



Quality Account 2024-25

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Statement from Spencer Private Hospitals Managing Director



It gives me great pleasure to introduce the Annual Quality Account for Spencer Private Hospitals including sharing our achievements, challenges and successes over the past year.

At Spencer Private Hospitals, our unwavering commitment is to provide safe effective patient centred healthcare to every patient who is treated at our hospitals. Quality is not a goal; it is a continuous journey of improvement and excellence.

Spencer Private Hospitals strive to uphold the highest standards of clinical care, ensuring that our staff are well trained, our practises are evidence based, and our environment promotes healing and dignity.

Through regular monitoring, feedback and innovation, we identify opportunities to improve and act on them decisively.

Patient satisfaction, safety, and positive outcomes are at the heart of our vision and mission. We actively listen to our patients and families and use data to drive decision making. This helps us to foster a culture of accountability and transparency at all levels throughout the organisation.

Our multiple disciplinary teams work collaboratively to ensure that every patient receives the right care, at the right time, by staff with the right skills. We believe that quality healthcare is not only about treatment, but also about compassion, respect, and partnership.

As Managing Director, I am dedicated to leading a culture where quality is everyone's responsibility. Together we aim not only to meet expectations but to exceed them.

Lynn Orrin
Managing Director

About Spencer Hospitals

Quality Statement – Registered Managers

Lynn Orrin, Managing Director Margate and Cheryl Lloyds, Clinical Director Ashford & Canterbury



Quality and Safety remains our principal focus, and our emphasis remain on continuous improvement of the services Spencer Private Hospitals (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 26th year of business. Providing safe, effective and high-quality care is our absolute priority and we are committed to continuous quality improvement.

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

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

Our Vision

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

Our Mission

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

Our Values



Quality Standards

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

Care Quality Commission (CQC)

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

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



Independent Healthcare Provider Network (IHPN)

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

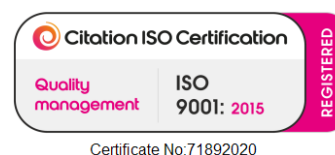
- Bringing independent healthcare providers together
- Supporting members to deliver great care for patients
- Enables members to make positive contribution to UK Healthcare



ISO Accreditations

ISO 9001 Quality Management System (QMS)

ISO 9001 is an international standard for quality management systems.



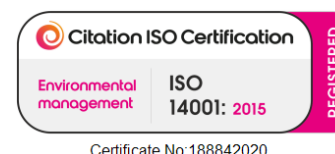
It provides a framework for organisations such as SPH to ensure they consistently deliver products and services that meet customer and regulatory requirements. The system focuses some improvement customer satisfaction and effective process management this helps to improve efficiency reduce errors and build patient trust.

SPH were awarded the 9001 accreditation initially in 2002 and have successfully maintained accreditation since this time.

The last audit was undertaken on 24th July 2025 and passed with no non-conformances of the management system.

ISO 14001:2015 Environmental Management System (EMS)

ISO 14,001 is an international standard for environmental management systems.



It provides a framework for organisations such as SPH to identify, manage, monitor and reduce their environmental impact.

Achieving ISO 14001:2015 accreditation demonstrates a commitment to safe and sustainable compliance with environmental regulations and continual improvements. It helps SPH to reduce waste, improve resource efficiency and enhance our environmental performance.

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

The last audit was undertaken on 24th July 2025 and passed with no non-conformances of the environmental management system.

Quality Account

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

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

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

Standards for quality and best practice evolve continuously.

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

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

Quality Priorities

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

Our quality account is divided into three areas:

- Patient Safety
- Clinical Effectiveness
- Patient Experience

Patient Safety

External Regulation

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

SPH are registered in respect of the following regulated activities:

Treatment of disease, disorder, or injury

Diagnostic and screening procedures

Surgical procedures

Spencer Private Hospitals have an overall Good accreditation for their hospital sites

Full inspection details can be seen on the CQC website.

Practicing Privileges

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

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

Across the sites there are 144 Consultants offering 24 different specialities for treatment for outpatients or in patients.

Accordingly, our patients have full access to the treatment and operating facilities offered by the Eat Kent Hospitals 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 itself on offering each patient the individual care and attention that they need to make a full recovery and not being part of a large hospital group means that SPH are able to react promptly to the ever-changing healthcare environment.

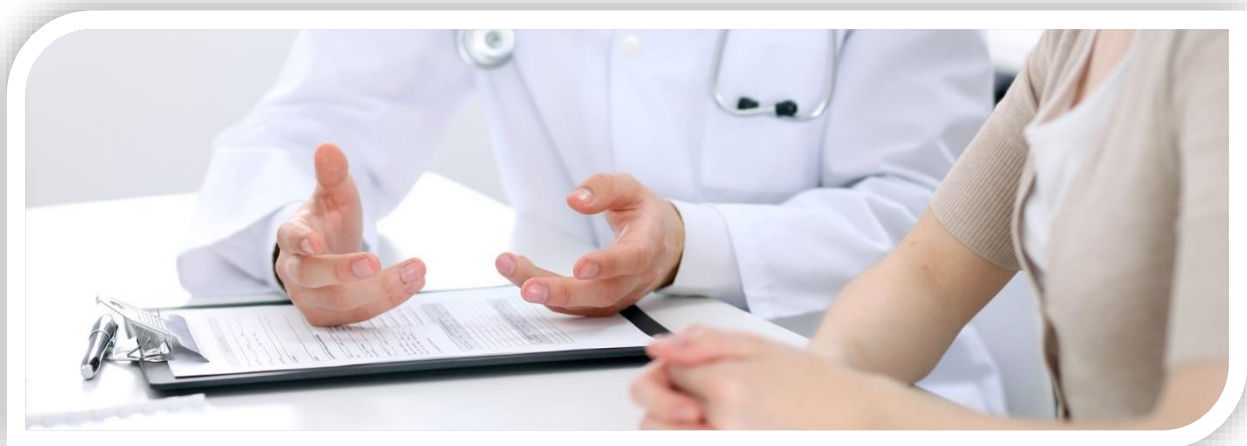
SPH follow the guiding principles of the Medical Practitioners Assurance Framework for Independent Healthcare Providers (MPAF). This was launched by the Independent Healthcare Providers Network (IHPN) in October 2019 and refreshed in September 2022 with an aim of improving the consistency in medical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

This aligns with the Care Quality Commission's (CQC's) well led domain and the CQC's State of Care in Independent Acute Hospitals report, published in 2018, which highlighted the need for greater standardisation in medical governance within the Independent Sector (IS). The focus is on how well SPH is lead and managed to ensure high-quality person-centred care. It assesses our leadership at all levels, our clarity of vision and strategy, our organisations culture, and how we govern and support safe and effective care

