

Quality Account 2013/14



About Spire Healthcare

Spire Healthcare is one of the UK's leading private hospital groups. Our 38 hospitals and 12 clinics treated more in-patient and day-case patients than ever in 2013, while maintaining exemplary patient, staff and consultant satisfaction scores.

We put patients at the heart of everything we do. Our staff nationwide provide patients with very high standards of healthcare, delivered with attentiveness, and kindness, in high quality facilities.

We work with experienced consultants to deliver tailored care to our patients, whether funded through medical insurance or paying for their own treatment. We also offer a range of services to treat NHS patients.

A continuous programme of investment in our hospitals and the latest medical technology, totalling over £500 million since Spire Healthcare was formed, is increasing our capacity to admit and treat patients, and broadening the services we offer.

Our vision

- To be recognised as a world class healthcare business.

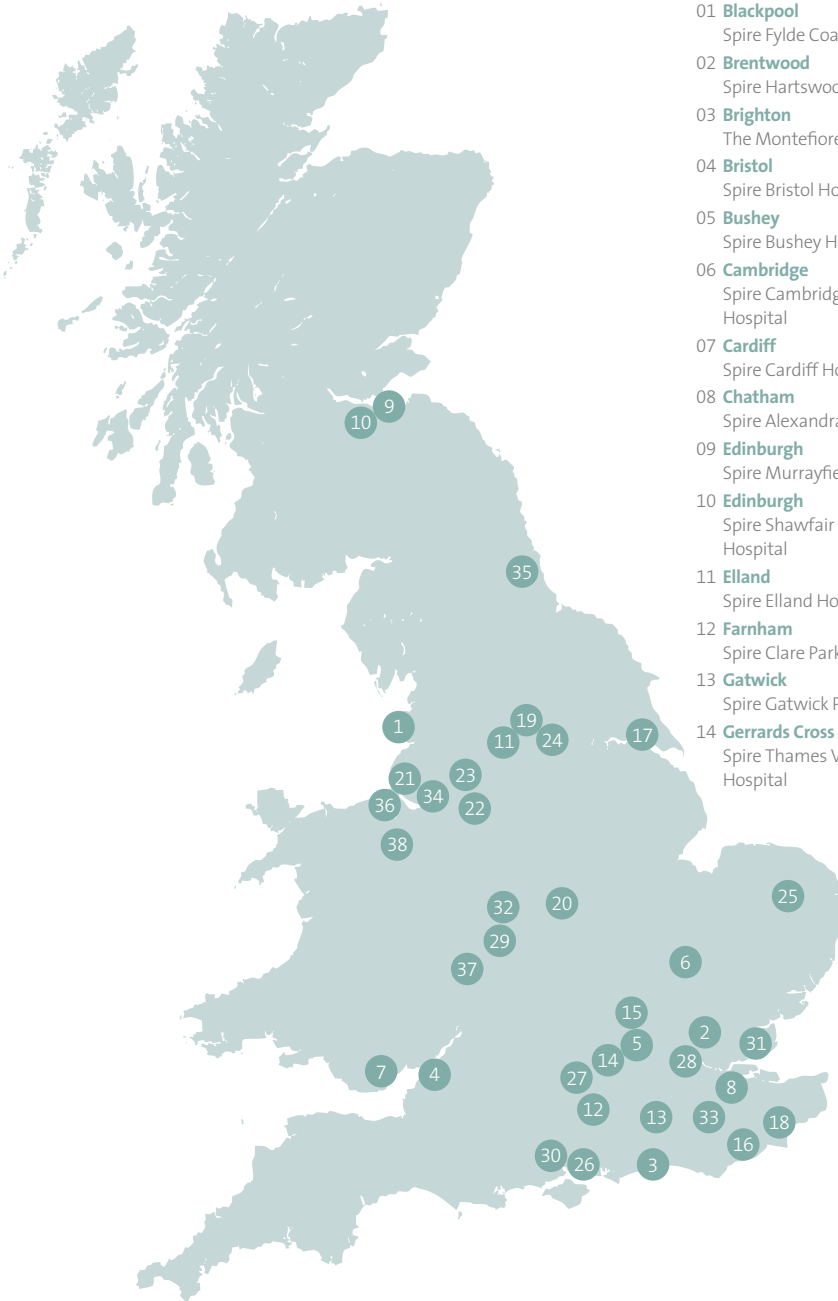
Our mission

- To bring together the best people who are dedicated to developing excellent clinical environments and delivering the highest quality patient care.

Our values

- Caring is our passion
- Succeeding together
- Driving excellence
- Doing the right thing
- Delivering on our promises
- Keeping it simple

Our hospitals



- 01 **Blackpool**
Spire Fylde Coast Hospital
- 02 **Brentwood**
Spire Hartswood Hospital
- 03 **Brighton**
The Montefiore Hospital
- 04 **Bristol**
Spire Bristol Hospital
- 05 **Bushey**
Spire Bushey Hospital
- 06 **Cambridge**
Spire Cambridge Lea Hospital
- 07 **Cardiff**
Spire Cardiff Hospital
- 08 **Chatham**
Spire Alexandra Hospital
- 09 **Edinburgh**
Spire Murrayfield Hospital
- 10 **Edinburgh**
Spire Shawfair Park Hospital
- 11 **Elland**
Spire Elland Hospital
- 12 **Farnham**
Spire Clare Park Hospital
- 13 **Gatwick**
Spire Gatwick Park Hospital
- 14 **Gerrards Cross**
Spire Thames Valley Hospital
- 15 **Harpenden**
Spire Harpenden Hospital
- 16 **Hastings**
Spire Sussex Hospital
- 17 **Hull**
Spire Hull and East Riding Hospital
- 18 **Hythe**
Spire St Saviour's Hospital
- 19 **Leeds**
Spire Leeds Hospital
- 20 **Leicester**
Spire Leicester Hospital
- 21 **Liverpool**
Spire Liverpool Hospital
- 22 **Macclesfield**
Spire Regency Hospital
- 23 **Manchester**
Spire Manchester Hospital
- 24 **Methley**
Spire Methley Park Hospital
- 25 **Norwich**
Spire Norwich Hospital
- 26 **Portsmouth**
Spire Portsmouth Hospital
- 27 **Reading**
Spire Dunedin Hospital
- 28 **Redbridge**
Spire Roding Hospital
- 29 **Solihull**
Spire Parkway Hospital
- 30 **Southampton**
Spire Southampton Hospital
- 31 **Southend-on-Sea**
Spire Wellesley Hospital
- 32 **Sutton Coldfield**
Spire Little Aston Hospital
- 33 **Tunbridge Wells**
Spire Tunbridge Wells Hospital
- 34 **Warrington**
Spire Cheshire Hospital
- 35 **Washington**
Spire Washington Hospital
- 36 **Wirral**
Spire Murrayfield Hospital
- 37 **Worcester**
Spire South Bank Hospital
- 38 **Wrexham**
Spire Yale Hospital

Chief Executive's statement

I am pleased to introduce our 2013/14 Quality Account. This gives an overview of the quality of services we provide for NHS patients, outlines how we performed against our priorities for improvement in 2013/14, and what our priorities are for 2014/15.

Spire Healthcare's mission is to bring together the best people, dedicated to developing excellent clinical environments and delivering the highest quality patient care. We continue to invest in our people and facilities to ensure our patients receive the highest standards of care.

Spire today

In the six years since Spire was established we have succeeded in creating one of the UK's market leading private healthcare groups. Our original 25 hospitals have expanded to the point where we now have 38 hospitals, 115 operating theatres and over 1,800 beds, offering nationwide coverage across England, Wales and Scotland.

Our skilled staff work with many of the country's most experienced consultants delivering personalised high quality care to our patients every year.

We offer a fully integrated service with involvement at all stages of the patient journey and covering a broad range of specialties including the most acute levels of care.

