

Quality Account 2025-2026

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Section 1: Statement from Spencer Private Hospitals Managing Director



I am pleased to present our Annual Quality Account for 2025-2026. This report reflects Spencer Private Hospitals commitment to delivering safe, effective, and compassionate care to every patient we treat and care for.

Over the past year, our dedicated staff have continued to demonstrate exceptional professionalism, resilience, and commitment to improving patient outcomes despite the ongoing challenges facing healthcare services. We have made significant progress in enhancing patient safety, improving patient experience, training and developing our staff, and strengthening our clinical governance framework.

Quality remains at the heart of everything we do. Throughout the year we have focused on:

- Enhancing patient experience by listening to feedback from patients, families, and carers.
- Improving patient safety through learning from incidents and implementing evidence-based practice.
- Supporting our workforce through education, training, and wellbeing initiatives.
- Strengthening our organisational culture, fostering openness, inclusion, continuous learning and shared accountability to support the delivery of safe effective high-quality care.
- Working collaboratively with our partners to provide integrated, person-centred care.
- Using data and quality improvement methodologies to drive continuous improvement.

While we are proud of the progress made, we recognise there is always more to do. We remain committed to addressing areas requiring improvement, ensuring continued transparency in our reporting, and maintaining the highest standards of clinical care.
I would like to thank our patients for their valuable feedback and most importantly, our staff whose continued dedication makes these achievements possible.

I confirm that, to the best of my knowledge, the information contained within this Quality Account is accurate and represents a fair view of the quality of services provided by Spencer Private Hospitals during this reporting period.

Lynn Orrin
Managing Director

Section 2: About Spencer Private Hospitals

Spencer Private Hospitals are a wholly owned subsidiary of East Kent Hospitals University Foundation Trust (EKHUFT), providing quality private healthcare for patients. Unique amongst other private healthcare providers, Spencer Private Hospitals generate extra income for the NHS Foundation Trust through payment for services, as well as investing profits back at the end of the year.

We offer over 200 private treatments and surgeries with a reputation for delivering high quality healthcare services in East Kent and, whether it's general surgeries, cosmetic surgery, non-surgical cosmetic treatments or physiotherapy, we have built a service to deliver all your healthcare needs at a level you demand.

Our private hospitals can be found on the grounds of all East Kent Hospitals University Foundation Trust sites.

Ashford

The Spencer Private Hospitals in Ashford is located within the Arundel Unit of the William Harvey Hospital in Ashford (WHH). Spencer Ashford has been providing services since 2008.

The facility has an outpatient area consisting of six consulting rooms, a treatment room and audiology services. In-patient services include four small en-suite bedrooms located within the William Harvey Hospital.

Our Consultant base enables us to offer outpatient appointments in the following specialties Ear Nose and Throat, Maxillo-Facial, Ophthalmology, Gynaecology, Paediatrics, General Surgery, Minor Urology, Pain and Minor Orthopaedics.

Canterbury

The Spencer Private Hospitals in Canterbury is located within the Emergency Care area at Kent & Canterbury Hospital (KCH). Spencer Canterbury has been providing services since 2019.

The facility has an outpatient area consisting of two out-patient rooms extending to four out-patient rooms when required. Treatment room facilities for urology are available.

Our Consultant base enables us to offer out-patient appointments in Orthopaedics, Urology, Gynaecology, Rheumatology, General Surgery, Pain, and Fertility.

In-patient facilities enable surgery in the following specialities, Orthopaedic and Urology. Day surgery service includes Ear, Nose and Throat, Pain Injections, Urology and Minor Orthopaedics.

Margate

The Spencer Private Hospitals in Margate is located on the grounds of The Queen Elizabeth the Queen Mother (QEQM) Hospital. Spencer Margate has been providing healthcare since 1998.

The hospital consists of an out-patient area consisting of five consulting rooms, treatment room and audiology facility.

In-patient facilities include twenty-two en-suite bedrooms providing surgery for the following specialities Orthopaedics, Gynaecology, Pain, General Surgery and Pain.

Owing to our special relationship with the East Kent Hospitals Trust, our patients have full access to the treatment and operating facilities offered by the three associated Foundation Trust Hospitals, affording patients and their families the unique reassurance and support that Foundation Trusts offer - an environment not enjoyed by other private providers

Section 3: Quality Statement

Lynn Orrin, Managing Director



Cheryl Lloyds, Clinical Director



Quality and Safety remains our principal focus, and our emphasis remain on continuous improvement of the services Spencer Private Hospitals (SPH) provide.

Our quality of care and clinical outcomes have remained consistently high this past year, as has the feedback scores we receive from the users of our services.

The data and information within this account have been produced with the input of staff from all departments who contribute to our organisations Quality Agenda.

SPH are now in their 28th 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 clinical staff this year have embraced and embedded the key concepts of management with the use of a competency-based framework and have formed a robust teamwork structure to improve the clinical management of the three sites.

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 open and proportional approach to learning when things don't go to plan has focussed our quality improvement activities to have the most positive impact on patient care. Oversight and assurance continue to be strong through our governance arrangements, and we strive to learn lessons continuously to provide care of the highest standards.

Our Values



Care

Where care comes first

Respect

Every voice matter, every person counts

Excellence

Strive to be the best we can be

Accountability

We own our actions and deliver on our promises

Teamwork

Achieving more through unity and trust

Empathy

Understanding others to make a real difference

Our Vision

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

Our Mission

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.

Our Staff Charter

At Spencer Private Hospitals Limited, our Staff Charter sets out the behaviours, values and commitments expected of everyone who works with us, regardless of role, profession or seniority.

The Charter reflects our commitment to providing a respectful, inclusive and accountable workplace where colleagues feel valued, supported and empowered to deliver outstanding care and service. We expect everyone to demonstrate these standards consistently in their day-to-day interactions, decision-making and conduct.

We encourage all colleagues to actively engage with the Charter, hold themselves and others accountable to its principles, and use it as a guide for fostering a positive, safe and compassionate working environment.

Together, we are responsible for creating a culture where our values are lived, respected, and reflected in everything we do.

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 and 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 the following areas:

- Patient Safety
- Clinical Governance
- Clinical Audit
- Patient Experience
- Education & Training

Section 4: Quality Standards

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

The NHS has a library of over 200 quality standards and a single menu of indicators designed to help define and measure quality in health care and set out priority areas for quality improvement.