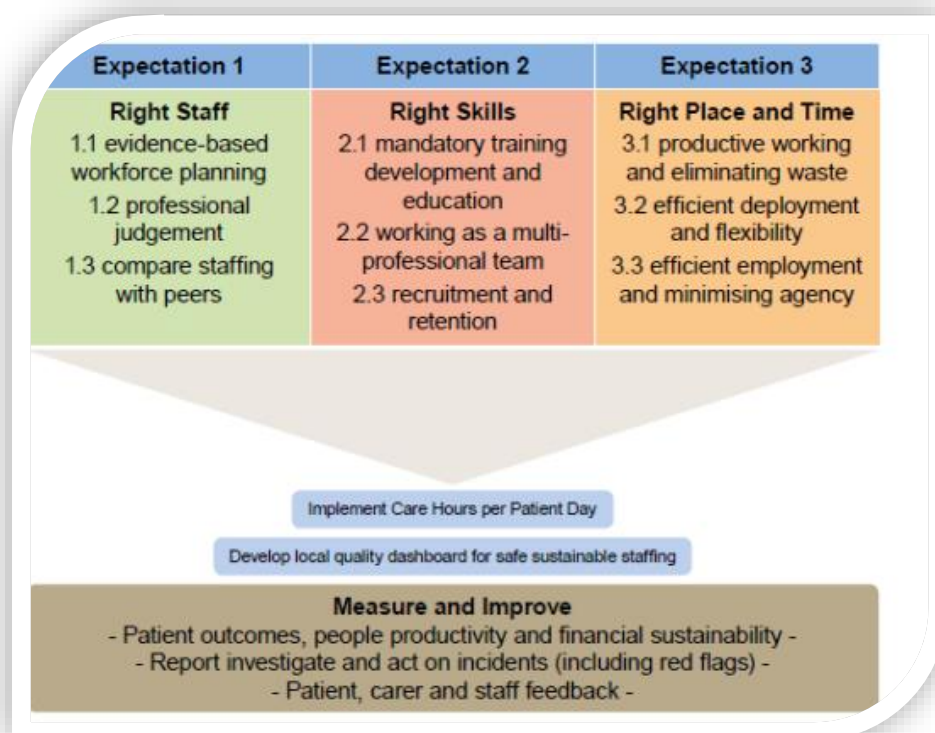
SPH have a transparent clinical governance framework that is explicit about responsibility for medical performance and how performance issues are identified, managed, escalated, and communicated to relevant stakeholders.

SPH's Board of Directors (BOD) who are responsible for overseeing the strategic direction, governance, and accountability of SPH. The board are supported by the Clinical Director who has the responsibility of overseeing all clinical matters including the governance of medical practitioners.

During the previous twelve months SPH have continued to work collaboratively with the NHS by providing surgical bed provision for their patients daily. This forms a unique ability for the NHS to maintain bed capacity for acutely ill patients to gain access to appropriate facilities.



Safe Staffing



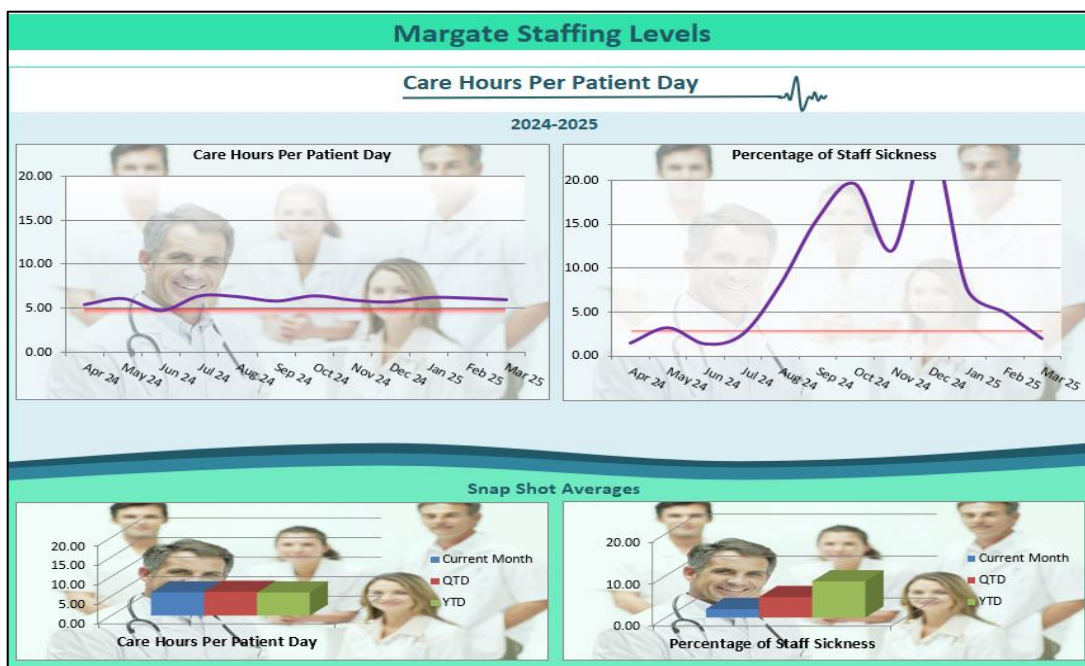
SPH have a duty of care to ensure that all patients are cared for by appropriately qualified and experienced staff within a safe environment.

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

This practice is reflected within the CQC's six standards and well Led Framework applicable to all healthcare providers, and the National Quality Boards (NQB's) Nursing Workforce Program.

In line with the NQB's resource and other available resources, SPH continued to utilise its Nursing Dependency Tool in 2024-25 to ensure it met with the organisations clinical ward requirements.

In 2024-25, SPH continued to publish Safe Staffing data internally from Ward to Board. 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 will be published on the organisation's web site.



	CHPPD	Sickness
TARGET	5.00	3.00
YTD	5.92	8.63

No Red Flag events were identified relating to safe staffing levels during 2024-25.

Recruitment of qualified clinical ward staff was challenging but successful over the past year. The workforce pay review benchmarked against Agenda for Change (AfC) assisted the organisation to reduce its RN vacancy rate by 50 %. This has had a positive impact on agency use which has reduced by 24% on last year.

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.

SPH Patient Satisfaction results, clinical outcomes, low infection rates and clinical incident statistics along with ISO 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.

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, SPH have continued to support East Kent Hospital University Foundation Trust (EKHUFT) with NHS activity providing clinical care for patients from a wide range of clinical specialities. This support has assisted EKHUFT to deliver the care required to the local population.

SPH staff have risen to this challenge and have provided outstanding support and care. The staff have continued to develop their clinical skills and have 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. It has been a challenging year but one that has provided opportunities for SPH's clinical workforce to continue to develop their clinical skills.

A new Standard Operating Procedure (SOP) has been implemented following the recent CQC inspection to support the safe transfer of patients between the organisations. This SOP supports the admission criteria policy that is in place. This was also reviewed and updated in 2024 and ratified by the Medical Advisory Committee (MAC).

