



Phoenix Hospital Group

Quality Accounts

2024-2025

Contents

Part 1 - Introduction

Foreword from our Chief Executive Office and	
Statement from the Group Medical Director & Director of Quality	4
Statement of Responsibilities	5
About Us and the services we provide	6
Phoenix Hospital Group in numbers	7
A review of the last year's Quality Priorities	8

Part 2 – Our Plans for the Future

Our Quality Priorities for 2025/26 – Looking Ahead	15
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Part 3 – Review of Quality Performance 2023/24

A Review of last year	17
Core Quality indicators	18
An update from our sites	30

Part 4 – Other Information

A Review of Services	35
Participation in Clinical Audit	36
Accreditations	37
Clinical Coding	
Research, CQUIN and SUS	
Information Governance	38
Staff Training	

Part 5 – Feedback from our Commissioners 41

Feedback from Hertfordshire and West Essex ICB	
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PART ONE

INTRODUCTION

Chief Executive Officer's Statement

This report highlights the quality of our services during the past 12 months and aims to give you a greater understanding of our organisation, our achievements and the ways in which we will continue to identify and implement further improvements.

I am delighted to be able to report that Phoenix Hospital Group has seen another successful year, with significant progress made in aligning our systems and processes following the acquisition of One Healthcare in 2023. During the past 12 months, our outpatient departments have undertaken over 90,000 consultations, with our diagnostic imaging services performing over 22,000 screening procedures, leading to over 9,800 patients accessing our inpatient services to have their surgery with us.

These patients have repeatedly provided wonderful feedback about their experiences with us, with over 99% of inpatients consistently saying they would recommend/highly recommend our services.



Andrew Barker
Chief Executive Officer

Developing our services

We understand that a solid digital strategy is fundamental to our future success as digital transformation can dramatically improve all stakeholders experience of our services. Due to the acquisition of One Healthcare, we have undertaken a review of the current IT systems, websites and branding to update these to achieve a group-wide approach. Phoenix Hospital Group is now moving to one system for each element where possible across the group.

For patients, intelligent digital offerings enable better and faster coordination of care in the most appropriate setting, as well as giving them greater control over their health. For staff and consultants, a strong digital approach increases efficiencies due to the reduction of double entry whilst building on consistency in service delivery across the Group, solidifying training and knowledge transfer.

We have also extended the number of health screening packages we offer to self pay patients which are designed to provide reassurance and preventative health measures to those patients wanting an overall top level assessment of their health.

We launched our new group's paediatric network and directory in the fourth quarter of 2024. From October 2024 our sites have commenced rolling out our pathway for 16-17 year olds, where appropriately assessed patients can now be managed via our adult pathway for their inpatient surgery. We continue to have a strong PMI offering but as an innovative partner to the NHS we continue to seek efficient ways to work with our local commissioners.

Throughout its history, Phoenix Hospital Group has offered a strong outpatient and diagnostic capability. This is an anticipated key area of growth for us in the coming year.

The information contained within this report has been subject to internal review. Therefore, to the best of my knowledge, the information contained within this document reflects a true and accurate picture of the performance of the organisation. Thank you to everyone who has helped us put this Quality Account together including our commissioners, and to our staff who are so committed to providing our patients with the highest quality of care.

I confirm that this Quality Account has been discussed with the Phoenix Hospital Group Board, and I declare that to the best of my knowledge the information contained in this Quality Account is accurate.



Angus McIndoe
Medical Director

Group Medical Director Statement

Along with many of our fellow independent providers, we have continued to co-operate across the health system, both private and NHS, to apply relevant recommendations and learning from the Paterson Inquiry, the Medical Practitioners Assurance Framework (MPAF) and the Cumberlege Review.

This past year has seen a standardisation of approach across our hospital level Medical Advisory Committees (MAC), with plans for introducing a group level Medical Oversight Committee, which will increase our assurance regarding practitioner compliance as a fundamental part of our governance infrastructure.

We look forward to our ongoing journey and will be driving further change and improvement, benefiting patients and colleagues, and continuing to identify opportunities for generating significant efficiencies.

Director of Quality Statement

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.

I have been particularly proud of our staff this year to see how they have embraced and embedded the key concepts of the Patient Safety Incident Response Framework (PSIRF) into everyday practice. We will always continue to task ourselves with delivering the safest and best possible outcomes in everything we do. This open and proportional approach to learning when things don't go to plan has assisted us in focusing our quality improvement activities in areas that will have the most impact of patient care. Oversight and assurance continues to be strong through our ever improving governance arrangements



Elizabeth Reynolds
Director of Quality

Statement of Responsibilities in respect of the Quality Account

The Phoenix Board are required under the Health Act 2009 to prepare a Quality Account for each financial year.

In preparing their Quality Account, the Board has taken steps to assure themselves that:

- The Quality Account presents a balanced picture of the Hospital's performance over the reporting period;
- The performance information reported in the Quality Account is reliable and accurate;
- There are proper internal controls over the collection and reporting of the measures of performance included in the Quality Account, and these controls are subject to review to confirm they are working effectively in practice;
- The Quality Account has been prepared in accordance with any Department of Health and Social Care guidance;

The Board confirms to the best of their knowledge and belief that they have complied with the above requirements in preparing the Quality Account.


Andrew Barker, CEO June 2025

Who we are

Phoenix Hospital Group provides exceptional patient centred care through its state-of-the-art medical facilities, three of which are located within the Harley Street Medical Precinct in Central London, with the others sites located in Chelmsford in Essex, Ashford in Kent and Hatfield in Hertfordshire.

Our Services Offering

- Treatment and surgery for a range of simple to complex conditions
- Outpatient consultations
- Private GP services
- Health Screening
- Diagnostics
- Physiotherapy
- Pathology



Our Vision

To be a broad integrated healthcare services business delivering outstanding clinical outcomes with impeccable service.

Vision

To give people accessible, high-quality healthcare that offers control, confidence and peace of mind in their journey to better health.

Mission

Providing fast access to personalised preventative care, early diagnosis and compassionate treatment and support that ensures patients are informed, reassured and in control of their journey every step of the way.



















Values

Working in partnership with our doctors and medical teams to provide the care the doctors would choose for themselves, treating all of our patients with compassion and kindness. We make our patients and doctors feel unique and special at all times, treating each other and our healthcare team with respect and loyalty.



Phoenix Hospital Group

in numbers

 4 Acute hospital sites	2 Outpatient/Diagnostic sites 
 384 staff	944 Consultants working in partnership 
 12 Operating Theatres/ 7 Laminar Flow	UKAS accredited laboratory - Processing up to 1000 samples per month 
 9864 number of inpatient/ day cases	Over 9000 surgical cases 
 90303 Outpatient consultations	22808 Diagnostic imaging procedures 
 10645 e-learning modules completed by staff	83% of our inspected sites are rated as Good by the CQC 
 49.5% of staff complete the staff survey in the Summer	825 Health screens undertaken 
 93% of staff reported they are aware of the avenues available to report concerns	70% of staff reported they feel motivated in their roles 
 84% of staff feel they can voice their concerns	76% of staff reported they felt our internal communication methods are effective 

Our areas of focus for 2024/2025

- Surgery
- Diagnostics and Outpatients
- Preventative Health
- Wellness and Corporate Services



Achievements - A review of last year's Quality Priorities

Safety remains the core of everything we do. In last years first joint Quality Account we set ourselves six key Quality Priorities. The information below sets out our performance over the last year and how we aim to further improve this performance in the year ahead.

Priority 1 - Prioritising Patient Safety

Targets:

- Embed the Patient Safety Response Incident Framework (PSIRF)
- Optimise our learning and quality improvement opportunities
- Embed our new governance arrangements
- Develop our group-wide Policy Library



The NHS Patient Safety Strategy, initially published in 2019, describes how the NHS will continuously improve patient safety, building on the foundations of a safer culture and safer systems, moving away from a culture of blame to one of learning. A fundamental part of this was the introduction of the Patient Safety Incident Response Framework (PSIRF) which sets out the approach to developing and maintaining effective systems and processes for responding to patient safety incidents for the purpose of learning and improving patient safety.

What we achieved

- We successfully implemented the PSIRF, including creation and publication of our policies and plans on our websites
- We provided staff with a number of specific training sessions to enable a better understanding of the new concepts that form part of this Framework
- We developed an extensive toolkit providing staff with a selection of new tools to maximise our opportunities for identifying system gaps, learning and improvement opportunities
- We embedded and rolled out our new Governance Committee structure
- We established a new Clinical dashboard of key indicators that we report on at Executive level on a monthly basis to ensure senior leadership oversight
- We developed a weekly patient safety incident summary report that is shared with our Medical Leadership and Senior Leadership teams, to enhance oversight and increase our occasions for shared learning and preventing recurrence
- We commenced our journey towards developing a whole new library of group level policy to guide staff on the standards and practice expected within our services

Actions to improve our performance

- We plan to explore how to achieve compliance with uploading live incident records to the LFPSE environment
- We have yet to recruit an Patient Safety Partner to actively be involved in how we learn from patient safety events, helping to ensure that the people who use our services are at the heart of our learning and improvement
- We will continue to embed PSIRF, helping our front line staff to continue to be proactive in managing safety and risk, and maximising learning and quality improvement opportunities before they can lead to a patient safety incident
- Rollout a new group-wide clinical audit programme and benchmark the results
- We will continue to share our performance data within the Clinical dashboard to support continual service improvement and organisational oversight

Priority 2 - Regulatory Excellence



The purpose of the regulation of health and social care is to protect the public from the risk of harm from the provision of health and social care services. Phoenix Hospital Group continues to promote and monitor compliance with set standards of competence and conduct that health and care professionals must meet in order to be registered and practise.