We use this structured guidance to ensure safe, effective, and person-centred care, supporting continuous improvement and compliance with statutory requirements:

We use these for:

Quality Improvement: Identifying gaps, designing audits, creating improvement plans, setting benchmarks, and training staff

Quality Assurance: Monitoring performance, tracking progress, benchmarking, and informing regulatory inspections

Standards we use include but are not limited to:

- The NHS quality standards: Set minimum criteria for participant information in research, ensuring ethical standards are met. hra.nhs.uk
- Professional Standards Framework: Provides assurance that professional standards processes meet statutory requirements and support quality improvement. NHS England
- NHS Constitution: Outlines rights for patients, public, and staff, along with pledges the NHS commits to achieve www.gov.uk
- Fundamental Standards: Care providers must have effective governance and systems to ensure quality and safety of care. Care Quality Commission
- Guidance and Standards Development: NICE develops guidance and standards for high-quality health and social care NICE

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.

Our reports are available for public view on the CQC website.

The CQC assessment framework asks 5 key questions and uses a 4-point ratings scale. They assess services against quality statements.

They gather evidence both on site and off site to make an assessment.

The types of evidence the CQC are grouped into six categories, Under each key question there are a set of quality statements. These describe what good care looks like and link to the regulations.

Our hospitals have been rated as GOOD overall. Our last inspection was in January 2025 at Spencer Hospitals Margate.

Independent Healthcare Provider Network (IHPN)

SPH is a member of the IHPN Forum which provides a network for independent hospitals.

IHPN is the only membership network for independent healthcare providers across the UK, and they deliver a wide range of services and support to their members.

The organisation is committed to enhancing the quality and safety of care provided by its members.

It facilitates the sharing of best practices and resources among members, which helps improve patient safety and clinical quality

The group provides us with the following support:

- Bringing independent healthcare providers together
- Supporting members to deliver great care for patients
- Enabling members to make positive contribution to UK Healthcare
- Offering resources, advocacy, and a platform for collaboration

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 accreditations 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 25h July 2025 and passed with no non-conformances of the environmental management system.

Section 5: 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 2022.

SPH are registered in respect of the following regulated activities:

Treatment of disease, disorder, or injury

Diagnostic and screen procedures

Surgical procedures

Spencer Private Hospitals have an overall **Good** accreditation for their hospital sites. Full inspection links:

Spencer Private Hospitals Ashford – Care Quality Commission

Spencer Private Hospitals Canterbury – Care Quality Commission

Spencer Private Hospitals Margate – Care Quality Commission

Practicing Privileges

SPH attract Consultants from a wide range of specialities, who have extensive experience gained within both the NHS and Independent 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 149 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. SPH are looking forward to the updated version of the document in 2026.

This aligns with the Care Quality Commission's (CQC's) well led domain 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.

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.

Here are the main components of the SPH process:

- Eligibility Criteria: Medical practitioners must hold a GMC license to practice and meet specific eligibility criteria, such as being at Consultant grade and having a minimum of two years' experience.
- Application Submission: Practitioners can apply for practising privileges through SPH website or by contacting the CEO.
- Review Process: The review process includes an annual review for practitioners with no NHS practice and biennially for those with NHS practice.
- Documentation and Reporting: Practitioners are expected to engage with and contribute necessary data during annual or biannual reviews of their practising privileges.
- Quality and Safety Standards: Practicing privileges are granted based on the practitioner's clinical excellence and adherence to the SPH clinical governance arrangements.
- Continuous Improvement: The process emphasizes the importance of professional behaviour and the need for ongoing discussions about professional behaviour as part of the review process.
- Collaboration and Support: The granting of practising privileges is a collaborative process supported by the SPH Human Resources Department and other staff and clinicians within SPH
- Quality Assurance: The SPH is committed to providing care of the highest quality, ensuring that practitioners use the facilities of SPH to see and provide care to private patients.

This process ensures that healthcare professionals are well-qualified and fit for purpose, contributing to the overall quality and safety of patient care.

Safe Staffing

Safe Staffing Background

This review observes the recommendations set out by the National Quality Board (NQB) guidance published in July 2016 “Supporting NHS providers to deliver the right staff, with the right skills, in the right place at the right time: Safe, sustainable and productive staffing” and the NQB’s subsequent guidance ‘Safe sustainable and productive staffing: An improvement resource for adult inpatient wards in acute hospitals’ in December 2016,the NHS Improvements (NHSI) Developing Workforce Safeguards – Supporting providers to deliver high quality care through safe and effective staffing, published in 2018, NHSI development review of leadership and governance using the Well Led Framework: guidance for NHS trusts and NHS foundation trusts’ published in 2017.

In addition to these recommendations the RCN published the RCNs Nursing Workforce Standards (2025) which have been developed by the RCNs Professional Nursing Committee to tackle the nursing shortages across the UK.

These standards enforce focus on having the right number of nursing staff, with the right skills, in the right place, at the right time to improve health outcomes, the quality of care and patient safety

Principles of Safe Staffing



The safe staffing improvement resources highlighted provide a set of expectations for nursing care staffing to help SPH make decisions that will support the delivery of high-quality care for patients within the available staffing resource.

The resources set out the key principles that the SPH use to measure and improve their use of staffing resources to ensure a safe, sustainable, and productive service, including the care hours per patient day (CHPPD) metric.

- 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 NQBs resource and other available resources, SPH continued to utilise its Nursing Dependency Tool in 2025-26 to ensure it met with the organisations clinical ward requirements.

- In 2025-26, 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.



The NQB identified three expectations that form a 'triangulated' approach ('Right Staff, Right Skills, Right Place and Time') to staffing decisions; and offers guidance to SPH on using other

measures of quality alongside CHPPD, to understand how staff capacity may affect the quality of care provided.

Utilising these resources assists SPH to ensure it has the right culture, leadership, and skills in place for safe, sustainable, and productive staffing whilst maintaining proactive, robust, and consistent approaches to measurement and continuous improvement to support safe, effective, caring, responsive and well-led care.

Setting appropriate planned levels of staffing is, therefore, fundamental to ensure SPH reduces any potential risk of patient's not experiencing high-quality nursing care.

The NQB's resource has been used by SPH for the past eight years alongside our CHPPD to demonstrate and understand the impact of our staffing decisions on the quality of care that patients are receiving in our ward area.

Workforce Review

The past year SPH has continued to support EKHUFT with NHS activity providing clinical care for patients from a wide range of clinical specialities. This support has Margate Annual Safe Staffing Report 2025-26 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.

The new Standard Operating Procedure (SOP) which was implemented following the CQC inspection in 2025 to support the safe transfer of patients between the organisations continues to work well alongside the admission criteria policy that is in place.