A key focus of the past year was to reduce registered nurse vacancies and improve the registered nursing establishment, to ensure the skill mix aligns with the organisation's 3-year strategy, taking into account the national picture regarding the shortage of qualified nurses. By achieving this aim, the organisation will ensure staffing capacity and capabilities are sustainable and sufficient to provide safe and effective care to patients, taking account of any variation in demand. In addition, this 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, quality of care 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.

Recommendations

1. The priority in 2024-25 is the continued recruitment of RNs and associated clinical staff members to ensure we provide safe, sustainable, and productive staffing. This will enable the organisation to further reduce its dependency on agency staffing which in turn will reduce risk and improve quality.
2. A review will be undertaken of the current dependency tool and related supporting data to support the organisations staffing establishment. Consideration to be given to the use of Safer Nursing Care Tool (SNCT) to align with EKHUFT governance processes.
3. There will be a continued focus on reviewing and increasing internal training to maintain our clinical staff competencies.
4. The organisation is currently reviewing a number of its IT solutions to improve efficiencies. It remains vital that significant improvements and investments are made to the organisations IT infrastructure to support clinical care and governance processes.

Medicines Management



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

Spencer Private Hospitals complies with NMC guidelines for the administration of medicines (2018), and we have an annual competency and calculation assessment of all our registered staff that administer medications.

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

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

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

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

For the year 2024-25 we had four reported medication errors accounting for 0.6% 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 Controlled Drugs reporting 2025 in line with the regulations.

The CQC are responsible for assuring that providers of health and adult social care and other regulators create a safe environment for the management of controlled drugs. Spencer Private Hospitals Margate and Ashford were inspected by the Home Office in 2024 and were inspected as fully compliant against regulations.

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

NICE Guidance on Controlled Drugs: Safe Use and Management issued on 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 responses to Key Issues:

- SPH have undertaken a review of its culture and have made significant progress with improving this. External support was sought and listening events held with staff. Feedback to staff is planned from May 2025.
- Progress has been made with information sharing by networking with other IS hospital groups and an improved collaboration with EKHUFT including attendance of meetings to share information, improve compliance and share best practice.
- Risk management processes have been fully reviewed and SPH SMT members are now attending trust risk meetings. Monthly internal meetings continue to review all risks including CD's.

- SPH has liaised with the CDLIN regarding concerns relating to the Home Office management of licencing. (Full information provided in section 8).
- The management of medicines including Codeine have been reviewed and processes updated.
- Board level oversight of CD's - The Board have been fully updated throughout 2024-25 on the management of CDs. Information is provided to the board through the quarterly quality and safety report which is reviewed at board meetings.
- SPH ensures that its CDAOs are resourced to ensure their role can be undertaken appropriately.
- Diversion of lower controlled drugs. Please see section 15 – reportable incidents. As a result of this incident codeine medicine management has been reviewed and updated to ensure close monitoring.
- Incident learning has been discussed at clinical meetings.

Internal Audit of CD Management

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

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

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

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

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

In 2024-25 there were no reported Red Controlled Drug Incidents.

In 2024-25 there were no reported Amber Controlled Drug Incidents

In 2024-25 there were three Green Reported Controlled Drug Incidents accounting for 0.4% and all incidents.

There was one concern reported relating to an employee of concern. No patients were involved in this concern. A full investigation took place into the concern and the staff member which related to misappropriation of a schedule 5 medicine. The staff member was dismissed.

All required reporting to required bodies including EKHUFT, NMC and the police were undertaken.

Lessons learnt:

- Staff have undergone re-training in all aspects of CD Management.
- Drug competencies have been completed.
- Staff have refreshed their knowledge of all policies and procedures.
- Reflective learning has been completed by nursing staff involved in incidents.
- Elements of storage of patients own medication has been reviewed with the Ward Manager and all staff members.

Harm Free Care

	Falls	Pressure Ulcers	VTE	Urinary Infection	TOTAL HFC Incidents
Ashford	0 (0.00%)	0 (0.00%)	0 (0.00%)	0 (0.00%)	0 (0%)
Canterbury	1 (0.13%)	0 (0.00%)	0 (0.00%)	0 (0.00%)	1 (0.13%)
Margate	17 (0.51%)	2 (0.06%)	0 (0.00%)	0 (0.00%)	19 (0.57%)

Ashford:

In 2024-25, we exceeded the National Standards by achieving:

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

Canterbury:

In 2024-25, we exceeded the National Standards by achieving:

- 99.87% Harm Free Care recorded for Falls.
- 100% Harm Free Care recorded for Pressure Ulcers.
- 100% Harm free Care recorded for VTE.
- 100% Harm Free Care recorded for Urinary Infections.

Margate:

In 2024-25, we exceeded the National Standards by achieving:

- 99.49% Harm Free Care recorded for Falls.
- 99.94% Harm Free Care recorded for Pressure Ulcers.
- 100.00% Harm free Care recorded for VTE.
- 100.00% Harm Free Care recorded for Urinary Infections.

SPH has additionally entered data on to the NHS Safety Thermometer Programme in line with national requirements.

Clinical Governance

During 2024-25, SPH organised an external review of the governance structure and how this aligns with the NHS due to the hospital being a subsidiary of the East Kent Hospitals NHS Foundation Trust.

The review was based on six key features of effective governance:

- Strategic leadership that sets and champions vision, ethos and strategy.
- Accountability that drives up standards and financial performance.
- People with the right skills, experience, qualities and capacity.
- Structures that reinforce clearly defined roles and responsibilities.
- Compliance with statutory and contractual requirements.
- Evaluation to monitor and improve the quality and impact of governance.

On completion of the review an action plan was put in place and continues to be monitored as the governance structure continues to develop.

Hand in hand with this review was the inclusion of SPH in many committees and structures within East Kent Hospitals to increase the sharing of governance and the management of several shared areas worked within service level agreements.

The following areas have been included within the plan:

- Business Strategy.
- Development of an assurance framework.
- Development of a robust corporate risk register.
- Development of leadership.
- Quality reporting to be included within the digital structure.
- Engagement and culture.

Clinical Indicators

	Spencer Private Hospital - Site Annual	
Date Range start >>	01.04.2024	
Date Range finish >>	31.03.2025	
	Surgical	Medical
In-patients >>	2643	0
Day-patients >>	2118	0
Out-patients >>	50011	0
Total Patients>>	54772	
Total Admissions	4761	
Total Day-patients >>	2118	
Total Out-patients >>	50011	
Indicator	Totals	% of all admissions
Mortality	0	0.0%
Peri-operative deaths	0	0.0%
Unplanned re-admission within 28 days of discharge	0	0.0%
Unplanned second operation within 6 weeks of initial surgery	0	0.0%
Unplanned second operation within 28 days of discharge	0	0.0%
Unplanned return to theatre	0	0.0%
Unplanned transfer to: ITU	0	0.0%
HDU (TSW)	1	0.002%
Other ward	16	0.029%
Infection rate	2	0.004%
Surgical site infections	0	0.0%
MRSA Bacteraemia - Hospital aquired - TRUST	0	0.0%
MRSA Bacteraemia - Hospital aquired -TSW	0	0.0%
MRSA Bacteraemia - Community aquired	3	0.005%
MSSA	0	0.0%
E-Coli	0	0.0%
Staphylococcus Aureus	0	0.0%
C Difficile - TSW	0	0.0%
C Difficile - Trust	0	0.0%
Post-operative VTE	0	0.0%
Post-operative CVA	0	0.0%
Myocardial infarction	0	0.0%
Falls	16	0.03%
Serious injury/ Never Event	0	0.0%
Theatre list delay	4	0.01%
Conversion to overnight stay from daycase	2	0.00%
Serious Incident	1	0.002%
Incidents	694	1.3%

Serious Incidents/Never Event

For the year 2024-25, there was one serious incident/never event reported accounting for 0.1% of all incidents.

