



Quality Accounts

2018-19

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About Spencer Private Hospitals

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

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

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

Accordingly, our patients have full access to the treatment and operating facilities offered by these NHS Foundation Trust Hospitals. This service provision offers our patients and their families the unique reassurance and support that NHS Foundation Trusts offer, providing an environment not enjoyed by other private providers in the area.

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

Spencer Private Hospitals attract Consultants from a wide range of specialities, who have extensive experience gained within both the NHS and private sectors. They are committed to providing first class standards of care and are available twenty-four hours a day to support the Spencer Private Hospital's high calibre and proficient staff.

“What an amazing hospital! It was a privilege to be a patient there.”

“During my short stay I was highly impressed with the professionalism, kindness and care of everybody from Porter to Nursing staff. Many thanks.”

“This was my 3rd stay at Spencer Hospital, I would go nowhere else. Thank you all, keep up the excellent work.”

“From the moment of admission to my discharge absolutely all of the staff, medical, nursing, housekeepers, porters and catering were friendly, kind and efficient. I felt well looked after and safe, thank you.”

“Absolutely 1st Class, you have it all covered - well done!”

“Never had such a great medical experience. I would, and indeed have, recommended this hospital.”

Hospital Directors Quality Statement



Lynn Orrin
Hospital Director

Spencer Private Hospitals are now in their 20th year of business. Providing safe, effective, high quality care is our absolute priority and we are committed to Continuous Quality Improvement.

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

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

Our Vision

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

Our Mission

“To use our expertise in putting our clients at the centre of our business and to provide quality healthcare services that our users recommend, and our employees are proud of”

We use 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)

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

ISO 9001:2015 and ISO 14001:2015 accreditations

ISO 9001:2015 is a quality standard which was developed and published by the International Organization for Standardization (ISO). Compliance with this accreditation ensures that our policies and internal processes are continually reviewed and maintained.

ISO 14001:2015 was awarded to us in 2011 for implementing, maintaining and improving our environmental management systems which assists us to minimise our carbon footprint.

Investors in People (IIP)

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

Spencer Private Hospitals are conscious that they are chiefly answerable to patients and, we believe that all healthcare providers should be transparent and open to the closest of scrutiny. The production of our quality report is a part of our commitment to demonstrate our accountability to our service users. Our patients have a justifiable expectation of the highest quality, safe and effective service. They should know that the Consultant treating them and the nurse caring for them have fulfilled the most rigorous eligibility criteria, have up to date skills, and have had their performance regularly reviewed.

Standards for quality and best practice evolve continuously. Spencer Private Hospitals remain committed to achieving and exceeding compliance with those standards in both healthcare and management practice. We are delighted to share our commitment to quality with you by publishing our Quality Account.

Quality Priorities for 2018-19

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

The national CQUIN adopted within Spencer Private Hospitals for 2018 – 2019 has a focus on preventing ill health caused by alcohol and tobacco use. Smoking and harmful use of alcohol are amongst the most significant risk factors in the global burden of disease in England.

The collection of this data offers a chance to identify and support in-patients who are higher risk drinkers and to identify support in-patients who smoke with the use of screening, offering of brief advice and the referral to additional services.

Spencer Private Hospitals commitment to continuous

quality improvement is at the core of our business in delivering the best possible outcomes for our patients .Our quality account is divided into three areas:

- Patient Safety
- Clinical Effectiveness
- Patient Experience



Quality Standards



ISO 9001:2015 Quality Management System

In 2002 Spencer Private Hospitals were awarded the ISO 9001:2015 accreditation. The standard is based on a number of quality management principles and has a strong customer focus to ensure our customers receive the highest standards of service. The ISO principles are embedded within the organisation at all levels and the management team is highly motivated to continually improve its operational processes. We are internally and externally assessed annually against the Quality standard which ensures that our policies and operational processes are continually reviewed and improved.