This policy was also reviewed, updated and ratified by the Medical Advisory Committee (MAC)
A key focus remains to reduce registered nurse vacancies and improve the registered nursing establishment, to ensure the skill mix aligns with the organisation's strategy, considering the national picture regarding the shortage of qualified nurses.

By achieving this aim, the organisation continues to 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 minimises the need for expensive agency staff by effectively planning the workforce needed for service requirements.

This aligns with the RCNs Workforce Standards (2025) as it is recognised that relying on agency staffing can impact on safe staffing, quality of care and patient safety.

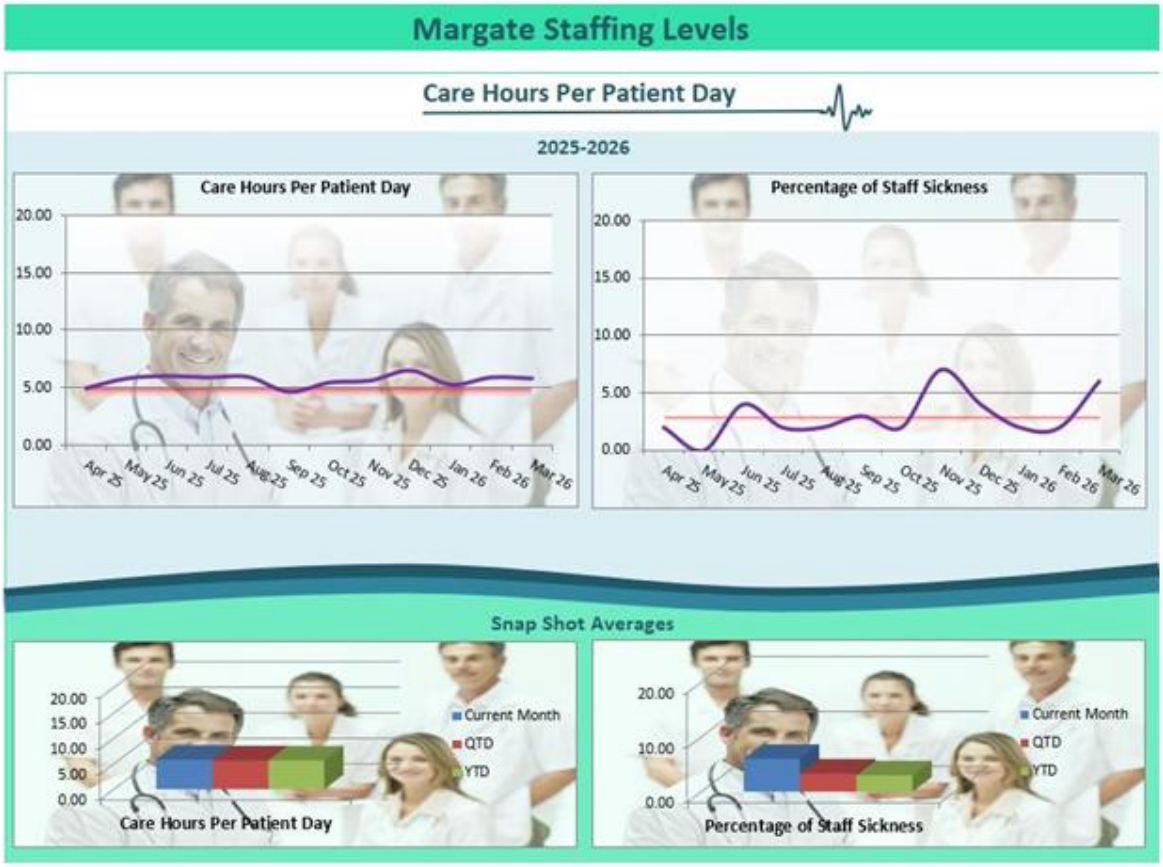
In addition to Safe Staffing metrics, additional quality measures have continually been reviewed and monitored including Datix Incident Reporting, Harm Free Care statistics, Complaints, Patient Experience Surveys, and Friends and Family feedback.

The organisations quality assurance framework enables review along with any staff and patient feedback relating to staffing and patient safety.

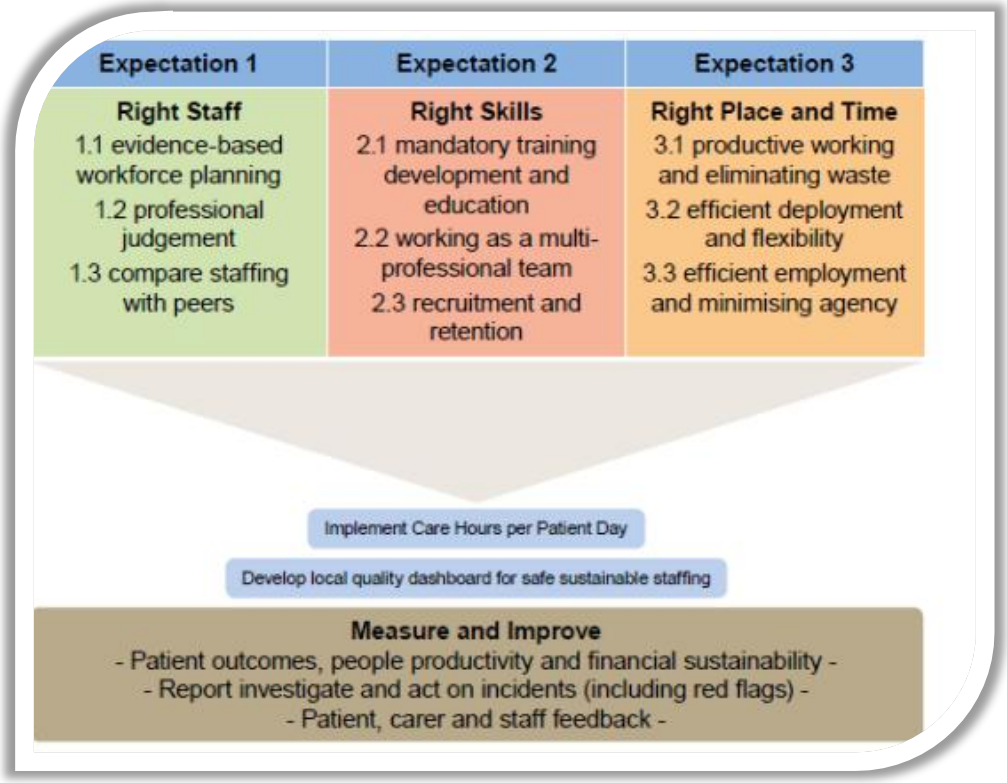
Spencer Staffing Data

In 2025-26 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 website.



