



Spire Healthcare

Strength to strength

Quality Account 2009/10

About Spire Healthcare

Spire Healthcare is a group of 37 private hospitals offering elective surgery and medical services to privately insured, self-pay and NHS patients.

We are extremely proud of our 26-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

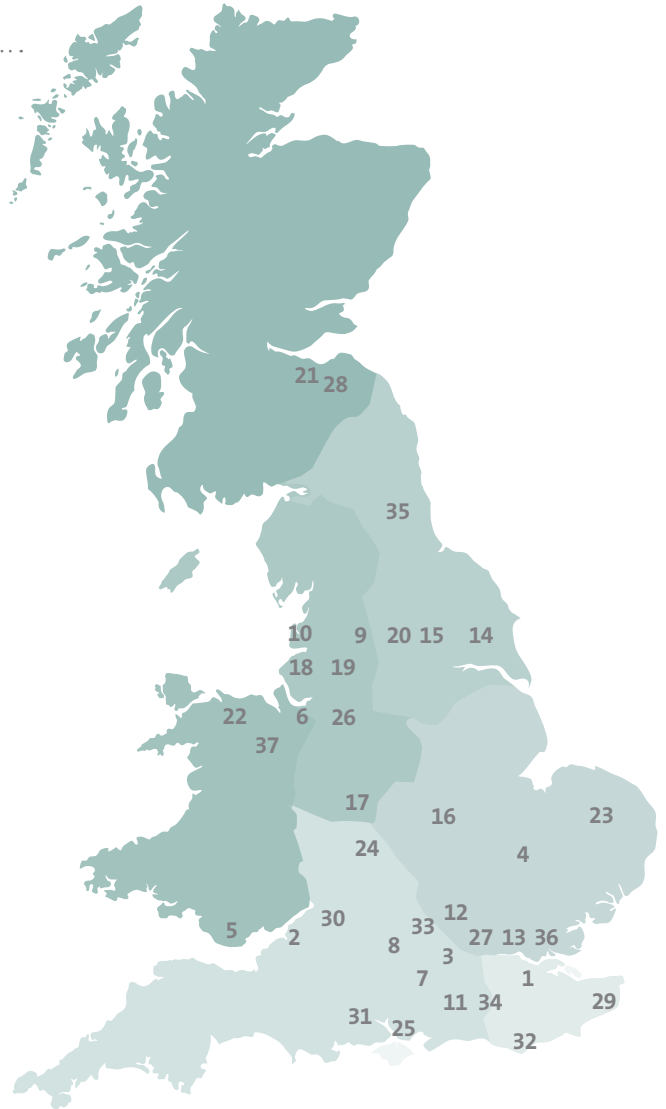
> To everyone and easy to do business with

Aspiring

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

Our hospitals

- 1 Spire Alexandra Hospital
- 2 Spire Bristol Hospital
- 3 Spire Bushey Hospital
- 4 Spire Cambridge Lea Hospital
- 5 Spire Cardiff Hospital
- 6 Spire Cheshire Hospital
- 7 Spire Clare Park Hospital
- 8 Spire Dunedin Hospital
- 9 Spire Elland Hospital
- 10 Spire Fylde Coast Hospital
- 11 Spire Gatwick Park Hospital
- 12 Spire Harpenden Hospital
- 13 Spire Hartwood Hospital
- 14 Spire Hull & East Riding Hospital
- 15 Spire Leeds Hospital
- 16 Spire Leicester Hospital
- 17 Spire Little Aston Hospital
- 18 Spire Liverpool Hospital
- 19 Spire Manchester Hospital
- 20 Spire Methley Park Hospital
- 21 Spire Murrayfield Hospital (Edinburgh)
- 22 Spire Murrayfield Hospital (Wirral)
- 23 Spire Norwich Hospital
- 24 Spire Parkway Hospital
- 25 Spire Portsmouth Hospital
- 26 Spire Regency Hospital
- 27 Spire Roding Hospital
- 28 Spire Shawfair Park Hospital
- 29 Spire St. Saviour's Hospital
- 30 Spire South Bank Hospital
- 31 Spire Southampton Hospital
- 32 Spire Sussex Hospital
- 33 Spire Thames Valley Hospital
- 34 Spire Tunbridge Wells Hospital
- 35 Spire Washington Hospital
- 36 Spire Wellesley Hospital
- 37 Spire Yale Hospital



37 Hospitals across the UK

1,935 Total beds

Chief Executive's statement

“I am proud of the fact that Spire was rated as ‘very good’ or ‘excellent’ by 87% of patients, a measure we regard as so important that local hospital staff bonuses are partially based on achieving patient satisfaction at this level or above.”