Patient was listed for a left L3 – S1 facet joint injection however a bi-lateral injection was performed.

The patient received an explanation from the consultant following the incident and a written apology. This did not cause harm to the patient and has relieved pain described on examination.

A full review was complete of the process including all staff following a hard stop patient safety de-brief. The following changes have been initiated:

- Consultant marked the left side of the patient however due to the consultant marking a D for denervation on the right-hand side led to a bi-lateral injection. Practice has changed immediately.
- An alternative checklist in line with the Royal College of Surgeons was presented to the theatre matron however it has been agreed that a full in-patient checklist will be used for all injection patients to prevent recurrence.

Infection prevention and control (IP&C)

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



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

There has been one reported needle stick injuries reported in 2024-25.

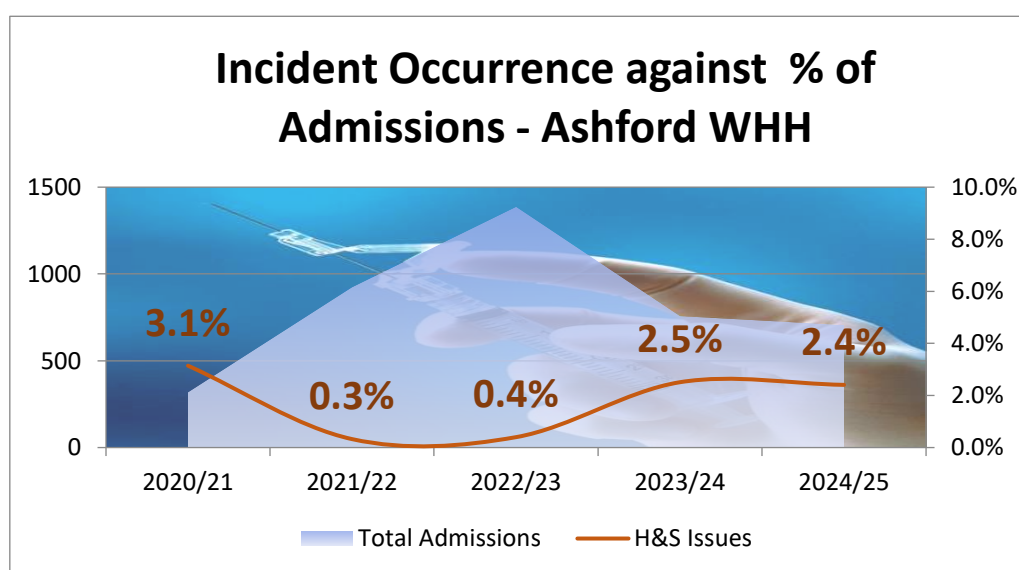
Health and Safety

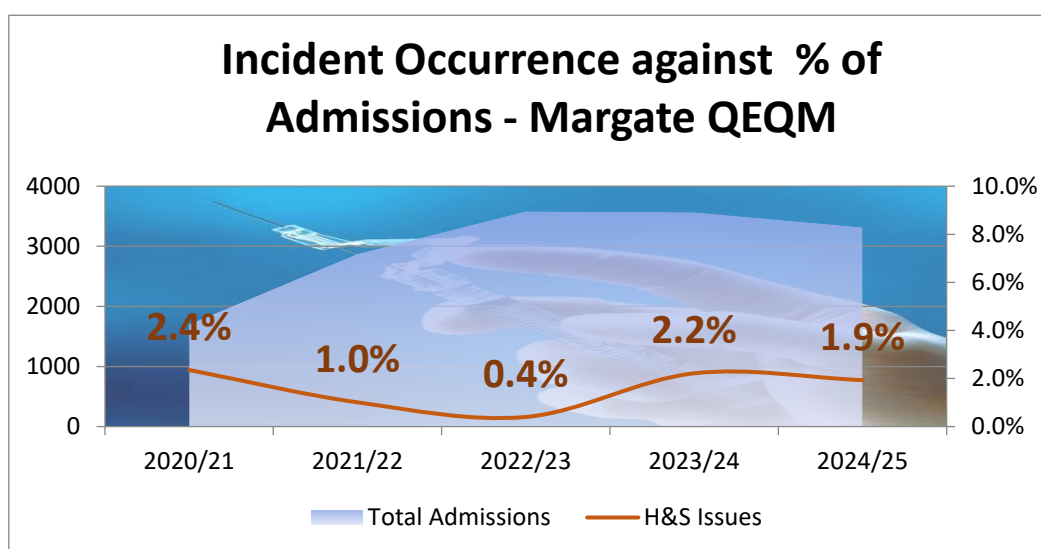
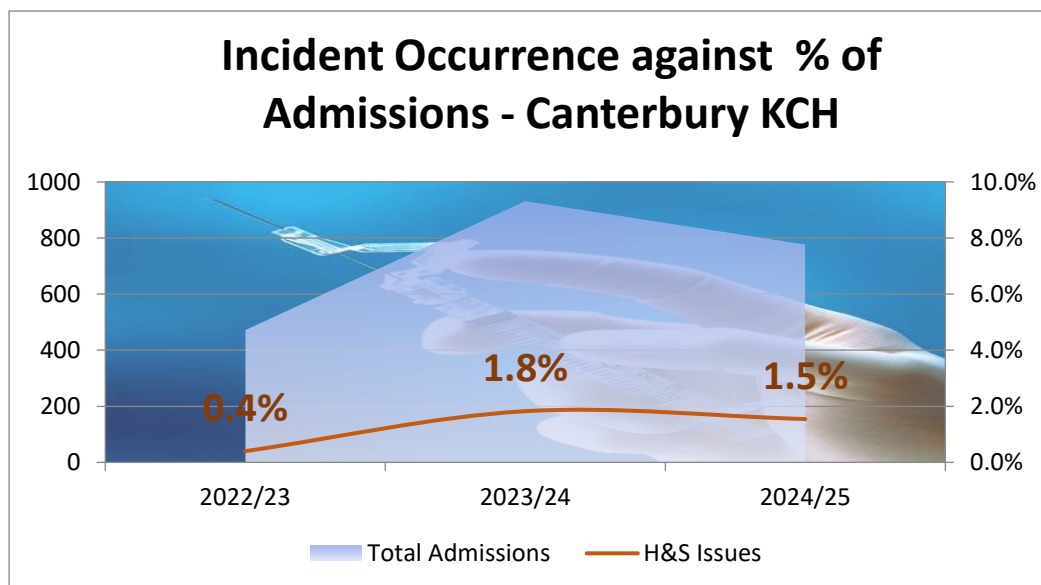
This section of the report reflects SPH's compliance with the organisations overall Health & Safety Policy Statement, which requires those responsible for health and safety within the premises and during activities to:

1. Comply with health and safety legislation.
2. Implement health and safety arrangements.
3. Comply with monitoring and reporting mechanisms appropriate to internal and external key stakeholders and statutory bodies.
4. Develop partnership working and to ensure health and safety arrangements are maintained for all.