Our clinical performance and satisfaction ratings have improved steadily and are amongst the best in the sector.

We have invested over £500 million since 2007 in a targeted, consistent and ongoing programme; acquiring and opening new hospitals, installing state-of-the-art equipment and facilities, supporting our people and developing new capabilities in orthopaedics, cancer care, cardiology, neurology, diagnostics, pathology and physiotherapy.

We have invested in engaging with the consultants who practise in our hospitals, with the GPs who refer patients to us and with the NHS commissioners with whom we increasingly work.

We believe that our market is set to grow significantly in the future, driven by fundamental demographic, economic and healthcare trends. We are determined to be the leading private provider of quality healthcare for people across the UK in the years to come.

Performance in 2013

2013 was a challenging year, but our clinical and operational performance was strong. We experienced a decline in insured and self-pay patient numbers in the first quarter but, in a year of two halves, we saw a marked improvement in the later stages of the year.

The Competition and Markets Authority's review of the private healthcare sector continued to run throughout the year, as did the independent Verita review that we commissioned into how we responded to concerns regarding consultant Mr Paterson's work at our Parkway and Little Aston hospitals.

Whilst Mr Paterson was suspended in August 2011 and had his practising privileges removed in 2012, I wanted an independent review to understand fully the circumstances that enabled Mr Paterson to practise as he did and to ensure that all possible lessons could be learned from this event.

“Spire Healthcare's mission is to bring together the best people, dedicated to developing excellent clinical environments and delivering the highest quality patient care.”

Innovation and investment

We continue to drive innovation and investment. During the year we invested over £50 million in a range of projects, many aimed at the continued development of our acute services.

Some highlights of the year included:

- the construction of our first wholly owned, stand-alone radiotherapy and cancer treatment centre in Bristol;
- the opening of a new MRI scanner at Spire Parkway Hospital in Solihull which has the capability to provide a new treatment for uterine fibroids called MR guided Focused Ultrasound (MRgFUS);
- the opening of Spire's Formby Clinic, aimed at giving local people easier access to the range of treatments we offer at Spire Liverpool Hospital; and
- a new partnership at Perform at St George's Park with the US-based Michael Johnson Performance training brand.

We also further enhanced Spire Pathology Services. Pathology is a highly competitive market, requiring operational scale, but we are putting in place the building blocks to offer healthcare customers, including the NHS, faster and more cost-effective services.

On 31 March 2014 it was confirmed that the Trustees of the Daughters of the Cross of Liege, agreed to sell St Anthony's hospital to Spire Healthcare. Located in North Cheam, Surrey, St Anthony's is a 92-bed private hospital which provides a range of services such as health screening, diagnostic treatments, medical and surgical services.

The hospital will be a central platform for Spire's continued growth in cardiology and other areas of acute care. Its reputation is well founded and we look forward to welcoming the staff and patients into the Spire family.

NHS

During 2013-14 we saw the volume of NHS work commissioned by CCGs under standard contracts grow by over 25% and our referrals under choose and book for the year increased to over 98,000. This indicates that we are delivering for both patients and commissioners against the key drivers of waiting times and quality of care. Our in-patient and day-case procedure volumes also increased by more than the rate of referral growth at over 20%, implying that GPs are referring a greater proportion of patients that require elective surgery, which are the ones we are best placed to effectively treat.

The second part of the year saw the NHS facing increasing winter pressure and we were pleased to support our local NHS Hospital Trusts with waiting list initiatives covering both elective surgery and complex diagnostics. We were also delighted to contribute to the work undertaken by NHS England, Monitor and the Department of Health in developing new models of activity management directed at developing greater service resilience for future years.

It was also important for Spire, as a healthcare group committed to long term collaborative working with the NHS, to successfully apply for and receive our NHS Provider licences from Monitor.

Vision, mission and values

In 2012 we conducted a widespread consultation on our vision, mission and values. This resulted in a re-launch in February 2013, of the six values that underpin everything we do:

- Caring is our passion
- Succeeding together
- Driving excellence
- Doing the right thing
- Delivering on our promises
- Keeping it simple.

In the year since re-launch, through a comprehensive communications campaign, we have embedded and reinforced these values in all our hospitals and facilities.

Chief Executive's statement continued

Competition and Markets Authority review

In April 2012 the Office of Fair Trading (OFT) referred the private healthcare market to the Competition Commission (CC) for a market investigation.

On 2 April the Competition and Markets Authority (CMA, which has replaced the CC) published its final report. The remedies included:

- A combination of measures to improve the public availability of information on consultant fees and of information on the performance of consultants and private hospitals;
- The divestiture by HCA of either i) the London Bridge and the Princess Grace hospitals or ii) the Wellington hospital;
- Measures to ensure that arrangements between NHS trusts and private hospital operators to operate or manage a PPU will be capable of review by the CMA; and
- A restriction or ban on certain benefits and incentive schemes provided by private hospital operators to clinicians.

We have, from the start, welcomed the investigation, believing that Spire provides outstanding patient care and value for money, competing openly in a highly competitive market. The end of the CC/CMA process now allows us to focus on what really matters – providing more, and better, healthcare services to a growing number of patients in the UK healthcare market, and to working as a partner alongside the NHS in the provision of UK healthcare.

Outlook

The first half of 2013 saw a combination of factors – the economy, pressures on the insurance market, reforms in the NHS and uncertainty surrounding the CMA review – all coming together.

We started to see a turnaround mid-year which accelerated through the second half.

The fundamentals of our business are outstanding. We believe the market will continue to grow, driven by economic and demographic growth, by the widening gap between healthcare demand and the country's ability to pay for the NHS to satisfy that demand. The independent healthcare sector will likely respond to the CMA and customer demand with increased transparency, more competitive (often fixed) pricing, more services and a broader range of care options. Spire will be an important part of an increasingly integrated NHS and private healthcare system and is positioned to become the leading private hospital provider in the UK.



Rob Roger
Chief Executive

Group Medical Director's statement

Regulatory compliance remains particularly strong across the Group. Spire underwent 39 unannounced CQC inspections at 34 registered locations during the year.

I am pleased to report that at the end of 2013 all but two hospitals were meeting all Essential Standards – a compliance rate of 96.6% compared with the national average of 85%. Healthcare Improvement Scotland inspected Spire Murrayfield Hospital and assessed all the Standards inspected as being either 'Good' or 'Very Good'. Healthcare Inspectorate Wales did not inspect either Spire Cardiff or Yale hospitals last year.

Patient safety remains of paramount importance to Spire, as does treating our patients with compassion and dignity. It is therefore pleasing to report that clinical quality performance indicators for this past year demonstrate once again strong performance by our clinical teams.

Priorities for improvement 2013

I am pleased to report that Spire Healthcare successfully met two of our identified priorities for improvement set out in the 2012/13 Quality Account:

1. Reducing the risk of falls for patients admitted to hospital
2. Encouraging participation from patients in the "Friends and Family" test

Good progress was made against our third priority – increasing the number of post-op follow-up consultations undertaken by telephone rather than asking patients to attend hospital for a face-to-face appointment – and this will remain as one of our priorities for improvement during 2014.

Spire has embedded reliable care processes evidenced by good compliance with the Early Warning Score (97%), the blood transfusion pathway (87%), and the assessment of patients' pain (97%).

The improvement in the processes for patient discharge stands out for special mention. When our programme began in 2009, hospitals discharged fewer than one in ten patients (9.9%) by 10am, and in 2010 only 79% of patients told us that the process was adequate from their perspective. As a result of sustained efforts by multi-disciplinary teams within hospitals, I am pleased to report that this year 85% of patients reported that their discharge was effective from their perspective, the greatest improvement in any single measure of patient satisfaction, whilst the number of patients discharged by 10am has more than tripled since this programme began (36%).