Site	Date of review	Overall	Safe	Effective	Caring	Responsive	Well-led
One Ashford Hospital	Sept 2017						
One Hatfield Hospital	Sept 2019						
9 Harley Street	Jan 2019						
25 Harley Street	May 2022			Not scored			
Weymouth Street Hospital	July 2023						
Phoenix Hospital Chelmsford	July 2023						

What we achieved

- Our London site, the Weymouth Street Hospital, was inspected by the Care Quality Commission (CQC) in February 2024, with the report being published in June 2024. The Regulator inspected this service using the single assessment framework and looked at five quality statements. They looked at three out of the five key questions, which were Safe, Effective and Well- led. All areas assessed were scored as Good.
- We continued to prepare our service based staff for the roll out of the new Single Assessment Framework, through our series of “Lunch and Learn” sessions – CQC Bites. These sessions included staff updates in key areas such as “Duty of Candour” requirements and caring for patients with Learning Disabilities and Autism.
- Our Registered Managers continued to lead their teams in being inspection ready, through a number of ongoing initiatives including mock inspections, which included staff interviews.

Actions to improve our performance

- This has been a period of considerable change for the CQC as they move forward with reforms following a number reviews including those by Dr Penny Dash and Professor Sir Mike Richards. Phoenix Hospital Group has been monitoring the announcements and fresh direction under the new CEO, Sir Julian Hartley. We look forward in anticipation as the Regulator provides clarity around the changes to the Single Assessment Framework, Quality Statements and possible re-introduction of Relationship Managers.
- We have been targeting our improvement actions to be able to ‘move the dial’ on the few services that have historically been scored as ‘Requiring Improvement’
- We will always endeavour to maintain and improve regulatory ratings, striving to be Outstanding at all levels

Priority 3 - Investing in our staff

Targets:

- Creating a fair and just culture
- Supporting the wellbeing of our colleagues
- Growing a permanent and stable workforce
- Developing a shared understanding

We understand that valuing and investing in our staff will not only allow us to grow our business, but will also provide the benefits of increased employee motivation, greater job satisfaction and improved productivity. This past year has seen a focus on the review of our training programs, and other professional development opportunities. We pride ourselves on promoting an environment of trust and open communication, where employees feel valued and empowered.

What we achieved

- We continue to promote the principles outlined by NHS Resolution's "just and learning culture charter". Through our introduction of these attitudes and values, and the philosophies that underpin the Patient Safety Incident Response Framework, we feel assured of a person-centred workplace that is compassionate, safe and fair, especially when care goes wrong, which it sometimes does
- We value of staffs views and opinions, so to further understand these we sought their feedback by undertaking a staff survey in the summer of 2024. The survey was sent to 595 staff members across all of our locations, with 197 total participants - 49.5% of total workforce
- The vast majority of staff (82%) reported that they were clear as to what was expected of them within their role. Our internal systems allowing staff to voice concerns are well communicated with 93% of staff reporting they are aware of the avenues open to them should they want to raise any concerns



- We reinvigorated our Learning and Development Committee with all of our sites being able to submit training and development requests. Over 20 additional Training Requests were approved by the Learning & Development Committee in 2024
- Across all Phoenix there were 354 staff who completed our new e-Learning module on Harassment and Sexual Safety

- We have updated and rolled out a new mandatory training matrix with training compliance levels for staff mandatory e-Learning remaining high at 92%
- All sites ensure that our staff forums are being undertaken regularly and act on the feedback we receive from staff
- We have reviewed our group wide vision and values
- We have worked hard to reduce our vacancy levels and have seen successful recruitment of new staff to our wards and theatre departments.

Actions to improve our performance

- Develop integrated workforce plans for all sites to future proof our staffing arrangements
- Roll out our Consultant survey to ensure we understand the views of our consultant colleagues who work with us under Practising Privileges

Priority 4 - Investing in our staff

We remain committed to exploring ways in which patients and carers are enabled to make the best contribution possible to how we deliver our services.

What we achieved

- Phoenix Hospital Group are proud to be able to report continued high levels of patient satisfaction with our services. We survey our inpatient visitors for their views on a monthly basis. Our annual results for 2024 indicate that a high number of our patients said they would either be 'Extremely likely' or 'Likely' to recommend our service – as shown in the table below:

Site	2024 annual result
Weymouth Street hospital	99.2%
One Ashford Hospital	99.5%
One Hatfield Hospital	99.4%
Phoenix Hospital Chelmsford	100%



- As part of our ongoing transition programme, we have taken the opportunity to review our group-wide patient documentation, and are standardising our patient pathways, ensuring consistent best practice. During 2025 we are continuing to review, update and standardise the information we supply to our patient in all its formats.
- In measuring the quality of the experience of patients attending our outpatient departments, we have now moved to Doctify to monitor and report on this feedback. Response rates are growing with use of this new electronic feedback process and we are pleased to report that feedback scores are consistently high with scores averaging 4.5 – 5 out of 5.

Actions to improve our performance

- Under our Patient Safety Incident Response Plan, we have yet to recruit a Patient Safety Partner to assist us to better understand the patient and their relative's views, when things do not go to plan. We aim to achieve this in 2025.
- We endeavour to respond immediately when users of our services raise concerns or complaints and have appointed a group wide complaints lead. In the coming year we continue to place a key focus on open and transparent engagement and will be undertaking further training for those staff involved in the complaints process.

Priority 5 - Demonstrate excellence in patient outcomes



Targets:

- Reducing any risks for deteriorating patients
- Effectively monitoring and reporting our outcomes
- Ensuring patients' risks have been identified appropriately
- High scores in our Patient Reported Outcome Measures



Patient outcomes are crucial because they directly reflect the effectiveness of healthcare interventions, inform quality improvement efforts, and enhance patient satisfaction and well-being.

What we achieved

- We understand that to reduce patient deterioration while they are in hospital, it's crucial to focus on early identification, timely escalation, and a coordinated response. We pride ourselves on our excellent record of responding to medical emergencies but as part of our transition programme, we have taken the opportunity to review all of our policy and protocols that guide staff in the management of patients whose condition does deteriorate and have also updated our transfer out protocols.
- We have standardised our training provider for staff resuscitation training across all of our sites. We test our protocols and staff training in practice, through undertaking regular scenarios testing. Staff consistently perform well during these mock events, providing us with assurance of our staffs' ability to respond in a timely and appropriate way to any untoward event.
- The Medical Device Outcome Registry (MDOR) core data set addresses the Government's response to the Independent Medicines and Medical Devices Safety Review: First Do No Harm (Cumberlege Report) Recommendation 7. This establishes a central patient-identifiable database, collecting key details of the implantation of all devices at the time of the operation. By collecting data to improve patient safety, vigilance and outlier analysis on consultant attribution and contextual information on procedures that are not High-Risk Medical Device procedures more generally, the MDOR also fulfills the Government's response to the Paterson Inquiry. Phoenix Hospital Group has engaged with NHS England to onboard all of sites to be able to commence with submitting our data to this new Registry.
- The National Joint Registry has an established three-tier awards system: gold, silver and bronze levels, to encourage all hospitals to strive to achieve the most excellent data quality standards. Providers who achieve the highest standards are awarded the gold level, giving them the greatest recognition for achieving excellence in supporting patient safety standards through their compliance with the mandatory NJR data submission quality audit process. We are proud to report that all of our sites who submit data to the National Joint Registry have been awarded the Gold level for the quality of our data submissions.
- Patient Reported Outcome Measures (PROMs) assesses the quality of care delivered to patients from the patient perspective. During 2024, our One Healthcare sites collected this information from patients undergoing two clinical procedures, namely hip and knee replacement surgery. Phoenix Hospital Group also extended its data submission to include PROMs for Primary Rhinoplasty, Primary Augmentation mammoplasty and Total Shoulder replacement.

Actions to improve our performance

- We hope to be able to increase our surgical activity to be able to report our PROMS outcomes for these procedures.

Priority 6 - Medicines Optimisation

Targets:

- Antimicrobial Stewardship
- Sustainable use of Medicines
- Standardising our practice



Medicines are used in all healthcare settings and the safe and secure handling of medicines is essential to ensure patient safety. We are focused on ensuring that our clinicians safely prescribe, dispense and administer appropriate medicines and monitor their use, with the aim of reducing the risk of error and harm.

What we achieved

- In 2024, we successfully appointed a Group-wide Chief Pharmacist—a key position that ensures the safe and effective delivery of pharmacy services. This role provides strategic oversight for medicines management and optimisation. With this leadership in place, we have been able to review and standardise both policies and protocols across the Group, including Patient Group Directions used by staff in our services.
- We established a new Group-level Medicines Optimisation Committee, chaired by Dr Aubrey Bristow, Consultant Anaesthetist and Clinical Lead on the Phoenix Board.
- Communication around medicine-related safety issues and drug shortages has been significantly improved across the Group. Updates are now shared via posters and newsletters, ensuring wide dissemination and reinforcing our commitment to patient safety.
- Targeted training has been delivered to Controlled Drug Accountable Officers (CDAOs) throughout the Group. This has strengthened their ability to manage Controlled Drugs safely, legally and effectively at their respective sites, and has enhanced their capacity to oversee compliance, investigate concerns, and implement strong governance.
- We have aimed to reduce pharmaceutical wastage by minimising medication stock holding in departments, allowing for effective stock rotation and the reduction in destruction of expired stock.



In collaboration with our external Consultant Microbiologists, we have developed a comprehensive Group-wide Antimicrobial Stewardship Policy, reaffirming our commitment to responsible antibiotic use.

Phoenix Hospital Group continues to actively support the national Antimicrobial Stewardship Campaign, including participation in the November 2024 initiative through in-hospital displays, staff quizzes, and a dedicated social media campaign to raise awareness and promote best practices.

