

Quality Account  
2011/12



Spire Healthcare

# About Spire Healthcare

Spire Healthcare is a group of 37 private hospitals, London Fertility Centre, The Insight Network and ten clinics. We offer elective surgery and medical services to privately insured, self-pay and NHS patients.

We are extremely proud of our 28-year heritage of providing healthcare services and of our values as an organisation:

## **Excellence**

- In clinical quality, customer service and cleanliness of our hospitals

## **Experience**

- Delivering quality healthcare and expertise in private healthcare. We are trustworthy, safe and dependable

## **Integrity**

- In everything we do, we believe in being honest and genuine

## **Accessible**

- To our patients, always available, not elitist

## **Inclusive**

- To everyone and easy to do business with

## **Aspiring**

- We are innovative, dynamic, vibrant and always looking to the future

# Our hospitals and clinics

## Scotland

Spire Livingston Clinic  
Spire Murrayfield Hospital (Edinburgh)  
Spire Shawfair Park Hospital

## The North West

Spire Cheshire Hospital  
Spire Fylde Coast Hospital  
Spire Liverpool Hospital  
Spire Manchester Clinic Hale  
Spire Manchester Hospital  
Spire Murrayfield Hospital (Wirral)  
Spire North Manchester Clinic  
Spire Regency Hospital

## Midlands

Spire Droitwich Clinic  
Spire Leicester Hospital  
Spire Little Aston Hospital  
Spire Malvern Clinic  
Spire Parkway Hospital  
Spire South Bank Hospital  
Perform St. George's Park\*

## Wales

Spire Abergele Consulting Rooms  
Spire Cardiff Hospital  
Spire Yale Hospital

## The South West

Spire Bristol Hospital

## The North East and Yorkshire

Spire Elland Hospital  
Spire Hull and East Riding Hospital  
Spire Leeds Hospital  
Spire Dewsbury Clinic  
Spire Methley Park Hospital  
Spire Newcastle Clinic  
Spire Washington Hospital

## East of England

Spire Cambridge Lea Hospital  
Spire Harpenden Hospital  
Spire Hartswood Hospital  
Spire Norwich Hospital  
Spire Wellesley Hospital

## London

Spire Thames Valley Hospital  
Spire Bushey Hospital  
Spire Gatwick Park Hospital  
Spire Roding Hospital  
London Fertility Centre  
Spire Windsor Clinic  
The Insight Network

## South East

Spire Alexandra Hospital  
Spire Clare Park Hospital  
Spire Dunedin Hospital  
Spire Montefiore Hospital (Brighton and Hove)\*  
Spire Portsmouth Hospital  
Spire Southampton Hospital  
Spire St. Saviour's Hospital  
Spire Sussex Hospital  
Spire Tunbridge Wells Hospital  
Spire Whitstable Clinic

\* Under development

# Chief Executive's statement

In this, my first statement as Chief Executive, I am pleased to introduce our 2011/12 Quality Account. This gives an overview on the quality of services we provide for NHS patients, outlines how we performed against our priorities for improvement in 2011/12, and what our priorities are for 2012/13.

2011 was another year of improved results. Performance across key areas of our business – service quality, people, and reputation – yet again improved, clearly demonstrating the quality and depth across our organisation.

## Service quality

Delivering outstanding patient outcomes is the basis of everything we do.

I am proud to report that our strong clinical performance continued throughout the year. During 2011 there was not a single reported case of MRSA bacteraemia in our 37 hospitals. C. Difficile rates (0.8 per 10,000 beds days) were low and rates of unplanned readmissions (0.3%), returns to theatre (0.2%) and unplanned transfers (0.05%) all continued at historically low levels.

Orthopaedics is a core service we offer, so it was particularly pleasing to be ranked as one of the best providers of hip and knee replacement surgery in England in the highly influential Dr Foster Good Hospital guide in 2011. Dr Foster gives comparative information about the performance of hospitals in England to consumers. This was the first time information from private hospitals has been included alongside the NHS.

## Reputation

Customer satisfaction is crucial to our success, whether that be from patients, their GPs or the consultants who treat them in our facilities. For the third year in succession we have seen improvements in all our key measures of satisfaction.

Consultants rating our services as 'excellent' or 'very good', increased from 71% to 77% in our annual survey, on a response rate that also rose. Our investment in the quality of the patient experience and our excellent clinical care has resulted in patient satisfaction levels also increasing. 91% of patients rate us as 'excellent' or 'very good'<sup>1</sup>. To me, this is a key measure of success.

Rob Roger

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“I am proud to report that our strong clinical performance continued throughout the year. During 2011 there was not a single reported case of MRSA bacteraemia in our 37 hospitals.”

<sup>1</sup> The percentage of patients who rated us 'excellent', 'very good' and 'quite good' in 2011 was 98%. Rating options include 'excellent', 'very good', 'quite good', 'poor' and 'very poor'.

We put GPs and consultants at the heart of our business and concentrate on being responsive to their needs. They choose to refer their patients to us and work in our hospitals. Building their trust in our facilities and care quality is crucial. This process is driven at a local level by each of our hospital directors.

### Service development

Our strategy over the last four years has involved significant investment across the company; in new facilities; hospital refurbishment; and state-of-the-art technology and equipment.