Oxford Hip Score

Risk adjusted health gain



Risk adjusted follow-up



Oxford Knee Score

Risk adjusted health gain



Risk adjusted follow-up



Data Sources

Finalised data for April 2011 to March 2012, published 15 October 2013 by the NHS Health and Social Care Information Centre

MRSA bacteraemia (per 10,000 bed days)



*NHS data taken from http://www.hpa.org.uk/webc/HPAwebFile/HPAweb_C/1278944232726

Clostridium difficile infection (per 10,000 bed days)



*NHS data taken from http://www.hpa.org.uk/webc/HPAwebFile/HPAweb_C/1278944234025

Group Medical Director's statement continued

Overall rates for returns to theatre (0.15%), unplanned transfers (0.05%) and readmissions (0.21%) have all fallen year-on-year.

Nevertheless we remain committed to analysing individual episodes to identify any lessons learned in order to inform changes to care pathways, policies or training that can further improve our care. The post-operative mortality rate remains low and we will continue to monitor this carefully and remain alert to factors that may require early intervention.

Serious untoward incidents

Spire hospitals reported 61 clinical adverse events/near misses (AENM) per 1,000 bed days in 2013. The vast majority of reported incidents were graded as resulting in no harm (or near miss) or minor or moderate harm.

Grade of harm	Rate per 1000 bed days
No harm (or near miss)	27.6
Minor harm	8.9
Moderate harm	13.5
Major harm	0.7
Severe harm or death	0.4

All serious clinical untoward incidents (SUIs) – those events that are out of the ordinary and which cause or have the potential to cause serious harm and/or are likely to attract public/media interest – are reviewed by Spire's national Incident Review Team and are subject to root cause analysis. The team recommends national actions – such as changes to policy, training or care pathways – arising from individual incidents or trends, and these are reported through to the National Clinical Governance Committee. Further assurance is also provided by the Clinical Governance and Risk sub-committee of the Board who scrutinise every reported SUI. Individual hospitals will normally manage investigation of events that fall below the threshold of a SUI.

It is important to note that the numbers of incidents reported is influenced by reporting culture, particularly for near misses and incidents resulting in no harm.

VTE risk assessment

Completing a venous thromboembolism (VTE) risk assessment is a key clinical indicator for Spire and is a key step in reducing the risk of deep vein thrombosis and pulmonary embolism in patients admitted to hospital. In 2013, there was a completed risk assessment in 97% of the patient records audited (target = 95%). Additionally, 98% of hip and knee arthroplasty patients surveyed received the recommended chemical prophylaxis for VTE prevention compared with 95% in 2012 and 2011, and 92% of hip and knee arthroplasty patients received their prescribed chemical prophylaxis for 28 days or longer following hip replacement and for 10-14 days following knee replacement.

I am also pleased to report zero cases of MRSA bacteraemia over the past year. In addition, rates of surgical site infection following hip and knee replacement (0.22%) are the lowest ever reported by Spire, reflecting good standards of hand hygiene and infection prevention. The latest Patient Reported Outcome Measures (PROMs) data published by the Department of Health for NHS funded patients demonstrates that patients undergoing a hip or knee replacement at a Spire hospital report better than average health outcomes. Based on case-mix adjusted health gain and finalised NHS PROMS data for 2011/12 (published in October 2013) four Spire hospitals appeared in the top 20 nationwide (Sussex, Washington, Leeds and Wirral). Not only was health gain score better than average, but also patients' adjusted follow up scores were higher with Spire averaging 38.9 (out of a possible 48) compared with a national average of 38.1. The same holds true for patients undergoing knee replacement. NHS PROMS finalised data from April 2011 to March 2012, shows an adjusted average health gain of 15.9 compared with a national average of 15.1 (Spire Washington, Spire Portsmouth, Spire Leeds and Spire Hull and East Riding appearing in the top 20 hospitals nationwide, based on case-mix adjusted health gain, whilst the average follow up score was 34.5 (out of a possible 48) compared with a national average of 33.8.

In 2013 we commissioned an independent report into the governance arrangements at Spire Parkway and Little Aston hospitals as part of our response to concerns raised about the surgical practice of Mr Ian Paterson.

We published the findings and recommendations in March 2014 and are committed to implementing the recommendations in full, as well as sharing our learning with colleagues across the independent sector.

Our five strategic goals for clinical services are serving us well and remain the same:

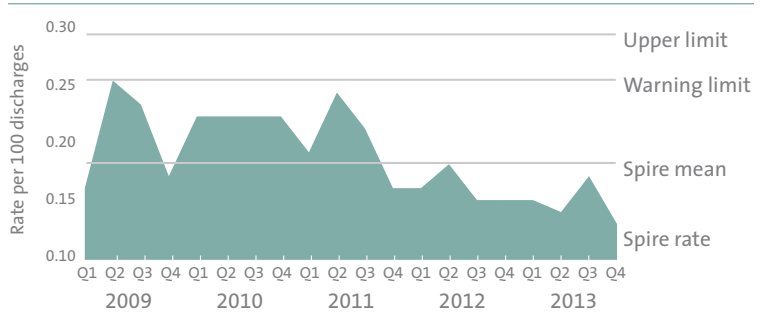
- To deliver value through reliable care processes resulting in superior clinical outcomes;
- To offer superior customer service by consistently delivering responsive, compassionate and dignified care;
- To enhance our reputation for clinical excellence by supporting clinical research and new service developments;
- To enable clinical education that meets the needs of the business and our trusted partners;
- To comply with professional and non-professional regulation.

In conclusion, I want to extend my gratitude to all our clinical teams across the UK for their leadership, attention to detail and continuing dedication to delivering a high standard of patient care. We are at the cusp of witnessing greater transparency, and with it greater accountability, with respect to clinical performance and quality. This is something that we welcome. We are, and always have been, prepared to be judged by our results.

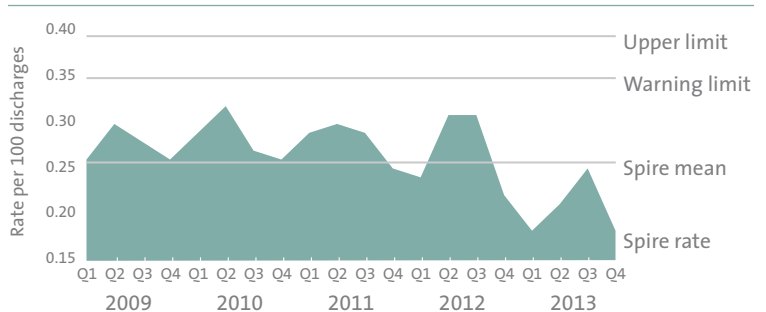


Dr Jean-Jacques de Gorter
Group Medical Director

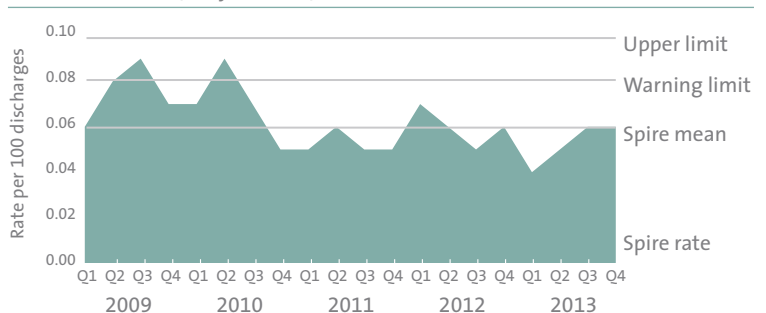
Unplanned return to theatre (five year trend)



Unplanned readmission (five year trend)



Level 2/3 transfers (five year trend)



How we performed:

priorities for improvement 2013/2014

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

1. Reducing the risk of falls for patients admitted to hospital
2. Increasing the number of post-op follow-up consultations undertaken by telephone rather than asking patients to attend hospital for a face-to-face appointment
3. Encouraging participation from patients in the “Friends and Family” test

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

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 alone¹. Across the NHS more falls are reported to the National Reporting and Learning System than any other type of patient safety incident.