To ensure that the health and safety agenda is embedded and embraced throughout the organisation using a variety of monitoring methods, including:

- Quarterly Health and Safety Committee meetings.
- Monthly Site Health and Safety Walk Rounds.
- Regular 'Drop in' clinics.
- Discussing Health and Safety at Board Level.
- Monthly Senior Management Team Meetings (SMT).
- Quarterly Heads of Department Meetings.
- Monthly Individual Departmental Meetings - ensuring that staff learn from any incident / accident.
- Monthly published staff newsletter that is shared with all staff.
- Datix Incident reporting system with feedback provided to staff.





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 2024-25 the organisation continued with its on-going program of training in relation to safeguarding adults and children for both clinical and non-clinical staff.

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

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

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

There have been four reported safeguarding incidents reported in 2024-25 accounting for 0.6% of all incidents. All managed internally and with collaboration with the Safeguarding team from EKHUFT.

Freedom to Speak Up (FTSU) Guardian

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

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

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

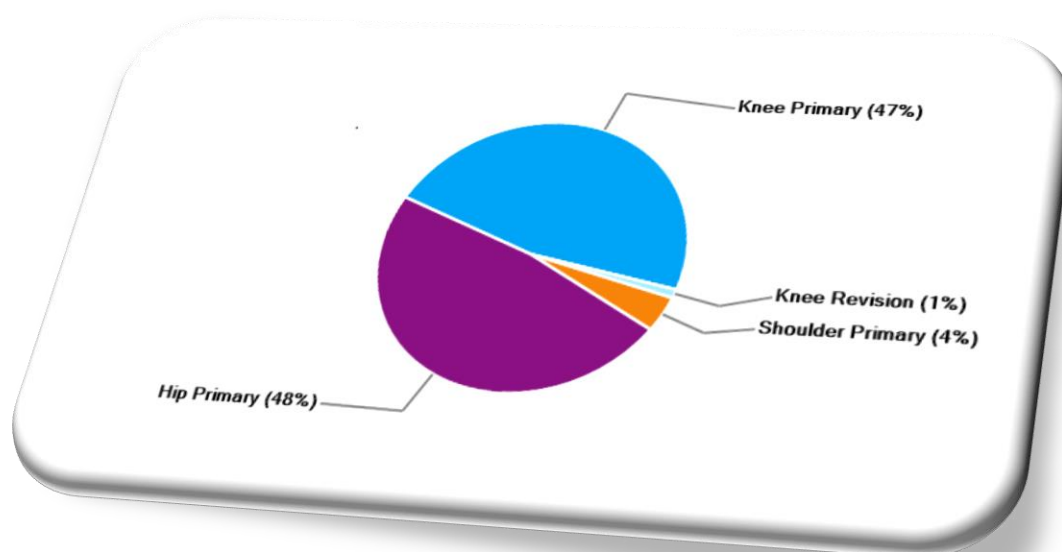
There were three FTSUP concerns raised during 2024-25.

National Joint Registry

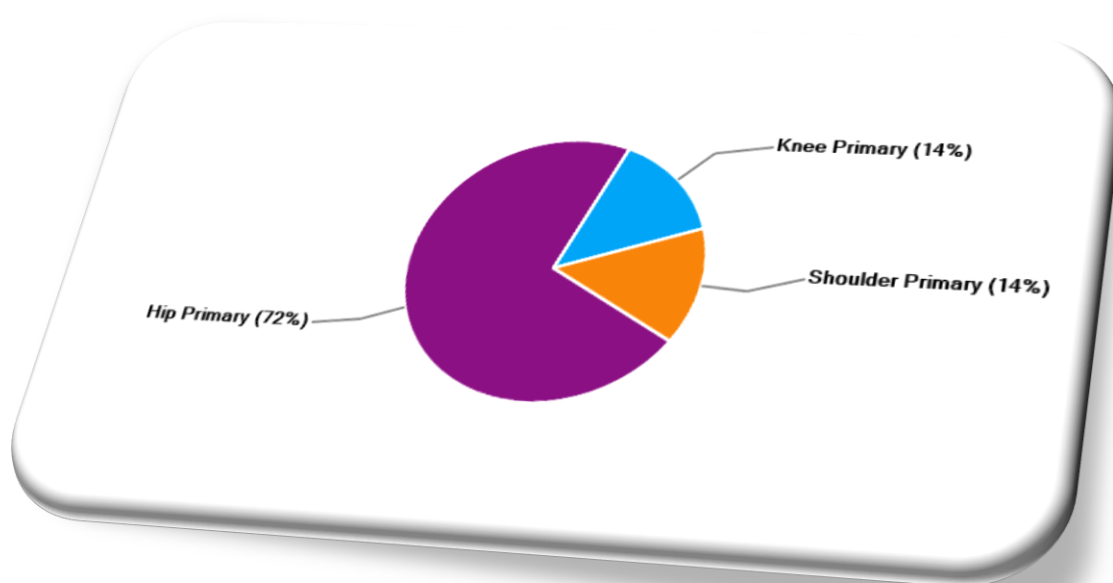
1st April 2023 – 31st March 2024

There were 540 joint replacements completed in 2024-2025 compared to 563 in 2023-2024.

Margate



Canterbury



PLACE Inspection

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

Patient Experience

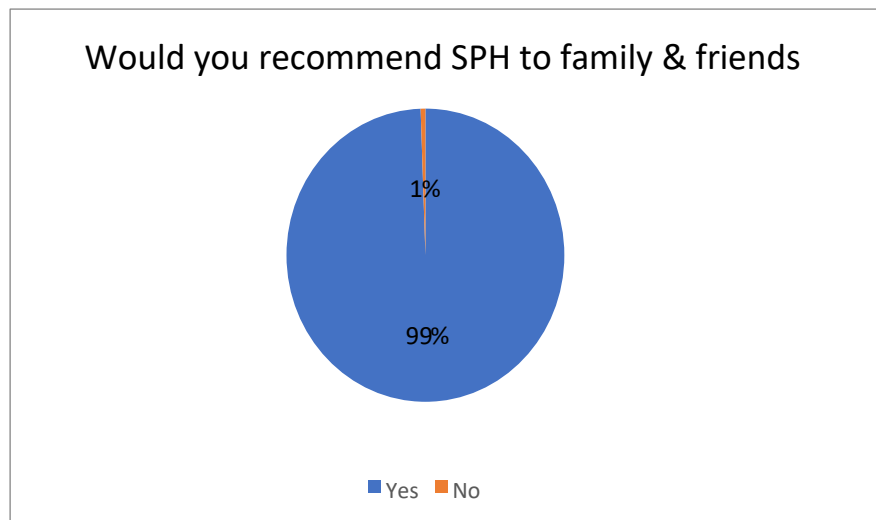
Monitoring patient experience helps us to meet our regulatory standards. It assists us to enhance our reputation and supports our objective of continuous improvement in the delivery of the care we provide.