ISO 14001:2015 Environmental Management System

ISO 14001:2015 is an internationally accepted standard that assists organisations to put into place an effective Environmental Management System. The standard is designed to address the delicate balance between maintaining profitability and reducing a company's environmental impact. The most important part of this process is the commitment of the entire organisation to become more environmentally friendly.

Spencer Private Hospital recognises the importance of environmental protection and is committed to operating its business in compliance with all legal requirements relating to the provision of healthcare services. As part of our on-going commitment to minimise our company's environmental impact Spencer Private Hospitals have established an Environmental Management System which supports the organisation's commitment to this important issue. To achieve the ISO 14001:2015 Environmental Management System Award, the organisation identified and recorded the environmental aspects and impacts of its activities and once identified,

environmental objectives and measurable targets were set with time scales for their achievement. This was achieved in 2011 and all staff within the organisation are committed to maintaining the award and ensuring our organisation continues to be more environmentally friendly.

In December 2018 we were externally inspected for both ISO standards. Full passes were achieved in both inspections with no Non-conformances found. We were commended for operating both systems to an excellent standard.



Investors in People (IIP)

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

Report Extract:

'Spencer Private Hospitals (SPH) continue to deliver outstanding results and care as shown by their many measures of success and internal and external audits. This is achieved in no small part through the excellence of their committed, motivated and well-trained staff at all levels.'

Training is given a very high focus within the business plan, is very well planned and funded and is closely monitored. While mandatory training has to be done this is delivered promptly and flexibly to suit differing needs. Money is invested in improving people's skills and knowledge in order that the business plan can be delivered, and the impact of such training is monitored and reviewed.

SPH has a raft of procedures and processes that ensure that people's training needs are met. These are well implemented and followed.

The next external inspection will be undertaken in 2020.

Patient Safety

External Regulation under the Health and Social Care Act 2012

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

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

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

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

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

The five key questions that the CQC asked us:

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

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



Safe Staffing & Care Hours per Patient Day

Safe, Effective, Caring, Responsive and Well- Led Care		
<p align="center">Measure and Improve</p> <p align="center">-patient outcomes, people productivity and financial sustainability- -report investigate and act on incidents (including red flags) - -patient, carer and staff feedback-</p>		
<p align="center">-implement Care Hours per Patient Day (CHPPD) - develop local quality dashboard for safe sustainable staffing</p>		
Expectation 1	Expectation 2	Expectation 3
<p align="center">Right Staff</p> <p>1.1 evidence based workforce planning 1.2 professional judgement 1.3 compare staffing with peers</p>	<p align="center">Right Skills</p> <p>2.1 mandatory training, development and education 2.2 working as a multi-professional team 2.3 recruitment and retention</p>	<p align="center">Right Place and Time</p> <p>3.1 productive working and eliminating waste 3.2 efficient deployment and flexibility 3.3 efficient employment and minimising agency</p>

Spencer Private Hospitals (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 utilize its Nursing Dependency Analysis Tool to ensure safe staffing levels are maintained at all times which is demonstrated by the hospital's quality metrics. This practice is reflected within the Care Quality Commissions (CQC's) six standards applicable to all healthcare providers, and observes the recommendations set out by the National Quality Board (NQB) guidance published in July 2016 "Supporting NHS providers to deliver the right staff, with the right skills, in the right place at the right time: Safe, sustainable and productive staffing" and the NQB's subsequent guidance 'Safe sustainable and productive staffing: An improvement resource for adult inpatient wards in acute hospitals' in December 2016

In line with the NQB's resources and other available sources including The Carter Review and its 9 key principles NHSE, NHSI, Health Education England, the Care Quality Commission and NICE SPH have reviewed and updated its Nursing Dependency Tool to ensure it met with the organisations clinical ward requirements. Our clinical workforce is reviewed regularly to improve efficiencies and ensure agency usage in the ward area are only for emergency / unforeseen staff shortages. We have also reviewed our clinical training programs to ensure all our staff maintain the appropriate skills to continue to deliver safe, effective, caring, responsive and well led care in line with CQC and NQB expectations. Our patient satisfaction, clinical outcomes, low infection rates and clinical incident statistics, PLACE, ISO and CQC audit and inspection results and maintenance of staffing KPI's supports our view that the SPH has a clear vision in relation to safer staffing and is maintaining and achieving company objectives to achieve the organisations strategic 3-year plan (2016-19).

