



THE SPENCER WING

Independent Hospitals

QUALITY
ACCOUNTS 2009



The Spencer Wing - "Putting People First"

About The Spencer Wing

The Spencer Wing has two hospitals situated in South East Kent and 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 5 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 Wing 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 Wing Ashford is located within the Rotary Suite of the William Harvey Hospital in Ashford (WHH). Accordingly, our patients have full access to the treatment and operating facilities offered by these Foundation Trust Hospitals. This service provision offers our patients and their families the unique reassurance and support that Foundation Trusts offer, providing an environment not enjoyed by other private providers. The Spencer Wing is not part of a large hospital corporation and as a result can take a more flexible approach to patient care, offering each patient the individual care and attention they wish for.

The Spencer Wing hospitals see over three and a half thousand in-patients and ten and a half thousand out-patients visits each year. More than half the procedures undertaken for patients are of an Orthopaedic nature which is

directly meeting the needs of the service users in our demographic area.

The Spencer Wing hospitals attract Consultants from a wide range of specialities, the majority of whom 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 Wing's high calibre and proficient staff. The Consultants are able to undertake a variety of procedures from routine investigations to the most complex abdominal surgery.

A Quality Narrative

At The Spencer Wing we pride ourselves on the quality of healthcare and outcomes that we provide. We are acutely aware that this would not be possible without the support given to us by our professional and committed staff both clinical, administrative and consultant users.

We use quality standards to assist us in ensuring that we maintain high standards. To date we have been assessed against the Care Standards Act 2000 and are working with the Care Quality Commission with the updated standards.

Through the Investors In People standard we ensure that our training and development of staff not only develops them but helps us to achieve our business goals.

The ISO9000:2008 standard ensures that our policies and processes are continually reviewed.

Our quality standards have also called for and contributed to regulation of our services at every level. Our reporting protocols are continually reviewed to demonstrate our commitment to providing high quality patient care. The Spencer Wing 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, and a methodology to monitor and respond to feedback and complaints from patients, employees, clinicians, local communities and other stakeholders.

All of which fits in perfectly with the new requirements for quality accounting to be adopted for providers of services to NHS

patients in 2010. The Spencer Wing is conscious that it is chiefly answerable to its patients, we believe that all healthcare providers should be open to the closest scrutiny and the production of quality reports such as this are a positive step forward in our hospitals accountability to their service users.

Our patients have a justifiable expectation of the highest quality, safe and effective service. Similarly, patients should know in advance of their treatment that the services they are going to be using will be of the highest quality both clinically and non-clinically. 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. The Spencer Wing remains committed to achieving and exceeding compliance with those standards in both healthcare and management practice. For 2010/11 we are looking at developing new services on both sites.

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



Di Daw
Hospital Manager
Director of East Kent Medical Services

Patient Safety

The area of patient safety is central to a high quality experience of independent hospital treatment and care.

Medication Errors

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

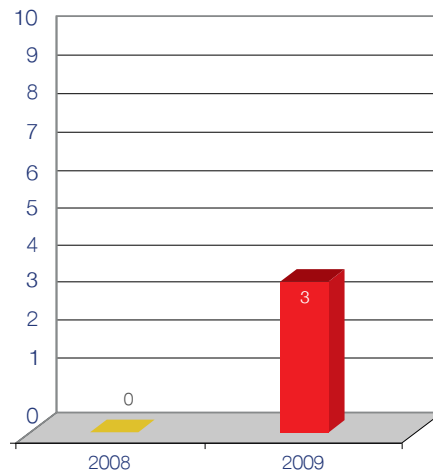
The Spencer Wing complies with NMC guidelines for the administration of medicines, and we have a minimum of annual competency assessments of all our staff that administer medications. All medicines are administered by highly qualified, skilled and knowledgeable medical practitioners or registered nurses against a valid prescription.

The pharmaceutical arrangements of all hospitals are inspected locally by Care Quality Commission inspectors to ensure adherence to regulations related to Medicine Management.