During 2011 we continued to invest, committing £44 million to a range of new developments and 'business as usual' improvements including:

- three new MRI and two new CT scanners (including a mobile CT scanner to serve five of our sites in the North West);
- Sterile Service Department upgrades at three sites;
- major IT upgrades and the move towards a new patient and finance administration system;
- the development of Progress, a new centre in Cambridge offering medical treatment and care to elite level athletes; and
- the acquisition of Lifescan, the UK's leading independent provider of CT health checks.

We have also committed to developing our 38th hospital – the £25 million Montefiore Hospital in Brighton and Hove – which is due to open in 2012.

Our strategy has also been to improve the quality and efficiency of core services while developing our capabilities in areas of higher complexity, such as cardiothoracic surgery, cancer treatments, neurosurgery and bariatric procedures. The ability to undertake complex procedures and deliver high acuity care is a key Spire competitive advantage.

We have expanded services in specialist areas such as cancer, pathology, fertility and mental health.

Cancer care has grown particularly strongly. We deliver cancer care across our hospital network and we are particularly pleased with the progress of our collaboration with Cancer Partners UK. Spire now offers a comprehensive range of state-of-the-art cancer treatments.

Spire Pathology Services is now one of the UK's largest networks of independent pathology laboratories, providing quality services for our hospitals as well as other independent and NHS customers.

# 77%

Consultants rating our services as 'excellent' or 'very good', increased from 71% to 77% in our annual survey

## Chief Executive's statement continued

We are developing our fertility services, centred on London Fertility Centre in Harley Street and IVF Scotland at Shawfair Park Hospital in Edinburgh. We will also look at further developing the Spire Fertility offering throughout the UK where we believe there is a demand and potential to grow our business.

We also developed The Insight Network, our mental health service of therapists, psychologists and psychiatrists offering evidence-based out-patient treatments.

### **People**

Our reputation is not only based on successful outcomes, it reflects the quality of our service, delivered every day of the year by our hospitals' management and staff. Consultants and patients appreciate this, with 95% and 97% of them respectively recognising that our staff go out of their way to make a positive difference.

Our annual staff survey continues to show high levels of staff engagement, with 74% of our staff participating in the survey in 2011. Key indicators such as satisfaction with levels of autonomy and control, satisfaction with the nature of work, and trust in managers, all achieved top scores, and in terms of external benchmarking are significantly above average.

### **The way forward**

Since we took ownership in 2007, we have concentrated on developing Spire through a clear focus on engaging consultants and GPs; investing in state-of-the-art facilities and equipment; developing dedicated teams of hospital managers and staff; and reaching world-class performance levels in everything we do to ensure high quality care and service for our patients.

Our performance, as demonstrated by our balanced scorecard, reflects our outstanding clinical quality. Patients trust and recommend us, consultants choose us, our staff are highly motivated and engaged, and every major private medical insurer (PMI) includes us in their core network. We have invested in improving capability, increasing complexity and building capacity.

Looking ahead to the next three years, our strategy is to build on all aspects of our successful development to date. We aim to maintain strong levels of growth through continued engagement with GPs and our consultant doctors, at the same time as maintaining a lean business model where we can continue to be efficient.



**Rob Roger,**  
Chief Executive

## Director of Clinical Services’ statement

Spire’s first and utmost priority is the safety and wellbeing of our patients. We are committed to delivering first class care. We do this through using up-to-date, procedure-specific care pathways for our patients, based on clear evidence of what works best for them.

### **Priorities for improvement 2011**

I am pleased to report that Spire Healthcare successfully met each of the three priorities for improvement set out in the 2010/11 Quality Account:

1. 91% of patients had a pain score recorded with every set of routine observations following surgery (with at least one score recorded in recovery)

2. Patient Reported Outcomes data (PROMS) published in February 2012 demonstrated that:

- Follow-up scores and risk adjusted health gain for hip replacement are above the national average
- Follow-up scores and risk adjusted health gain for knee replacement are above the national average

3. Spire staff completed an average of 7.1 online training modules each using our e-learning system

Our clinical strategy is to continue Spire’s transformation into a ‘high reliability’ healthcare organisation. We are constantly aware of how our systems and processes affect clinical outcomes: re-designing processes in order to remove unnecessary complexity; thoroughly analysing adverse events to constantly improve our delivery; and listening to the insights of those who know best: our patients, consultants and staff. This is especially relevant as we continue to develop new services such as fertility, mental health and sports medicine/ rehabilitation.

Exceptional healthcare is not simply delivered through technical capability. It must be complemented by attentiveness, kindness, compassion and attention to detail – characteristics that are valued and nurtured at Spire. Great clinical teams help deliver great clinical outcomes for patients. That is one reason why we have focused on driving down our use of agency staff (by 72%) over the past three years. Our experience shows that teams who regularly work together deliver the most effective care for patients.

Dr Jean-Jacques de Gorter

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“Our clinical strategy is to continue Spire’s transformation into a ‘high reliability’ healthcare organisation.”