In 2018 - 19 SPH continued to publish Safe Staffing data internally on patient information boards in ward areas. The published data demonstrates levels of contracted staff, self-employed staff, agency usage and skill mix, and the number of Care Hours Per Patient Day (CHPPD). The information is also published on the organisation's web site.

In addition to the above-mentioned data each month 'Harm Free Care' statistics are published along with 'Never Event' data.

Monthly Health and Safety and Complaints reports are also provided to all staff and the Board of Directors; lessons learnt are shared with all concerned.

Current Contracted Ward Nursing Establishment

4.2.1 Margate.

Qualified Nursing Establishment	11.72	WTE
HCA Establishment (Recruitment on-going)	2.60	WTE

4.2.2 Ashford.

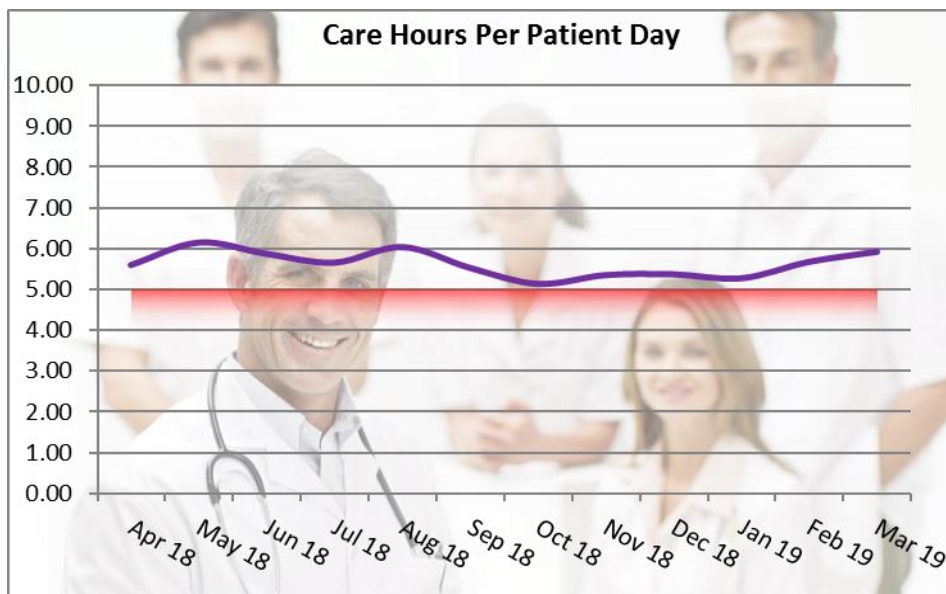
Qualified Nursing Establishment	6.90	WTE
HCA	3.00	WTE

Note: HCA positions refer to overseas nursing staff until their recruitment process are finalised. Once complete these will change to RN status

SPHs have a Registered Manager and Matron at Ashford and a Hospital Director and Matron at Margate. The Matrons are overseen by the Head of Clinical Services who works across both sites. These senior clinical staff members are supported by a Clinical Effectiveness Nurse and their roles are not generally included in the nurse staffing levels as they provide leadership, management and support in addition to the staff who deliver patient care. The importance of these roles 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.

The Associate Nurse role has been explored during 2018 - 19 to ascertain its value to the organisation. Internal staff have expressed an interest in working towards the program's admission criteria and SPH will work closely with Canterbury Christ Church University to move this staffing resource forward in 2019 – 20.