	Care Hours Per Patient Day	Percentage of Staff Sickness
Current Month	5.80	6.00
QTD	5.65	3.33
YTD	5.64	3.00



No Red Flag events were identified relating to safe staffing levels during 2025-26.

Nursing Establishment V Current Establishment Fill Rate

The below agreed staffing level is based on the organisation's occupancy KPI along with the safe staffing dependency tool, which is operation specific and compliance with the CQC regulation of a minimum of 2 RN cover for each shift. As the hospital is multi- specialist, the staffing skill mix has a current KPI ratio of 65 / 35 (RN / HCA).

Agreed Budgeted Establishment

13 WTE Qualified RN / Associate Nurse
8 WTE HCA

Current Vacancies

Qualified Nursing Establishment: 0 vacancies
HCA Establishment: 0 vacancies

SPH has a Head of Clinical Services that is not included in the nurse staffing levels as the role provides leadership, management and support in addition to the staff who deliver patient care.

The importance of this role being supernumerary to the agreed staffing levels was recommended by NICE and supported further by the RCN 2010 and the Francis Report when recognising the importance of 'Time to Lead' which can be defined as any duty that contributes to the delivery of safety, effectiveness, and patient experience.

The organisation also has Physiotherapists who are not included in the nursing staff numbers but are part of the organisations commitment to providing safe and effective patient centred care.

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.

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 has a clear vision in relation to safe staffing and is maintaining and continuing to achieve company objectives.

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 Development Review

The annual structured evaluation of employees' performance, potential, skills, and alignment with SPH goals to inform development, succession planning, and workforce optimisation.

A formal process to assess current talent pool, identify high-potential employees, and ensure the workforce is aligned with strategic objectives. It combined elements of performance reviews, talent assessments, and workforce planning to provide a comprehensive view of employee capabilities and organizational needs.

Key Components

1. Performance Assessment:
Managers evaluate employees' job performance, achievements, and areas for improvement. This is including traditional performance reviews, 360-degree feedback, project-based assessments, self-assessment

There is a focus on specific work contributions, provision of actionable feedback, and set goals for future development.

2. Talent and Potential Evaluation:
This helps identify employees ready for promotion, those who may benefit from development programs, and high-potential talent for succession planning

3. Skills and Competency Mapping:
Assessing employees' skills ensures we have the right capabilities in place. Workforce reviews highlight skill gaps and inform training, stretch assignments, or internal mobility opportunities.

4. Strategic Workforce Planning:
By analysing workforce composition, we can align staffing levels, roles, and skills with long-term business goals. This ensures the right people are in the right positions to meet current and future needs

Benefits to SPH

- Improved Employee Development: Provides clear guidance on growth opportunities and career paths.
- Succession Planning: Identifies potential successors for critical roles, reducing leadership gaps.
- Enhanced Engagement: Employees gain clarity on expectations and feel valued through structured feedback.
- Informed Decision-Making: Supports decisions on promotions, compensation, and workforce allocation

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 2025-2026 is to maintain the establishment of registered nurse and associated clinical staff members to ensure we provide safe, sustainable, and productive staffing. This will enable the organisation to continue its reduced dependency on agency staffing which in turn will reduce risk and improve quality.

2. There will be a continued focus on reviewing and increasing internal and external training to maintain our clinical staff competencies. Currently Spencer Hospitals have three staff completing professional training including theatre and nursing.

3. In 2025 – 2026 a competency framework for Band 7 staff has been introduced and a benchmarking process against skills and qualification is complete. The plan is to increase this benchmarking process for all level of nurses throughout 2026-2027.

4. The organisation is currently reviewing several 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 Royal Pharmaceutical Society (RPS) and royal College of Nursing RCN professional guidance, 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 2025-26 we had four reported medication errors accounting for 0.6% of our patient capacity. There was no harm noted to patients.

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)
- 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.

The CQC published its latest Annual Report on the Safer Management of Controlled Drugs 2025. The following points have been identified as associated with practice completion at SPH and have processes in place the manage staff within their roles:

- Healthcare professionals that they should only be working within their scope of practice
- Improve communication between health and care professionals and providers

CQC Inspection

A CQC inspection was undertaken at Margate on 22nd January 2025. No concerns were raised regarding the management of CDs within the final report.

NHS England regional teams and controlled drug local intelligence networks (CDLIN's).

NHS England controlled drugs accountable officers (CDAOs) have continued to work effectively and collaboratively over the past year. Regular meetings were held which resulted in more consistent messaging to members of local intelligence networks (LINs) both nationally and regionally.

Agenda items discussed at local intelligence network meetings:

- Incident reporting
- NHSE updates
- CQC updates
- Home Office Drug licencing
- Regulation letters
- Information sharing

National Institute for Health and Care Excellence (NICE)

SPH assessed its CD Management against NICE Baseline assessment tool for CD's: safe use and management (NICE medicines practice guideline NG46) in May 2025. The next review will be undertaken in May 2027. All recommendations were met.

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

This system is used in conjunction with SPH CD policies and procedures and the Clinical Governance and Safety Reporting System. The examples given below are not exhaustive. If staff are in any doubt or have any concerns regarding any incident, they inform the CDAO (or Deputy) immediately.

- In 2025/26 there were no reported Red Controlled Drug Incidents
- In 2025/26 there were no reported Amber Controlled Drug Incidents
- In 2025/26 there was one Green Reported Controlled Drug Incidents
- One error related to administration of a CDs. No patient harm reported

Lessons Learnt:

1. Staff have undergone re-training in all aspects of CD Management
2. Drug competencies have been completed
3. Staff have refreshed their knowledge of all policies and procedures
4. Reflective learning has been completed by nursing staff involved in incidents

Controlled Drugs Training

Training sessions have continued for all clinical staff throughout the year on the management of CDs. All required clinical staff at Margate had their SPH drug competencies. SPH has also liaised with EKHUFT to ensure all required clinical staff undertake the Trusts medicine's management course.

The SPH drug competency assessment framework includes all aspects of Controlled Drug Management including NICE Guidance.