## Director of Clinical Services' statement continued

Infection control is led by Spire's national Head of Clinical Services, advised by a specialist Consultant Microbiologist. Leadership for infection control is provided every day by our hospital Matrons. In 2011, we are proud to say that there was not a single reported case of MRSA bacteraemia across our 37 hospitals, whilst the rate for C. Difficile infection was 0.8 per 10,000 beds days. Spire undertakes year-round active surgical site infection surveillance and submits data for hip and knee replacement surgery to the Health Protection Agency for publication (many organisations only do so for one quarter each year). In 2011 our surgical site infection rate after hip and knee replacement surgery was 0.46%, again well below the national average.

Spire's investment in critical care training, staff competencies and procedure-tailored care pathways has increased compliance with our 'track and trigger' early warning system. This enables nursing teams to quickly and effectively intervene where the patient's condition requires. It means patients recover more quickly, with fewer unplanned returns to theatre (0.20%), fewer transfers to other hospitals (0.05%), and a very low rate of readmission (0.28%).

Our training programme continues to grow, with over 2,500 candidates completing a resuscitation course to enhance their critical care skills, and 47,000 e-learning modules completed online in 2011 alone.

Since the introduction of our programme to reduce blood transfusions in 2006, the volume of transfused blood has reduced by 50%, despite an increase in surgical complexity. This has translated into fewer adverse events and faster recovery from surgery by patients. In addition, the average length of stay for hip and knee replacement surgery has fallen to 4.5 days. Following the introduction of enhanced recovery pathways, many patients are now able to mobilise well and return home after only three days.

Spire's success in delivering high quality clinical care was again endorsed in 2011 with two nominations for Laing and Buisson Independent Healthcare Awards – for Management Excellence and Hotel Services. We were delighted when Professor Anan Shetty won the award for Innovation for his work at Spire Alexandra Hospital on cartilage repair surgery.

### PIP implants

At the end of 2011, cosmetic surgery was in the headlines over concerns regarding the PIP brand of breast implants. We demonstrated our commitment to patient safety, by promptly offering every Spire patient with PIP implants a consultation with a consultant plastic surgeon and diagnostic imaging, as well as removal and replacement if that was the patient's choice, all free of charge.

We also went further than any other NHS or private provider by being the first to offer patients who chose not to remove their breast implants a further scan in two years' time, or sooner if they had any concerns.

Several of our hospitals also set up PIP information events to offer patients the opportunity to understand the facts about their PIP implants, ask questions and receive advice and support as quickly as possible.

In addition, Spire Hartswood, Leeds and Harpenden hospitals were among the first private hospitals to receive the Macmillan Quality Environment Mark for oncology and breast care services – awards that highlight our focus on cancer care and our commitment to clinical and service excellence.

Spire's journey to develop a community of practitioners dedicated to delivering the highest standards of clinical care began in 2007. We have made great strides and delivered some ambitious quality goals in 2011, as we continue in our quest to build a well-deserved reputation for world-class healthcare.



**De Jean-Jacques de Gorter,**  
Director of Clinical Services

#### MRSA bacteraemia (per 10,000 bed days)

0.00

0.39

- Spire
- NHS\*

\*NHS data on MRSA bacteraemia:  
[http://www.hpa.org.uk/web/HPAweb&HPAwebStandard/HPAweb\\_C/1233906819629](http://www.hpa.org.uk/web/HPAweb&HPAwebStandard/HPAweb_C/1233906819629)

#### Clostridium difficile infection (per 10,000 bed days)

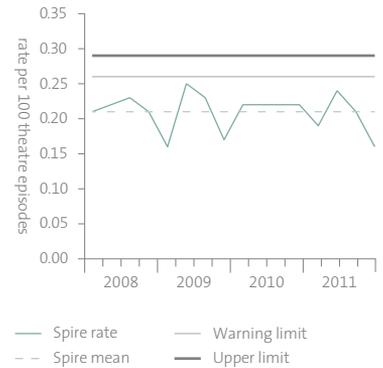
0.80

2.89

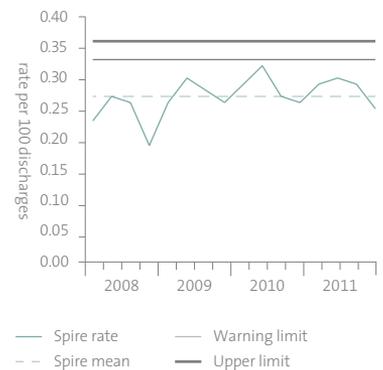
- Spire
- NHS\*

\*NHS data on Clostridium difficile:  
[http://www.hpa.org.uk/web/HPAweb&HPAwebStandard/HPAweb\\_C/1195733750761](http://www.hpa.org.uk/web/HPAweb&HPAwebStandard/HPAweb_C/1195733750761)

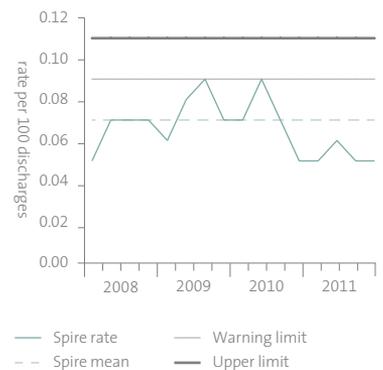
#### Unplanned return to theatre – 4 year trend



#### Unplanned readmission – 4 year trend



#### Level 2/3 transfers – 4 year trend



## How we performed: priorities for improvement 2011/12

In our last quality account, Spire set three priorities for improvement:

1. Ensure patients receive optimum pain control following surgery
2. To demonstrate clinical outcomes at least as good as the NHS
3. To improve compliance with mandatory training through e-learning

### **1. Ensure patients receive optimum pain control following surgery**

During an operation, nerves in the skin and sometimes inside the body are stimulated, causing them to send pain signals to the brain. Once started, this process continues for at least a few hours. As a result the pain of an operation can be felt even after the operation has finished.