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.

During 2012, Spire hospitals undertook a retrospective audit of reported falls and the learning was shared in our annual clinical governance and quality report. Results from our audit indicated that the average age of those who fell was 68 years, with those most at risk aged 70 or more. Most falls were seen in patients undergoing hip and knee replacement, with twice as many patients falling in daytime hours compared with night-time hours (with a peak between 1pm and 2pm). Patients typically fell during times of physical activity, particularly whilst walking from the toilet or shower

During 2013; Spire completed the recommendations from this audit, including:

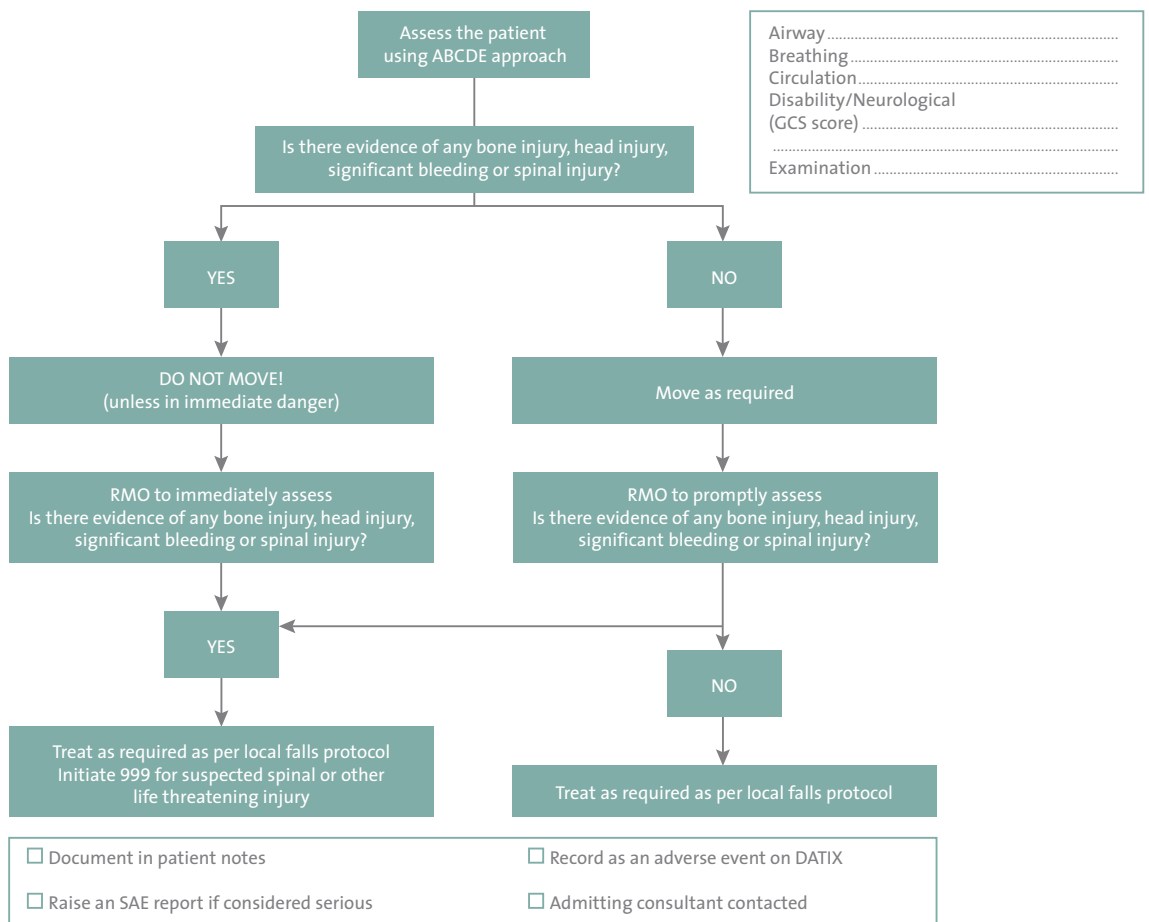
- Spire’s national clinical services team prepared and introduced a pre-populated care plan for patients assessed at high risk of falling. This plan is used in conjunction with the patient’s care pathway for their planned procedure.
- Spire has also implemented a care plan detailing the essential steps to be taken if a patient experiences a slip, trip or fall. This includes an assessment using an ABCDE approach – airway, breathing, disability, circulation and examination – together with a record of any sustained injury and subsequent actions taken.
- The national clinical services team also assessed progress with reducing the risk of falls during on-site nursing reviews undertaken at every Spire hospital during 2013. Areas of good practice identified included:
 - Commencing safe and seen chart recordings for any patients with dementia or short term memory loss who have been assessed at medium or high risk of falling
 - Displaying signs in patient rooms as a reminder to all patients to call for a nurse before getting out of bed
 - All patients escorted to the bathroom until their risk of falling has reduced post-operatively.
 - Commissioning low profile beds with crash mats for use by patients assessed as at high risk of falling

¹ National Patient Safety Agency. Slips, Trips and Falls in Hospital. The Third Report from the Patient Safety Observatory. 2007.

In 2013, Spire's reported in-patient falls rate was 2.48 per 1,000 bed days. Data from regularly reporting hospitals suggests an average of 4.8 falls per 1,000 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.

In-patient falls per 1,000 bed days will continue to 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.

Assessment



How we performed: priorities for improvement 2013/2014 continued

2. Increasing the number of post-op follow-up consultations undertaken by telephone rather than asking patients to attend hospital for a face-to-face appointment

Digital first (formerly Digital by default) is a Department of Health initiative which aims to reduce unnecessary face-to-face contact between patients and healthcare professionals through the greater adoption of technology.

The Digital first programme recognises that face-to-face appointments are, and always will be, central to healthcare, but are not necessary in every case. In fact, face-to-face appointments can often be inconvenient for patients, carers and families². It is estimated that of the 22 million follow-up appointments held every year, up to 75% could be held remotely by telephone or Skype³.

Many patients routinely return to the hospital for a follow-up out-patient appointment to check their progress and to ensure they are recovering well after surgery. However, in many cases, these checks could be performed over the phone, for simpler operations and when this is acceptable to the patient.

200 post-op follow-up consultations were undertaken by phone across Spire hospitals during 2012. Our aim for 2013 was to increase this number by 1,000. By the end of the year, 810 telephone consultations had been undertaken, an increase of 610 from 2012 but still short of our overall target.

As a result, Spire will continue to focus on this area for improvement in the coming year.

A number of Spire hospitals worked with their Consultants to adopt protocols for telephone consultations during the year, amending our patient administration systems to support this process, identifying appropriate surgical procedures where face-to-face consultations are not always required and will be well placed to increase the number of telephone consultations undertaken during 2014. However, we also recognise that a number of Clinical Commissioning Groups preferred hospitals to maintain their usual (face to face) follow-up arrangements during 2013 and on further analysis the choice is not always between attending the hospital and a telephone consultation. In some cases, patients do not require a routine follow-up at all, unless they raise a particular concern, reducing the cohort who might otherwise be eligible for a telephone follow-up appointment.

3. Encouraging participation from patients in the “Friends and Family” test

From April 2013, every hospital providing services to NHS patients has been required to ask patients whether they would recommend the ward they have been treated on to their friends or relatives. Based on the principle of the “net promoter score”, a customer services measure used by Apple, Phillips and American Express, “The Friends and Family Test” is a simple, comparable test which, when combined with follow-up questions, provides a mechanism to identify both good and bad performance and encourage staff to make improvements where services do not live up to expectations.