Actions to improve our performance

- We have reviewed and refined our medication audit templates and schedules. These will be implemented across all sites, enabling us to benchmark performance between hospitals and drive improvements in practice.
- As the roles of registered healthcare professionals—such as pharmacists, nurses and physiotherapists—continue to expand, we will be reviewing our non-medical prescribing strategy. This aims to fully utilise their expertise and expand the scope of their practice.
- We are working to enhance our outpatient pharmacy services in collaboration with Consultants and Outpatient teams. This will allow medications to be dispensed during patient visits, improving convenience and the overall care experience.
- We remain committed to reducing our environmental impact by promoting more sustainable use of anaesthetic gases. This includes reviewing flow rates used in theatres and progressing plans to decommission piped nitrous oxide systems across our hospitals to eliminate unnecessary emissions.



PART TWO

OUR PLANS FOR THE

FUTURE

2025/2026

Looking Ahead - Priorities for 2025/26

Our priorities for 2025/26 have been developed looking back on our performance and opportunity for improvement, but also looking ahead to align with our overall business strategy.

Our desire remains to offer a broad range of clinical services and ensure we make a virtue of our capabilities to care for patients from point of first need through diagnosis and treatment.



We will:

- Continue to ensure that people receive person-centred care in the most appropriate environment and setting
- Optimise our quality improvement programme, through maximizing the learning we identify from our engagement with patients and their feedback through surveys, forums and complaints.
- Continue to have an open and forensic approach when investigating clinical incidents and adopting a systems based review to identify where improvements equal prevention
- Continue to deliver measurable improvements in safe care through embedding our Patient Safety Incident Response Plan, adopting this cultural change as part of 'business as usual'
- Continue to refine our clinical dashboard and make optimal use of the data reported through PHIN/NJR/ORP and PROMS
- Work to achieve 100% of our inspected locations achieve 'Good' or 'Outstanding' ratings from regulators
- Continue with our review and alignment of our pre-assessment services across the group, delivering robust assessment process ensuring that we are only treating patients for whom we have the capability to safely provide care
- Roll out our Consultant survey to ensure we understand the views of our consultant colleagues who work with us under Practising Privileges
- Continue to enhance the delivery of our pharmacy services, optimising our staffing, audit and extending our offering for outpatient pharmacy services
- Remain committed to reducing our environmental impact by promoting more sustainable use of anaesthetic gases
- Provide people with rapid access to diagnosis and treatment and further extend our preventative health offering
- Continue to work with our NHS partners to help address waiting list pressures
- Have an embedded culture of service improvement and innovation
- Have a consistent and high performing and sustainable workforce
- Reduce our carbon footprint through greener care
- Use our digital systems to their full potential



PART THREE

A REVIEW OF OUR PERFORMANCE LAST YEAR

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Review of last year

It has been an exciting year and great progress has been made during 2024, as we have identified many synergies during the integration of both organisations following the acquisition of the One Healthcare.



In aligning best practice across our new organisation, there has been a focus in the following areas:

- Adopting a commonality of approach and paperwork in the delivery of our clinical pathways
- Continuing our programme of standardising our clinical policies across all sites
- A review of our governance and finance teams, optimising our staffing structures to continue to deliver against our aspirations for the future
- Continuation of our ongoing move towards digitalisation with plans to move to paperless records in the coming year.

Governance, assurance and safety

All aspects of quality need to be underpinned by good governance. Following the acquisition of One Healthcare, we have continued to strengthen and evolve our governance processes, assurance and board oversight, using data to support hospitals through comprehensive reporting processes on quality and rigorous ward-to-board assurance.

We have developed a group wide clinical dashboard, that collates our monthly KPI data, which provides information to our Executive Committee and Board where assurance is gained through healthy conversations and challenge.

At hospital level, we have standardised our committee structures. Hospital leaders attend a daily safety briefing where vital information is shared swiftly to improve safety and encourage continuous improvement.

This focus on safety is further supported by a weekly incident review meeting held at each site, and at corporate level, to immediately identify learning and opportunities for quality improvement. We continue to aspire to the highest levels of incident reporting and the lowest levels of patient harm incidents, and work within our patient safety incident support plan (PSIRP) to engage with our patients and staff and undertake proportional responses when things don't go to plan.



Regulatory Compliance

Excellence in compliance with the standards set by the Regulator has always been our aim. Five of our six sites are rated as 'Good' by the Care Quality Commission. It is our intention to ensure all of our services rate as Outstanding. Along with all providers working within Healthcare, we are eagerly awaiting the changes to the regulatory landscape with the appointment of Sir Julian Hartley as Chief Executive and Sir Mike Richards as Chair of the Care Quality Commission. We are currently working to meet the standards set under the Single Assessment Framework and associated Quality Standards, but welcome the review currently underway to establish a sector based, simpler assessment framework that we will deliver against.

Freedom to Speak Up

Our staff survey reported that 93% of our staff are aware of the routes available to them to raise a concern. In response to any concerns raised, there is a process whereby the concern is escalated to the senior management team for the department this relates to, so the concern can be addressed locally, and feedback can be given to the individual who had initially raised an issue. Phoenix has a clinical & non-clinical Freedom to Speak Up Guardian. They are supported by a network of champions, who are in place across all of our sites. Once again this year, we are pleased to be able to report that we have not identified any significant patient safety trends from reports we have received from our staff during this period.

Mortality

There were no reportable deaths recorded during this reporting period of April 2024 to March 2025.

National PROMS

Source: Quality Health PROMs data reports

Patient Reported Outcome Measures (PROMs) assesses the quality of care delivered to patients from the patient perspective. During 2023, our One Healthcare sites collected this information from patients undergoing two clinical procedures, namely hip and knee replacement surgery.



During 2023, at our core Phoenix Hospital Group sites (namely Phoenix Hospital Chelmsford and the Weymouth Street Hospital), PROMS data collection had been undertaken by a number of consultant surgeons. As we transition and standardise all of our systems and processes, we have outsourced our data collation to Quality Health, an IQVIA business. NHS PROMS data is collected nationally, by NHS Digital.

Private Patients PROMS data – One Healthcare

Hip replacement surgery

This survey assesses the level of difficulty patients have completing 12 routine tasks pre – surgery and 6 months after surgery.

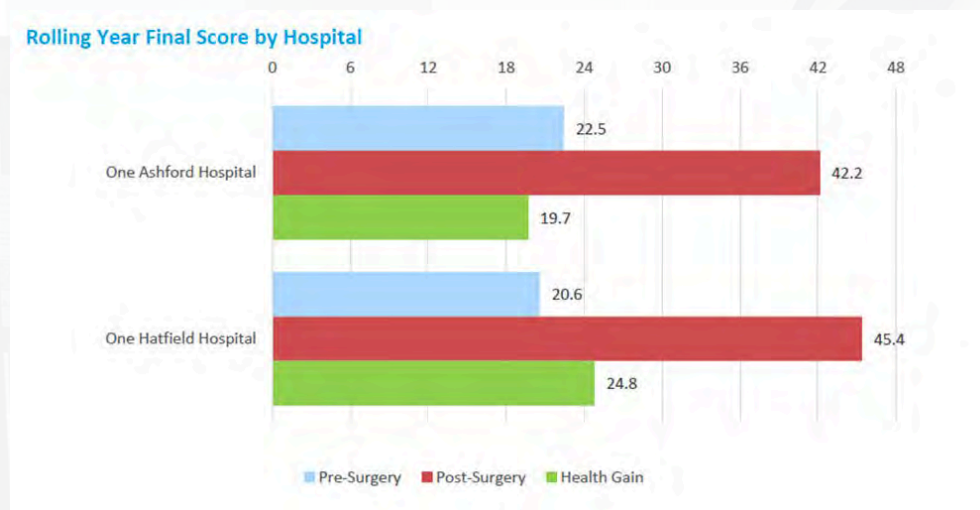
One Ashford Hospital/ One Hatfield Hospital 2024 results

This survey assesses the level of difficulty patients have completing 12 routine tasks pre – surgery and 6 months after surgery.

	Actual procedures	Returns	Participation rates
Q1 2024 January-March	68	41	60.3%
Q2 2024 April-June	51	48	94.1%
Q3 2024 July-September	43	43	100.0%
Q4 2024 October-December	58	48	82.8%

Oxford Hip Score

Patients were required to state either the level of difficulty/ pain/ frequency for each of the 12 routine tasks, on a five point verbal scale. The final score produced may range from 0 to 48; a score of 0 indicates the patient is unable to do all of the 12 tasks, while a score of 48 indicates that the patient is able to do the activities with little difficulty. The graph below shows the rolling final score for each hospital, pre and post surgery with the health gain achieved.



Average Score Versus Health Gain Comparisons

The average health gain for Hip Replacement surgery stood at 21.4 which slightly below the National NHS average.

	Pre-Oxford Hip Score Average	Post-Oxford Hip Score Average	Oxford Score Av. Health Gain
NHS England	17.2	39.7	22.5
One Healthcare	21.8	43.2	21.4
IQVIA PHIN Average	21.3	42.5	21.3
NHS / One Healthcare actual difference	+4.6	+3.5	-1.1

Knee Replacement Surgery

This survey also assesses the level of difficulty patients have completing 12 routine tasks pre- surgery and 6 months after surgery.