The Clinical Director in conjunction with the senior clinical team will be reviewing the SPH competency assessment document in 2026-27 as a part of the current ongoing clinical governance review

Harm Free Care

	Falls	Pressure Ulcers	VTE	Urinary Infection	TOTAL HFC Incidents
Ashford	1 (0.21%)	0 (0.00%)	0 (0.00%)	0 (0.00%)	1 (0.21%)
Canterbury	1 (0.22%)	0 (0.00%)	0 (0.00%)	0 (0.00%)	1 (0.22%)
Margate	7 (0.21%)	0 (0.00%)	0 (0.00%)	0 (0.00%)	7 (0.21%)

	Harms Against Patient Admissions
Ashford	**487 patients – 1 incident (0.21%)**
Canterbury	**463 patients – 1 incident (0.22%)**
Margate	**3,393 patients – 7 incident (0.21%)**

Section 6: Clinical Governance

During 2025-26, SPH continued to develop the elements of the external review of the governance and continued to align with the NHS due to the hospital being a subsidiary of the East Kent Hospitals NHS Foundation Trust.

The scope continues to evaluate:

- The clinical responsibilities, roles and systems of accountability and competency to support governance.

- Reviewing arrangements with partners and how governance is shared and managed to encourage appropriate interaction and promote coordinated, person-centred care.

- The processes for managing performance and how this escalated.

- The levels of governance and management and how the senior clinical team function effectively and interact with each other appropriately

- Continued 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 developed:

- Development and structure of an assurance framework.
- Development of clinical leadership.
- Developing quality reporting
- Engagement and culture for all staff
- Development of staff charter

Clinical Indicators

	Spencer Private Hospital	
Date Range start >>	01.04.2025	
Date Range finish >>	31.03.2026	
	Surgical	**Medical**
In-patients >>	**3998**	**0**
Day-patients >>	**1983**	**0**
Out-patients >>	**52140**	**0**
Total Patients>>	**58121**	
Total Admissions	**5981**	
Total Day-patients >>	**1983**	
Total Out-patients >>	**52140**	
Indicator	**Totals**	**% of all admissions**
Mortality	**1**	0.002%
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)	**0**	0.0%
Other ward	**1**	0.002%
Infection rate	**0**	0.0%
Surgical site infections	**1**	0.002%
MRSA Bacteraemia - Hospital aquired - TRUST	**0**	0.0%
MRSA Bacteraemia - Hospital aquired - TSW	**0**	0.0%
MRSA Bacteraemia - Community aquired	**0**	0.0%
MSSA	**0**	0.0%
E-Coli	**0**	0.0%
Staphlococcus Aureus	**0**	0.0%
C Difficile - TSW	**3**	0.005%
C Difficile - Trust	**0**	0.0%
Post-operative VTE	**0**	0.0%
Post-operative CVA	**0**	0.0%
Myocardial infarction	**0**	0.0%
Serious injury/ Never Event	**0**	0.0%
Theatre list delay	**3**	0.005%
Conversion to overnight stay from day case	**3**	0.005%
Serious Incident	**0**	0.0%
Incidents	**480**	0.83%

Serious Incidents and Never Event

There have been no reported Serious Incidents or Never Events

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. There has been one reported needle stick injury reported in 2025-26.

Objective	Target
MRSA Bacteraemia	No cases
MSSA Bacteraemia	No cases
Clostridium difficile	3 cases due to internal transfer
Surgical Site Infection	1 (0.002 of all patients)

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:

- Comply with health and safety legislation
- Implement health and safety arrangements
- Comply with monitoring and reporting mechanisms appropriate to internal and external key stakeholders and statutory bodies
- 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
- Discussing Health and Safety at Board Level
- Monthly Senior Management Team Meetings (SMT)
- Quarterly Heads of Department Meetings
- Monthly Individual Departmental Meetings
- Monthly published staff newsletter that is shared with all staff
- Datix Incident reporting system with feedback provided to staff
- Assurance of shared learning

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.

- The importance of our safeguarding training lies in its ability to protect individuals in our care from harm, abuse, and neglect. It is a fundamental standard of the high-quality health care SPH provide, ensuring that all staff are equipped to identify and manage safeguarding risks effectively.

- During 2025-26 the organisation continued with its on-going program of training in relation to safeguarding adults and children for both clinical and non-clinical staff.

- The training is essential for all our staff, as it equips them with the knowledge and skills to safeguard vulnerable individuals, both adults and children. It also promotes a collaborative approach with other agencies to ensure a robust safeguarding process. The training is integrated into the services we provide and is linked to the annual appraisal process and personal development plans. It is a continuous process that requires ongoing learning and reflection to maintain the highest standards of safeguarding practice.

- 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 six reported safeguarding incidents reported in 2025-26 accounting for 0.01% of all incidents. All managed internally and with collaboration with the Safeguarding team from EKHUFT.

Safeguarding Adults and Children (incorporating MCA) Training:

Adults:

Level 1 – 100%
Level 2 – 100%
Level 3 – 92%

Children:

Level 1 – 100%
Level 2 - 96%
Level 3 - 92%

A full review of training levels was undertaken in 2025 – 2026 to ensure all staff are receiving appropriate safeguarding training.

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 utilising a dedicated email for staff to use to confidentially raise concerns.
- FTSU clinics have been offered.

There were three FTSUP concerns raised during 2025-26.

Section 7: Clinical Audit and Outcomes

National Joint Registry

The National Joint Registry (NJR) is the UK's national database for joint replacement surgery. It collects and monitors information on hip, knee, shoulder, elbow, and ankle replacement procedures performed in England, Wales, Northern Ireland, the Isle of Man, and the Channel Islands.

Its primary purpose is to improve patient safety, monitor implant performance, and support quality improvement in orthopaedic surgery.

- Established in 2003 and now recognised as one of the largest orthopaedic registries in the world.
- Contains over 4.6 million procedure records.
- Tracks outcomes of joint replacement procedures, implants, hospitals, and surgeons to identify potential safety concerns and improve standards of care.
- Publishes annual reports, research outputs, and surgeon and hospital performance information.
- As a private hospital, Spencer Private Hospitals (SPH) NJR compliance is demonstrated through participation in the National Joint Registry and strong governance around joint replacement data collection, quality, and reporting.

National Joint Registry (NJR) Compliance Statement

Spencer Private Hospitals maintain compliance with National Joint Registry (NJR) requirements through robust processes for data submission, data quality assurance, patient information, clinical governance, and continuous quality improvement.

Complete and Timely Data Submission

All eligible hip, knee, shoulder, elbow, and ankle replacement procedures undertaken within the hospital are submitted to the NJR in accordance with registry requirements. Submission processes are routinely monitored to ensure records are entered accurately and within prescribed timescales. High case ascertainment rates are reviewed regularly to ensure all eligible procedures are captured.

Evidence available:

- NJR data submission reports
- Case ascertainment reports
- Local audits comparing theatre activity and consultant activity against NJR submissions
- Orthopaedic service performance dashboards

Data Quality Monitoring

Spencer Private Hospitals have established processes to validate NJR data and ensure completeness, accuracy, and consistency of submitted records. Data quality is reviewed routinely, and any discrepancies, omissions, or errors identified through local, or NJR audits are investigated and addressed through corrective action plans. The NJR places significant emphasis on data quality and audit processes to ensure the reliability of registry information.