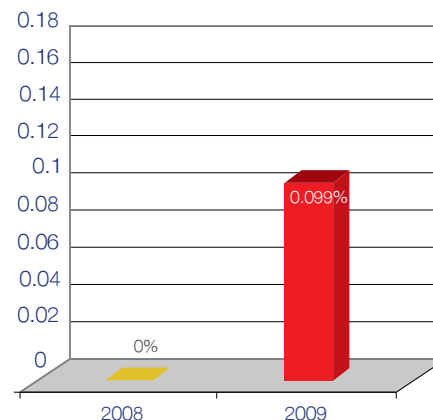
The Spencer Wing actively participates in national reporting procedures for any adverse occurrences relating to medicines to support continuous monitoring and learning. This is also reported in our Clinical Governance framework, which ensures the continuing training of all our staff and improves our incidence of medication errors.

For the year January 2009 to December 2009 the trend of medication errors did increase from 2008, **there were however no medication errors that led to an adverse outcome** (see figures 1.1 and 1.2). In 2009 more robust and effective auditing and reporting protocols were introduced having the effect of increased reporting of medication administration errors. A continued training schedule of The Spencer Wing staff in medicine administration is being implemented throughout this year, further proof of our drive to reduce medication errors from occurring in 2010.

Medication Errors - Figure 1.1



% Of All Admissions - Figure 1.2



Infection Prevention and Control

Infection control and prevention

The focus on infection control in relation to preventable infections is one of the main priorities for our clinical staff. To monitor this we at the Spencer Wing regularly report infection rates to the Care Quality Commission. In addition to this, we also report to, both, the National Health Protection Agency and Dr Foster of the Infection Surveillance Project, where our results are benchmarked against other healthcare providers

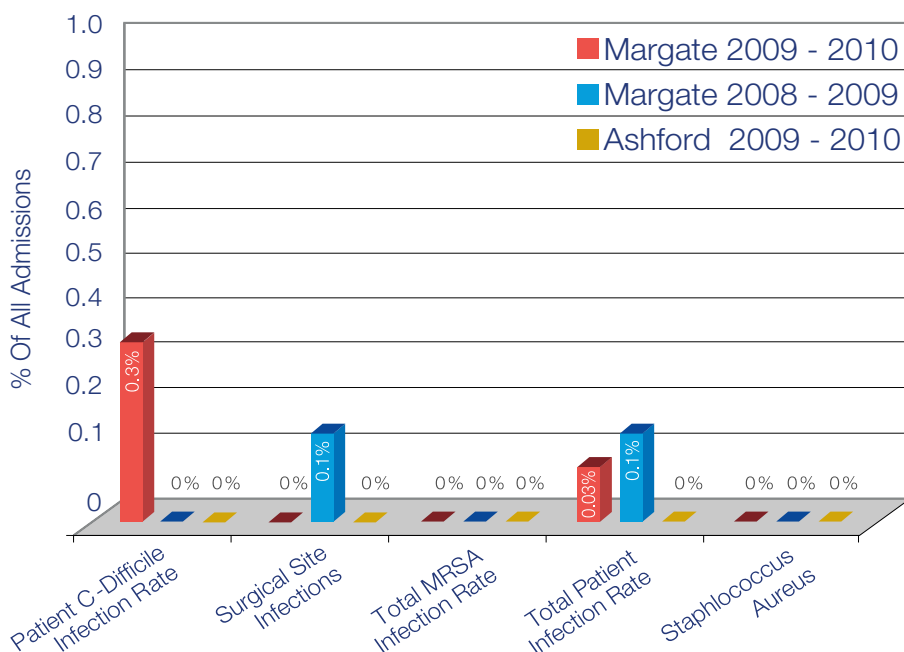
At both sites we have an Infection Control Link Nurse whose role is to support and communicate with all our staff and liaise with the East Kent Hospitals Foundation Trust's Infection Control Team for additional reinforcement and education. This is maintained by a Service Level Agreement with

the Trust to provide us with these services. Our Infection Control and Infection Prevention Clinical Lead is Dr. Nash Consultant Microbiologist. We are also guided by The Infection Control Society and National Patient Safety Agency (clean your hands campaign)