This is called acute pain and usually the acute pain of surgery improves within a few days or weeks at most. However, whilst it's normal to feel some discomfort after most operations and some other hospital procedures, being in too much pain is almost always unnecessary and can delay recovery. It can also make patients feel down and vulnerable to further pain.

Good pain control allows patients to carry out certain activities that are essential for recovery. Coughing, getting up to move around and having physiotherapy are important after many operations. These activities help prevent complications such as blood clots (venous thromboembolism, VTE) or a chest infection, and promote wound healing.

Our aim for 2011 was to exceed our target of 75% for pain scores recorded with every set of observations following surgery (with at least one pain score to be recorded in recovery). By the end of the year our hospitals achieved **91%** compliance with this measure.

Pain observation (and its effective management) will continue to be a key focus for Spire during 2012. This measure is one of our five key clinical performance indicators, and results will be published in our quarterly clinical scorecard, as one of a wider range of clinical performance measures focusing on treatment reliability, patient safety, compliance with healthcare standards, clinical effectiveness and staff empowerment

## 2. To demonstrate clinical outcomes at least as good as the NHS

PROMS are surveys designed to provide an insight into how successful treatment has been from the patient's perspective. The results can be used to calculate the improvement in health as a result of treatment.

PROMS can be used as a guide to help patients choose where they would like to receive treatment and they are also used to monitor and improve the quality of services hospitals provide.

Two established PROMS measures are the Oxford Hip Score and the Oxford Knee Score, which are used following hip and knee replacement surgery respectively. Both surveys include a series of questions about how a patient's hip or knee problems affect their lifestyle and ability to do everyday tasks. The response to each question is rated on a five point scale and the maximum score achievable is 48. Higher scores indicate fewer problems with pain and daily activities following surgery.

Our aim for 2011 was for average Oxford Hip and Knee follow-up scores (calculated from surveys completed by patients six months after surgery) to demonstrate outcomes better than the NHS average. Data published by the NHS Information Centre in February 2012 indicates that:

- Follow-up scores and risk adjusted health gain for hip replacement are above the national average
- Follow-up scores and risk adjusted health gain for knee replacement are above the national average

Additionally, the 2011 Dr Foster's Hospital Guide identified Spire as one of the best performing providers of hip and knee replacements. The information published by Dr Foster shows excellent performance for length of stay, readmission and revision rates at Spire hospitals and reflects the commitment and dedication of clinical teams across Spire to improving orthopaedic patient care pathways, working in partnership with specialist consultants.

Spire will continue to participate in the NHS PROMS programme during 2012 and will continue to run our own PROMS programme which currently monitors outcomes for spinal surgery, bariatric (weight loss) surgery and cataract surgery,

### Oxford Hip Score

#### Risk adjusted follow-up score



- Spire average
- NHS average

#### Risk adjusted health gain



- Spire average
- NHS average

### Oxford Knee Score

#### Risk adjusted follow-up score



- Spire average
- NHS average

#### Risk adjusted health gain



- Spire average
- NHS average

## How we performed: priorities for improvement 2011/12 continued

# 7.1

Our aim for 2011 was for staff to have completed an average of 5 modules each by December 2011. Over the year, Spire staff completed an average of 7.1 per staff member.

### 3. To improve compliance with mandatory training through e-learning

Spire introduced a new e-learning system in 2010 to improve consistency of mandatory training and improve access to training by staff, especially part-time, night and bank staff who previously found it more difficult to attend classroom days.

Mandatory training is an important component of Spire's approach to continuing professional development, alongside annual appraisal and training needs analysis linked to over 80 competency frameworks set by Skills for Health's National Occupational Standards. Continuing education plays a key role in ensuring patients receive excellent clinical care and in maintaining our healthcare standards.

Our aim for 2011 was for staff to have completed an average of 5 modules each by December 2011. Over the year, Spire staff completed an average of 7.1 per staff member.

Spire will continue to monitor compliance with mandatory training and a monthly progress report will be issued to all Spire hospitals to track the numbers of people registered on the system, the modules they have completed and those in progress.

#### Spire Bristol Hospital – Hourly ward rounds

**Spire Bristol Hospital introduced hourly ward rounds to ensure nursing staff visited patients at least once an hour during the day and every two hours at night.** The goal was to improve post-operative pain control and drive up overall patient satisfaction.

Working with the nursing team, Kate Hoffmann, Deputy Matron, researched good practice and adapted a set of questions using the mnemonic H.E.L.P to capture the essence of the new process. Patients are now provided with a card upon admission with the following prompts, which are then checked by the nursing staff on a regular basis:

**handling and moving:** do you need to change your position?

**environment:** is everything you need within reach?

**loo:** do you need to use the bathroom?

**pain:** are we doing everything we can to relieve your pain?

Following an initial pilot, the initiative was then rolled out across the hospital. The immediate impact has resulted in patients receiving earlier pain relief, making less use of their nurse call system and valuing regular interaction with their nurse.