The current establishment, supported by the self-employed staff has enabled the organisation to achieve the annual staffing objective of **providing every patient over 5 hours of the nurse's daily hours spent on actual patient care per day.**

No red flag events related to staffing levels were reported in 2018-19



Medicines Management

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

The Spencer Private Hospitals complies with NMC guidelines for the administration of medicines, and we have an annual competency and calculation assessment of all our registered staff that administer medications. The pharmaceutical arrangements of all our hospitals are inspected by the Care Quality Commission to ensure adherence to regulations related to Medicines Management. The Spencer Private Hospital actively participates in national reporting procedures for any adverse occurrences relating to medicines to support continuous monitoring and learning. These are reported within our Clinical Governance Framework, which ensures we continuously train and assess the competency all of our staff and improve patient safety.

For the year April 2018 to March 2019 we had two reported medication errors 0.1% of admissions. The errors were minor incidents where no harm was caused to the patient. Required actions were identified and lessons learnt were implemented.

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

- Sharing incident data between the MHRA and NHS England reducing the need for duplicate data entry by frontline staff.
- Providing new types of feedback from the National Reporting and Learning System (NRLS) and MHRA to improve learning at local level.
- Clarifying medication safety roles and identifying key safety contacts to improve communication between local and national levels.
- Joining with the National Medication Safety Network as a forum for discussing potential and recognised safety issues.



Controlled Drugs

Controlled Drugs (CDs) are those controlled under the Misuse of Drugs Act 1971 and subsequent legislation. There are two main provisions for ensuring the safe management of controlled drugs: appointing controlled drugs accountable officers (CDAOs) in controlled drug designated bodies (CDDBs) and sharing information between organisations, regulators and agencies via local intelligence networks (LINs). Our Controlled Drugs Accountable Officer (CDAO) for Margate is Lynn Orrin. Our Controlled Drugs Accountable Officer (CDAO) for Ashford is Vicky Smith. They are responsible for the safe and effective use and management of controlled drugs and for taking action where concerns are raised. All required reporting was submitted on-line to NHS England in line with the regulations.

The CQC are responsible for assuring that providers of health and adult social care and other regulators create a safe environment for the management of controlled drugs. Spencer Private Hospitals were inspected by the Home Office in April 2018 and were inspected as fully compliant against regulations.

SPH 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 have been reviewed during 2018-19 and amended to ensure all regulations are met.

Internal Audit of CD Management.

The clinical areas where CD's are stored are audited monthly by Matron / CEN and at three monthly intervals by EKHUFT pharmacy personnel. The results of all audits were discussed at clinical ward / OPD / theatre departmental meetings and the SPH Clinical Governance Committee meetings to ensure best practice and shared learning.

Training sessions on the management of CD's for all clinical staff were undertaken throughout 2018-19. Internal clinical competency assessment documentation was updated in March 2018 including all aspects of Controlled Drugs Management and NICE guidance.

Spencer Private Hospitals continue to utilize 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

2018-19 Reportable Incidents (RAG rated Red/Amber/Green)

Margate

In 2018/19 there were no reported Red Controlled Drug Incidents.

In 2018/19 there were no reported Amber Controlled Drug Incidents.

In 2018/19 there were no reported Green Controlled Drug Incidents.

Ashford

In 2018/19 there were no reported Red Controlled Drug Incidents.

In 2018/19 there were no reported Amber Controlled Drug Incidents.

In 2018/19 there were no reported Green Controlled Drug Incidents.



Clinical Indicators

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

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

Preventive Measures

The National Institute for Clinical Excellence (NICE, March 2018) recommends that all patients should be assessed for risk of developing thrombosis (blood clots) on a regular basis, as follows:

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

All our clinical staff have received specific VTE assessment training with the introduction of SPH assessment booklet, and the assessments are audited monthly.

On average we achieve compliance which is above the national standard of 95%.

In Ashford 2018-2019 we had no patient reported with a VTE and in Margate we had five patients reported with a VTE event accounting for 0.1% of admissions. All VTE events that are identified from 90 days of admission are investigated and a VTE root cause analysis completed ensuring lessons learnt are shared appropriately with clinical staff. All reported incidents showed appropriate practice in line with SPH policy.