Spire's commitment to clinical governance and quality improvement is embedded in all we do, and revolves around each patient as an individual: their quality of care, safety and satisfaction.

The quality of our service is illustrated by the results shown in our clinical performance indicators. In 2009, infection rates including MRSA bacteraemia and Clostridium difficile-associated infection, remained very low. We almost halved the number of people having blood transfusions – which inevitably carry some risk – and have reduced cardiac arrests by 16% against 2008.

Spire's reputation with our important audiences of consultants, GPs and patients continues to gain ground. I am proud of the fact that Spire was rated as ‘very good’ or ‘excellent’ by 87% of patients, a measure we regard as so important that local hospital staff bonuses are partially based on achieving patient satisfaction at this level or above. This achievement can be attributed to our staff. By investing in high calibre talent, further reducing our reliance on agency staff and increasing our investment in clinical education programmes, our hospitals continue to drive standards higher.

In 2009, consultants rating the service from Spire as ‘very good’ or ‘excellent’ rose from 51% to 65% across all hospitals, a dramatic increase that reflects our improving relationships. We have delivered on our promises to consultants, as demonstrated by continuous improvements in staff, facilities and service quality and this is clearly being noticed.

Culture

Our culture is one where labour flexes with activity. Through this, and a successful recruitment effort, we cut the use of agency staff by half in 2009, during which time we have seen a favourable impact on safety, patient satisfaction and provided better continuity of service for consultants.

Spire offers an integrated service where we own and deliver the whole range of services across in-patients and out-patients, diagnostic imaging and pathology services, using our own staff.

Organic growth

Spire has pursued a consistent strategy of investing for growth from the very start. In 2009, three new operating theatres came on stream and our programme of diagnostic imaging investment continued with a further two MRI and six CT scanners being opened.

We finished major hospital expansions at Bristol and Southampton, commenced development of a fifth theatre at Bushey and continued building a new hospital at Shawfair Park (Edinburgh) – projects that were completed in early 2010. Spire has also focused on expansion of satellite clinics providing out-patient and diagnostic services – Droitwich and Abergele (North Wales) opened in 2009 to offer new facilities and support growth of their local Spire hospitals. Our clinic in Windsor opened in March 2010.

Alongside increases in capacity we also focused strongly on broadening our range and complexity of clinical services to meet the needs of local communities. These included developing new specialist units for cardiac surgery (Cambridge and Cardiff), paediatric care, cancer care with CancerPartnersUK (Southampton and Portsmouth) and weight-loss surgery at the majority of our hospitals.

Growth through acquisition

We began expanding the scale and geographic spread of the business in 2008 with the acquisition of 11 hospitals. During 2009, these were fully integrated into the Spire family in a smooth process from management, clinical and systems perspectives.

To the best of my knowledge the information in this document is accurate.



Robert Wise, Chief Executive Officer

New state-of-the-art hospital built

£24m

Major expansions in 2009 included building a new £24 million hospital at Shawfair Park (Edinburgh), which opened in early 2010.



Director of Clinical Services' statement

“We value and invest in our clinical leadership, and our persistence has resulted in Spire establishing an effective and mature clinical governance framework, delivering year-on-year improvements in clinical quality and safety.”

Our goal is straightforward: to consistently deliver the highest standards of patient safety, clinical effectiveness and customer service. We take pride in challenging ourselves to exceed the expectations of those we look after, working alongside our consultants to provide a premium standard of care and service. We value and invest in our clinical leadership, and our persistence has resulted in Spire establishing an effective and mature clinical governance framework, delivering year-on-year improvements in clinical quality and safety.

Throughout 2009, Spire continued to shape national healthcare policies by contributing to numerous national bodies including the NICE Partners Council, the Department of Health's PROMs Stakeholder Reference Group, the Independent Healthcare Advisory Services Advisory Board and the NHS Partners Network Board.

We have now concluded the clinical integration of the 11 hospitals acquired in 2008. Our challenge was to draw on the existing knowledge and experience these hospitals had to offer and to cascade their innovation and best practice throughout Spire in order to strengthen our overall clinical capability. For example, every individual patient treated at a Spire hospital has their own personalised clinical care pathway record printed off on admission. This incorporates the latest guidance and evidence, resulting in every patient consistently receiving up-to-date and effective care.

Hospitals monitor their clinical performance using Spire's award-winning clinical scorecard. Our national clinical team leads an extensive programme of clinical audit, as well as the UK's most established programme for Patient Reported Outcome Measures (PROMs) – informing their subsequent introduction by the NHS in 2009. The team validates the information tracked via the scorecard by undertaking on-the-ground clinical reviews of every hospital at least twice a year.