Patient Information and Data Governance

Patients undergoing joint replacement surgery are provided with information regarding NJR participation, including the purpose of data collection, confidentiality arrangements, and available patient choices regarding the use of their information. Patient information materials and privacy notices are incorporated into the consent pathway to ensure transparency and compliance with data protection requirements.

Review of Surgeon and Hospital Outcomes

Spencer Private Hospitals routinely review NJR surgeon and hospital outcome data through established governance structures. Outcome measures, activity levels, and benchmarking data are monitored to identify trends, support transparency, and ensure patient safety. Any outlying results or areas of concern are reviewed through appropriate governance mechanisms and action plans developed where required.

Use of NJR Data to Drive Quality Improvement

NJR reports and benchmarking information are used to support continuous quality improvement within the orthopaedic service. SPH reviews clinical outcomes, implant performance, and emerging trends to inform service development, clinical effectiveness initiatives, and patient safety improvements. Lessons learned are incorporated into quality improvement programmes and governance discussions.

Governance and Regulatory Assurance

NJR performance and compliance are embedded within the SPH clinical governance framework and form part of routine quality and safety oversight. Registry participation, data quality, and outcome monitoring provide assurance to senior leadership, the Medical Advisory Committee, and regulatory bodies, including the Care Quality Commission (CQC). NJR benchmarking supports monitoring of performance against national standards and promotes continual improvement in patient outcomes.

Overall Assurance Statement

SPH demonstrates compliance with National Joint Registry requirements through complete and timely submission of eligible joint replacement procedures, regular data quality validation, comprehensive patient information processes, routine review of surgeon and hospital outcomes, utilisation of NJR data to support quality improvement, and robust governance oversight. These processes provide assurance that registry participation contributes effectively to patient safety, clinical effectiveness, and continuous service improvement.

We are 100% compliance over 2025-26 which will award us Gold Standard in September 2026.

Section 8: Patient Experience

Our Awards

Doctify

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 Great Patient Experience award in 2025-26.





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 and within our organisational monthly newsletter, Spencer Digest.

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

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.

FFT 2025-26. In 2025-26, there was an average score of 98.3% of patients responding that they would recommend SPH to Family and Friends. Full breakdown of site feedback can be found below.

Ashford

Overall experience of our service	Excellent	Completely Satisfied	Satisfied	Dissatisfied	Don't Know
	99%	1%	0%	0%	0%

Canterbury

Overall experience of our service	Excellent	Completely Satisfied	Satisfied	Dissatisfied	Don't Know
	87%	10%	3%	0%	0%

Margate

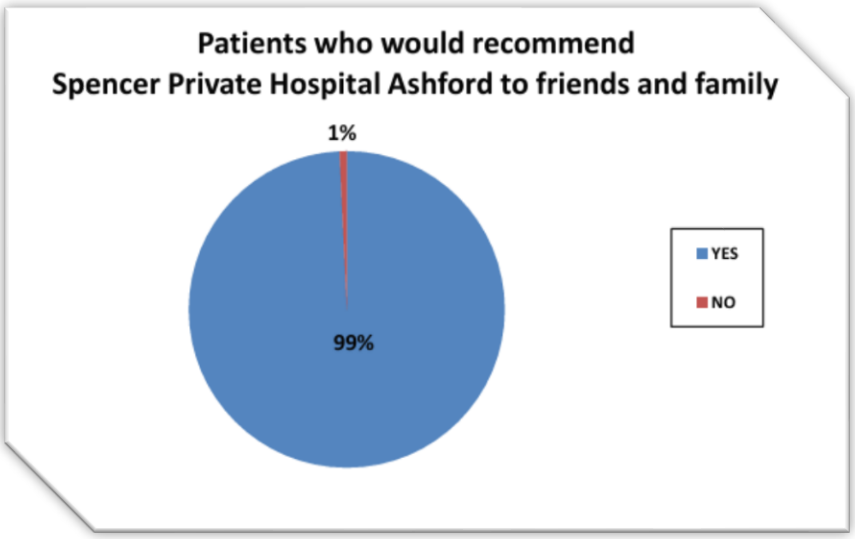
Overall experience of our service	Excellent	Completely Satisfied	Satisfied	Dissatisfied	Don't Know
	85%	13%	1%	1%	0%

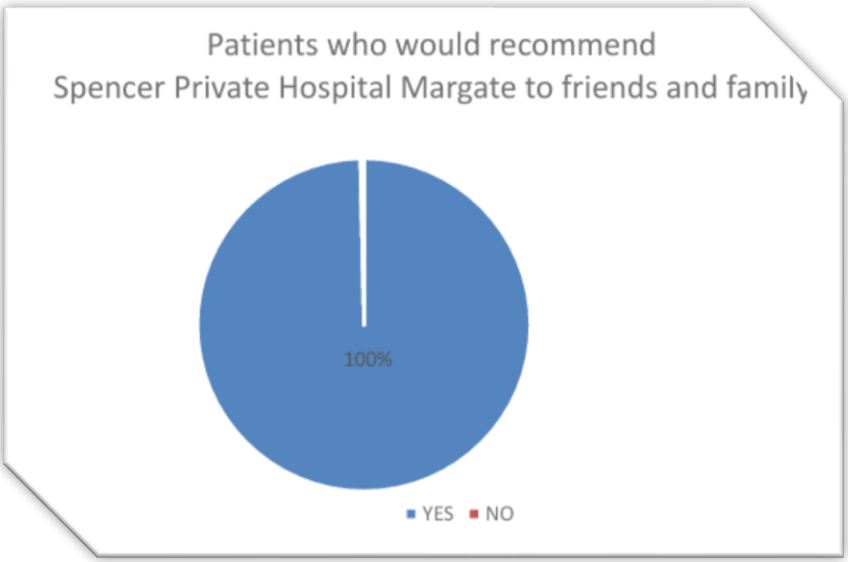
"The professionalism and quality efficiency reflects on skilled teamwork. All staff were very kind and willing to go the extra mile to make my stay comfortable, safe and enjoyable. They gave me praise when walking without aids, this encouraged my confidence."

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

"Cleanliness was of an exceptional standard."