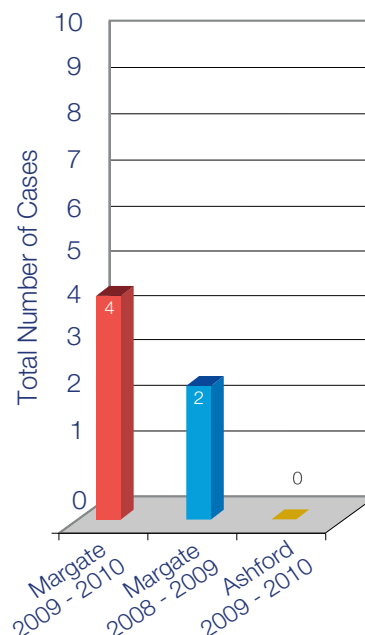
Our staff training in infection control and prevention is mandatory and is updated at least annually; to ensure the highest possible standards and to minimise the risk of infection for all our patients. We actively promote regular infection control and prevention awareness weeks, where a range of areas from blood borne viruses to hand washing are taught and demonstrated.

At the Spencer Wing we are very proud of our low infection rates (see figure 2.1 and 2.2 below).

Infection Rates - Figure 2.1



Infection Rates Figure 2.2



For our Ashford hospital there were no reports for 2008.

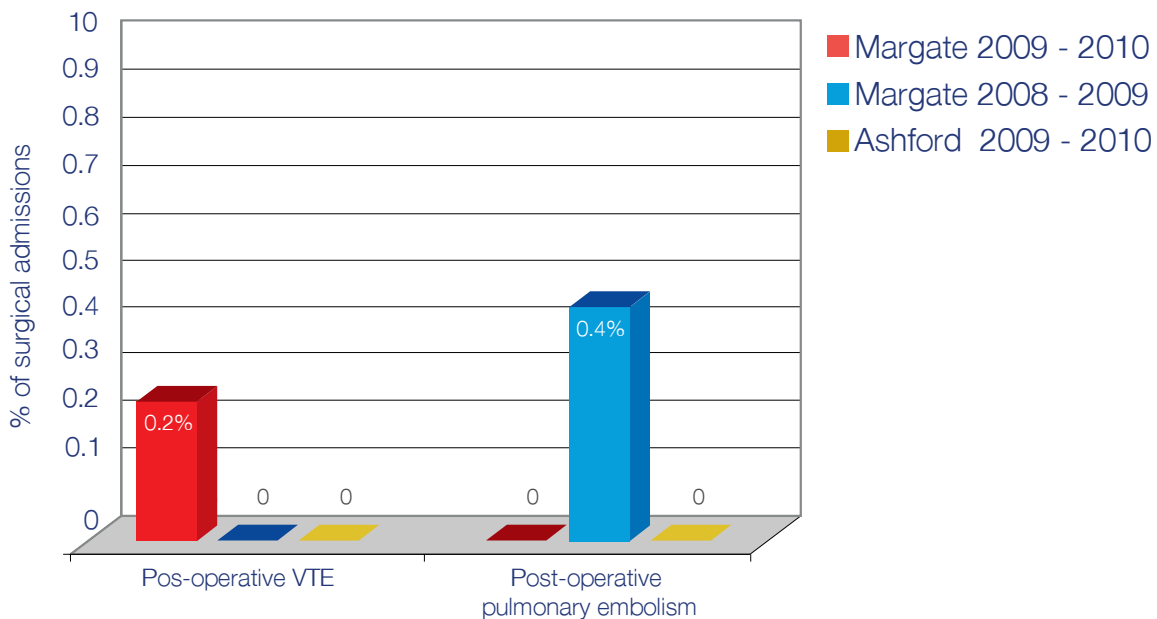
Clinical Indicators

Venous Thromboembolisms (VTE)

Venousthromboembolism 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.

Our aim is to ensure that the risks associated with planned surgery is minimised for our patients. We strive to achieve this by providing excellent patient information and guidance on the prevention of VTE. This combined with the relevant prophylaxis and pre-operative assessment of our service users; we expect to continue to see low incidence rates of VTE (see figure 3.0 below).

VTE's - Figure 3.0



Effectiveness

At the Spencer Wing we are committed to a programme of clinical governance, where we are accountable to patients, their doctors and other health care agencies.

The Spencer Wing has local frameworks, 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. Where appropriate, action is taken to continuously improve the development of our staff and the quality of care delivered.