This year Spire hospitals added 23 projects to the established research register, as well as undertaking a further 12 assessments of new health technologies. We regularly contribute data to national audits including NCEPOD and national registries for orthopaedic, cardiac and bariatric surgery.

Our clinical education team continues to deliver what we believe is the private sector's most comprehensive training and development programme, extending from competency frameworks and our National Vocational Qualifications school to our unique Spire degree (BSc) programme in partnership with the University of Huddersfield. Spire Manchester and Cardiff hospitals are both accredited by the UK Resuscitation Council to deliver critical care training, and our programme enables us to provide courses not only to Spire staff, but also to the NHS. 2010 will see us launch our e-learning platform that allows staff to conveniently access online training modules. Spire's continuing investment in education and development sets us apart from other private hospital groups, helping us to attract and retain talented clinical teams.

Medical Advisory Committees (MAC)

Spire's clinical governance framework functions at each hospital in partnership with the MAC which is comprised of consultants from every major specialty. This important body informs local clinical governance undertakings, enables prompt action to be taken where necessary and advises management on day-to-day clinical matters including patient safety.

The openness with which Spire shares its information on clinical performance has enabled our hospitals to earn the trust and confidence of patients, GPs and consultants alike. This has, we believe, allowed hospitals to introduce new and more complex services in a safe and responsible manner.

E-learning

2010 has seen Spire launch its e-learning platform, a training tool to allow Spire staff to access online training modules – including mandatory training – at any convenient time, day or night. This will deliver high-quality, consistent training with study periods as short as ten minutes, allowing staff to pick up their training whenever practical, either from home or during quiet periods at work.



Blood transfusion

In the past five years, Spire hospitals have reduced the rate of blood transfusion by 42%* despite patient complexity increasing over this period. This is a result of better compliance with published national blood transfusion guidelines. In 2009 alone, hospitals transfused 8% fewer units of blood compared with 2008 and the number of patients requiring a blood transfusion fell by almost half.

While blood transfusion is important for some patients, particularly in emergency situations, inappropriate transfusion increases the risk of adverse reactions, infections due to immunosuppression and may increase length of stay in hospital.

* Amount of blood transfused per 1,000 in-patient/day-case discharges

Objectives for 2009

Every year, Spire focuses on a number of key clinical objectives:

Improving compliance with blood transfusion guidelines

By focusing on appropriate blood transfusion, Spire's hospitals have safely reduced the amount of blood transfused by 42%* over the past five years, with associated side effects down by a quarter. Compared with last year, the number of patients requiring a blood transfusion fell by almost 50%.

Leading the way in infection control and prevention

Spire was one of the first UK hospital groups to electronically report all MRSA bacteraemia, C. difficile infection and surgical site infection surveillance data for hip and knee replacement surgery to the Health Protection Agency. Our surveillance programme continues all year-round, in contrast to the intermittent surveillance seen at many NHS Trusts, with results published on hospitals' websites.

Rates for MRSA bacteraemia (0.06 cases per 10,000 bed days) and C. difficile infection (0.29 cases per 10,000 bed days) are once again lower than the private sector benchmark, and remain very low compared with rates reported across the NHS. Surgical site infections following hip and knee replacement are 40% lower than the average rate seen across the NHS.

Minimising use of agency staff

Great healthcare depends on strong teamwork and continuity of care, so in 2009 we implemented a strategy to reduce our use of agency staff. This required more flexible ways of working by our clinical teams, as well as bringing on board new, capable individuals who are attracted by the prospect of working in a setting that encourages and rewards excellence and opportunities for clinical education and professional development.

* Amount of blood transfused per 1,000 in-patient/day-case discharges

We are pleased to report that in 2009, Spire hospitals reduced agency staffing by 50% year-on-year, to less than 5% of controllable staff costs.

Making care safer

Spire was the first in the UK to introduce the modified Early Warning Score within medical records. Accurate record keeping combined with strong critical care skills has meant our teams are better able to identify patients whose condition is deteriorating, and to intervene earlier. Rates of unplanned returns to theatre, transfers to other hospitals and readmissions are all better than private sector averages, whilst cardiac arrests have fallen to an all-time low.

We followed up our 2008 Laing & Buisson Independent Healthcare Award for 'Health Outcomes' by reaching the finals in a quarter of all categories in 2009, winning the coveted award for 'Nursing Practice' for our sector-leading approach to infection control and prevention.