The test is based on the following standardised question: “How likely are you to recommend our ward to friends and family if they needed similar care or treatment?” which should be asked at, or within 48 hours of discharge.

The national target is for a minimum response rate of 15%. Spire’s aim for 2013 was to significantly exceed this response rate by the end of the year. Encouraging patients to respond to the survey helps to increase confidence in the results and to ensure the feedback received is representative of the target population. With this in mind, Spire also introduced the friends and family test for patients attending for day-case procedures, in addition to the requirement to administer the survey to in-patients.

By March 2014, Spire had developed our processes and achieved a response rate of 35.8%, above the national average of 34.8%.

2 <http://digital.innovation.nhs.uk/pg/dashboard>

3 NHS. Digital First – The delivery choice for England’s population;

<http://digital.innovation.nhs.uk/pg/dashboard>

Priorities for improvement 2014/15

Spire has chosen the following three priorities for improvement for 2014/15:

1. Increasing the number of post-op follow-up consultations undertaken by telephone rather than asking patients to attend hospital for a face-to-face appointment
2. Improving Spire's overall average score from in-patient and day-case patients in the "Friends and Family" test
3. Continue to embed the relevant areas of the Compassion in Practice strategy across all Spire hospitals to help ensure patients are treated with compassion, dignity and respect

1. Increasing the number of post-op follow-up consultations undertaken by telephone rather than asking patients to attend hospital for a face-to-face appointment

Why is increasing the number of post-op follow-up consultations undertaken by telephone important?

Digital first (formerly Digital by default) is a Department of Health initiative which aims to reduce unnecessary face-to-face contact between patients and healthcare professionals through the greater adoption of technology. The Digital first programme recognises that face-to-face appointments are, and always will be, central to healthcare, but are not necessary in every case. In fact, face-to-face appointments can often be inconvenient for patients, carers and families. It is estimated that of the 22 million follow-up appointments held every year, up to 75% could be held remotely by telephone or Skype.

Many patients routinely return to the hospital for a follow-up out-patient appointment to check their progress and to ensure they are recovering well after surgery. However, in many cases, these checks could be performed over the phone, for simpler operations and when this is acceptable to the patient.

A number of Spire hospitals worked with their Consultants to adopt protocols for telephone consultations during the year, identifying appropriate surgical procedures where face-to-face consultations are not always required.

Spire Healthcare has also developed a protocol for undertaking post-op follow-up consultations by phone. This protocol reviews:

- Pain levels (using a 0 – 4 scale)
- Surgical wound appearance
- Return to normal activities
- Any other concerns or questions

The protocol is supported by an escalation process which helps healthcare professionals decide whether further action is required (eg to invite the patient to attend the hospital for a face-to-face review).

Aim/goal

During 2013 810 post-op telephone consultations had been undertaken by Spire hospitals. Our aim for 2014/15 is to increase this number by 100% (to 1620 post-op telephone consultations).

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

Spire's national clinical services team will issue a quarterly report to hospitals to monitor progress.

2. Improving Spire's overall average net promoter score from patients in the "Friends and Family" test

Why is improving Spire's overall average score important?

From April 2013, every hospital providing services to NHS patients has been required to ask patients whether they would recommend the ward they have been treated on to their friends or relatives. Based on the principle of the "net promoter score", a customer services measure used by Apple, Phillips and American Express, "The Friends and Family Test" is a simple, comparable test which, when combined with follow-up questions, provides a mechanism to identify both good and bad performance and encourage staff to make improvements where services do not live up to expectations.

Guidance from the Department of Health⁴ summarises the benefits of "The Friends and Family Test":

- It will mean that staff from "boards to wards" have access to up-to-date patient feedback and thus will be informed and empowered to take immediate action to tackle areas of weak performance and build on success.
- Patients will be able to use the information to make decisions about their care and to challenge their local trusts to improve services while championing those who excel.
- Commissioners will have an up-to-date and comparable measure to use to benchmark providers and use in contract discussions.
- Tracking trends will provide validation of where targeted improvements are most effective

4 https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/141446/Friends-and-Family-Test-Publication-Guidance-v2-FOR-PUBLIC_E2_80_A6.pdf.pdf

Priorities for improvement 2014/15 continued

The test is based on the following standardised question: “How likely are you to recommend our ward to friends and family if they needed similar care or treatment?” which should be asked at, or within 48 hours of discharge.

In response, patients use a descriptive six-point response scale to answer the question:

- 1 Extremely likely
- 2 Likely
- 3 Neither likely nor unlikely
- 4 Unlikely
- 5 Extremely unlikely
- 6 Don't know

The net promoter score is calculated by subtracting the proportion of respondents would not recommend from the proportion of respondents who are extremely likely to recommend.

Improving the average net promoter score across all Spire hospitals delivering NHS services is important because it will help to ensure patients receive a consistently high level of quality of care, taking account of the key influences on patient satisfaction.

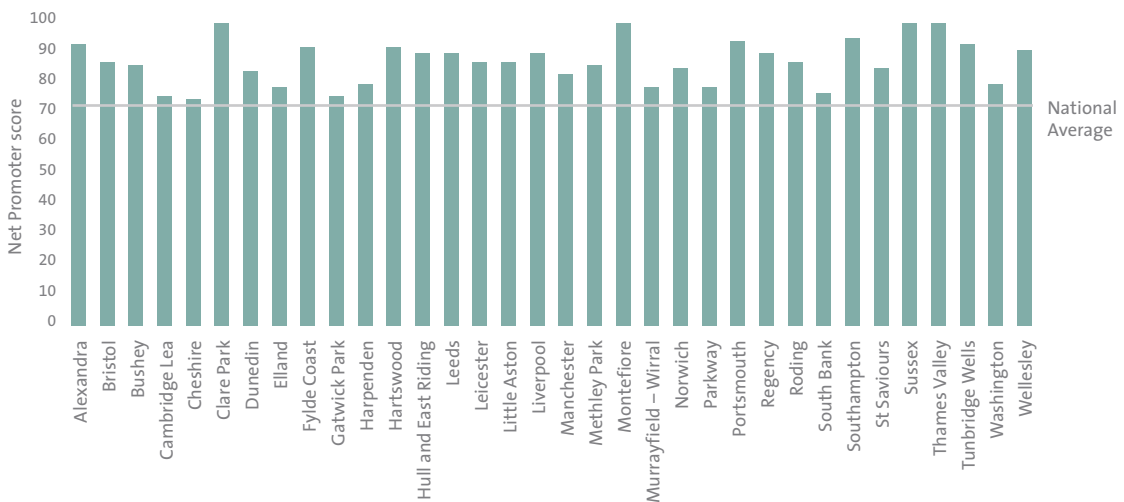
Aim/goal

In 2013, Spire achieved an average net promoter score of 86, compared with the national average (including all independent sector providers) of 73. Average results for individual Spire hospitals from patients admitted to hospital ranged from 75 to 100. Working with those hospitals achieving a lower net promoter score than others in the group, our aim is to achieve an average score of 90 by March 2015.

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

Spire’s national clinical services team will issue a quarterly report to hospitals to monitor progress.

Friends and Family Test – March 2014⁵



3. Continue to embed the relevant areas of the Compassion in Practice strategy across all Spire hospitals to help ensure patients are treated with compassion, dignity and respect

Why is the compassion in practice strategy important?

