



ANNUAL COMPLAINTS REPORT MARGATE 2024-25

Complaints Management.

Effective complaints management is an integral component of high-quality governance.

Spencer Private Hospitals (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 hospitals wider quality management system. This aligns with the organisations 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 NMCs joint guidance with the General Medical Council (GMC) on duty of candour which was refreshed in December 2024 to reflect regulation of Physician Associates and Anaesthetic Associates along with recent changes to the statutory duty of candour on healthcare provider organisations in Wales.

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).

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Complaints are additionally discussed at Board Meetings attended by SPH Directors, Senior Management Team Meetings, Corporate 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 SPH web site also displays information on how to make a complaint. The Patients Guide and Statement of Purpose have been updated in January 2025.

Complaints management is monitored and managed through the organisations Datix Management System. This has continued to improve staff engagement and feedback is provided to staff through the Datix system and the organisations monthly staff newsletter “The Spencer Digest”. Utilising Datix also aligns with the organisations ISO14001:2015 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 by utilizing digital 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/>



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Patient Feedback.

All patients are also encouraged to complete a Patient Experience Questionnaire upon discharge. Any areas requiring improvement are recorded through our complaints process and are fed back to the appropriate staff at departmental meetings.

Friends and Family (FFT) data is collated and fed back to CQC, ICB, Board of Directors and all staff throughout the hospital at departmental meetings.

FFT 2024-25.

In 2024-25 99.7% of patients responded would recommend SPH Margate to Family and Friends. This was based on a 28.09% patient response rate.

Overall experience of our service	Very Good	Good	Neither Good nor Poor	Poor	Very Poor	Don't Know
	94%	5%	1%	0%	0%	0%

In addition to our internal processes, we also receive feedback (PHIN data collection) on the Consultants who use our facilities and Doctify, which is collated and provided to them to assist with their revalidation process. These systems have given us greater patient accessibility, quick responses, clear reporting and accurate results on the services provided within the hospital.

Doctify have advised that SPH are in the top 10 providers with 5* reviews so we received the Outstanding Patient Experience award in 2024-25.



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Complaints.

There were 49 complaints recorded in 2024-25, equating to 1.48% of all patient admissions.
There were 248 thank you's received during 2024-25.

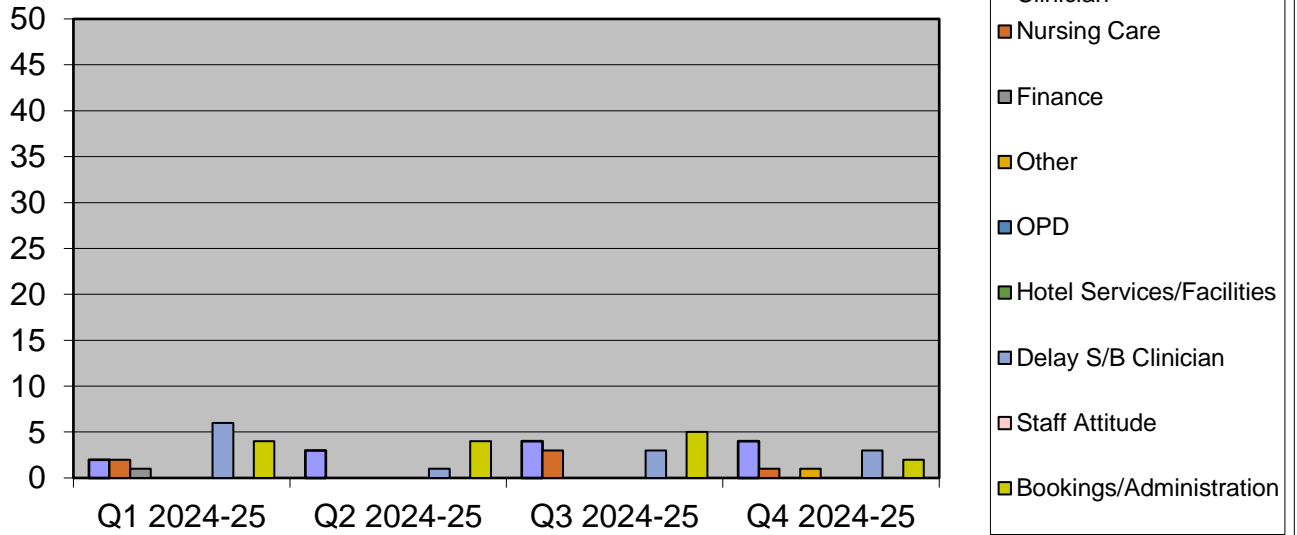
Patient complaints adjudication service for independent healthcare - ISCAS

There was one complaint that was escalated to ISCAS in 2024-25. The complaint was submitted in August 2024 in which SPH instructed ISCAS that the Consultant in question no longer holds practicing privileges at SPH and any inquiries will need to be taken up with the Consultant directly. No further communication has been received regarding this complaint.