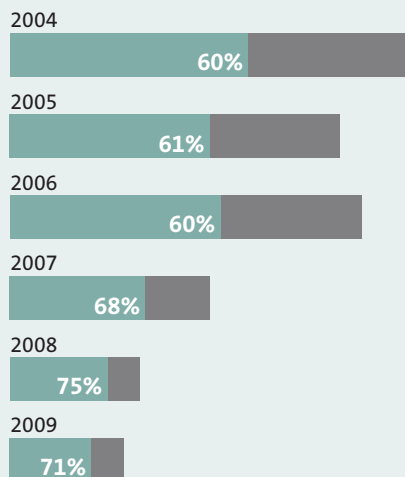
Looking to the future, we are confident that our investment in new facilities and technology, complemented by our strong clinical governance and capable clinical workforce, stands us in good stead to work with consultants to grow the breadth of treatments we can offer.

Nevertheless, our culture is such that we remain alert to the perils of complacency. We set ourselves very high standards, and good enough is simply never good enough at Spire. By making sure we continue listening to our patients and keeping clinical quality at the heart of our plans, we believe we are succeeding in making Spire the best private provider of quality healthcare.

Dr Jean-Jacques de Gorter, Director of Clinical Services

Cardiac arrests

There were 21 cardiac arrests across the Spire group in 2009, with a survival rate of 71%. Mortality from cardiac arrest has fallen by 70% in the past five years, testament to the ongoing training programme aimed at preventing cardiac arrest, improving resuscitation skills, as well as the use of the Modified Early Warning Score.



- Survived
- Died

Spire is the only private provider in the UK to operate two UK resuscitation approved centres for Advanced Life Support, with the accreditation to offer training to both Spire and NHS staff.

Data quality

Spire Healthcare out-patient data, based upon 123,797 activities

Data item	% valid
NHS Number	99.5
Treatment Function	100.0
Main Speciality	100.0
Reg GP Practice	100.0
Postcode	99.9
PCT of Residence	100.0
Commissioner	99.9
First Attendance	100.0
Attendance Indicator	100.0
Referral Source	100.0
Referral Received Date	100.0
Attendance Outcome*	99.3
Priority Type	100.0
OP Primary Procedure	99.6
Operation Status	100.0
Site of Treatment	100.0
HRG4	100.0

* Notable improvement in attendance outcome to 99.3% from 88.3% in 2008/09

Spire Healthcare admitted patient data, based upon 27,566 activities

Data item	% valid
NHS Number	99.7
Treatment Function	100.0
Main Speciality	100.0
Reg GP Practice	100.0
Postcode	99.8
PCT of Residence	99.9
Commissioner	99.1
Ethnic Category	100.0
Primary Diagnosis**	100.0
Primary Procedure	99.6
Operation status	98.2
Neonatal Level of Care	100.0
Site of Treatment	100.0
HRG4	99.6

** Notable improvement in primary diagnosis to 100% from 65.8% in 2008/09

In 2009, Spire Healthcare committed significant resources to improve hospital data collection processes and enhance our Patient Administration System to manage NHS data.

In parallel, staff training has focused on consistent and accurate collection, supported by an improved understanding of definitions from the NHS Data Dictionary (a reference document used for NHS reporting). Our NHS management information team has reviewed and rebuilt data extraction processes and implemented a new suite of pre-submission data validation checks.

Recently published Data Quality Dashboard shows that Spire is submitting data to a high standard.

The tables to the left show Secondary Used Services data April to December 2009 as issued by The Information Centre, March 2010.

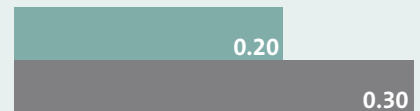
London SHA statement

Spire Healthcare consulted with NHS London as part of the Strategic Health Authority assurance and support process. We received constructive feedback and guidance on the compliance with the Department of Health Quality Account criteria, which was used to inform the final document.

Unplanned returns to theatre (patients returning to theatre during the same admission)

The unplanned return to theatre rate across the Spire group of hospitals in 2009 was 0.2%. The four year trend indicates a sustained fall in returns to theatre due to:

- comprehensive risk assessment prior to surgery, integrated into Spire's care pathways (individual treatment plans)
- all surgery is undertaken by a consultant on the General Medical Council's Specialist Register
- each Spire hospital has a dedicated post-operative recovery area



- Spire
- Independent sector average*

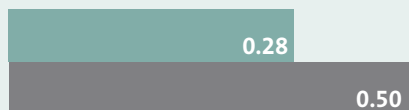
* Independent Sector Average: Independent Healthcare Advisory Services (IHAS) Credentials Document (England); 2007

Overview and Scrutiny Committee statement

Unplanned readmission to hospital within 31 days of discharge

The unplanned readmission rate across the Spire group of hospitals in 2009 was 0.28%. This rate has remained consistently low due to:

- comprehensive discharge planning commenced prior to admission
- extensive patient information designed to promote a speedy recovery, together with details on who to contact in the event of a problem
- organising referrals to external services where it will help promote recovery
- providing GPs with prompt, comprehensive information on discharge



- Spire
- Independent sector average*

* Independent Sector Average: Independent Healthcare Advisory Services (IHAS) Credentials Document (England); 2007

Due to the timing of committee meetings and the recent council elections no Overview and Scrutiny review was available on this occasion.