Moreover, patient satisfaction at Spire Bristol Hospital has increased considerably, reflected in the 2011 patient satisfaction survey. 90% of patients considered the overall standard of care they received as either Very Good or Excellent (up from 82% the previous year). Specifically, 99% of patients said staff were doing everything they could to control their pain.

This approach to patient-centric care is currently being rolled out across other Spire hospitals.

# Priorities for improvement 2012/13

Spire has chosen the following three priorities for improvement for 2011/12:

1. Reducing the risk of falls for patients admitted to hospital
2. Improving medicines safety through learning from pharmacy interventions undertaken to avoid medication errors
3. Improving compliance with information governance training

## **1. Reducing the risk of falls for patients admitted to hospital**

### **Why is reducing the risks of falls important?**

About 152,000 falls are reported in acute hospitals every year in England and Wales at an estimated cost of £15 million per annum for immediate healthcare treatment alone.<sup>2</sup> Across the NHS more falls are reported to the National Reporting and Learning System than any other type of patient safety incident.

Data from regularly reporting hospitals suggests an average of 4.8 falls per 1000 bed days. In 2011, Spire's rate of reported falls was 1.74 per 1000 bed days, but comparisons may be unreliable because of differences in casemix, the way data is collected and the severity of illness experienced by patients.

Preventing patients from falling can present a difficult challenge. Surgery can affect people's mobility and anaesthetic, sedation, pain relief and other types of medication increase the risk of falling. Levels of mobility also change during a patient's admission as they progress towards discharge.

However, there are measures hospitals can implement to reduce the risk of falling. All in-patients admitted to a Spire hospital undergo a falls risk assessment which is repeated during their stay.

Interventions that can reduce the risk include:

- Ensuring required items (such as water) are in reach
- Checking footwear to ensure it's appropriate
- Assessing the surrounding environment for safety hazards, avoiding clutter and removing spillages
- Ensuring patients are instructed in the use of the nursing call bell
- Educating patient/carers in safe movement practices
- Educating patients to request assistance when mobilising
- Placing patients in an observable room where possible
- Considering the use of a patient sensor

However any intervention needs to be balanced with respect for privacy and dignity and the need to encourage and maintain independence whenever possible.

### **Aim/goal:**

To review the application of falls prevention strategies across Spire hospitals, including compliance with the falls risk assessment and suggested interventions which help to reduce the risk of falling. We will undertake a retrospective audit of reported falls during 2012, sharing subsequent learning across the Spire group.

<sup>2</sup> National Patient Safety Agency. Slips, Trips and Falls in Hospital. The Third Report from the Patient Safety Observatory. 2007.

**How progress to achieve this priority will be monitored by Spire?**

The results of the audit will be published in Spire's annual clinical governance and quality report for 2012. In-patient falls per 1000 bed days will also be monitored as a clinical indicator in Spire's clinical scorecard, as one of a range of performance measures focusing on treatment reliability, patient safety, compliance with healthcare standards, clinical effectiveness and staff empowerment.

**2. Improving medicines safety through learning from pharmacy interventions undertaken to avoid medication errors**

**Why is improving medicines safety important?**

While medicines play an important role in maintaining and restoring health and in the treatment of disease and injury, there are inherent risks in using any kind of medication. Many are toxic, for example, when given in the wrong dose and some types of medicines don't interact well with each other. While all hospitals have controls in place relating to the use of medicine, patient safety incidents involving medicines are the third largest group of incidents reported to the National Reporting and Learning System. The National Patient Safety Agency (NPSA) estimates that preventable harm from medicines could cost more than £750 million each year in England.<sup>3</sup>

A medication error is defined as "any incident where there has been an error in the process of prescribing, dispensing, preparing, administering, monitoring or providing medicines advice, regardless of whether any harm occurred or was possible. This is a broad definition and most errors result in no or low harm". It is very important that medication errors are reported because patient safety incidents of this type provide an important source of learning and help hospitals to reduce the risk of similar incidents in the future.

However, even in hospitals with a strong reporting culture, medication errors may be under-reported, particularly if they do not cause harm or the error is corrected before the medicine is given to the patient. "Near misses", for example can be a particularly important source of learning – those events which could have, but **did not** lead to harm, loss or damage.

**Aim/goal:**

Hospitals pharmacists play an important role in improving medicines safety. Medication errors are often avoided because of a pharmacy "intervention" (an action undertaken by a pharmacist to correct the error). Spire will undertake a real-time audit during 2012 to record and analyse the number of pharmacy interventions across Spire hospitals and share learning relating to the nature and types of incident they avoided.

<sup>3</sup> National Patient Safety Agency. The fourth report from Patient Safety Observatory. Safety in doses: medication safety incidents in the NHS. 2007.

**How progress to achieve this priority will be monitored by Spire?**

The results of the audit will be published in Spire's annual clinical governance and quality report for 2012. We will also monitor the rate of harm resulting from medication incidents every quarter.

**3. Improving compliance with information governance training**

**Why is compliance with information governance training important?**

Information governance requires that the necessary safeguards are in place for the use of patient and personal information. As a healthcare provider, Spire has a duty to to keep full and accurate records of the care we provide and to ensure that confidentiality is respected and records are stored securely.