The Compassion in Practice strategy, launched in December 2012⁶, sets out a shared purpose for nurses, midwives and care staff to deliver high quality, compassionate care, and to achieve excellent health and wellbeing outcomes. Recognising the context for health and care support is changing, and that the role of nurses, midwives and healthcare support workers has significantly changed, the strategy is based on six clear values (the 6 C's – care, compassion, competence, communication, courage and commitment) and six clear areas for action:

- Helping people to stay independent, maximising well-being and improving health outcomes
- Working with people to provide a positive experience of care
- Delivering high quality care and measuring the impact of care
- Building and strengthening leadership
- Ensuring we have the right staff, with the right skills, in the right place
- Supporting positive staff experience

In previous years, Spire has taken a number of steps which directly link to the Compassion in Practice strategy including:

- Re-launching our vision, mission and values in February 2013, following an extensive consultation exercise. Our values are:
 - Caring is our passion
 - Succeeding together
 - Driving excellence
 - Doing the right thing
 - Delivering on our promises
 - Keeping it simple
- Rolling out the Friends and Family test, for both NHS and privately funded patients
- Using regular professional forums, for example Matrons meetings held four times a year, to share good practice across the Spire group
- Monitoring a range of clinical performance and outcome measures through our clinical scorecard and submitting quality data to commissioners for review and discussion at contract review meetings
- Working with PHIN (the Private Healthcare Information Network, www.phin.org.uk) to submit data supporting the publication of comparative clinical performance information online and across the independent sector
- Implementing an independent employee engagement programme and leadership development programmes, including Leadership Essentials for aspiring leaders
- Using Spire behaviours to support recruitment and performance review

Aim/goal

During 2014, Spire will establish a working group to identify other opportunities to improve care delivery within the context of the Compassion in Practice strategy. We have two main aims for 2014:

- To assess the impact of previous initiatives on patient experience. In our 2014 patient satisfaction survey, respondents will be asked to state how much they agree or disagree with the statement "I was treated with compassion and respect at all times"
- To extend our existing employee engagement programme to include a survey of patient safety culture – to measure our own organisational culture and obtain a view from those who work across Spire on our approach to patient safety

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

Results from the patient satisfaction measure and the patient safety culture survey will be used to set further targets for improvement during 2015.

⁶ Department of Health and NHS Commissioning Board. Compassion in Practice. Nursing, Midwifery and Care staff: our vision and strategy. 4th December 2012

NHS services provided

Review of services

During 2013/14 Spire Healthcare provided and/or sub-contracted NHS services leading to 66,800 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 2013 represents 25% of the total income generated by the Spire Healthcare for the year.

Clinical audit

During 2013 four national clinical audits 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 that Spire Healthcare was eligible to participate in during 2013 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

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- Adult cardiac surgery: CABG and valvular surgery
- National Bariatric Surgery Registry

The national clinical audits that Spire Healthcare participated in, and for which data collection was completed during 2013 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 – 84.6% (compared with a national average participation rate of 75%, based on provisional information for 2012/13 published by NHS Health and Social Care Information Centre online on 13 February 2014)
- National Joint Registry (NJR): hip and knee replacement – 97%, compared with 95% in 2012
- 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

The reports of four national clinical audits were reviewed by Spire Healthcare in 2013 and Spire intends to take the following actions to improve the quality of healthcare provided:

- Review of reports received from the NJR indicated that consent rates (for data to be held on the registry) were slightly below average at six hospitals. Action plans are in progress at each of these hospitals to improve compliance with this process.
- Spire is working with the Independent Healthcare Advisory Service (IHAS) to review current clinical guidelines for bariatric surgery in place for the independent sector

The reports of ten local clinical audits were also reviewed by Spire Healthcare in 2013 and the actions Spire intends to take to improve the quality of healthcare provided include:

- Completion of venous thromboembolism risk assessments, compliance with Spire's early warning system and temperature control during and after surgery (to reduce the risk of surgical site infection) will remain key clinical indicators for 2014
- Spire's national clinical services team will introduce a new care pathway for triple assessment of patients presenting with breast lumps in 2014
- During 2013, Spire has been testing Ardeo's online workflow application to support multidisciplinary team meeting (MDT) discussion. Ardeo is a web-based application that creates a summary record for a patient with a cancer diagnosis using a template specific to the cancer site. In 2014 the Ardeo templates for breast and colorectal cancer will be rolled out at six hospitals.

Research

The number of patients receiving NHS services provided or subcontracted by Spire Healthcare in 2013 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 2013/14 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.

Working with our commissioners during the year Spire was able to significantly increase the proportion of income that was conditional on achieving quality improvement and innovation goals. All Spire hospitals worked with their commissioners to actively participate in the Commissioning for Quality and Innovation payment framework for 2013/14, delivering against their goals and achieving significant success and securing additional payments.

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 issued a warning to Spire Liverpool Hospital on 15/07/2013 for issues relating to medicines management. Liverpool subsequently implemented remedial action for all the areas raised and the notice was lifted following an inspection on 12/08/2013.

Data quality

Spire Healthcare submitted records during 2013 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:

- 100.0% for admitted patient care;
- 100.0% for out-patient care; and

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

- 99.6% for admitted patient care;
- 99.7% for out-patient care.

Information governance toolkit

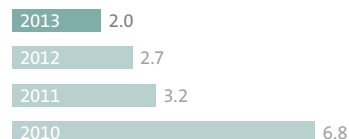
Spire Healthcare Information Governance Assessment Report overall score for 2013/14 was 83% and was graded Green (Satisfactory – Level 2 or above achieved for all requirements).

Clinical coding error rate

Spire Healthcare was not subject to the Payment by Results clinical coding audit during the 2013/14 under the Department of Health Data Assurance Framework. Comprehensive internal audit across the group following the same methodology as the NHS Connecting for Health Classification Service provided assurance that coding error rates and HRG errors had continued to reduce achieving market leading accuracy levels.

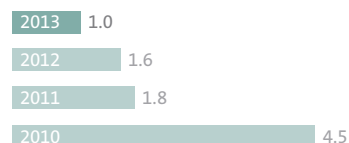
Coding Error 2010-2013

Diagnosis



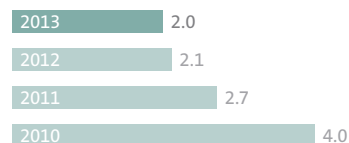
Coding Error 2010-2013

Procedure



Coding Error 2010-2013

HRG



HRG error NHS Benchmark



Data quality update

The NHS teams within Spire have continued to keep a focused attention on maintaining and further developing data quality during 2013/14. Building on the excellent foundation achieved during the previous two years Spire Healthcare has committed significant further resources to this initiative. Despite moving to a full new IT platform and patient administration system in April 2013 we are pleased that our data indicators have remained strong. As we embedded the new system we have continued to strive to improve our collection, management and reporting of NHS data. We are again pleased to report that our overall data quality for

the majority of measures continue to exceed the required standard. Our hospitals and central NHS management information team sustained their focus on the two core areas we believe to be critical to our strategy; Secondary Uses Service (Commissioning Data Set) submissions and Clinical Coding which is an important sub set of this data.

The tables show Spire's Secondary Used Services data quality performance April 2013 to March 2014 as issued by The Health and Social Care Information Centre, May 2014. Against each element Spire is highly rated, continues to equal or exceed the required standard and is ahead of the national average.