The Spencer Wing is also a member of the Independent Healthcare Advisory Service (IHAS). The Independent Healthcare Advisory Services (IHAS) is a representative organisation for the independent healthcare sector. As a member of the Trade Association Forum, IHAS exists to share innovation, knowledge and expertise for the common good. Members of IHAS include independent healthcare providers across all four countries of the UK.

In April 2009, The Spencer Wing has initiated a new clinical indicator project. Dr Foster's Research Hellenic Project is a joint development in conjunction with all other independent healthcare sector providers, the Department of Health, the Care Quality Commission and the NHS information Centre.

The project will deliver a benchmarking and reporting solution that can be used across the Independent Sector for local and national analysis. The key driver behind this is to remove operational and technical burden of data submission to various regulatory bodies. It will provide a secure and transparent data collection process for patient level data.

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

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

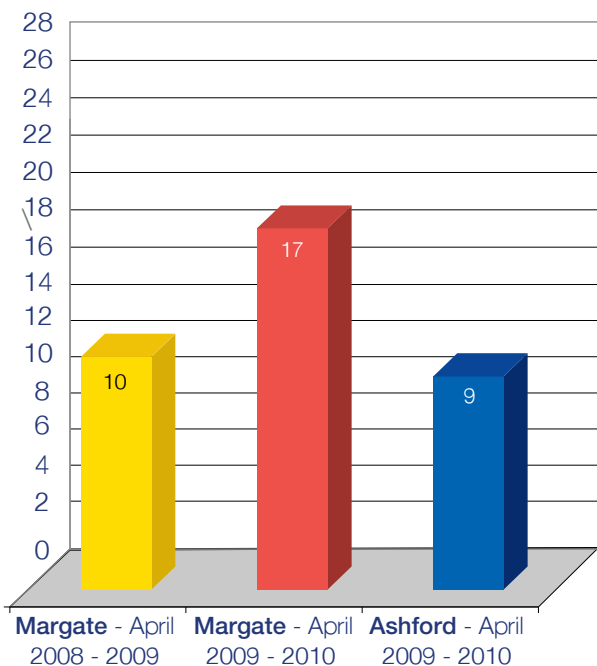
Average Length of Stay

The average length of stay of patients is closely monitored through our patient activity reporting and clinical governance analysis. Over the years we have seen a decrease of the average length of stay of our service users. This is mainly due to the advance in medical technology, improved discharge planning and an increase of day surgery procedures that are now available. The planned average length of stay for The Spencer Wing is 5 days. In 2009 our average length of stay was 2.72 days, which showed an increase of 0.47 days from 2008 when our average length of stay was 2.25 days.

Adverse Outcomes

We have in April 2009-2010 ensured that training all our staff in incident reporting has been high on our agenda. By promoting an open and transparent culture, it has increased the reporting of incidents. (As seen in figure 4.0 below). This has enabled our Clinical Governance Committee to analyse trends and take action to address any issues identified which leads to a minimisation of risk of recurrence. It is our aim to drive down the overall number of adverse incidents for April 2010-2011.

Incidences - Figure 4.0

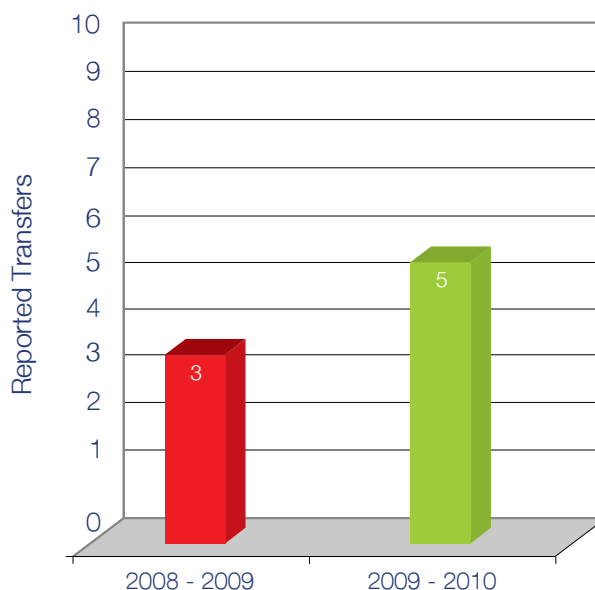


Unplanned Transfers

For both sites of The Spencer Wing we are fortunate to be situated within the NHS Trust and work within the local Critical Care Networks. 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.