Information governance training helps to raise awareness of the issues relating to the handling and processing of personal information and is the foundation of good information governance practice. By the end of 2011, 9,361 Spire staff had registered with the NHS Connecting for Health online Information Governance training tool and 90% of our staff completed at least one module during the year.

**Aim/goal:**

For 95% of Spire staff to have completed at least one information governance training module during 2012.

**How progress to achieve this priority will be monitored by Spire?**

A monthly report will be issued by Spire's national clinical services team to monitor progress.

95%

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The aim is for 95% of Spire staff to have completed at least one information governance training module during 2012.

# NHS services provided

## Review of services

During 2011 Spire Healthcare provided and/or sub-contracted NHS services leading to 54,700 admissions.

Spire Healthcare has reviewed all the data available to them on the quality of care in provision of these NHS services.

The income generated by the NHS services reviewed in 2011 represents 25 percent of the total income generated by Spire Healthcare for 2011.

## Clinical audit

During 2011 **five** national clinical audits and **one** national confidential enquiry covered NHS services that Spire Healthcare provides.

During that period Spire Healthcare participated in **100%** of the national clinical audits and national confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiries that Spire Healthcare was eligible to participate in during 2011 are as follows:

- **National Elective Surgery PROMS: four operations**
- **National Joint Registry (NJR): hip and knee replacement**
- **Adult cardiac surgery: CABG and valvular surgery**
- **National Bariatric Surgery Registry**
- **Bedside transfusion (National Comparative Audit of Blood Transfusion)**
- **National Confidential Enquiry: Bariatric Surgery**

The national clinical audits and national confidential enquiries that Spire Healthcare participated in during 2011 are as follows:

- **National Elective Surgery PROMS: four operations**
- **NJR: hip and knee replacement**
- **Adult cardiac surgery: CABG and valvular surgery**
- **National Bariatric Surgery Registry**
- **Bedside transfusion (National Comparative Audit of Blood Transfusion)**
- **National Confidential Enquiry: Bariatric Surgery**

The national clinical audits and national confidential enquiries that Spire Healthcare participated in, and for which data collection was completed during 2011 are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry:

- **National Elective Surgery PROMS: four operations – 91%** (compared with the national average participation rate of 71%, based on data published by HES online on 9 February 2012)
- **NJR: hip and knee replacement – 92%**
- **Adult cardiac surgery: CABG and valvular surgery** – information unavailable as sample sizes varied across participating Spire hospitals and include a mix of NHS and private patients

- **National Bariatric Surgery Registry** – information unavailable as sample sizes varied across participating Spire hospitals and include a mix of NHS and private patients
- **Bedside transfusion (National Comparative Audit of Blood Transfusion)** – information unavailable as sample sizes varied across participating Spire hospitals and include a mix of NHS and private patients
- **National Confidential Enquiry: Bariatric Surgery** – this information is currently unavailable

The reports of five national clinical audits were reviewed by Spire Healthcare in 2011 and Spire intends to take the following actions to improve the quality of healthcare provided:

- Review of reports received from the NJR indicated lower than average consent rates (for data to be held on the register) at two hospitals and inconsistent entry of the NHS number to the registry at two other hospitals. Action plans to improve compliance are in progress at all four sites.
  - Following publication of the National Confidential Enquiry reviewing perioperative care, local consent audits will monitor whether an assessment of mortality risk is recorded clearly on the patient consent form for high risk patients
  - Care pathways for patients with diabetes undergoing bariatric surgery have been updated to improve monitoring in the post-op period
- The reports of eight local clinical audits were also reviewed by Spire Healthcare in 2011 and Spire intends to take the following actions to improve the quality of healthcare provided:
- Following an audit of antibiotic prophylaxis (to help avoid surgical site infection) in hip and knee replacement surgery, Spire's national pharmacy superintendents are reviewing the drug combinations used and will circulate further advice to our hospitals
  - All deaths without a valid "Do not attempt resuscitation" (DNAR) notice in place will continue to be reported as a serious adverse event to enable review by Spire's Incident Review Team to capture and share learning
  - Compliance with pregnancy testing prior to surgery, completion of venous thromboembolism risk assessments, compliance with Spire's early warning system and satisfactory pain control will remain key clinical indicators for 2012 to support our strategy to continue our transformation in to a "high reliability" healthcare provider.

## NHS services provided continued

### Research

The number of patients receiving NHS services provided or sub-contracted by Spire Healthcare in 2011 that were recruited during that period to participate in research approved by a research ethics committee was: this information is currently unavailable as research undertaken at Spire hospitals primarily involves patients funded by private medical insurance.

### Commissioner goals

A very small proportion, <1%, of Spire Healthcare's income in 2011 was conditional on achieving quality improvement and innovation goals agreed between Spire and any person or body they entered into a contract, agreement or arrangement with for the provision of NHS services, through the Commissioning for Quality and Innovation payment framework.

Following the transition from the Extended Choice Network to a Standard Contract framework in June 2011 Spire hospitals were able to significantly increase the proportion of income that was conditional on achieving quality improvement and innovation goals. All Spire hospitals are working with their commissioners to actively participate in the Commissioning for Quality and Innovation payment framework for 2012/13.

