



## ANNUAL COMPLAINTS REPORT

### MARGATE 2022-23

#### **Complaints Management.**

Effective complaints management is an integral component of high-quality governance. Spencer Private Hospitals (SPH) Quality and Safety framework is underpinned by excellent governance at all operational and organisational levels and the organisation as a whole works as a team to deliver person-centred care. This includes putting patients and their families at the centre of our decision-making processes.

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

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

#### **Duty of Candour.**

SPH approach to complaints management is in line with the CQC's Regulation 20 – Duty of Candour, which ensures as a health care provider we are open, honest and transparent with staff, patients, the public and regulators when things go wrong with their care and treatment. This also aligns with the NMCs professional duty of candour guidance updated in March 2022.

#### **Complaints Management.**

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

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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 SPH web site also displays information on how to make a complaint. The Patients Guide and Statement of Purpose have been updated throughout 2022-23.

Complaints management is monitored and managed through the organisations Datix Management System. This has continued to improve staff engagement and feedback is provided to staff through the Datix system and the organisations monthly staff newsletter “Digest”. Utilising Datix also 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 by utilizing digital solutions to capture patient responses.

#### ISCAS.

SPH are members of the Independent Sector Complaints Adjudication Service (ISCAS) and follow their Code of Conduct. The link for the ISCAS guide can be found on the organisation’s website: <https://iscas.cedr.com/patients/complaints-process/>





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#### Patient Feedback.

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

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

**In 2022-23 98% of patients responded would recommend SPH Margate to Family and Friends**

#### FFT 2022-23.

Overall experience of our service	Very Good	Good	Neither Good nor Poor	Poor	Very Poor	Don't Know
	83%	15%	1%	1%	0%	0%

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

#### Complaints.

There were 51 complaints recorded in 2022-23, equating to 1.42% of all patient admissions. There were 773 thank you's received during 2022-23.

#### Patient complaints adjudication service for independent healthcare - ISCAS

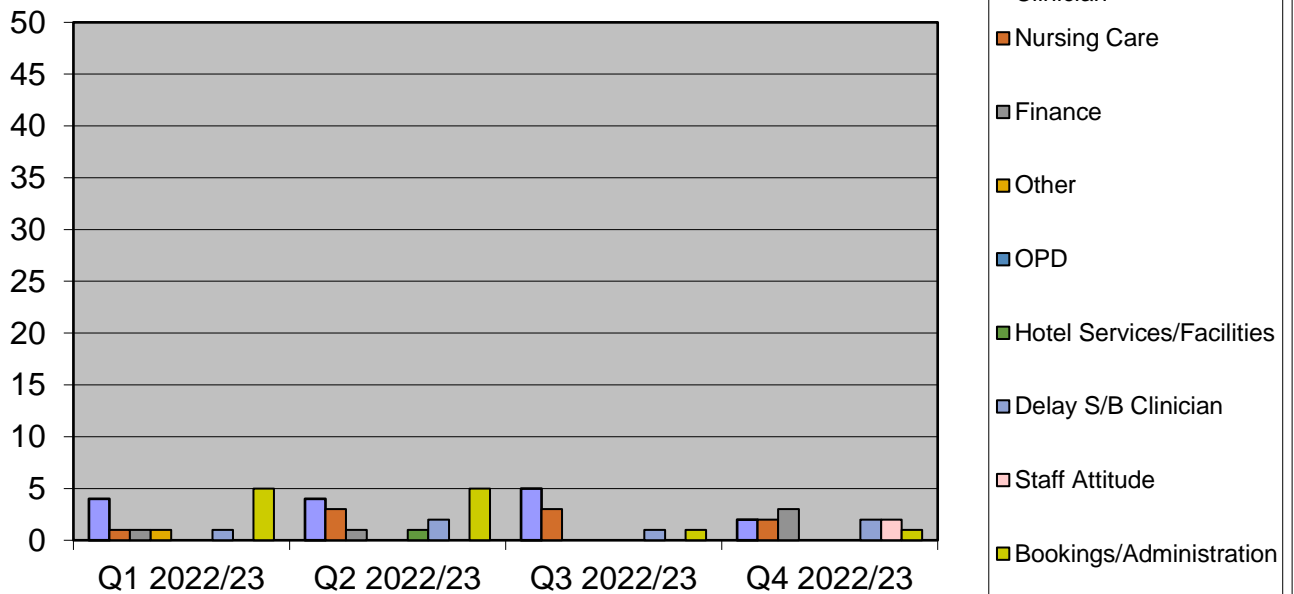
There was one complaint that was escalated to ISCAS in 2022-23. The complaint remains ongoing at the time of writing this report.