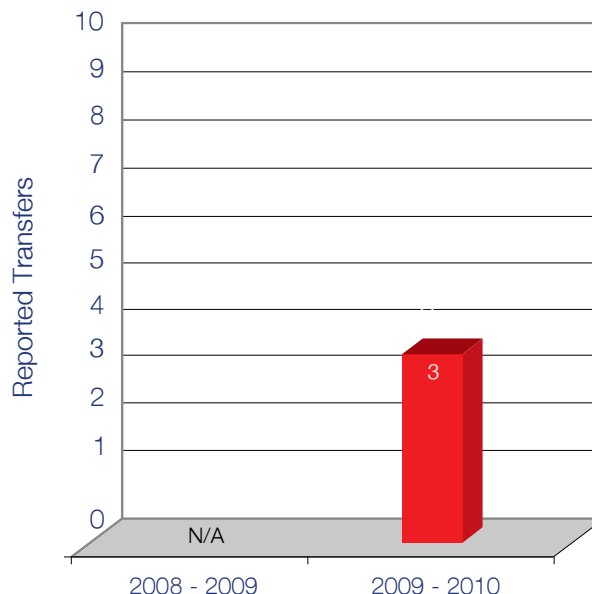
For The Spencer Wing Margate from April 2008-2009 there were three reported transfers during the year (0.3 % of all admissions). For April 2009-2010 there were five unplanned transfers (0.5% of all admissions) on analysis there were no clinical trends that were identified (see figure 4.1 below).

Spencer Wing Margate - Figure 4.1



For The Spencer Wing Ashford in April 2009-2010 there were 3 patients that were transferred to ITU facilities in the Trust (see figure 4.2 below). (1.5% of all admissions) The Spencer Wing at Ashford has no previous clinical data as it opened late 2008.

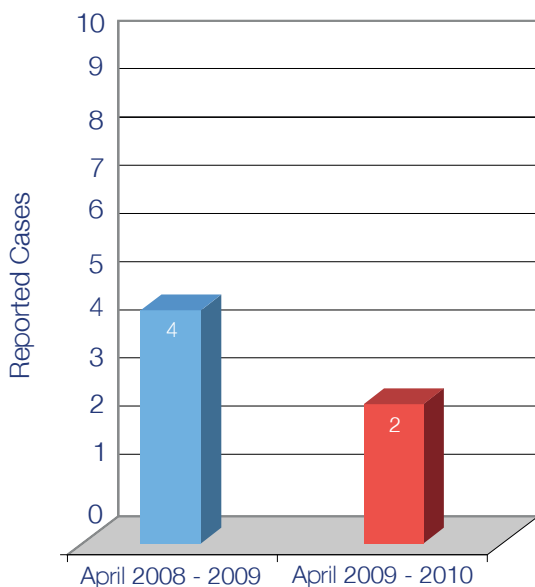
Spencer Wing Ashford - Figure 4.2



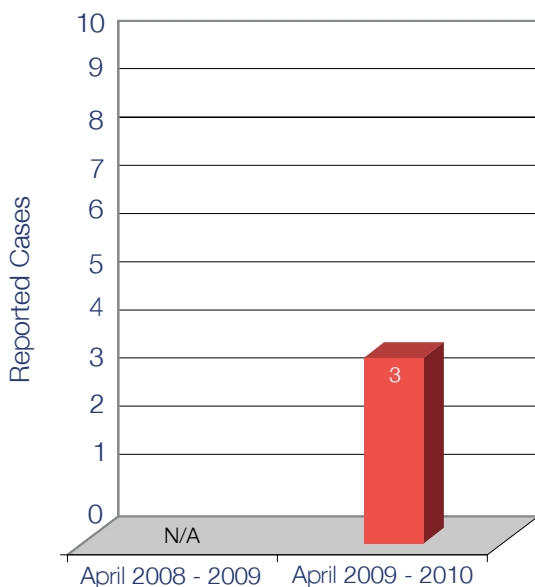
Return to Theatre

All surgery carries a risk of complications and these may result in an unplanned return to theatre. At the Margate site the total number of returns to theatre remained the same as the previous year. There were 4 reported cases of unplanned return to theatre in the year April 2008-2009 (0.8 % of all admissions). In 2009-2010 there were two reported cases of unplanned return to theatre (0.2% of all admissions) - see figure 5.0 below. At the Ashford site there were three reported cases of unplanned return to theatre in April 2009- April 210 (01.8 % of all admissions) - see figure 5.1 below.