### Care Quality Commission registration

Spire is registered with the Care Quality Commission under section 10 of the Health and Social Care Act 2008. Spire has no conditions on its registration.

The Care Quality Commission did not take enforcement action against Spire during 2011.

### Data quality

Spire Healthcare submitted records during 2011 to the Secondary Uses service for inclusion in the Hospital Episode Statistics which are included in the latest published data. The percentage of records in the published data;

– which included the patient's valid NHS number was:

- 100% for admitted patient care;
- 100% for out-patient care; and

– which included the patient's valid General Medical Practice code was:

- 100% for admitted patient care;
- 100% for out-patient; and

### Information governance toolkit

Spire Healthcare (NT3) successfully published their V9 Information Governance Toolkit assessment in March 2012 with a score of 80% and was graded green (satisfactory).

### Clinical coding error rate

Spire Healthcare was not subject to the Payment by Results clinical coding audit during the 2011 by the Audit Commission. Comprehensive internal audit across the group following the same methodology as the Audit Commission provided assurance that coding errors in 2011 were equal to or lower than 2010.

### Spire Healthcare clinical coding data

	Coding error (%)	NHS Average (%)	HRG error (%)	NHS Average (%)
Spire 2010*	3.3	11.0	2.7	9.1
Spire 2011†	3.1	–	2.7	–

\*Audit Commission QA data

†Spire Internal QA data

## Data quality update

As a means of maintaining and further developing data quality during 2011, Spire Healthcare committed significant further resources directed to improve our collection, management and reporting of NHS data. We are pleased to report that our overall data quality measures continue to exceed the required standard. Our hospitals and central NHS management information team sustained their focus the same two core areas as in 2010; Secondary Uses Service (Commissioning Data Set) submissions and Clinical Coding which is an important sub set of this data. The clinical coding key priority being to develop both the depth and accuracy of coding, especially in the area of co-morbidity capture.

The tables show Spire's Secondary Used Services data quality performance April to December 2011 as issued by The Information Centre, February 2012. Against each element Spire is rated as green, continues to equal or exceed the required standard and is ahead of the national average.

### **Secondary Used Services data April to December 2011 as issued by The Information Centre, February 2012**

Spire Healthcare out-patient data, based upon 141,915 activities

Data Item	% Valid
NHS Number	100
Treatment Function	100
Main Speciality	100
Reg GP Practice	100
Postcode	99.9
PCT of Residence	100
Commissioner	100
First Attendance	100
Attendance Indicator	100
Referral Source	100
Referral Received Date	100
Attendance Outcome	100
Priority Type	100
OP primary Procedure	99.8
Operation Status	99.8
Site of Treatment	100
HRG4	100

## Data quality update continued

### **Secondary Used Services data April to December 2011 as issued by The Information Centre, February 2012**

Spire Healthcare admitted patient data, based upon 29,887 activities

Data Item	% Valid
NHS Number	100
Treatment Function	100
Main Speciality	100
Reg GP Practice	100
Postcode	100
PCT of Residence	100
Commissioner	100
Ethnic Category	100
Primary Diagnosis	100
Primary Procedure	100
Operation status	100
Neonatal Level of Care	100
Site of Treatment	100
HRG4	100

Spire Healthcare has continued to make NHS data quality a key priority during 2011. Our hospitals have further developed their partnership approach with their hospital consultants, clinical teams, patient administration staff and the corporate clinical coding provider, Capita Health, to further improve processes and systems throughout the year. Although there were no external Payment by Results clinical coding audits by the Audit Commission during 2011 Spire focussed on a comprehensive programme of internal coding audits.

These audits followed the NHS Connecting for Health Classification Service Clinical Coding Audit Methodology v5.0 and identified very low error rates for diagnoses and treatment coding (clinical coding) and the derived HRG codes across Spire hospitals. Our error rates were considerably lower than the national average for NHS providers and equal to the best 10% of providers. Such excellent results provide assurance to our service commissioners that our clinical activity is consistently well coded and the resultant data flows through to the Payment by Results process correctly.

## Building successful relationships

Customer satisfaction is crucial to our success. For the third year in succession we have seen improvements in all our key measures of satisfaction from patients and consultants. A critical determinant of our success is the extent to which consultants trust Spire to protect and enhance their reputation by caring for their patients in a clean and safe environment, with robust clinical governance.

### **Patients**

In 2011, 91% of patients surveyed rated the quality of service they received as very good or excellent, an increase from an already high score of 90% in 2010. A high percentage of patients also said that staff go out of their way to make a difference – 97% agreed or strongly agreed.

89% of patients responding said the care and attention from nurses was very good or excellent and 94% rated the cleanliness of the hospital in the same way. In addition Spire improved its rating of preparing patients for being at home – up from 79% to 81% very good or excellent and **86% of patients are likely to recommend Spire Healthcare to their friends and family.**

Our CQUIN questions also showed improvements year-on-year. 82% of patients felt they were definitely involved as much as they wanted to be in decisions. This was up from 81% in 2010. We increased our score for the percentage of patients who definitely felt they had someone to talk to about their worries from 64% to 66%, which compares with 40% for NHS patients. 94% of patients thought they were definitely given enough privacy at Spire Healthcare, compared with 72% in the NHS. More patients thought they were definitely told about the side effects of medication, which improved by 1% to 59% in 2011. The same result in the NHS questionnaire is 38%. Finally, in 2011 93% of Spire patients felt they knew who to contact after they'd been discharged. This is up from 91% in 2010, and compares with 77% in the NHS for 2011.