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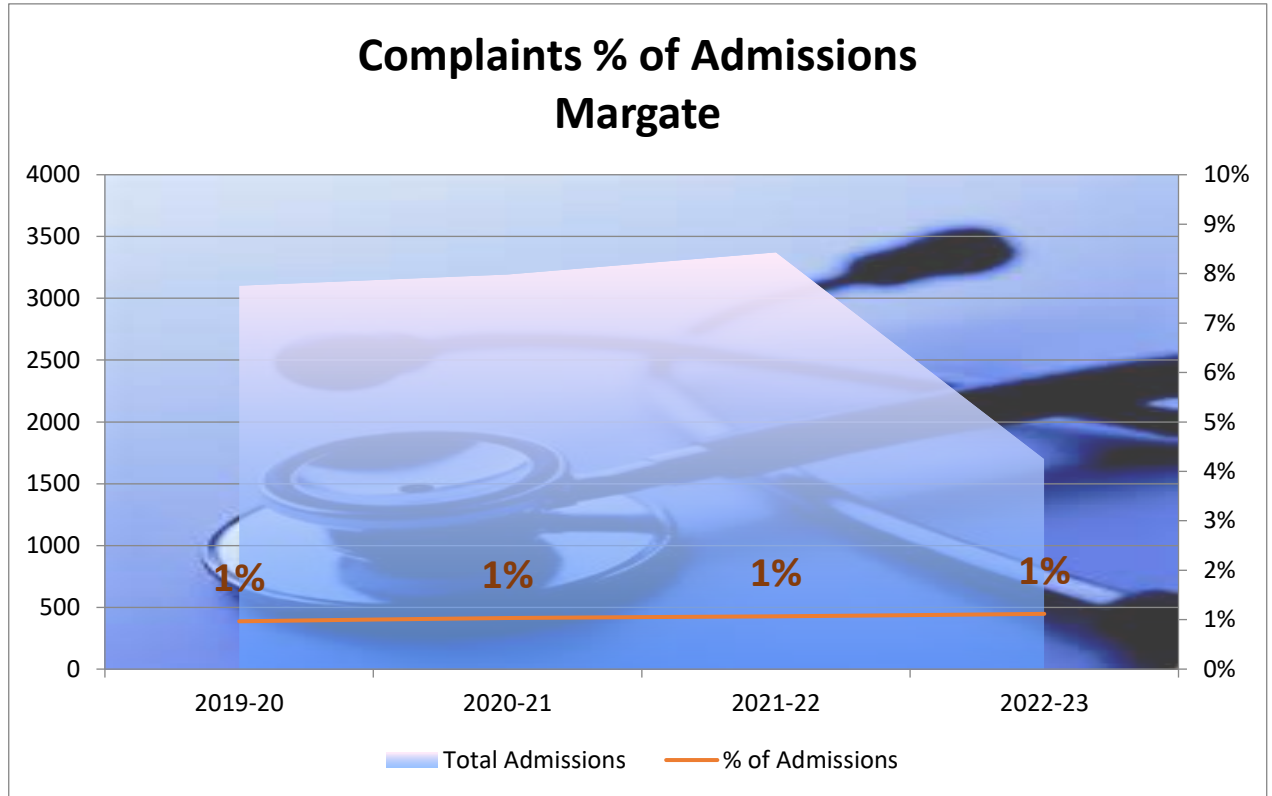
Complaint Category	2018-19	2019-20	2020-21	2021-22	2022-23
Care/Treatment by a Clinician	13	11	13	12	15
Delay S/B a Clinician	1	3	0	4	6
Staff Attitude	0	1	0	0	2
Nursing Care	6	3	2	10	9
Finance	3	2	1	4	5
OPD	2	2	0	0	0
Bookings/Administration	6	8	2	5	12
Hotel Services / Facilities	0	1	1	0	1
Other	1	4	0	0	1
<b>TOTAL</b>	<b>33</b>	<b>36</b>	<b>19</b>	<b>35</b>	<b>51</b>

### MARGATE COMPLAINTS SUMMARY 2022/23



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#### **Preventative Measures / Lessons Learnt Following Complaints:**

##### **Care / Treatment by Consultants / Clinician**

- There was a commonality around complaints relating to Consultant behaviour and manner. The Consultants involved all offered their sincere apologies to patients for any upset or distress caused.
- Communications have been held with Consultants regarding timekeeping.
- Requests have been made to Consultants to ensure they advise the administration team of all booked annual leave to prevent cancellation of clinics.
- Communications have taken place with Consultants to ensure they utilize digital solutions to enable patient letters to be completed within the originations agreed timeframes.
- Discussion have taken place with required Consultants to improve patient written documentation.

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#### Administration / Bookings

- There was a commonality around complaints relating to adherence of administration processes. Staff have been re-trained in all required bookings processes and have received feedback and training to improve communication skills.
- A review was undertaken of the bookings referral system to ensure all patient referrals were received and actioned in a timely manner.
- Discussions have been held with EKHUFT to improve communications relating to completed diagnostics.
- Communications have been held with Medical Secretaries to ensure patient results are obtained and provided to patients in a timely manner.
- **Waiting times – complaints relating to delays in surgery or procedures.**  
A number of delays in treatment were as a result of the pandemic. Significant progress has been made during the year to reduce the RTT. 2 patients are currently waiting between 72-78 weeks with the remaining patients waiting 52 weeks or below. Assurance and apologies were given to the patients affected and procedure dates booked as soon as possible.
- Training was given to staff to ensure CMA regulations are followed in line with regulations.
- In line with best practice and national guidance NHS patients will receive copies of their clinic letters

#### Finance

- Communications have been held with the finance team to ensure due diligence is undertaken with patient paperwork

#### Equipment failures

- All equipment failures were repaired. Replacement equipment has been purchased where required.

#### Nursing Care

- Registered Nurses have attended a refresher course on cannula care and the administration of IV medications.
- Registered Nurses have undertaken re-training in administration of Controlled Drugs.
- Discharge protocols have been reviewed with clinical staff to ensure full compliance is met.

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- Discussions have taken place with the nursing staff to assist with improvement in patient care and patient communications.
  
- A review has been undertaken relating to the supervision of student nurses.
  
- Pre-assessment processes, including the triaging of patients, have been reviewed and improved.

Shared Governance meetings with EKHUFT have continued throughout 2022-23 to discuss and review clinical practice and complaints for transferred patients.

#### **Facilities**

- All required facilities maintenance has been undertaken.
  
- Menus and beverage services have been reviewed and improved.
  
- Communications have been held with the facilities team to ensure all patients are regularly reviewed throughout the day to establish nutritional requirements.

**Lynn Orrin.**  
**Hospital Director.**  
**18<sup>th</sup> April 2023.**