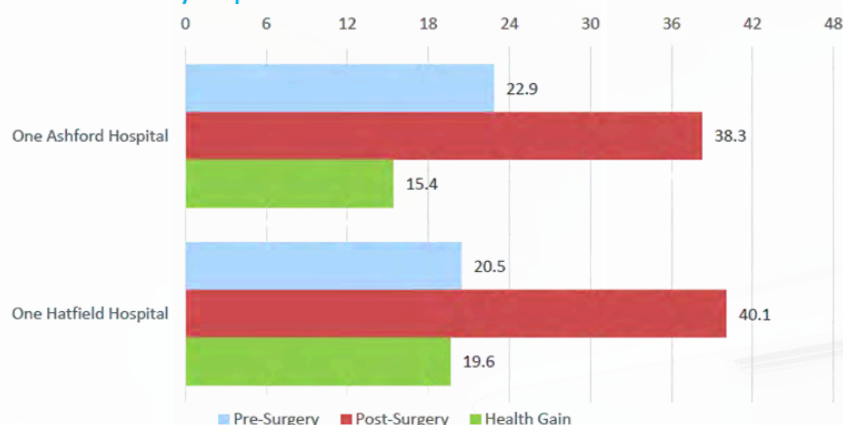
One Ashford Hospital/One Hatfield Hospital 2024 results

	Actual Procedures	Returns	Participation rates
Q1 2024 January-March	58	48	82.8%
Q2 2024 April-June	35	29	82.9%
Q3 2024 July-September	39	32	82.1%
Q4 2024 October-December	47	55	117.0%

Oxford Knee Score

As with hip scores, patients are required to state either the level of difficulty/ pain/ frequency for each of the 12 routine tasks, on a five point verbal scale.

Rolling Year Final Score by Hospital



Average Score Versus Health Gain Comparisons

The average health gain for knee replacement surgery stood at 16.4 slightly below the National NHS average.

	Pre-Oxford Knee Score Average	Post-Oxford Knee Score Average	Oxford Score Av. Health Gain
NHS England	19.3	36.8	17.5
One Healthcare	22.3	38.7	16.4
IQVIA PHIN Average	23.4	39.7	16.2
NHS / One Healthcare actual difference	+3.0	+2.0	-1.1

NHS PROMS Data

Patients undergoing elective inpatient surgery for hip and knee replacement, funded by the NHS are asked to complete questionnaires before and after their operations to assess improvement in health as perceived by the patients themselves. This publication is for finalised Patient Reported Outcome Measures (PROMs) in England - April 2023 to March 2024.

The tables below show the outcomes for One Healthcare, with no data available for the Phoenix sites as no NHS contracts are in place for Hip and Knee replacement surgery.

Total Hip Replacement - Oxford Hip Score – One Healthcare

Organisation level	Organisation name	Modelled records	Average Pre-Op Q Score	Average Post-Op Q Score	Health Gain	Improved	Unchanged	Worsened	Adjusted average Post-Op Q score	Adjusted average Health Gain	Standard Deviation of adjusted Health Gain
England	ENGLAND	14,718	17.225	39.528	22.303	14,294 (97.1%)	93 (0.6%)	331 (2.2%)	39.528	22.303	8.298
Provider	ONE HEALTHCARE (AVQ)	62	19.258	41.597	22.339	60 (96.8%)	2 (3.2%)	0 (0.0%)	38.630	21.405	5.638

Total Hip Replacement – EQ-5D – One Healthcare

Organisation level	Organisation name	Modelled records	Average Pre-Op Q Score	Average Post-Op Q Score	Health Gain	Improved	Unchanged	Worsened	Adjusted average Post-Op Q score	Adjusted average Health Gain	Standard Deviation of adjusted Health Gain
England	ENGLAND	14,066	0.318	0.770	0.453	12,491 (88.8%)	751 (5.3%)	824 (5.9%)	0.770	0.453	0.239
Provider	ONE HEALTHCARE (AVQ)	57	0.416	0.806	0.390	50 (87.7%)	3 (5.3%)	4 (7.0%)	0.746	0.428	0.217

Total Hip Replacement – EQ VAS – One Healthcare

Organisation level	Organisation name	Modelled records	Average Pre-Op Q Score	Average Post-Op Q Score	Health Gain	Improved	Unchanged	Worsened	Adjusted average Post-Op Q score	Adjusted average Health Gain	Standard Deviation of adjusted Health Gain
England	ENGLAND	13,328	60.629	74.716	14.087	9,145 (68.6%)	1,190 (8.9%)	2,993 (22.5%)	74.716	14.087	16.887
Provider	ONE HEALTHCARE (AVQ)	53	59.679	74.642	14.962	36 (67.9%)	7 (13.2%)	10 (18.9%)	71.893	11.264	14.431

Total Knee replacement - Oxford Knee Score – One Healthcare

Organisation level	Organisation name	Modelled records	Average Pre-Op Q Score	Average Post-Op Q Score	Health Gain	Improved	Unchanged	Worsened	Adjusted average Post-Op Q score	Adjusted average Health Gain	Standard Deviation of adjusted Health Gain
England	ENGLAND	17,803	19.212	36.027	16.815	16,712 (93.9%)	195 (1.1%)	896 (5.0%)	36.027	16.815	8.570
Provider	ONE HEALTHCARE (AVQ)	106	21.411	37.084	15.673	96 (90.6%)	1 (0.9%)	9 (8.5%)	35.457	16.246	8.223

Total Knee Replacement – EQ-5D Index – One Healthcare

Organisation level	Organisation name	Modelled records	Average Pre-Op Q Score	Average Post-Op Q Score	Health Gain	Improved	Unchanged	Worsened	Adjusted average Post-Op Q score	Adjusted average Health Gain	Standard Deviation of adjusted Health Gain
England	ENGLAND	17,021	0.411	0.734	0.323	13,777 (80.9%)	1,545 (9.1%)	1,699 (10.0%)	0.734	0.323	0.233
Provider	ONE HEALTHCARE (AVQ)	98	0.475	0.774	0.299	80 (81.6%)	6 (6.1%)	12 (12.2%)	0.730	0.318	0.183

Total Knee Replacement – EQ VAS – One Healthcare

Organisation level	Organisation name	Modelled records	Average Pre-Op Q Score	Average Post-Op Q Score	Health Gain	Improved	Unchanged	Worsened	Adjusted average Post-Op Q score	Adjusted average Health Gain	Standard Deviation of adjusted Health Gain
England	ENGLAND	16,181	65.472	72.841	7.369	9,528 (58.9%)	1,775 (11.0%)	4,878 (30.1%)	72.841	7.369	16.470
Provider	ONE HEALTHCARE (AVQ)	86	69.198	76.000	6.802	51 (59.3%)	7 (8.1%)	28 (32.6%)	73.241	7.769	16.362

Other Clinical Indicators

Unplanned Readmissions

Source: Clinical Dashboard

An unplanned readmission is where a patient, who has been previously treated in hospital, has to return to the same hospital as an emergency within 28 days of being discharged for a problem related to their original treatment. Common reasons include bleeding, infections, or other complications requiring further surgical intervention.

The reasons for readmission can be complex.

Unplanned readmissions can be a good indicator of patient safety at a hospital.

During the period April 2024 to March 2025, we saw 33 readmissions to our hospitals. No trends of concern were identified, with readmissions being due to varied reason, with a smaller number requiring further surgery.

Returns To Theatre

Source: Clinical Dashboard

All hospitals closely monitor their patients post-surgery to ensure that if any issues do arise, they can intervene quickly.

An unplanned return to the operating theatre (theatre) means a patient who has already undergone a surgical procedure returns to the theatre for a second operation due to complications or unexpected issues arising from the initial surgery. The value of the measurement is to detect trends that emerge in relation to a specific operation or specific surgical team.

In this reporting period we saw a total of 26 patients requiring a return. On each occasion the incident was thoroughly investigated, with no concerning trends identified.

Other Clinical Indicators

Transfers

Source: Clinical Dashboard

None of our sites have the facilities to provide Level 2 critical care as we do not have Intensive Care or High Dependency units. If patients require a higher level of care, they will be transferred via the Service Level Agreements we have with NHS Trusts and Critical Care Networks.

We saw a total of 20 transfers in 2024/25.



VTE Risk Assessments

Source: Audit Outcomes

Venous Thromboembolism (VTE) is a significant patient risk after surgery. The first step in preventing an adverse event from VTE is to identify those at risk so that preventable treatments can be used. We audit our patient notes on a monthly basis. Across our sites we reach a compliance level of between 95 – 100% in these audits of patient risk assessment being undertaken. We saw a total of 6 patients being diagnosed with either a DVT or PE during this period.



Surgical Site Infections

Source: Clinical Dashboard

A surgical site infection (SSI) is an infection that occurs at the site of a surgical incision or in deeper tissues involved in the procedure. SSIs are a common cause of hospital morbidity, leading to prolonged hospital stays, increased costs and potentially higher mortality rates.

As we were over reporting this indicator, during 2024 we reviewed our surveillance and reporting methodologies, ensuring compliance with national guidelines. We now review potential SSIs with our Consultant Microbiologist. In this reporting period we saw 23 confirmed SSIs.

Patient Safety Incident

Patient Engagement

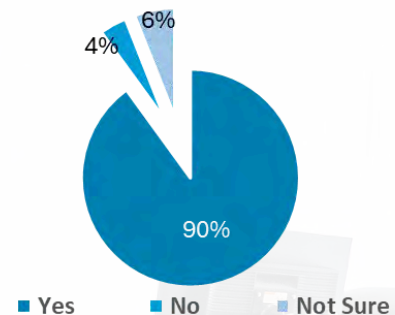
The Patient Safety Incident Response Framework (PSIRF) encourages organisations to learn more from incidents and event trends through local learning responses, and less through formal investigations, but Patient Safety Incident Investigations (PSII) may be undertaken when significant patient safety risks and/or the potential for new learning are identified.

Partnership between patients and their clinical teams are fundamental, enabling collaboration to maximise patient safety and outcomes and ensuring a sharing of decision making. Engagement with our patients should extend to learning from the lived experience of patients and families, collaborating to identify and resolve issues to ensure their healthcare journey remains on track. This is now fundamental to our learning responses as part of PSIRF.