Spencer Wing Margate - Figure 5.0



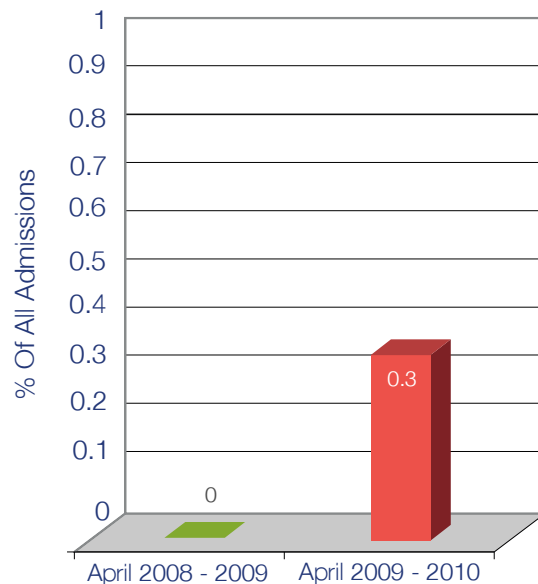
Spencer Wing Ashford - Figure 5.1



Readmissions within 28 days

Unplanned re-admissions are normally due to a clinical complication related to the original surgery. At the Margate hospital there were no reported re-admissions for April 2008-2009 during the year within 28 days of discharge. We saw an increase from April 2009-2010 where there were two reported re-admissions (0.3% of all admissions). This is still a very small percentage and no overall trends were identified (see figure 5.2 below).

Readmissions - Figure 5.2



At the Ashford Hospital there were no reported re-admissions for 2009. This will continue to be monitored through clinical governance.

Patient Experience

The sub-indicators for this report are:

- Patient Reported Outcomes
- Cancelled Operations
- Complaints
- Overall patient satisfaction

Patient reported outcomes

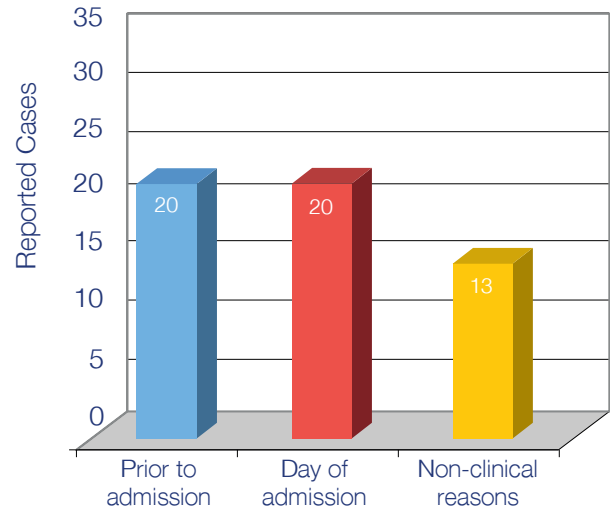
There are a number of patient reported quality of life surveys in use within healthcare. The Spencer Wing chose to participate in procedure specific surveys which we commenced in April 2009 for our NHS patients having hip and knee replacements and hernia repairs. Oxford questionnaires are used that are researched based validated tools measuring disability-the higher the score the worse the disability. The patient completes the questionnaire pre-operatively and at 3, 6 and 12 months post-op. At present we are awaiting reports from the data we have submitted.

Cancelled Operations

The measure to report cancelled operations/procedures was introduced in 2007. We currently also monitor if the procedure was cancelled prior to surgery or on the day of patients admissions.