## Building successful relationships continued

### Consultants

Consultant satisfaction is measured through an annual survey, which has shown the marked impact of Spire's approach to hospital operations. The percentage of consultants rating Spire as 'very good' or 'excellent' has increased from 51% to 77% in the past four years.

In 2011 96% of consultants said they felt staff went out of their way to make a difference and 86% believed that Spire worked well in partnership with them. In addition, 96% said we were easy to do business with and 97% were likely to recommend their Spire hospital to their family and friends.

### GPs

The relationship between patient and GP is fundamental. GPs' valued and respected recommendations and advice are extremely important for a patient making a decision about their treatment.

Our 2011 survey of 1,000 GPs revealed that 65% would recommend private surgery for their patients if the procedure they need is not available from the NHS and almost a third expected to make more referrals to private hospitals in 2012.

5 key Customer Experience Questions	Spire Hospitals		NHS (average)
	2010 Yes, definitely	2011 Yes, definitely	2011 Yes, definitely
Were you involved as much as you wanted to be in decisions.?	81%	82%	52%
Did you find someone to talk to about your worries?	64%	66%	40%
Were you given enough privacy?	93%	94%	72%
Were you told about side effects of medication?	58%	59%	38%
Were you told who to contact after you got home?	91%	93%	77%

We put consultants and GPs at the heart of our business and concentrate on being responsive to their needs. This process is driven at a local level by each of our hospital directors. We have devolved responsibility and raised hospital autonomy, resulting in faster decision-making and greater accountability. Appropriate KPIs have promoted greater workforce flexibility and engagement, increasing the pace of performance improvement throughout the organisation.

### Culture and staff

Our staff engagement survey response rate has increased from 66% in 2008 to 74% in 2011, meaning that over 5,000 of our staff gave us their feedback. Results, benchmarked against other external companies, show considerable and sustained improvement since 2008.

In 2011, 73% of staff rated Spire a great place to work, up 11% in the three years since the engagement programme launched. Over the same period, spend on agency staff for wards and theatres fell 72%, improving continuity in our care teams and saving over £5 million on agency costs.

We have invested heavily in developing both current and future managers. Three key development programmes have been designed and implemented, covering values, expectations, performance management processes, leadership, team engagement and coaching for performance. 178 managers completed at least one of these courses in 2011.

By aligning staff with clear performance metrics, as well as nurturing leadership talent, we have transformed our organisational and hospital culture to one where high performance is valued and delivered.

# 97%

97% of consultants are likely to recommend their Spire hospital to family and friends.

### Staff development

**Spire invests heavily in staff training, developing the capabilities and advanced nursing skill sets to support higher complexity treatments and improve patient outcomes.**

Our investment in critical care training, staff competencies and procedure-tailored care pathways has driven up compliance with our 'track and trigger' early warning system. This now stands at 95% (compared with 53% in 2006). Our critical care training programme includes basic and advanced life support, complemented by a series of Spire critical care competencies. We operate two training centres accredited by the UK Resuscitation Council – at Spire

Manchester and Spire Cardiff hospitals – delivering training to both Spire and NHS candidates. Thirty hospitals offer at least level 2 (HDU) critical care with five hospitals operating level 3 (ITU) units.

There are many examples of outstanding staff development, but one deserves special mention this year. Hema Dandiker started working at Spire as a Kitchen Assistant in 1995. In recent years she has trained in Radiography and is now fully qualified. Nominated by her team at Spire Leicester Hospital, Hema's achievements were recognised by the Society of Radiographers when she won the 2011 Radiographer of the Year award for the Midlands region.

## Written statements by other bodies

### **NHS North Central London**

NHS North Central London (NHS NCL) are responsible for the commissioning of health services from eight acute/ specialist trusts, two mental health trusts and a range of community and primary health services located in Barnet, Camden, Enfield, Haringey and Islington.

NHS North Central London has reviewed this document and is pleased to assure this Quality Account for Spire Healthcare.

In this review, we have taken particular account of the identified priorities for improvement for Spire Healthcare during 2012-13, and how this work will enable real focus on improving the quality and safety of health services for patients.

Your Quality Account provides details of progress achieved on your three priorities for improvement in 2011/12 and in particular your achievements in exceeding your target for pain scores and the positive impact this has had on effective pain management and patient experience. Patients continue to receive improved benefits in hip and knee replacement surgery and we are pleased to note your achievements in clinical outcomes.

We look forward to continuing to work with Spire Healthcare to improve both the quality and safety of health services provided to patients and carers.

### **NHS London**

Spire Healthcare has consulted with NHS London for its Quality Account 2011/12 as part of the Strategic Health Authority assurance and support process. Feedback and guidance on its compliance with the Department of Health Quality Account criteria was provided, which was used to inform the final document.



# Contact us

## **We welcome your feedback**

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Or use the contact form on our website:

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If you would like this Quality Account  
in large print, braille or another language,  
please contact [hocomms@spirehealthcare.com](mailto:hocomms@spirehealthcare.com)





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