Ophthalmology Survey





In 2025-26 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

Complaints Management

Patient complaints are concerns or grievances raised by patients regarding their care, treatment, or hospital experience, and there are structured processes to address them

At Spencer Private Hospitals we take every complaint extremely seriously and act upon it.
We acknowledge the complaint promptly and professionally, seek to understand the nature of the complaint, listen actively to concerns. We provide patients with a clear path forward, offer a genuine apology, investigate thoroughly and learn from any complaints received.

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

ISCAS provides an independent, structured process for patients to raise complaints about private healthcare providers who are ISCAS subscribers.

The Independent Sector Complaints Adjudication Service (ISCAS) is a voluntary scheme for private healthcare providers in the UK. It offers independent adjudication for complaints made by patients who have received care from ISCAS subscribers or members of the Independent Doctors Federation (IDF).

ISCAS ensures that complaints are handled fairly, transparently, and in line with its Code of Practice for Handling Patients' Complaints. The ISCAS Code sets out good practice standards for subscribing independent healthcare providers that pay an annual subscription to ISCAS.

SPH are members of the Independent Sector Complaints Adjudication Service (ISCAS) and follow their Code of Conduct.

SPH have had no need for ISCAS in 2025-2026.

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

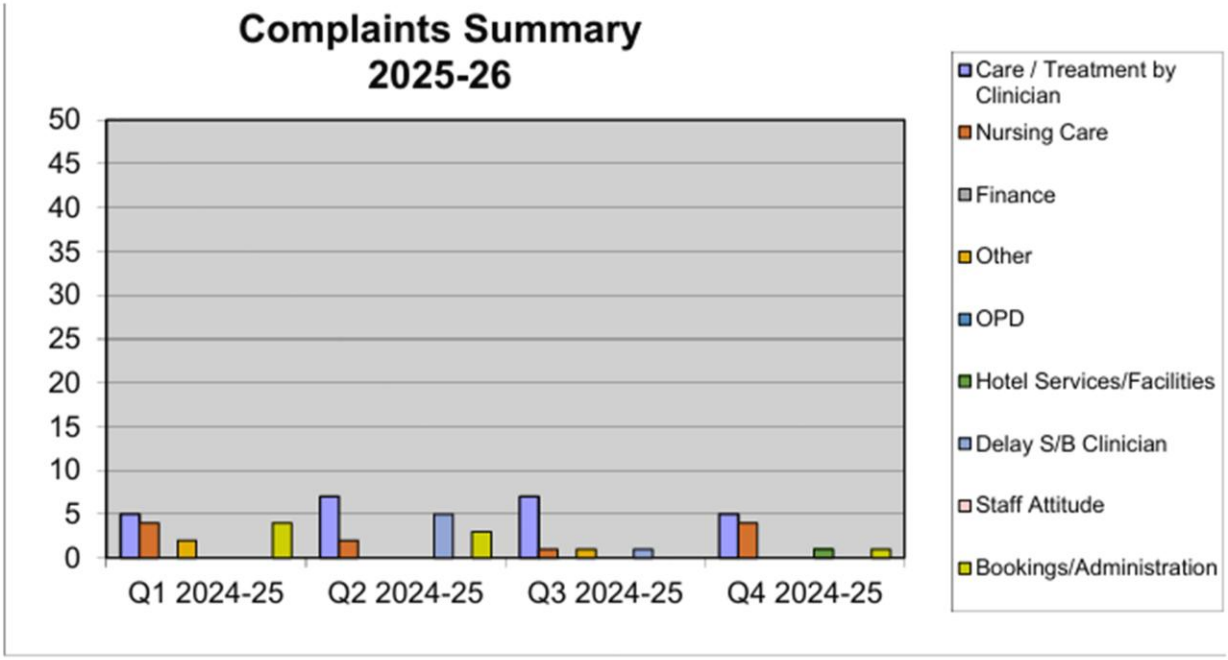
SPH Quality and Safety framework is underpinned by excellent governance at all operational and organisational levels and the organisation as a whole works as a team to deliver person centred care. This includes putting patients and their families at the centre of our decision-making processes.

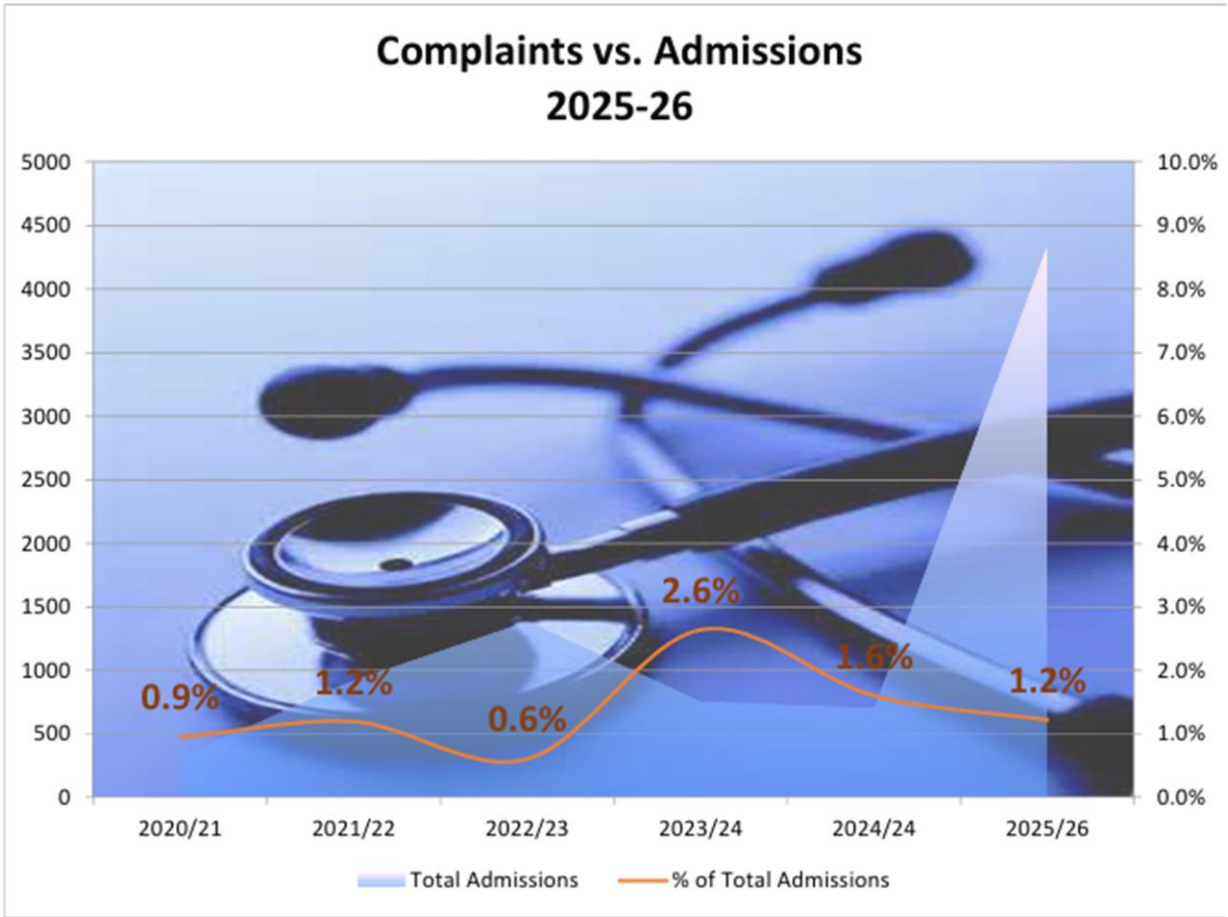
SPH are committed to delivering the best possible patient experience to every single patient, every single time. It is a key aspect of our leadership commitment to our customers and is a part of the hospitals wider quality management system.