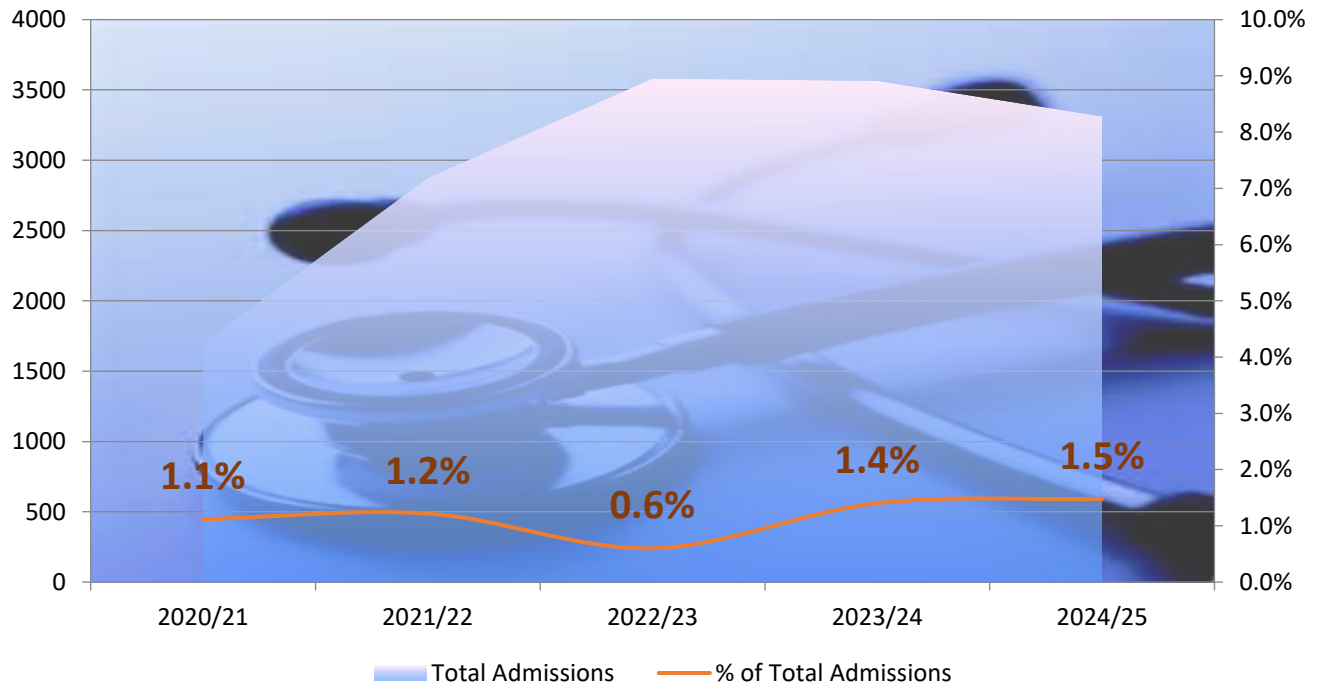
Complaint Category	2020-21	2021-22	2022-23	2023-24	2024-25
Care/Treatment by a Clinician	13	12	15	15	13
Delay S/B a Clinician	0	4	6	15	13
Staff Attitude	0	0	2	0	0
Nursing Care	2	10	9	6	6
Finance	1	4	5	3	1
OPD	0	0	0	0	0
Bookings/Administration	2	5	12	7	15
Hotel Services / Facilities	1	0	1	1	0
Other	0	0	1	3	1
TOTAL	19	35	51	50	49

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MARGATE COMPLAINTS SUMMARY 2024-25



Complaints vs. Admissions Margate QEQM



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Preventative Measures / Lessons Learnt Following Complaints:

Care / Treatment by Consultants / Clinician: (26% of complaints)

- 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. All Consultants have advised they have reflected on their communications and behaviours to ensure improvements are made.
- A Consultant had not actioned the IPT transfer request form causing a delay to the patient's treatment. The Consultant has been spoken to, to ensure correct processes are followed in a timely manner.
- 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: (30% of complaints)

- 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. Re-training has been provided where required.
- GP referrals not being actioned in a timely manner. Staff have been reminded to ensure due diligence when actioning requests from GP's. Re-training has been provided where required.
- 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 to improve communication skills.

Delay Waiting times – complaints relating to delays in surgery or procedures: (26% of complaints)

There were a number of complaints received about delays, cancellations / postponements to surgeries

- The bookings processes have been reviewed and staff re-trained.
- Weekly bed meetings have been reviewed to ensure all booking processes have been completed.
- The full completion of bookings forms has been addressed with MAC members and all Consultants. Incomplete forms received by bookings staff are returned to the Consultants for full completion.

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- Meetings have taken place with the trust exploring resolutions to holes in drapes. The Trust continue to review and improve this process.
- Equipment issues have been addressed with the Trust to ensure this meets with requirements.
- The PA process (LifeBox) has been continually reviewed and monitored which has led to improvements in safe management of patients pre-operatively.
- IPC protocols have been updated and all required information disseminated to staff.

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.

Lynn Orrin
Managing Director
23rd April 2025