Staff Engagement

Staff engagement is also a core element of the PSIRF and is crucial for effective learning and improvement after a patient safety incident. The PSIRF emphasises the importance of compassionate engagement and involvement of all affected parties, including the staff who were involved. Under our Patient Safety Incident Response Plan we have nominated Patient and Staff Engagement Leads, who are tasked with engaging with both the patient, their family and the staff involved as early as possible in the process of investigating and learning from these events.

Are you encouraged to report errors, near misses or incidents?



Improving safety through communication

Phoenix Hospital Group has several processes in place to support the identification of patient risk and sharing the learning from patient safety incidents

Safety Huddles either face-to-face or virtual are part of our daily routine. Staff identify and share potential risks that may impact our clinical services, discuss and agree mitigation to reduce these risks to minimum.

In addition, daily reviews are undertaken of planned admissions to ensure that patients due to be admitted have been thoroughly assessed and all processes are in place for a safe and efficient patient journey through our services.

Our Chief Pharmacist and central governance team also send out any alert bulletins should there be an immediate need for communication of group wide risks and actions required.

Communicating learning from incidents, complaints and audit outcomes

All local teams undertake a daily review of patient safety events that have occurred overnight, with a more in-depth review being undertaken weekly. In addition, the medical leadership, central governance team, and local Directors of Clinical Services undertake an interrogation of the incidents that have occurred the previous week, to identify improvement actions or further investigations that may be required.

Briefings are disseminated to teams on learning from specific Patient Safety Incident Investigations (PSIIs) and other patient safety events.

Group wide summary of patient safety incidents

All of our sites now use the same electronic incidents management system, Vantage-Sentinel. This has allowed us to analyse and report this data more consistently.

During this reporting period a total of 1250 incidents and near misses were logged onto the system, of which 4 were categorised as severe harm.

Two deaths occurred within 28 days of the patients visiting our outpatient sites.

Neither of these deaths related directly to the care undertaken in the site and surgery was not conducted on these patients.

No harm	629
Low harm	282
Moderate	97
Severe	4
Death	2
Near Misses	236
Total incidents	1250

Each incident that is logged is triaged under our PSIRF plan with proportional investigations undertaken to understand the learning and quality improvement opportunities.

Patient Safety Incident Investigations (PSIIs)

During 2024/25 we have undertaken 3 level 1 investigations as PSIIs.

Areas of quality improvement identified from the PSII reports have included the following:

- As a result of intraoperative complications during complex gynaecological surgery we have introduced a mini MDT to determine complexity and size of fibroids, enabling safe removal or referral to specialist services for complex surgery
- In order to clarify accountability and duty of care for patients under one of our NHS Gynae pathways of care we paused this pathway until we had established patients were being booked via the NHS Integrated Gynae service to ensure comprehensive follow-up
- Following an emergency in one of our theatres, we reviewed the storage locations of less frequently used equipment, to ensure that all staff would be able to immediately access all the equipment needed during these types of events

A notifiable patient safety incident is an incident which is unintended or unexpected and in the reasonable opinion of a healthcare professional, already has, or might result in death, or severe or moderate harm to the person receiving care. This is a legal requirement requiring NHS organisations to:

- have a face-to-face discussion and offer an apology to the patient or relevant person following a safety incident resulting in moderate harm or above
- provide written communication following the face-to-face discussion with the patient, to include: an account of the known facts about the incident, details of any enquiries to be undertaken, the results of any enquiries into the incident and an apology.

The aim of this regulation is to ensure health service bodies are open and transparent when an incident happens. Duty of Candour can make an important contribution to creating a culture of openness and honesty which always places the safety and the needs of the patient and family above the reputation of the organisation.

Phoenix Hospital Group tracks each incident for the requirements under professional and statutory Duty of Candour to ensure we comply with this legal requirement.

Never Events

The NHS Never Events list provides an opportunity for commissioners, working in conjunction with trusts, to improve patient safety through greater focus, scrutiny, transparency and accountability when serious patient safety incidents occur. Nationally the most reported Never Events relate to retained surgical items, wrong site surgery, and wrong implants.

Phoenix Hospital Group reported no Never Events during 2024/5.

Duty of Candour

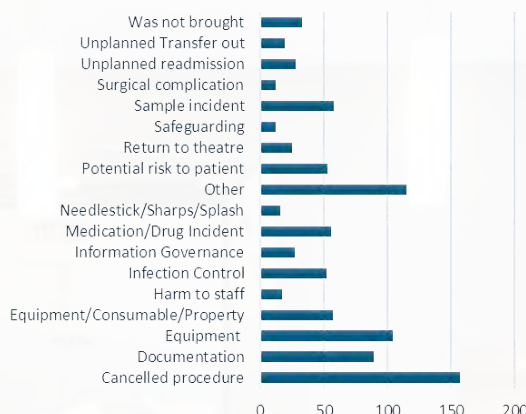
Duty of Candour applies to notifiable patient safety incidents

Themes and trends from other patient safety incidents

During 2024/25 the most common logged incidents related to equipment, test samples and cancellations.

We are undertaking a programme of centralisation of contracts across the Group and aim to have one service provider for our sterilisation of instrumentation and the servicing of our equipment.

Most common incident by category - 2024/25



Patient Experience

Source: Inpatient HWA reports

We are committed to putting patients, carers and families at the heart of everything that we do, which is reflected in our patient experience scores.

Inpatient key measures

Measure	WSH	OAH	OHH	PHC
Patients said they would either be 'Extremely likely' or 'Likely' to recommend.	99.2%	99.5%	99.4%	99.1%
Patients answered 'Yes, always' when asked if they had confidence and trust in the nurse treating them.	99.5%	99.5%	98.2%	99.6%
Patients answered 'Yes, always' when asked if they were treated with respect and dignity.	99.2%	99.2%	98.6%	99.1%
Patients answered 'Yes, definitely' when asked if they had confidence their Consultant would deliver appropriate care.	99%	99.5%	99.4%	99.1%

		April 2024		May 2025	
Doctify Reviews		Number of reviews	Average score	Number of reviews	Average score
Weymouth Street Hospital		181	4.73	225	4.76
9 Harley Street		444	4.83	598	4.82
25 Harley Street		516	4.82	699	4.81
Phoenix Hospital Chelmsford		51	4.86	63	4.8
One Hatfield Hospital		272	4.84	515	4.84
One Ashford Hospital		355	4.87	1032	4.85

		April 2024		May 2025	
Google Reviews		Number of reviews	Average score	Number of reviews	Average score
Phoenix Hospital Group		397	4.7	585	4.7
Weymouth Street Hospital		133	4.5	210	4.5
9 Harley Street		32	4.3	32	4.3
25 Harley Street		36	4.3	35	4.3
Phoenix Pathology		5	4.2	5	4.2
Phoenix Hospital Chelmsford		44	4.5	57	4.6
One Hatfield Hospital		190	4.2	287	4.3
One Ashford Hospital		213	4.6	372	4.7

In the case where we receive a negative review, this is discussed with the appropriate team members before responding and we aim to contact the reviewer so we can talk through their concerns and address the issue. All feedback, from whatever source, is sent to the relevant clinical service area and helps to drive quality improvement.

5 star feedback received

- "I had an operation two weeks ago and the care that was given to me was beyond exceptional"
- "Great professional conduct and punctuality with my appointment. I was very impressed with their staff, I would highly recommend their services"
- "A first class patient experience! Friendly, helpful and professional staff who were only too happy to try and answer any questions that I had"
- "The overall experience was simply superb. I felt cared for all the time."

Areas of Quality Improvement

Phoenix Hospital Group uses a systematic, data-driven approach to drive our quality improvement activity, with the aim of enhancing the quality and safety of care.

Our data has driven some of our improvement actions, which have included:

- A review and alignment of our pre-assessment processes, so that all risks are identified and patients are optimised prior to their surgery. These improvements are to ensure that we reduce the number of occasions where patients are inconvenienced by cancellations that occur on the day of surgery.
- A focus on and improvement of our processes relating to the processing of blood samples, coupled with a review of the service with a number of our contracted laboratory service providers, to ensure samples that are sent are received and processed appropriately.

Our Commitment

It is important to us that we ensure that our patients' thoughts and observations about their care and treatment are heard. We collect information about patient experience through several formal and informal mechanisms, including inpatient and out patient surveys. We also proactively use both Google and Doctify to collect feedback from patients.

We monitor each of these platforms daily and respond accordingly. We do an overall analysis of Google and Doctify reviews each month as part of a monthly report to the Executive which monitors the number of reviews and the changes in review score. An analysis is then carried out and if any downward trends are identified remedial action is taken and any learning identified. In addition to Google and Doctify, any reviews or comments that we receive through our social channels primarily Facebook and Instagram are monitored and responded to in a similar way.

Safeguarding Vulnerable People

Phoenix Hospital Group continues to work to enhance safeguarding practice and standards across the organisation to protect our most vulnerable patients and to continue to develop and embed a culture that puts safeguarding at the centre of care delivery.

Our key achievements this year have included:

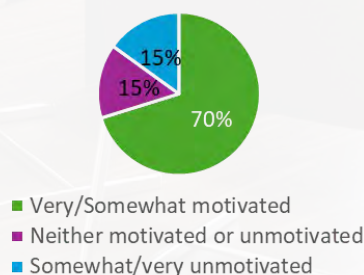
- Ensuring we have a level 5 trained Safeguarding Lead on the Executive Team
- Updating our group-level policy in relation to protecting both adults and children within our services

Our Staff

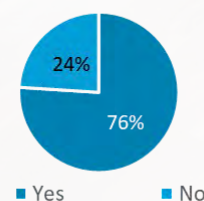
Across our services we employ 384 staff, 208 of which are clinical and 176 are non-clinical staff members. In 2024 we undertook our staff survey, with 49.5% of staff responding. We found of those who did respond, 70% feel motivated within their roles, to undertake what is expected of them.