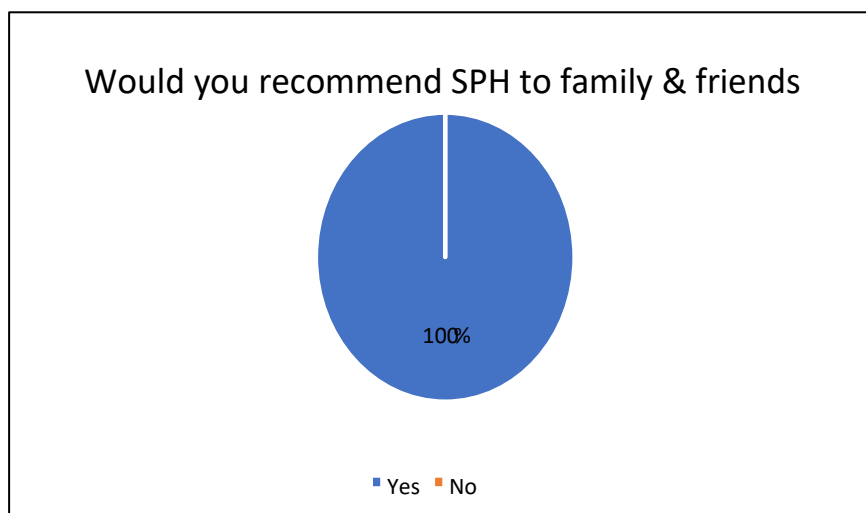
Patients feedback is vital for us to understand how our individual patients perceive the care and services they have received from us. It provides us with valuable insights into what is working well and where improvements are needed.

By actively listening to our patients feedback we can make informed changes that enhance our quality, safety, and overall patient satisfaction. It also helps us to build trust, promote transparency, and supports our culture of continuous improvement.

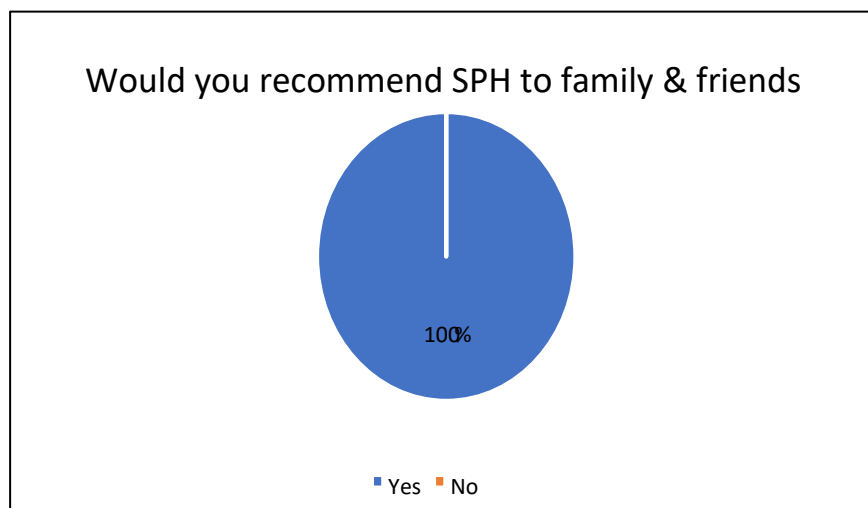
Ashford



Canterbury



Margate

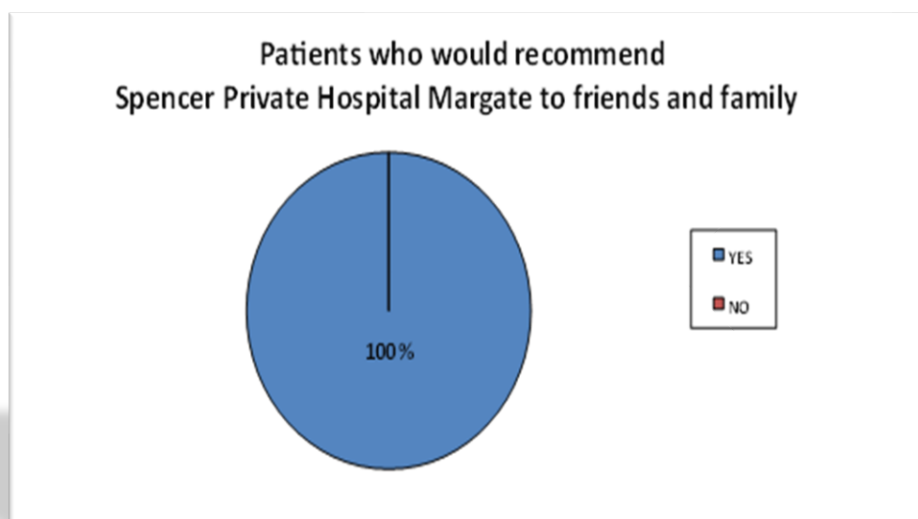
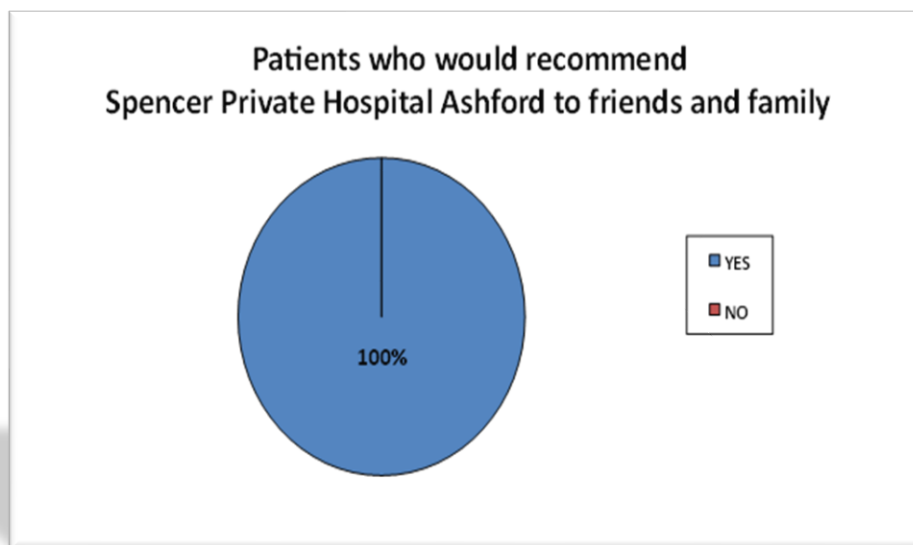


"The professionalism and quality efficiency reflects on skilled teamwork. All staff were very kind and willing to go the extra mile to make my stay comfortable, safe and enjoyable. They gave me praise when walking without aids, this encouraged my confidence."