Our aim is to ensure that the risks associated with planned surgery are minimised for all of our patients. We strive to achieve this by the constant review of relevant guidance and providing excellent patient information on the prevention of VTE. This combined with the relevant prophylaxis and continuous assessment of our service users; ensure that we continue to see low incidence rates of VTE.

Harm Free Care

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

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

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

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

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

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

The concept of Harm Free Care was designed to bring focus to the patient’s overall experience. Our Harm Free Care results are published on our patient information boards situated in the ward areas at both hospitals

and is reported throughout the organisation from “Ward to Board”

In 2018-19 we exceeded the National Standards of 95% Harm Free Care by achieving at Margate SPH:

100% Harm Free Care in Pressure Ulcers

99.91% in VTE

99.66% in Falls

100% in Urinary Tract Infections

In 2018-19 we exceeded the National Standards of 95% Harm Free Care by achieving at Ashford SPH:

100% in VTE

100% in Urinary Tract Infections

100% in Pressure Ulcers

99.66% in Falls.

Clinical Governance

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

Spencer Private Hospitals has local frameworks in place, through which clinical effectiveness, clinical incidents and clinical quality are monitored and analysed. This is through the work of the Clinical Governance Committee and the Medical Advisory Committee. This enables us to continually review and improve the quality of care delivered to our patients and to ensure our staff are developed to provide the highest standard of nursing care.

Spencer Private Hospitals are also active members of the Independent Healthcare Providers Network (IHPN) which is the representative body for Independent Healthcare organisations. The six functions of the IHPN are:

- Sharing Information and Intelligence
- Providing a voice for the Independent Sector
- Influencing policy making and decisions
- Point of contact between member's and healthcare regulators
- Events for members and the wider independent sector
- Collecting, producing and disseminating data

Quality Account

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

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

Average Length of Stay

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

Over the years we have consistently seen a decrease of the average length of stay of our service users. This is mainly due to the advance in medical technology, implementation of the Enhanced Recovery and Quality Pathways, and an increase of day surgery and outpatient procedures.

In 2018-2019 Margate recorded an average length of stay of 1.8 and Ashford 1.6

Adverse Outcomes

By promoting an open and transparent culture of learning from incidents and lessons learnt we have seen that reporting of incidents has increased. SPH have actively addressed the management of reporting with weekly senior meetings to ensure appropriate and timely closure and staff feedback.

This has assisted our Clinical Governance Committee to analyse trends and take action to address any issues identified which has led to a minimisation of risk of recurrence.

Serious Incidents

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

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

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

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

In 2018-19 there were three serious incidents reported by SPH. The incidents were all appropriately reported to external and internal parties in line with the SPH Escalation Policy and Duty of Candour fully completed.

Each incident was investigated with the use of Root Cause Analysis. All action plans were produced and completed in line with the Serious Incident Committee.

Unplanned Transfers

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

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

- Incorporate the use and review of evidence based clinical quality information.

- Compliance with and achievement of national standards and quality assurance processes;
- The continuing effective development of our people, providing a methodology to monitor and respond to feedback and complaints from patients, employees, clinicians, local communities and other stakeholders.

For Margate Hospital from April 2018 – March 2019 there were two unplanned transfers to Intensive Care facilities accounting for 0.1% of admissions reduced by 0.2% from the previous year.

For our Ashford Hospital between April 2018 -March 2019 there were no patients transferred to ITU facilities in the Trust. This is consistent with the last two years.

Returns to Theatre

All surgery carries a risk of complications and these may result in an unplanned return to theatre.

At our Margate Hospital there were four reported unplanned returns to theatre in 2018 – 2019 (0.1% of all admissions) this percentage was the same as the previous two years. On analysis there were no clinical trends identified.

At our Ashford hospital we had one unplanned return to theatre in 2018-2019 (0.2% of all admissions) which was the same as the previous two years.

Re-admissions within 28 days

Unplanned re-admissions are normally due to a clinical complication related to surgery.

At our Margate Hospital there were two reported re-admissions between April 2018-March 2019 accounting for 0.1% of all admissions

At our Ashford Hospital there was one reported readmission for 2018-2019 accounting for 0.2% of all admissions and a reduction of 0.7% from the previous year.