Secondary Used Services data April 2013 to March 2014 as issued by The Health and Social Care Information Centre, May 2014

Spire Healthcare out-patient data, based upon 339,516 activities

Data Item	% Valid
NHS Number	100.0
Patient pathway	100.0
Treatment Function	100.0
Main Speciality	100.0
Reg GP Practice	99.7
Postcode	99.7
Org of Residence	100.0
Commissioner	100.0
First Attendance	100.0
Attendance Indicator	100.0
Referral Source	100.0
Referral Received Date	100.0
Attendance Outcome *	100.0
Priority Type	100.0
OP primary Procedure	100.0
Operation Status	100.0
Site of Treatment	100.0
HRG4	100.0

Spire Healthcare admitted patient data, based upon 64,500 activities

Data Item	% Valid
NHS Number	100.0
Treatment Function	100.0
Main Speciality	100.0
Reg GP Practice	99.6
Postcode	99.5
PCT of Residence	100.0
Commissioner	100.0
Ethnic Category	100.0
Primary Diagnosis	100.0
Primary Procedure	99.9
Operation status	100.0
Neonatal Level of Care	100.0
Site of Treatment	100.0
HRG4	100.0

Spire Healthcare has continued to make the capture and reporting of NHS data a key priority during 2013/14. Our hospitals have progressed the development of their partnership approach with our hospital consultants, clinical teams, patient administration staff and the corporate clinical coding provider, Capita Health. We have worked to further improve processes and systems throughout the year. Although there were no external Payment by Results clinical coding audits during 2013 Spire focused on a comprehensive programme of internal coding audits. These audits followed the NHS Connecting for Health

Classification Service Clinical Coding Audit Methodology v7.0 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 place us well within the top quartile of best performing providers. The on-going improvement in our 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

We measure customer satisfaction through regular independent surveys of our patients, staff and consultants. In 2013 we also issued our first survey to GPs. The extent to which consultants, GPs and patients trust us to deliver outstanding care in safe, modern facilities is a crucial factor in the development of our organisation.

Patients

Our patient survey scores demonstrate a high and growing propensity to recommend Spire services and facilities. Many of the key drivers of patient satisfaction and recommendation have increased since 2012.

For the second year in a row we maintained our high level of patient satisfaction with 92% of patients rating us as 'excellent' or 'very good'. 93% of patients rated the care and attention from our nurses as 'excellent' or 'very good', up from 92% on 2012. 97% of patients said they were likely to recommend their Spire hospital in

future, and 97% of patients felt staff went out of their way to make a difference to their stay.

We performed well across the CQUIN questions. 86% of patients felt they were definitely involved as much as they wanted to be in decisions compared with 85% in 2012. We improved our score in 2013 for more patients definitely feeling there was someone to talk to about their worries, which improved to 77% in 2013. 93% of patients felt they were given enough privacy, which was an improvement of one percentage point on 2012.

We saw an increase in the number of patients who were definitely told about the side effects of medication from 69% in 2012 to 71% in 2013. Finally, 83% of patients felt they were definitely told about who to contact when they were at home, which compares with 77% in the NHS.

GPs

For the first time we conducted a survey of GPs in 2013. Over 700 GPs completed the questionnaire which found 91% of GPs rated the quality of our service 'excellent' or 'very good', and 99% of GPs said it was easy to refer patients to us. 85% of GPs were aware of some, if not all, of the services provided at Spire via Choose and Book and 90% rated the quality of patient care 'excellent' or 'very good'.

Consultants

Consultant satisfaction is measured through an annual survey, which continues to show high and improved scores. The percentage of consultants that rate the quality of service 'excellent' or 'very good' maintained its score from 2012 at 78%. 96% of consultants feel we are easy to do business with and 97% of consultants were likely to recommend their Spire hospital to their family and friends. 96% of consultants feel staff really go out of their way to make a difference to their working relationship, which was the same score in 2012.

CQUIN questions	Spire 2012 Yes, definitely	Spire 2013 Yes, definitely	NHS 2013 Yes, definitely
Were you involved as much as you wanted to be in decisions?	85%	86%	55%
Did you find someone to talk to about your worries?	74%	77%	38%
Were you given enough privacy?	92%	93%	74%
Were you told about side effects of medication?	69%	71%	38%
Were you told who to contact after you got home?	94%	94%	77%

Culture and staff

Spire is a national brand of local hospitals and clinics. We have devolved considerable responsibility to each hospital, believing that they are in the best position to tailor services to local demand. But equally, we do not want to re-invent the wheel in each location, so each one of our hospital directors is encouraged to share and adopt best practice.

We have regional clusters where our hospital directors come together on a regular basis to discuss challenges, opportunities and solutions. Monthly conference calls and group leader meetings share best practice, and distributed management information provides peer group performance data. It is our staff who deliver our services day in, day out. They are the custodians of our reputation.

We undertake an independent annual staff engagement survey. This year 72% of respondents rated Spire as somewhere they would recommend as a great place to work. This was a decrease of 6% compared with 2012, and although this is still a high score, it was the first decline in five years and reflects the challenges our staff faced during the year.

Last year we referred to the extensive consultation process we undertook across the whole of Spire to re-examine and refine our vision, mission and values. Communicating the resultant vision and embedding the values in our culture has been a theme of the year since. Our vision, mission and values will continue to underpin everything we do.

Awards and recognition

Spire won several awards last year across a range of categories, illustrating the range and depth of our expertise.

In 2013 Spire's legal team won In-house Commercial and Industry Legal Team of the Year at The Lawyer Awards, and Roberta Haji, a nurse from Spire Dunedin Hospital, won the Best Patient Support Initiative category at the Nursing Network awards for her work in setting up a nurse-led nipple/areola tattooing service for cancer patients.

Spire Murrayfield Hospital Edinburgh won Edinburgh Employer of the Year at the Chamber of Commerce awards and Spire Healthcare won Excellence in Training at the Independent Healthcare Awards for the range of training we provide for our staff.

We also have our own internal recognition programme called Inspiring People and this year approximately 2,380 awards were given to our staff in hospitals and central support teams. Examples of people that have been given an award include:

- The pharmacist at Spire Norwich Hospital who devised a programme for a patient who was reliant on painkillers, to gradually reduce the prescription over a period of time. They later received a letter from the patient thanking the pharmacist for their support
- One of our nurses at Spire Cheshire Hospital developed the PASS (Post Anaesthetic Scoring System), an assessment tool for patients emerging from anaesthesia, which has now been adopted by the local NHS trust

Written statements by other bodies

NHS Southend CCG commentary on Spire Healthcare Quality Account 2013/14

NHS Southend Clinical Commissioning Group (the CCG) welcomes the opportunity to comment on the Quality Account prepared by Spire Healthcare (Spire) as the co-ordinating commissioner of the Trust's services. It is to be noted that this response is made on behalf of the four CCGs in South Essex, Castle Point and Rochford CCG, Basildon and Brentwood CCG and Thurrock CCG.

To the best of the CCG's knowledge, the information contained in the Account is accurate and reflects a true and balanced description of the quality of provision of services. However, there was no information relating to patient safety incidents which resulted in severe harm or death or VTE risk assessment.

The CCG is pleased to note that for the second year patient satisfaction has been maintained at 92% of patients rating the organisation as 'excellent' or 'very good'.

The CCG also notes that Spire conducted a GP survey for the first time in 2013 with over 700 GPs completing the questionnaire with 91% of GPs rating

the quality of service as 'excellent' or 'very good' and 99% said it was easy to refer patients.

The CCG fully supports the Spire's three priorities for patient safety and clinical effectiveness for 2014/15.

The CCG will continue to undertake quality visits to Spire Wellesley to review patient safety, quality of services and patient experience:

- To continue to increase the number of post-op follow-up consultations undertaken by telephone rather than asking patients to attend hospital for a face-to-face appointment
- To continue to improve Spire's overall average score from in-patient and day-case patients in the Friends & Family test
- Continue to embed the relevant areas of the Compassion in Practice strategy across all Spire hospitals to help ensure patients are treated with compassion, dignity and respect

The CCG monitors all serious incidents and Never Events that involve NHS patients and work closely with Spire to ensure that actions are taken if required to prevent further incidents. Spire has reported one Never Event during the

reporting period and this was thoroughly investigated and recommendations fully implemented.

NHS Southend CCG notes the aims and goals against each of these priorities and how progress will be monitored and will monitor progress with this through the Quality monitoring meetings.

NHS Southend CCG was pleased to note Spire Healthcare's participation in the four national clinical audits for which they were eligible. It also recognises the proactive approach taken by Spire Healthcare following the review of other local and national clinical audits and the intended actions to improve the quality of healthcare provided.