We have many modes of communication to ensure we are able to keep our staff up to date and found that 76% of staff who responded found these methods effective.

How motivated do you feel to perform in your role?



Are the forms of communication effective for internal updates (newsletters, intranet, CQC Bites, bulletin boards etc)?



Infection Prevention & Control (IPC)

The prevention of and reduction of Healthcare Associated Infections (HCAIs) remains one of our key priorities. We always strive to ensure every patient is afforded high standards of IPC and that the primary consideration in delivery of care is safety. This includes the mandatory reporting of:

- Clostridioides difficile infection
- Methicillin sensitive Staphylococcus aureus (MSSA) blood stream infections
- Methicillin resistant Staphylococcus aureus (MRSA) blood stream infections
- Escherichia coli (E. coli) blood stream infections
- Klebsiella blood stream infections
- Pseudomonas blood stream infections



We are pleased to be able to report that there were no incidence of these reportable infections in 2024/25.

Our staff are assured in their IPC activities through the support of Infection Prevention Solutions (IPS) our expert advisors and our consultant Microbiologists. Independent annual audits are undertaken by IPS to shine a light on any areas of improvements that have not been picked up through our internal audit activities. In 2024/25 the compliance scores remained extremely high.

Considerable focus has been applied to our water safety agenda this past year which will continue into 2025/26.

The table below demonstrates the overall scores attained by the sites during their annual independent IPC audits.

These scores include assessments of operational standards including elements of Governance and Assurance, the clinical environment, clinical practice, hand hygiene, sharps, linen and waste management and decontamination of the environment.

In addition to this independent audit, we undertake regular monthly audits for compliance with hand hygiene standards, safe sharps management and appropriate disposal of clinical waste. Scores have remained high, however an area for a quality improvement drive, has targeted our sharps management processes. Staff have been found to be using sharps bins inappropriately, disposing of incorrect waste into these contains. Notices were placed on bin lids, which resulted in improved audit scores.

Site	Score
One Ashford Hospital - Theatre	92%
One Ashford Hospital - Wards	87%
One Ashford Hospital - OPD	92%
One Hatfield Hospital - Theatre	98%
One Hatfield Hospital - Wards	98%
One Hatfield Hospital - OPD	98%
Phoenix Hospital Chelmsford - Theatre	85%
Phoenix Hospital Chelmsford - Wards	89%
Phoenix Hospital Chelmsford - OPD	92%
Weymouth Street Hospital - Theatre	99%
Weymouth Street Hospital - Wards	99%
9 Harley Street	96%
25 Harley Street	95%

All our staff undertake mandatory eLearning in Infection Prevention and Control (IPC), at levels relevant to their roles. Staff training compliance in January 2025 was reported at 91%.

Any IPC related incidents are reported on our electronic incident reporting system. This allows us to monitor potential surgical sites infections, sharps injuries and any reported outbreaks. We are able to report that there were no outbreaks of infections during 2024/25.

Learning outcomes from a review of these incidents has lead us to standardise our approach to potential SSI reporting, by implementing a regular review of reported wound infections, to ensure these are categorized and reported correctly. Although our number of sharps injuries are low, we are also undertaking a review of the Post Exposure Prophylaxis treatments that are held on several of our sites.

Learning from Audit Outcomes

During 2024 we started work on developing a Group-wide Clinical Audit Programme, to standardise the approach to audit and allow more effective bench marking. This development work will continue on during 2025.

Our sites continue to undertake audit activities set by their own local audit schedule, outcomes of which are shared at local Governance Committees.



With the continuing growth of our diagnostic imaging and health screening services, we recognise that our audit schedules vary considerably. We have appointed a new Group-level Diagnostics Lead and commenced a regular Community of Practice meeting, where our operational managers can meet to standardise and share best practice. This forum will lead on developing and implementing a group-level audit schedule for all of our diagnostics and preventative health services.

- We have seen on occasion our sharps safety audit scores dip, due to varied practice. We will be standardising the audit tool in use, but have also increased staff training around correct disposal and labelling of sharps bins. We have also reviewed our local protocols for responding to staff sharps injuries and are looking to standardise our approach to staff accessing Post Exposure Prophylaxis treatment.
- Three of our sites have on-site pharmacies. These staff, together with the clinical staff on the wards, undertake an extensive range of audits to ensure safe practice and management of medicines. We have already reviewed and updated our audit tool for monitoring Controlled Drug practices and in 2025 we will be standardising our audit of antimicrobial prescribing.
- Due to a medical records spot audit undertaken across our outpatient services, we have now developed and rolled out a regular audit to monitor documentation.

Complaints

Source Complaints Log

We continue to seek every opportunity to listen to patients' and key stakeholders' feedback, including concerns and complaints. We consider these as opportunities to improve the care and services we provide.

Anyone can raise a concern or make a complaint about care

We follow the 3 stage process for investigating complaints and have membership with the Independent Sector Complaints Adjudication Service (ISCAS) for escalation and external review.

We aim to provide an accessible, fair and effective process for anyone who wishes to voice concerns regarding their care. These are initially dealt with at department level to resolve wherever possible. Patients have the option to raise their concerns more formally through the stage one complaints process. We aim to resolve complaints at this stage.

Of the 120 formal complaints received between April 2024 and March 2025, 4 were escalated to stage two, with an internal and independent review taking place. Only 2 were then escalated to the Independent Sector Complaints Adjudication Service (ISCAS) for independent adjudication. Every complaint, whether formal or informal is investigated thoroughly with the aim of providing a full and open response to all issues that are raised. The table below shows the number of formal and informal complaints received during 2024/25.

Site	Formal	Informal
One Ashford Hospital	47	37
One Hatfield Hospital	19	30
London Campus and Phoenix Hospital Chelmsford	54	18
Total	120	85

Complaints - most common themes - 2024/25



What have we learnt:

- Our Stage 3 complaint recommended that we review our full complaints policy. We currently have varied processes across the different sites within our Group. This will be a key focus for us during 2025.
- In order to better understand and use the data we receive from complaints we have aligned all sites to use one common platform to log and monitor the management of our complaints.
- A number of patients will always raise concerns around the billing and payment process. This demonstrates the importance of being clear and open about charges and payment process when we first engage with our patients.
- Practicing privileges requires the self employed doctor to follow our policies including the complaints policy. Some patients do raise concerns relating to their engagement with their consultant and the care they receive. We work closely with our Consultants to involve them in the investigation and response to the complaints we receive.

An update from our sites

Weymouth Street Hospital

About the hospital

Weymouth Street Hospital opened in 2010, providing 17 luxury bedrooms, an in-house pharmacy, and 4 state of the art theatres, including one laminar flow theatre. We have invested in Myosure to support the development of our gynaecology services and continue to build on our Saturday services in theatres.

We had an unannounced inspection at the Weymouth Street Hospital from the CQC in 2024 which resulted in a positive report and our IPC audits scored 99% with our Clinical audits scoring 4.8 out of 5.



There has been a stabilisation in our services supported with the appointment of a Director of Clinical Services to provide oversight on the Clinical teams across London. With the additional appointment of a regular bank team to minimise the use of agency in theatres as well as the appointment of the team into service leads. We have appointed a new Pharmacy as well as Dispensary Manager with the Pharmacy department.

The level of satisfaction amongst our consultants remains strong with our existing consultant body remaining loyal and new consultants starting to work at the Weymouth Street Hospital. From a patient satisfaction perspective, we continue to get excellent feedback from our patients on our monthly HWA reports. Our Score on Doctify is 4.75 and 4.5 on Google Reviews.

Outpatient Sites 9 and 25 Harley Street

9 Harley Street

9 Harley Street consists of outpatient consulting and imaging including MRI, CT and Ultrasound. Our main areas of specialty include ENT, Cardiology, Urology, plastic and cosmetics, pain management and physiotherapy clinics



25 Harley Street



25 Harley Street also provides outpatient and diagnostics with a dedicated imaging suite, including a DEXA and X-ray facilities. These are ophthalmology, dermatology, gynaecology, men's health and fertility, women's health and cosmetic consultations. Phoenix Pathology, our quality-assured multidisciplinary laboratory is located in the basement of 25 Harley Street and underwent its UKAS inspection with no concerns found.

The last year has resulted in some changes in the operational composition within the buildings. We now have a Head of Outpatient Services managing the outpatient clinical nursing team. There has been an appointment of a new Imaging Manager with the previous manager taking on a group position to ensure better cohesion and oversight on diagnostic development across the Group. The Patient Services Manager extended her operational remit and now manages the bookings as well as the administrative teams which has improved processes. We are now using Doctify and Google as the feedback mechanisms for our outpatient services, our scoring on Google Reviews is 4.7 (out of 5) and Doctify for 9 and 25 Harley Street is 4.81 (out of 5) which shows a very high level of satisfaction with the services being provided.

We have continued to invest in the fabric of the business with all the consulting rooms in 9 Harley Street, with the exception of the 2nd floor, being refurbished and the purchase of a new Canon Ultrasound based upon the recommendations of the main key users. From a commercial perspective, we have continued to increase our Health Screening patient numbers. We have also grown and broadened the number and type of services offered in gynaecology with one of our consultants now providing an Endosure Service.

Phoenix Hospital Chelmsford

Phoenix Hospital Chelmsford in Chelmsford, Essex, offers a comprehensive range of healthcare services, conducted by specially chosen healthcare specialists, selected for their experience and expertise including our newly dedicated Mohs and Skin Cancer Clinic and also our new MRI service, extensive Health Screening packages and Paediatric services.



In 2024, Phoenix Hospital Chelmsford strategically shifted focus from low-margin self-pay plastics to expanding our outpatient and diagnostic services. Key additions — including Paediatrics, Mohs surgery and MRI capability have made a significant impact.