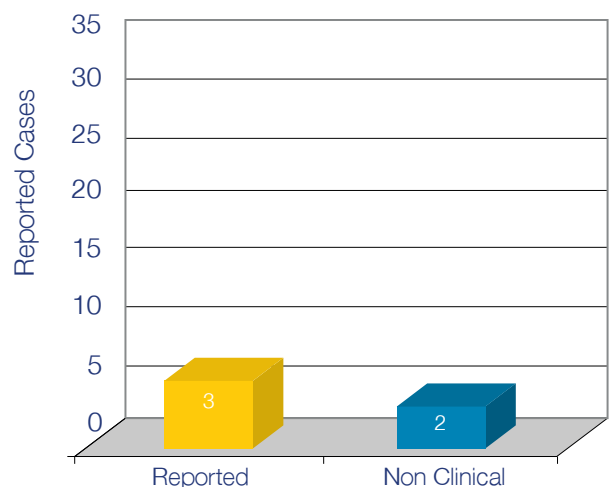
At our Margate hospital there were 40 reported cancellations/postponements of surgery for 2009, 20 of these were prior to admission and 20 of these were on the day of admission. 13 of these were for non-clinical reasons (see figure 6.0 top right).

Cancelled Operations Margate - 2009 figure 6.0



This is a slight decrease compared to 2008 when they were 43 reported cancellation/postponements. At our Ashford Hospital there were 3 reported theatre cancellations for 2009, two of these were for non-clinical issues (see figure 6.1 below).

Cancelled Operations Ashford - 2009 figure 6.1



We are aiming to decrease the number of operations cancelled or postponed for 2010 and have revised our pre-operative assessment services to implement this.

Complaints

Complaints are viewed as an opportunity to continually improve the service that we provide. Complaints are reviewed at both Management Review meetings and as part of our ISO process and at our quarterly Clinical Governance meetings. These are then fed back to the Medical Advisory Committee.

We have patient information available in all areas for our patients, including our statement of purpose; these contain information on how to make a complaint. We are members of the Independent Healthcare Advisory Service (IHAS), which gives us access to the Independent Sector Complaints Adjudication Service (ISCAS) for Non- NHS patients, should this be required.

Patients are also encouraged to complete a Patient Satisfaction survey upon discharge. Any areas requiring improvement are recorded through our complaints process.

There were 41 complaints recorded in 2009, with eight covering more than one area, this is an increase of 2.5% on the previous year. No complaints were received regarding The Spencer Wing Ashford for 2009.

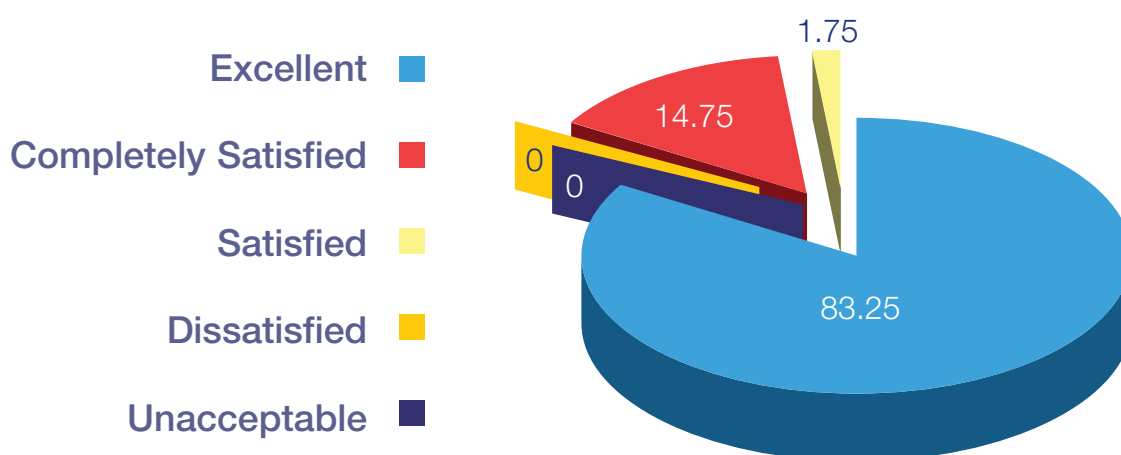
Patient Satisfaction

At The Spencer Wing we pride ourselves on being an organisation that listens and responds to the needs of our customers.

