yous received during 2015/16.



For our Ashford Hospital there were no complaints received.

There were 62 thank yous received during 2015/16.



Shared learning from complaints is discussed at all levels of the organisation from the Board of Directors to all staff. This ensures all preventable measures are put in place to prevent re-occurrence .

## Patient Experience

At Spencer Private Hospitals we pride ourselves on being an organisation that listens and responds to the needs of our customers. A patient experience survey is available in each inpatient room and patients are actively encouraged to complete one and send it to The Hospital Manager. The Hospital Manager reads each survey, and these are collated into a quarterly report.

The surveys are used by the Senior Management Team to assist us in continuously evaluating and improving all aspects of our performance. Copies of our reports are sent to the Care Quality Commission and the Clinical Commissioning Groups. Feedback is given to all of our staff and our patient's comments and quarterly reports are available for all our visitors to read, enabling all to have a clear understanding of the level of patient satisfaction of our care delivered.

## From our Patient Experience surveys in 2015/16 we have asked:

Would you recommend the hospital to a friend or family?

The results for both hospitals show:

### Margate SPH:

Yes: **99%**

### Ashford SPH:

Yes: **93%**

## Patient comments

**“ I would like to say how appreciative I am for everyone who has looked after me over the past couple of whirlwind days - the nurses (both day and night shift), the consultants (all 5 of you), surgeons, juniors, SHO's, Kitchen staff all at the Spencer Private Hospital at the QEQM. Just everyone I have come into contact with, it would have been a hundred times worse without each one of you. The Spencer Private Hospital staff just made it that much more easy to relax and take my mind off everything. I cannot fault a single thing about the Spencer Private Hospital, and will be forever grateful to them for helping me through a stressful and upsetting time. Best place to stay - the best staff and the best facilities available!! ”**

Laura Shervington

**“ I was a day case at Spencer Private Hospitals and I had the best care possible! I was very nervous coming in but the nurses were fab and they made sure I was comfortable during my stay. I will definitely recommend to my friends and family about Spencer Private Hospitals if they need care in the future. ”**

Sarah Phillips

**“ All the staff were very caring and the food is lovely to. The best care I've ever had. ”**

Lorraine Crawford

**“ I wanted to thank all of you at Spencer Private Hospitals for the wonderful care I received during my few days stay here. The nursing staff could not have been more helpful or cheerful and I felt completely confident in their care.**

**The physio staff were kind and without them, I would not have achieved a 110 degree bend. I now have the ability to perform household chores and care for myself without assistance.**

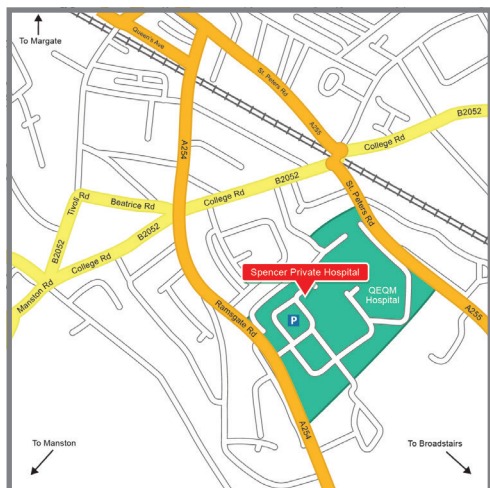
**The chefs were thoughtful and helpful. The food was delicious with plenty of choice and well balanced ingredients. Thank you all so much! ”**

Margaret Russell

## Margate

Spencer Private Hospitals  
Ramsgate Road  
Margate, Kent  
CT9 4BG

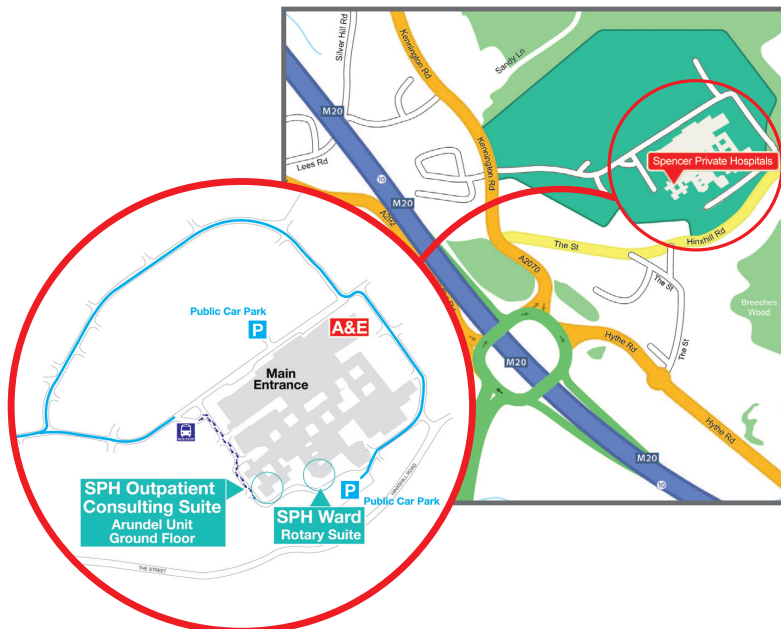
**General Enquiries and Appointments**  
**01843 234 555**



## Ashford

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

**General Enquiries and Appointments**  
**01233 616 201**



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