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

Infection Prevention and Control

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

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

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

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

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

Annual results can be found on our website.

Infection rates for 2018 – 2019

- **C-Difficile - 0%**
- **Staphylococcus Aureus - 0%**
- **MRSA community acquired – 0%**
- **E-Coli - 0%**
- **There were three reported surgical site infections.** All patients were provided with appropriate treatment



Patient Led Assessments of the Care Environment (PLACE)

A good environment matters. Every patient should be cared for with compassion and dignity in a clean, safe environment. Where standards fall short, patients should be able to draw it to the attention of managers and hold the service to account. PLACE assessments provide motivation for improvement by providing a clear message directly from patients, about how the environment or services might be enhanced.

Spencer Private Hospitals participates in annual PLACE inspections which apply to all hospitals delivering NHS-funded care. PLACE assessments put patient views at the centre of the assessment process, and use information gleaned directly from patient assessors to report how well a hospital is performing in the areas assessed privacy and dignity, cleanliness, food and general building maintenance. The assessment results are reported publicly to help drive improvements in the care environment. The results show how hospitals are performing nationally and can be used to benchmark all healthcare providers.

Most importantly, patients and their representatives make up at least 50 per cent of the assessment team, which gives them the opportunity to drive developments in the health services they receive locally.

Spencer Private Hospitals based at Margate in Kent, has been named joint top in PLACE Survey as the best provider of hospital food nationally for the 5th in a row. Lynn Orrin Hospital Director at Spencer Private Hospitals said, "I am absolutely delighted with these results and would like to thank all of our staff for their continued hard work and dedication to ensure our hospital is recognized for its high-quality standards."

Results for PLACE 2018 can be found at www.digital.nhs.uk

2018 PLACE Results

THE SPENCER PRIVATE HOSPITAL- Collection: 2018



National Average %	Spencer Private Hospital Scores %	
➤ Cleanliness	98.5%	100%
➤ Food	90.2%	100%
➤ Privacy, Dignity and Wellbeing	84.2%	96.15%
➤ Condition Maintenance and appearance	94.3%	100%
➤ Disability.	84.2%	100%

Clinical Audits and Outcome Measures

External National Audits

During 2018–2019 Spencer Private Hospitals have participated in all relevant National Clinical Audits including NCEPOD. The National Clinical Audits and NCEPOD that Spencer Private Hospitals participated in during 2018–2019 were as follows:

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

Patient Reported Outcome Measures (PROMS)

The PROMS study measures general health improvement as well as site specific Oxford joint scores for total hip and total knee joint replacements. This information is obtained from a pre-operative and a 6-month post-operative questionnaire.

The PROMS audit is a record of the percentage of patients who scored a post-operative improvement in measures such as pain, stiffness, mobility and usual activity as compared to their pre-operative score.

The latest available published data available for the period April 2017 to March 2018 showed:

EQ VAS Score for total knee procedures we scored 6.9 (the national average for England 8.2)

EQ VAS Score for primary knee procedures we scored 7.6 (the national average 8.3)

EQ VAS score for total hip replacement we scored 13.4 (the national average 13.9)

EQ VAS score for primary hip replacement we scored 14.0 (the national average 14.2)

Total response rate 71%

Enhanced Recovery Programme For Hip and Knee Replacement

The Enhanced Recovery Programme is about improving patient outcomes and speeding up a patient's recovery after surgery. It results in benefits to both patients and staff. The programme focuses on making sure that patients are active participants in their own recovery process and the following key components are completed:

- All patients having a joint replacement have a face to face pre-assessment prior to admission
- Patients receive written and verbal information about their procedure and recovery
- Patients receive regular pain relief and control of nausea
- Patients receive nutritional food options immediately following surgery
- Patients are mobile as soon as possible and have two sessions of physiotherapy per day
- Patients have occupational therapy assessments daily during their stay

National Joint Registry (NJR)

The recorded consent for NJR is recorded as 91.4% above the National average of 85%.