NHS Southend CCG was pleased to note the measures implemented by Spire Healthcare in order to achieve their first priority for 2013/14, reducing the risk of falls for patients admitted to hospital. This included:

- Ensuring items (such as water) were in reach
- Checking footwear to ensure it was appropriate
- Assessing the surrounding environment for safety hazards, avoid clutter and removing spillages

- Educating patient/carers in safe movement practices
- Educating patients to request assistance when mobilising

Southend CCG note that Spire recognised that there was more work to do with regard to the other two priorities; to increase the number of post-op follow-up consultations undertaken by telephone rather than face-to-face and to encourage participation from patients in the Friends & Family test, and that these priorities have been carried forward to 2014/15.

NHS Southend CCG is fully supportive of all the priorities identified by Spire Healthcare in taking forward the patient safety, effectiveness, experience and involvement agenda and looks forward to working in partnership with the Trust in the forthcoming year.

“Spire Healthcare welcomes the support and guidance provided to us by the team at NHS Southend CCG who have been acting as coordinating commissioner for our largest NHS contract. As a result of their feedback on this Quality Account we have added details of our performance in the areas of VTE risk assessment and serious untoward incidents.”

Martin Rennison, Director of NHS Business

Hospital performance data

	Unplanned return to theatre per 100 theatre episodes	Unplanned readmission per 100 in-patient/day-case discharges	Unplanned transfers to a higher level of care per 100 in-patient/day-case discharges	Surgical site infection following hip and knee replacement (%)	MRSA Bacteraemia per 10,000 bed days
Alexandra	0.26	0.59	0.17	0.00	0.00
Bristol	0.02	0.06	0.02	0.15	0.00
Bushey	0.15	0.07	0.07	0.00	0.00
Cambridge Lea	0.11	0.04	0.04	0.41	0.00
Cheshire	0.10	0.46	0.04	0.34	0.00
Clare Park	0.09	0.07	0.07	0.00	0.00
Dunedin	0.10	0.20	0.09	0.00	0.00
Elland	0.04	0.31	0.00	0.00	0.00
Fylde Coast	0.14	0.15	0.10	0.00	0.00
Gatwick Park	0.05	0.03	0.03	0.29	0.00
Harpenden	0.07	0.00	0.01	0.00	0.00
Hartswood	0.09	0.10	0.04	0.76	0.00
Hull	0.11	0.17	0.07	0.00	0.00
Leeds	0.34	0.29	0.04	0.00	0.00
Leicester	0.09	0.44	0.01	0.96	0.00
Little Aston	0.10	0.12	0.10	0.00	0.00
Liverpool	0.07	0.15	0.02	0.56	0.00
Manchester	0.36	0.23	0.02	0.96	0.00
Methley Park	0.17	0.36	0.02	0.30	0.00
Montefiore	0.33	0.19	0.04	0.62	0.00
Norwich	0.25	0.32	0.06	0.11	0.00
Parkway	0.20	0.42	0.07	0.00	0.00
Portsmouth	0.02	0.05	0.02	0.00	0.00
Regency	0.13	0.19	0.10	0.94	0.00
Roding	0.06	0.16	0.09	0.61	0.00
South Bank	0.10	0.15	0.07	0.00	0.00
Southampton	0.47	0.34	0.13	0.53	0.00
St Saviours	0.03	0.06	0.03	0.00	0.00
Sussex	0.00	0.09	0.00	0.00	0.00
Thames Valley	0.11	0.14	0.10	0.00	0.00
Tunbridge Wells	0.25	0.33	0.06	0.00	0.00
Washington	0.10	0.40	0.05	0.00	0.00
Wellesley	0.19	0.46	0.03	0.28	0.00
Wirral	0.09	0.20	0.04	0.00	0.00

Clinical Indicator data refers to calendar year 2013 and includes both NHS and privately funded patients admitted for treatment to Spire hospitals in England. Oxford Hip and Knee Score data is for NHS funded patients only and refers to April 2011 – March 2012 (published in October 2013).

With the exception of Oxford Hip Scores and Oxford Knee Scores, data is not adjusted for case mix so direct comparisons between hospitals of different sizes and with differences in case mix complexity may not be appropriate.

Bed day calculations are based on in-patient total length of stay and exclude day-case admissions.

MSSA Bacteraemia per 10,000 bed days	E-coli bacteraemia per 10,000 bed days	Clostridium Difficile infection per 10,000 bed days	In-patient falls per 1,000 bed days	Oxford Hip Score – Case mix adjusted follow-up score	Oxford Hip Score – Case mix adjusted health gain	Oxford Knee Score – Case mix adjusted follow-up score	Oxford Knee Score – Case mix adjusted health gain
0.00	3.74	0.00	1.87	*	*	34.04	15.40
0.00	0.00	0.00	1.87	*	*	32.93	14.29
1.07	1.07	1.07	2.47	*	*	*	*
0.00	0.00	0.00	1.83	39.01	21.03	35.11	16.47
0.00	0.00	0.00	1.70	39.61	21.64	35.22	16.58
0.00	0.00	0.00	2.34	*	*	*	*
0.00	0.00	0.00	5.24	*	*	34.51	15.87
3.42	0.00	3.42	2.40	*	*	*	*
0.00	0.00	0.00	1.62	*	*	*	*
0.00	0.00	5.14	6.43	39.14	21.17	32.75	14.11
0.00	1.48	0.00	1.18	*	*	*	*
0.00	0.00	0.00	0.89	*	*	*	*
0.00	1.60	0.00	2.24	38.94	20.97	35.66	17.02
1.61	0.00	0.00	3.87	40.69	22.71	36.29	17.65
0.00	0.00	0.00	2.93	*	*	*	*
0.00	0.00	0.00	3.26	37.86	19.88	30.86	12.22
0.00	0.00	0.00	2.85	39.43	21.46	35.25	16.61
0.00	2.31	0.00	1.85	*	*	*	*
0.00	0.00	0.00	4.84	37.58	19.61	35.03	16.39
4.07	0.00	0.00	1.22	*	*	*	*
0.00	0.00	0.00	2.82	39.25	21.27	32.96	14.32
0.00	2.14	0.00	1.50	37.55	19.57	35.39	16.75
0.00	0.00	0.00	2.66	39.43	21.45	36.81	18.17
0.00	0.00	0.00	2.85	*	*	*	*
2.34	0.00	4.68	2.57	*	*	*	*
4.83	0.00	0.00	2.90	38.87	20.90	35.43	16.79
0.00	2.68	1.34	1.34	35.43	17.45	32.67	14.03
0.00	0.00	0.00	1.11	36.95	18.97	*	*
0.00	7.20	0.00	2.88	41.90	23.92	34.64	16.00
0.00	0.00	0.00	2.55	*	*	*	*
0.00	0.00	0.00	2.90	*	*	*	*
0.00	0.00	0.00	2.23	40.80	22.83	36.59	17.95
0.00	0.00	0.00	4.64	38.41	20.43	33.13	14.49
0.00	0.00	0.00	2.93	40.33	22.35	33.88	15.24

Because independent sector organisations admit a higher proportion of day-cases than the NHS, rates published for MRSA, MSSA and E-coli bacteraemia and Clostridium Difficile infection may appear high for hospitals who admit smaller numbers of in-patients.

*No case mix adjusted results have been calculated for these hospitals as the number of patients in their data set do not meet the threshold for case mix adjustment.

Contact us

We welcome your feedback

Please write to us at:

Spire Healthcare
3 Dorset Rise
London
EC4Y 8EN

Or use the contact form on our website
www.spirehealthcare.com

If you would like this Quality Account in large print, braille or another language, please contact hocomms@spirehealthcare.com



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Spire Healthcare
3 Dorset Rise
London
EC4Y 8EN

www.spirehealthcare.com