In 2025, we've seen a surge in outpatient footfall, with a record 11 clinics running in one day. This growth has driven increased demand in diagnostics, leading to the expansion of our MRI service to two days a week from June 2025 and Paediatric MRI on the horizon, along with ongoing development in Ultrasound and X-ray capabilities.

Our paediatric service continues to thrive — even earning praise from our own paediatricians as a standout success as well as some patient feedback to be proud of. We've also marked milestone procedures including our first Cataract surgeries and Allurion weight loss balloon placements. With more services in sight, we remain committed to delivering comprehensive, high-quality care for our local community and beyond.

One Hatfield Hospital

One Hatfield Hospital is an 18 bedded elective inpatient unit located on Hatfield Business Park, offering a full range of surgical procedures and treatments. The hospital also provides specialist physiotherapy and outpatient diagnostic facilities including fast-track access to X-ray, MRI, ultrasound and CT.



Over the course of the past year, we have seen positive growth in all areas of the business both surgically and in outpatients. We continue to offer a wide variety of GP coverage for appointments across the site, to help support our surgical and non-surgical growth. We have also introduced “Live Chat” element to assist in dealing with patient queries and issues, as another resource to support our patients.

We are proud to report that our Overall Patient feedback consistently surpassed target for “Friends and Family Recommendation” at 99%. We received a 5* EHO Food Hygiene Certificate at the start of Jan-24, and continue to see such outstanding feedback in our catering and overall patient facilities.

Other service and quality improvements this year have included:

- We recently started providing PRP injections as a further addition to our offering.
- Across Paediatrics, we do a large variety of allergy testing. We entered into partnership with OSD Healthcare for CT to help assist patients when in need.
- We have a fully embedded PSIRF across all areas of the hospital and have a strong reporting and learning culture.
- We continue to see patients choosing our popular variety of packages for health screens.



One Ashford Hospital

One Ashford Hospital is an elective inpatient facility encompassing 20 en-suite patient rooms and 6 individual day procedure rooms. These facilities are further supported by a modern operating theatre suite catering for a range of surgical procedures and treatments. One Ashford also provides specialist physiotherapy services alongside outpatient diagnostic facilities including X-Ray, MRI, including cardiac MRI, Ultrasound and endoscopy.





As we celebrate our ninth year since opening, One Ashford Hospital continues to grow from strength to strength, proudly supporting the expanding population of East Kent. Over the past 12 months, we have remained focused on our core surgical services while seeing significant growth in diagnostics. This includes MRI and Cardiac MRI, MSK ultrasound and injections, as well as our growing health screening packages and private GP services.

We continue to work in close partnership with our Consultants, Commissioners at Kent & Medway ICB, and East Kent Hospitals University Foundation Trust, supporting key initiatives such as elective recovery and waiting list reduction. Our engagement with local GPs remains strong, underpinned by a well-structured programme of CPD events, including monthly webinars and in-person educational sessions. We have also hosted a number of successful patient-facing events covering a range of important topics, including women's health, cardiology, and ENT.



Patient satisfaction remains consistently high, with 99% of our patients saying they would recommend us to friends and family. We gather regular feedback through a variety of platforms, including monthly surveys, Doctify and Google reviews, ensuring we listen, learn, and continually improve.

Our commitment to the community is stronger than ever. As members of the Invicta Chamber of Commerce, we actively contribute to local initiatives. Over the past year, we have proudly supported the Ashford Food Bank as our nominated charity by donating food, Easter eggs and surplus furniture for their new offices. We are also closely aligned with Canterbury Christ Church University, offering clinical placements for nursing, physiotherapy and theatre students. In addition, we are proud to be sponsoring our own staff through apprenticeship degrees, with current team members training to become nursing associates, radiographers, and operating department practitioners.

Each year, we refresh our strategy to reflect our vision for continuous improvement. This year, we have built our objectives around three core pillars: Safety, Systems, and Staff. Under this framework, we will continue to strive for excellence in delivering safe, patient-centred care. At the heart of our success is a dedicated, passionate, and highly skilled team with a genuine commitment to caring for every patient who walks through our doors. We remain proud to serve our community and look forward to building on this success in the year ahead.



PART FOUR

OTHER

INFORMATION

Statements of Assurance from the Phoenix Hospital Group Board

Information about the quality of these services is obtained from a range of sources. Phoenix Hospital Group considers that the data within our Quality Account to be accurate.

NJR Data Quality audit and three -tier NJR Quality Data Provider Awards 2025

These awards are based on a three-tier system: Gold, Silver and Bronze levels, to encourage all hospitals to strive to achieve the most excellent data quality standards. This enables only those who achieve the highest standards to receive the Gold level, giving them the greatest recognition for achieving excellence in supporting patient safety standards through their compliance with the mandatory NJR data submission quality audit process.

We are proud that all three of our sites who submit data were awarded the Gold level in 2024.

Clinical Coding

Clinical coding is the process of translating detailed patient medical information from records into standardized alphanumeric codes, like those used by the International Classification of Diseases (ICD-10).

These codes are crucial for data collection, research, payment in the NHS, and patient care planning.



The clinical codes are entered onto Streets Heaver's Compucare which includes basic code validation. In addition to coding private activity for submission to PHIN, coding is completed for NHS funded activity from local NHS Trusts and ICBs. Clinical Coding Audit is an essential component of our internal information governance regime.

Our annual audit is undertaken by accredited, experienced and registered NHS Digital approved Clinical Coding Auditors. The audit scope was 200 Finished Consultant Episodes (FCEs), selected from the period of completed activity May 2023 to October 2023.

The coding reviewed in this audit has achieved NHS Digital's Data Security and Protection Toolkit (DSPT) level Standards Exceeded. The coding reviewed was of an extremely high standard with the audit comfortably achieving Standards Exceeded in all four coding categories.

Participation in Clinical Audit

During this reporting period of April 2024 to March 2025, Phoenix Hospital Group participated in the national clinical audits and national confidential enquiries for which it was eligible to participate in.

The compliance data is outlined in the table opposite:

Name of audit / Clinical Outcome Review Programme	% cases submitted
Hip and Knee replacement Surgery - National PROMs Programme	All patients are asked to participate, response rates vary
National Joint Registry (NJR)	100%
National Breast and Cosmetic Implant Registry	100%

Coding Compliance

During this reporting period of April 2024 to March 2025, Phoenix Hospital Group participated in the national clinical audits and national confidential enquiries for which it was eligible to participate in.

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Summary of coding errors for One Ashford Hospital

% coded incorrectly			
Primary Diagnosis	Secondary Diagnosis	Primary Procedures	Secondary Procedures
0.50%	0.48%	1.02%	0.50%

% coded correctly				
Primary Diagnosis	Secondary Diagnosis	Primary Procedures	Secondary Procedures	Overall level of accuracy
99.50%	99.52%	98.98%	99.50%	Standards Exceeded

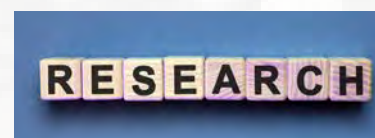
Summary of coding errors for One Hatfield Hospital

% coded incorrectly (including coder and non-coder errors)			
Primary Diagnosis	Secondary Diagnosis	Primary Procedures	Secondary Procedures
1.50%	0.91%	0.52%	1.39%

% coded correctly				
Primary Diagnosis	Secondary Diagnosis	Primary Procedures	Secondary Procedures	Overall level of accuracy
98.50%	99.09%	99.48%	98.61%	Standards Exceeded

Research

The number of patients receiving relevant health services provided or subcontracted by Phoenix Hospital Group in 2024/25 that were recruited during that period to participate in research approved by a research ethics Committee zero.



CQUIN (Commissioning for Quality and Innovation) Framework

Phoenix Hospital Group's income from April 2024 to March 2025 was not conditional on achieving quality improvement and innovation goals through the Commissioning for Quality and Innovation payment framework, as no CQUIN targets were set.

Care Quality Commission Inspections

Phoenix Hospital Group is required to register with the Care Quality Commission (CQC). Only one site continues to have an overall rating of "Requires Improvement" (from May 2022), with all other sites being rated as "Good".

Our site at 25 Harley Street has seen a change of staffing since the inspection in May 2022, and has undertaken a large programme of improvement to address the areas within diagnostic imaging, where evidence to support compliance with the standards had not always been available.

In February 2024, our acute surgical site at the Weymouth Street Hospital underwent an unannounced on site inspection. The CQC looked at three out of the five key questions, which were Safe, Effective and Well-led. All were rated "Good". No requirements were made and their comments included:

- There was a proactive and positive culture of safety based on openness and honesty, in which concerns about safety were listened to, safety events were investigated and reported thoroughly, and lessons were learned to continually identify and embed good practices.
- There were clear responsibilities, roles, systems of accountability and good governance. These were used to manage and deliver good quality, sustainable care, treatment and support.

The Care Quality Commission has not taken enforcement action against Phoenix Hospital Group in 2024/25.

Accreditations

Our laboratory based out of 25 Harley Street has UKAS accreditation (compliant with ISO 15189:2022 standards).

This requires compliance with the following Quality Indicators:

- Acceptable external quality assurance scheme reports
- Compliance with audit calendar
- Acceptable turn-around-times
- Within target errors and incidents
- Evidence of Monthly quality meetings and quality control review
- Staff CPDs completion
- >90% compliance with e-learning



Our Quality Objectives for 2025/26 include:

- Maintaining UKAS accreditation and be inspection ready
- Bring a new Hba1C analyser online
- IT connection with The Doctor's Lab to avoid transcription errors
- Address urgent IT risks that could halt the laboratories functions
- IT connection with third party software (Carebit) to enhance efficiency and avoid manual bookings

Secondary Uses Service

Phoenix Hospital Group submitted records during 24/25 to the Secondary Uses Service for inclusion in the Hospital Episode Statistics which are included in the latest published data. Our One Healthcare sites collect NHS numbers for patients from the NHS Summary Care Record accessed via a secure connection to the Health and Social Care Network. These are stored in our patient administration system CompuCare.