Primary Hip Replacements completed 265 above the national average of 226 accounting for 46% of the joint replacements completed

Primary Knee Replacements completed 290 above the national average of 228 accounting for 50% of the joint replacements completed

Data collected within the NJR forms was reported as above the national average in England

Overall Patient Experience & Friends and Family

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

Complaints

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

Duty of Candour

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

Complaints Management.

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

Complaints are additionally discussed at Board Meetings, Senior Management Team Meetings, Heads of Department Meetings and Individual Departmental Meetings to ensure that staff learn from patient experiences. The hospital complaints procedure was reviewed in 2018/19 in line with DH, NHSE and CQC guidance.

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

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



Patient Experience

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

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

From our Patient Experience surveys in 2018-19 we have asked:

Would you recommend the hospital to a friend or family?

The results for both hospitals show:

Margate SPH:

Yes: 99%

Ashford SPH:

Yes: 100%

“ Everyone was brilliant in all departments, thank you so much! ”

“ Blown away with all the staffs friendliness, professionalism and care. A big thank you. ”

“ You are first class ”

“ We were treated with love, care and respect. Thank you. ”

Margate

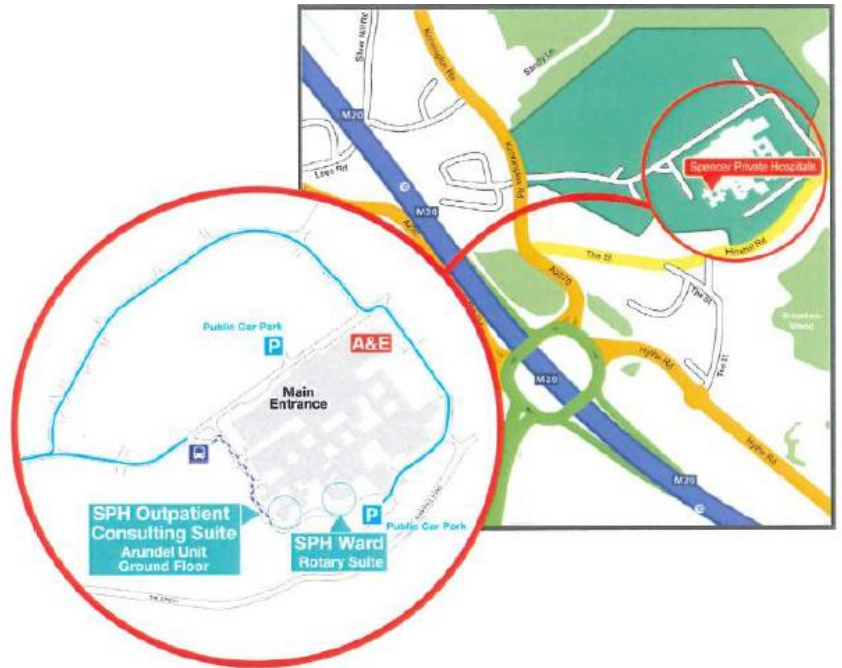
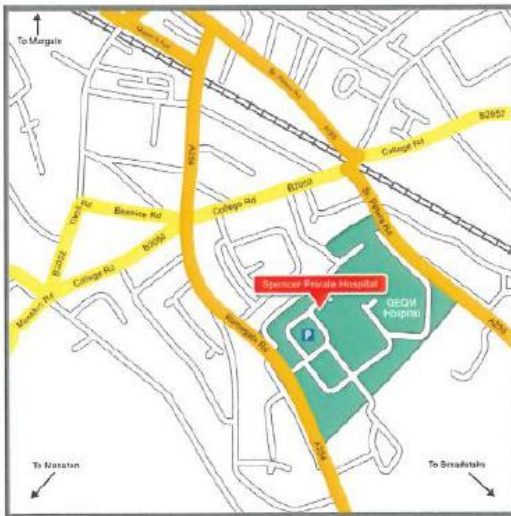
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