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

"Cleanliness was of an exceptional standard."

Ophthalmology Survey



In 2024-25 SPH Margate and Ashford provided 18,539 episodes of care for patients with degenerative eye conditions leading to blindness. This is an increase of 609 patients from 2023-24.

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

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

Complaints

Effective complaints management is an integral component of 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.

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

This aligns with the organisation's Values and Mission Statement.

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

Duty of Candour

SPH approach to complaints management is in line with the CQC's 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. This also aligns with the NMC's publication Openness and Honesty when things go wrong: The professional duty of candour guidance, updated in February 2022.

Complaints Management

Complaints are reviewed at Management Review Meetings as part of our ISO 9001:2015 Quality Management process and at our Quarterly Clinical Quality and Safety Governance Meetings. These are then fed back at Quarterly Medical Advisory Committee meetings (MAC).

Complaints are additionally discussed at Board Meetings attended by SPH Directors, Senior Management Team Meetings, Heads of Department Meetings, and Individual Departmental Meetings to ensure that staff learn from patient experiences.

The patient guide in all patient rooms, as well as the Statement of Purpose, contains information on how to make a complaint. The Patient Guide and Statement of Purpose were updated in January 2025. The SPH website also displays information on how to make a complaint.

Complaints management is constantly monitored and managed through the organisations Datix Management System. Weekly closing the loop meetings are undertaken to ensure responses and resolutions are completed in a timely manner. This has continued to improve staff engagement and feedback is provided to staff through the Datix system and the organisations monthly newsletter “The Spencer Digest”.

Utilising Datix aligns with the organisations ISO14001 Environmental Management Accreditation by reducing the use of paper which is one of the organisations environmental impacts.

Improvements to this will continue in the coming year utilising IT solutions to capture patient responses.

ISCAS

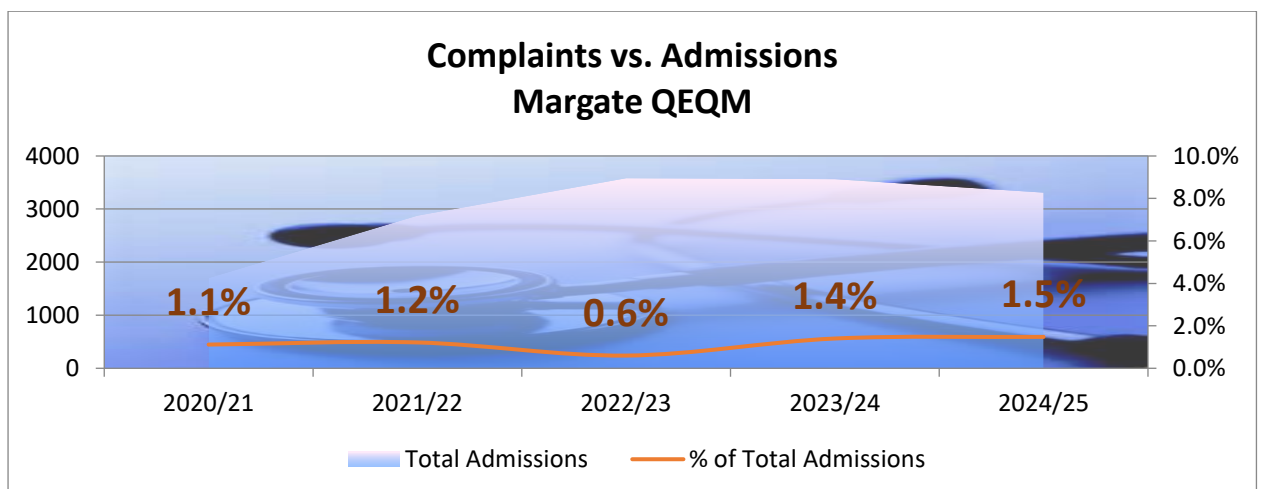
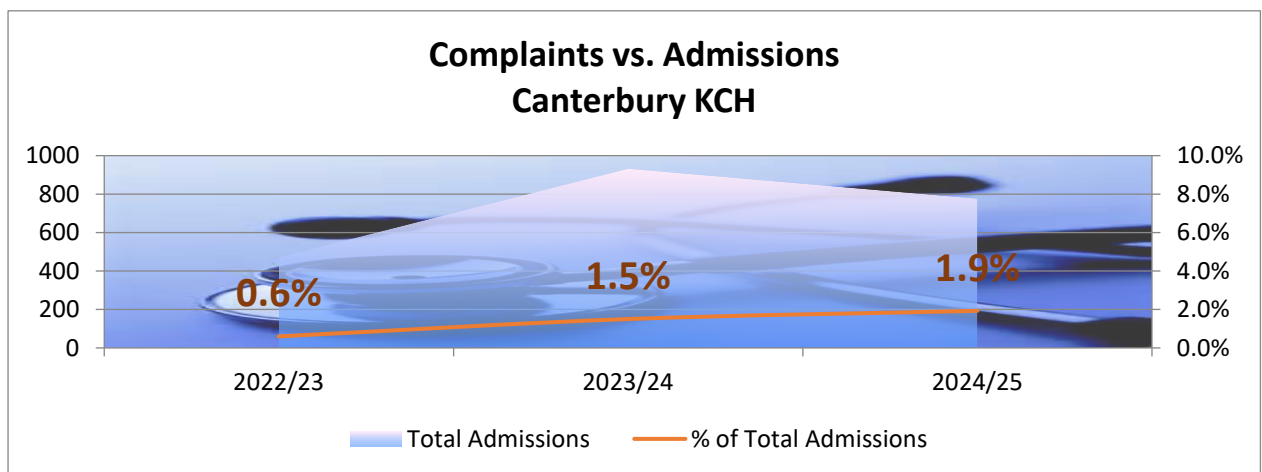
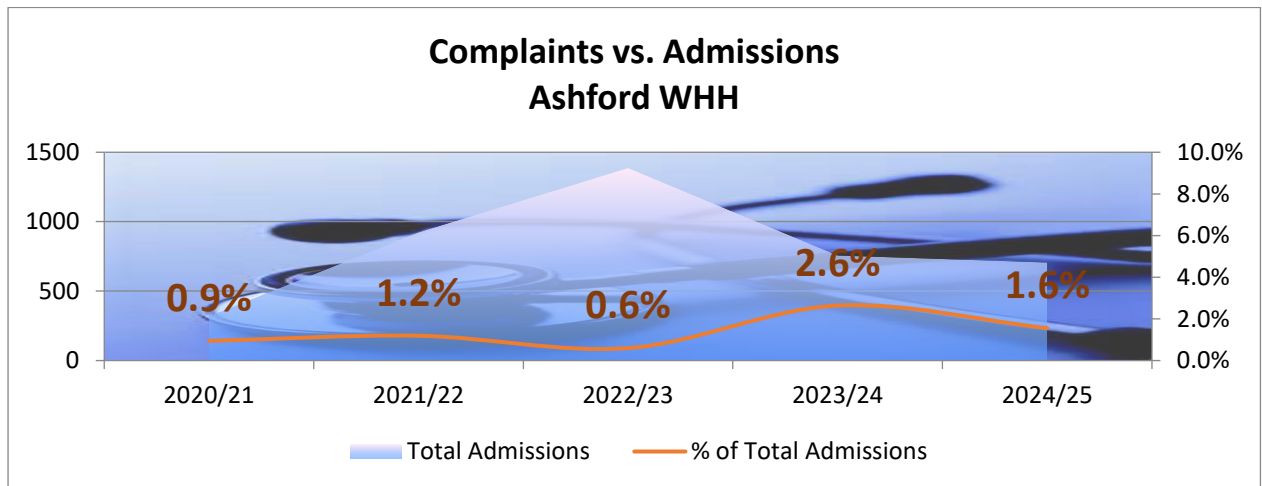
SPH are members of the Independent Sector Complaints Adjudication Service (ISCAS) and follow their Code of Conduct. The link for the ISCAS guide can be found on the organisation’s website:

<https://iscas.cedr.com/patients/complaints-process/>



Complaints Overview by Site

	Ashford	Canterbury	Margate
Complaints 2024-25	11 (1.56%)	15 (1.93%)	49 (1.48%)



Preventative Measures / Lessons Learnt Following Complaints:

Care / Treatment by Consultants / Clinician

- There was a commonality around complaints relating to Consultant behaviour and manner. The Consultants involved all offered their sincere apologies to patients for any upset or distress caused by their communications.
- Consultant had not actioned the IPT transfer request form causing a delay to the patient's treatment.
- Communications have been held with Consultants regarding timekeeping and notifying the bookings team of any annual leave in advance as much as possible to prevent cancellation of clinics.

Administration / Bookings

- There were complaints received regarding administration and booking staff members communications and manner. The staff involved all offered their sincere apologies to patients for any upset or distress caused and have reflected on the way in which they communicate to patients.
- GP referrals not being actioned in a timely manner. Staff have been reminded to ensure due diligence when actioning requests from GP's.
- There was a commonality around complaints relating to adherence of administration processes. Staff have been re-trained in all required bookings processes and have received feedback and training to improve communication skills.

Delay Waiting times – complaints relating to delays in surgery or procedures

- No anaesthetist had been booked for theatre.
- MRSA swab had not been processed due to an incomplete booking form.
- Patients not appropriate for SPH; should have been picked up at PA.
- Additional kit being required for surgery having not been ordered in.
- Infection control measures – holes in drapes.
- Patients had underlying conditions that needed stabilising by their GP before procedures could be undertaken i.e. blood pressure unstable, MRI pending.
- Site closure due to infection control incident led to patient appointments being cancelled at short notice.

Nursing Care

- Discharge protocols have been reviewed with clinical staff to ensure full compliance is met.
- Discussions have taken place with the nursing staff to assist with improvement in patient care and patient communications.
- Pre-assessment processes, including the triaging of patients, have been reviewed and improved.
- Shared Governance meetings with EKHUFT have continued throughout 2024-25 to discuss and review clinical practice and complaints for transferred patients.

Other:

- Patient was in breach of hospital attendance policy and was discharged back to their GP after failing to attend 9 appointments.

Education & Training



- Staff clinical training programs have also been reviewed and the Kalidus training system has worked very well to ensure all our staff maintain the appropriate skills to continue to deliver Safe, Effective, Caring, Responsive and Well Led care in line with CQC and ICB expectations.
- The senior nursing staff are additionally being included in a management training program developed by the HR team. This training will be extended in 2025-26 to include clinical supervision and learning from scenario-based incidents.
- Collaborative training with the local NHS has increased to include all resuscitation training and pharmacy training to include PGD inclusion.



Culture Events

At Spencer Private Hospitals we take pride in listening to our colleagues and giving them feedback in real time. We have spent time asking our staff for feedback to make Spencer a better place not only for them but our patients too and we are now at a point of arranging a Listening Event - You Said, We Listened where all staff from across the company are invited to feedback sessions.

We are making this a priority for staff to attend and have allocated these events around our quieter hours allowing the greatest number of staff to be able to attend. This has also been rota'd as part of their working shift to ensure those on the ground have the same access to events as non-clinical roles and reinforcing the message that every colleague matters and that their voice counts.

Our staff have suggested a new Vision and Mission Statement that is going to be adopted for 2025 onward:

Vision Statement

To be the leading model of integrated private healthcare that enhances patient choice and strengthens the NHS for future generations.

Mission Statement

Our mission is to be the first choice for your healthcare by delivering outstanding, patient-focused services with compassion and integrity. We are committed to offering high-quality care across a range of specialties and proudly reinvesting all profits to support the NHS ensuring better healthcare for your local community.

Priorities 2025-26

Collaborative working with EKHUFT to improve shared governance process.

Development of organisational digital strategy.

Development of private physiotherapy services.

Further development of collaborative working with EKHUFT to improve governance processes.

Implementation of new vision, mission and values with the continued work with the Change Ambassadors.

Increasing collaboration to include daytime operating hours.

Recruitment and retention of staff.

Transformation to digital patient feedback surveys to increase and improve patient feedback collection rates.

Ashford

Appointments and General Enquiries

01233 616 201

How to Find Us

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



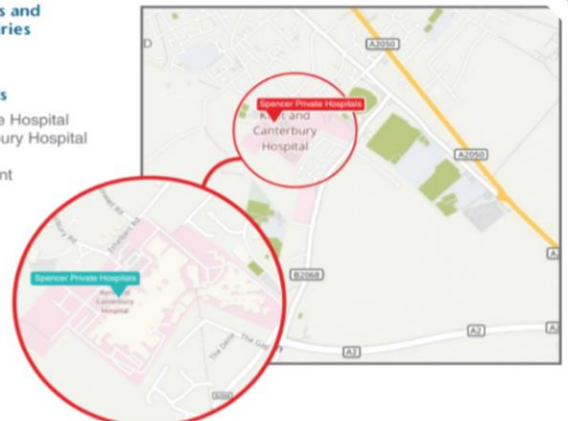
Canterbury

Appointments and General Enquiries

01227 206 700

How to Find Us

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Margate

Appointments and General Enquiries

01843 234 555

How to Find Us

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