	Valid NHS Number	Valid General Medical Practice Code
Inpatients	80.48%	97.52%
Outpatients	66%	38%

Information Governance

Information Governance (IG) is a framework that defines how an organisation manages and uses all of its information, especially personal and sensitive data, ensuring information is handled legally, securely, efficiently and effectively, as well as complying with relevant regulations like the GDPR and the Data Protection Act 2018. Our goal is to maximise the value of information while minimising risks and ensuring its availability and integrity.

Our policies have been updated to help staff better understand how to protect patient information, ensuring that data is kept safe, accurate, and only accessed by those who need it to deliver care.



Our governance arrangements a corporate Information Governance Committee that provides oversight. Key roles that support these activities include the Caldicott Guardian, who is responsible for the security of patient information, the Senior Information Risk Owner and Data Protection Officer.

IT platform improvements and data quality

We have invested in strengthening our IT infrastructure by moving One Healthcare onto the same managed IT service already used by Phoenix Hospital Group. This has allowed us to upgrade our systems, improve security and increase system reliability. The next phase of this work is to fully integrate both hospital groups onto a single IT platform. This will ensure all sites benefit from the same high standards of security, performance and access to shared digital tools that support patient care and operational efficiency.

Information Related Incidents

The Information Commissioner's Office (ICO) has had the powers to fine organisations since 2010 and Phoenix Hospital Group has not incurred any fines to date. There have been no ICO reportable incidents during the period covered by these quality accounts. We have logged five information related incidents, which were reviewed with our external Data Protection Officer.

Cyber Security and Email Protection

This year, we improved our cyber security by implementing a number of IT tools across our organisation. Microsoft Defender protects us from cyber threats such as spam, phishing and malware. This provides enhanced protection across all our email and device platforms, reducing risk to patient data and operational services.

Electronic Patient Record (EPR) Integration

We have also continued to progress our work on building a joined-up Electronic Patient Record (EPR). This work has focused on integrating clinical and operational systems at our One Healthcare sites, improving data quality, reducing duplication and ensuring staff have access to accurate patient information when they need it. This integration supports safer, more efficient patient care and enhances our Information Governance by improving data handling across the patient pathway.

Having completed much of the groundwork at One Healthcare, our next step is to extend these improvements across the core Phoenix Hospital Group sites, allowing us to adopt a consistent approach across all hospitals.

Data Security and Protection Compliance

The Data Security and Protection Toolkit (DSPT) is a legal framework under which organisations must assess themselves against Department of Health and Social Care policies and standards. We submitted our Data Security and Protection Toolkit online self-assessment in June 2024.



This tool allows us to measure our performance against the National Data Guardian's 10 data security standards. Our 2024 annual Data Security and Protection (DSP) toolkit submission met all requirements.

Staff Training

At Phoenix Hospital Group, we prioritise patient safety above all else. To ensure we consistently deliver the highest quality care, we have made a significant investment in comprehensive training programs for all of our staff

We believe that well-trained staff are the foundation of exceptional patient care. Our training ranges from e-learning, virtual workshops to in person hands on learning. Each year, we review our training matrix to ensure we are up to date with best practice, national guidelines and mandatory requirements. We partner with accredited training providers to ensure high quality, bespoke and relatable teaching. We have received exceptional feedback from staff about our main training provider; Middlesex University. We continue to work with Middlesex University into 2025 and develop more onsite and virtual training based on clinical needs.



Other key elements of training this year have included a focus on mental health awareness, meeting the needs of patients with learning disabilities, understanding mental capacity and the use of Deprivation of Liberty Safeguards. These subjects are all included within our mandated eLearning for all staff, but in addition we have undertaken a number of focused CQC bites sessions on these subjects, which has been open to all staff across the organisation.

The Learning and Development Committee

The Learning and Development Committee forms part of our corporate committee infrastructure and is responsible for reviewing and approving non-mandatory training and development requests submitted by staff members. This committee ensures that the proposed training aligns with the hospital's strategic goals, contributes to professional growth, and enhances patient care. They evaluate factors such as the relevance of the training to the employee's role, the potential return on investment for the hospital, and the availability of resources. Training contributes to staff retention and also overall staff satisfaction when they feel that the company is investing in their future and professional growth. Phoenix are passionate about developing from within and the Learning and Development committee is just one way this is shown. Over 20 additional training requests were approved by this Committee in 2024.



Sexual Safety Training

As of 26 October 2024, the Worker Protection (Amendment of Equality Act 2010) Act 2023 introduced a legal duty for employers to take reasonable steps to prevent sexual harassment in the workplace.

While Phoenix already had bullying and harassment training in place, we worked with our eLearning provider to ensure that the legal requirements were fully met and a new module has been introduced to include a dedicated section towards sexual safety education. Phoenix has a zero tolerance policy for harassment of any nature and endorses many avenues for staff to safely speak up about concerns.

Across all Phoenix there were **354 completions** of this module in 2024

Together
for sexual safety



PART FIVE

FEEDBACK FROM

OUR

COMMISSIONERS

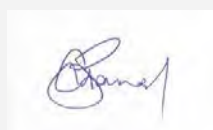
NHS Hertfordshire and West Essex Integrated Care Board (HWE ICB) response to the Quality Account of Phoenix Hospital Group - One Hatfield Hospital for 2024/2025.

NHS Hertfordshire and West Essex Integrated Care Board (HWE ICB) welcomes the opportunity to provide this statement on the Phoenix Hospital Group – One Hatfield Hospital Quality Account for 2024/25. The ICB would like to thank One Hatfield Hospital for preparing this Quality Account, developing future quality priorities, and acknowledging the importance of quality at a time when they continue to deliver services during ongoing challenging periods. We recognise the dedication, commitment and resilience of staff, and we would like to thank them for this.

HWE ICB is responsible for the commissioning of health services from One Hatfield Hospital. During the year the ICB has been working closely with One Hatfield Hospital in gaining assurance on the quality of care provided to ensure it is safe, effective, and delivers a positive patient experience. In line with the NHS (Quality Accounts) Regulations 2011 and the Amended Regulations 2017, the information contained within the Quality Account has been reviewed and checked against data sources, where this is available, and confirm this to be accurate and fairly interpreted to the best of our knowledge.

The ICB acknowledges One Hatfield Hospital for their dedication in implementing the Patient Safety Incident Response Framework (PSIRF), strengthening how the NHS learns from patient safety incidents to enhance care and outcomes. We will continue our joint working with One Hatfield Hospital and system partners as part of continued progression with PSIRF and the National Patient Safety Strategy and recognise that evidencing key principles such as compassionate engagement, proportionality, and system-wide approaches will be vital to ensure its ongoing success.

Looking forward to 2025/26, the ICB supports One Hatfield Hospital's quality priorities, and we look forward to a continued collaborative working relationship, including through building on existing successes and collectively taking forward needed improvements to deliver high-quality services for this year and thereafter.



Carolanne Brannan
Deputy Director of Nursing and Quality
Hertfordshire and West Essex ICB

Dr Jane Halpin, Chief Executive

Rt. Hon. Paul Burstow, Chair

Private and confidential

Andrew Barker
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Sent via email Samantha.james@onehealthcare.co.uk

3rd July 2025

Email: paul.lumsdon6@nhs.net

www.kentandmedway.icb.nhs.uk

Kent and Medway Integrated Care Board – Phoenix Hospital Group – One Ashford Hospital Quality Account 2024/2025 Comments

Dear Andrew,

We welcome the Quality Account for the Phoenix Hospital Group including the One Ashford Hospital within Kent and Medway. Kent and Medway Integrated Care Board (ICB) confirm that this Quality Account has been produced in line with the national requirements.

The annual account demonstrates a clear overview of the quality of care in your key focus areas, highlighting improvements in safety, effectiveness, and patient experience. The report has a clear flow that would be easy to follow for members of the public.

We were pleased to see your progress with your quality priorities from 2024/2025, particularly the embedding of Patient Safety Incident Response Framework (PSIRF) and its associated workstreams. We highly commend you for clear PSIRF development plans which show your transparency and cultural openness in recognising and discussing challenges. Your plan to recruit Patient Safety Partners and engage in future with patients and listening to feedback to improve patient safety highlights clear strong understanding of PSIRF.

We were delighted to see you have rolled out an improved mandatory training matrix and demonstrating high compliance levels in line with your new training matrix. We are pleased to note your ongoing commitment to adopting a 'Just Culture' approach to your incident and complaints processes.

We commend your choice of quality priorities for 2025/2026. We welcome your focus to enhance the delivery of your pharmacy services, optimising your staffing, audit and extending your offering for outpatient pharmacy services. We are pleased to see you remain committed to reducing your environmental impact by promoting more sustainable use of anaesthetic gases. We are delighted to note you intend to optimise your quality improvement programme, through maximizing the learning you identify from your engagement with patients and their feedback through surveys, forums and complaints to improve patient experience.

We celebrate your objectives around your three core pillars, safety, systems and staff. You have set clear priorities for the coming year, aligned to the aims of the organisation's strategy, objectives and values as an organisation. We invite you to update us on your progress with your quality priorities through schedule 4 quality reporting in 2025/2026.

We would also like to thank you for your ongoing engagement at Contract Management Meetings and continuing our collaborative partnership for the population of Kent and Medway.

Yours sincerely



Paul Lumsdon
Chief Nursing Officer
NHS Kent and Medway ICB

Chair | Cedi Frederick
Chief Executive | Paul Bentley

Together, we can



www.kentandmedway.icb.nhs.uk