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.

There were 53 complaints recorded in 2025-26, equating to 1.22% of all patient admissions. There were 421 'thank you's' received during 2025-26.


Complaints Summary
2025-26
50
45
40
35
30
25
20
15
10
5
0
Q1 2024-25
Q2 2024-25
Q3 2024-25
Q4 2024-25
Care / Treatment by Clinician
Nursing Care
Finance
Other
OPD
Hotel Services/Facilities
Delay S/B Clinician
Staff Attitude
Bookings/Administration


Complaints vs. Admissions
2025-26
5000
4500
4000
3500
3000
2500
2000
1500
1000
500
0
10.0%
9.0%
8.0%
7.0%
6.0%
5.0%
4.0%
3.0%
2.0%
1.0%
0.0%
0.9%
1.2%
0.6%
2.6%
1.6%
1.2%
2020/21
2021/22
2022/23
2023/24
2024/24
2025/26
Total Admissions
% of Total Admissions

Preventative Measures / Lessons Learnt Following Complaints:

Care / Treatment by Consultant / 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. All Consultants have advised they have reflected on their communications and behaviours to ensure improvements are made. Where requested, patients have had their care transferred to an alternative Consultant.

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 a lack of communications from the administration and booking team regarding patient appointments and procedures. 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.

There was a commonality around complaints relating to adherence and interpretation of administration processes such as discharging patients if they do not attend appointments. 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:

There were some complaints received about delays, cancellations / postponements to surgeries.

Weekly whole site theatre meetings have been reviewed to ensure all booking processes have been completed.

Meetings have taken place with the Trust exploring resolutions to holes in drapes. The Trust continues to review and improve this process. These issues continue to be raised at shared governance meetings.

Equipment issues have been addressed with the Trust to ensure this meets with requirements. These issues continue to be raised at shared governance meetings.

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, including self-reflection for the staff involved.

Shared Governance meetings with EKHUFT have continued throughout 2025-26 to discuss and review clinical practice and complaints for transferred patients.

Hotel Services / Facilities:

A concern was raised regarding the temperature of a private patient's room being too cold. Record keeping evidenced that there were no concerns reported on any of the housekeeping systems, documentation or the CAFM system and that the patient was supported with additional means of keeping warm.

Other:

Two of the complaints related to concerns regarding a breach in patients personal data. Both occasions evidenced this was down to human error so re-training of staff has been implemented. Apologies given to the patients and complaints discussed at Information Governance meetings.

Duty of Candour

The duty of candour is a statutory and professional obligation in UK health and social care requiring openness, transparency, and honesty with patients or service users when care has caused, or could cause, harm, including providing information, support, and an apology.

The duty of candour exists to ensure that health and social care providers in England are open and honest with patients, service users, and their families when care does not go as planned or causes harm.

It encompasses two components: statutory duty and professional

The statutory duty of candour is legally enforced and regulated by the Care Quality Commission (CQC), while the professional duty is overseen by regulators such as the General Medical Council (GMC) and Nursing and Midwifery Council (NMC).

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 publication Openness and Honesty when things go wrong: The professional duty of candour guidance, updated in February 2022.

Section 9: Educations and Training

SPH staff training is crucial for enhancing our patient care, ensuring safety, and maintaining compliance with regulations, ultimately leading to a more effective healthcare system.

Our training programmes equip our staff with the latest skills and knowledge necessary to provide high-quality patient care. Continuous Professional Development (CPD) ensures that all our healthcare professionals remain updated on best practices and innovations in the field which directly contributes to improved patient outcomes.

- Staff clinical training programs have 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 2026-27 to include clinical supervision and learning from scenario-based incidents.

- We have embarked on a programme of development for our leadership members with a view to strengthening services, upskilling all leaders in order to develop all staff across the board centring on improving patient outcomes while upholding core values such as compassion, accountability, and collaboration.

- Key elements include self-awareness gained through reflection and feedback, and the ability to lead and motivate multidisciplinary teams through clear communication and a supportive culture. This is a comprehensive, continuous professional development programme — through mentoring, coaching, and leadership improvement plans—ensures leaders remain adaptable and effective.

- 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.

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.

These events include:

Staff Survey:
A yearly survey based on the National Staff Survey questions, showing a 30% improvement in scores over the last three years.

Face to Face Listening Events:
Open to all staff across SPH, providing an opportunity for the SMT and Executive Team to hear staff views on key topics and priorities. Listening Events - You Said, We Listened where all staff from across the company are invited to feedback sessions.

Senior Leader's Monthly Meetings Face to Face:
A regular forum bringing together leaders from across the organisation to discuss and act on staff suggestions.

Bi-monthly All Staff Virtual Meeting:
Where all are welcome to join and share info/feedback.

These events are designed to foster a culture of listening and ensure that SPH staff are actively involved in decision-making processes. By engaging in these events, staff can contribute to the improvement of their working environment and the overall quality of care provided.

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

Section 10: Priorities 2025/26

- Development of organisational digital strategy
- Development of private physiotherapy services
- Further development of collaborative working with EKHUFT to improve governance processes
- Implementation of new vison, mission and values with the continued work with the Change Ambassadors
- Increasing collaboration to include daytime operating hours
- Recruitment and retention of staff with
- Continued development of procurement processes
- Increasing in-patient capacity
- Development of treatment areas

Registered in England and Wales: 03130118

Registered Address:
Spencer Private Hospital Ltd, Units 1 & 3 Almond House, Betteshanger Road, Betteshanger, Deal, Kent, CT14 0EN