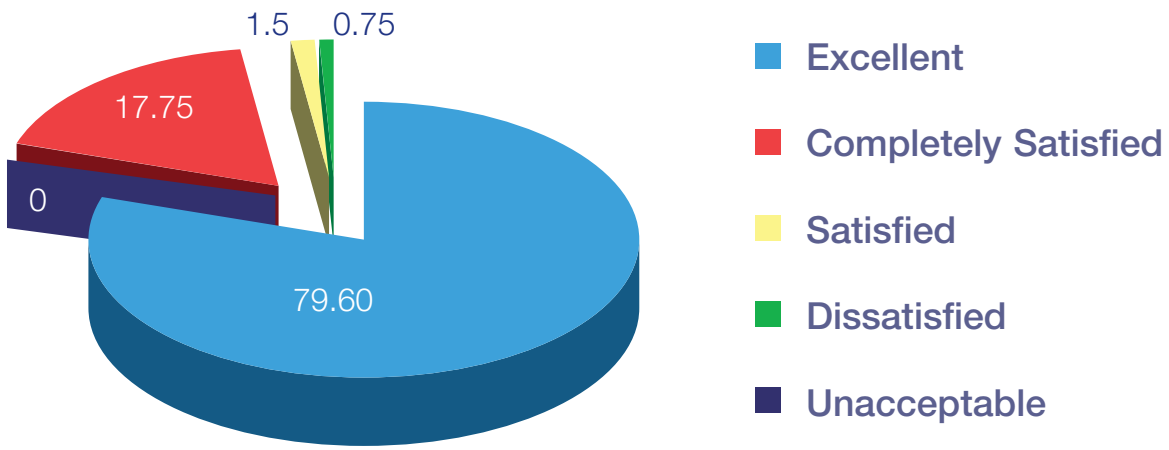
A patient satisfaction survey is available in each in-patient room and patients are actively encouraged to complete one and send it to The Hospital Manager. The Hospital Manager reads each survey, and these are collated into a quarterly report. They are used by the Senior Management Team to assist us in continuously evaluating and improving all aspects of our performance. A copy of this is sent to the Care Quality Commission.

Feedback is given to all our staff on our patient's comments and this report is available for all our visitors to read.

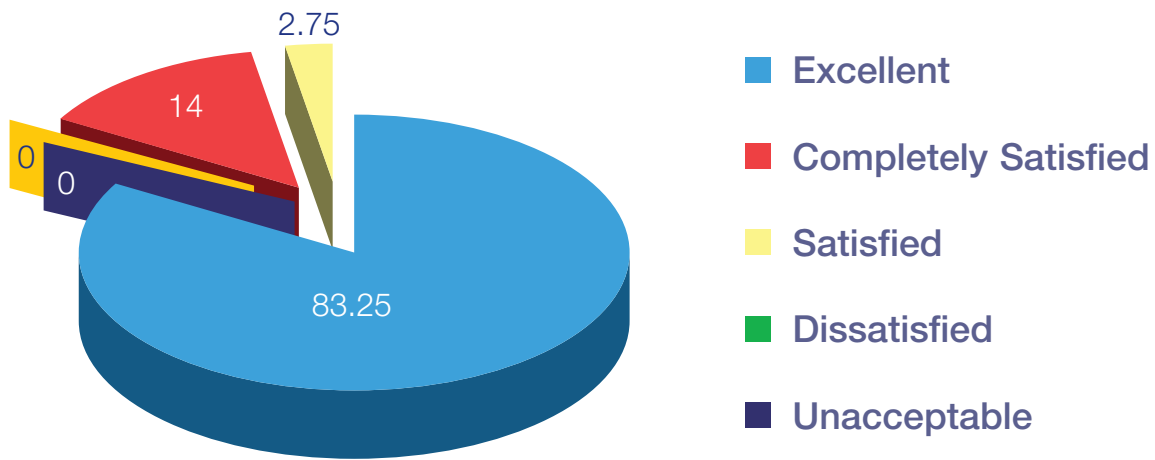
For the The Spencer Wing Ashford Hospital our April 2009- April 2010 patient satisfaction scores for overall satisfaction were:



For the Margate The Spencer Wing April 2008 - April 2009:



For the Margate The Spencer Wing April 2009 - April 2010:





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