PCT statement

The North Central London Commissioning Agency has reviewed this document and is pleased to assure this Quality Account for Spire Healthcare. We have been requested as the responsible commissioning body on behalf of North Central London Primary Care Trusts and are acting for this exercise as the NHS body that is situated within the head office area of Spire Healthcare.

In this review, we have taken particular account of the identified priorities for improvement for the organisation during 2010-11 and how this work plan will continue to enable real improvements for patients and their relatives for their care. We recognise that Spire has a number of hospitals situated across the country and accordingly serves a wide number of patients across the country. We note also and welcome that as a non NHS organisation the preparation of a quality account is an important public indicator of commitment to achieving a very high standard of quality of care. This is the first year these have been mandated for NHS hospitals and we welcome the inclusion of our private provider colleagues.

Our only specific comments about this document were discussed directly with the organisation and focused on:

- reflecting how the plans quality of services shows a real commitment to improvement and what the priorities would be for the year 2010-11
- consideration of how these plans will be monitored for the future

Finally, we look forward to continuing our partnership with Spire Healthcare over the coming years.

Unplanned transfers to a higher level of care

The rate of transfer from a Spire hospital to another hospital for a higher level of care in 2009 was 0.07%. The low rate reflects an extensive critical care continuum introduced across Spire hospitals in the past three years, which includes:

- a number of training modules including Basic Life Support and Advanced Life Support
- a modified early warning scoring system (EWS) which helps staff to intervene before a patient's condition deteriorates
- Increasing commitment to a set of critical care competencies with a group of key nurses at each Spire hospital working to achieve critical care skills in ten key areas

0.07

0.50

- Spire
- Independent sector average*

* Independent Sector Average: Independent Healthcare Advisory Services (IHAS) Credentials Document (England); 2007

Priorities for improvement

Fewer complaints

2009 saw the fewest clinical complaints across the Spire group as a percentage of total complaints since 2005 – equivalent to 0.28% of episodes, compared with 0.5% in 2008.

Priority for improvement 1

Ensure that all patients admitted to hospital are assessed to identify those at increased risk of venous thromboembolism (VTE).

What is VTE?

VTE is a condition where a blood clot forms in a vein, usually the deep veins of the legs (deep vein thrombosis or DVT). If the clot breaks off and causes a blockage in the lungs, this is known as pulmonary embolism. VTE can be treated but it can also be a life-threatening condition. Certain risk factors make VTE more likely following admission to hospital, including being over 60, overweight or having a family or personal history of VTE. There are also some types of surgery that increase the risk of VTE, including hip and knee replacement, surgery involving the pelvis or lower limb that lasts longer than 60 minutes or any surgery that lasts longer than 90 minutes.

It is estimated more than 10,000 lives each year could be saved if patients are assessed for their risk of developing blood clots on admission to hospital. A number of different types of prophylaxis are used to help reduce the risk of VTE, including compression stockings, foot pumps, early mobilisation and anti-coagulant drugs.

Spire adopted the Department of Health's VTE risk assessment in 2009 to replace our previous risk assessment, which was based on NICE Clinical Guideline 46*. Following publication of revised NICE guidance early in 2010, the Department of Health reissued its assessment and this is being adopted within all relevant Spire care pathways.

Aim/goal for 2010

At least 90% of surgical patients admitted to Spire hospitals will have a fully completed VTE risk assessment.

* Venous thromboembolism: reducing the risk of venous thromboembolism (deep vein thrombosis and pulmonary embolism) in patients admitted to hospital

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

A quarterly audit will be undertaken at each Spire hospital. Two of these audits will be conducted by a member of Spire's national clinical services team and two will be completed by hospital staff.

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

The results will be published in Spire's quarterly clinical scorecard, as one of 30 performance measures focusing on treatment reliability, patient safety, compliance with healthcare standards, clinical effectiveness and staff empowerment. The intention is for each Spire hospital to report on performance to its local Primary Care Trust, as this indicator forms part of the Department of Health's Commissioning for Quality and Innovation Framework for 2010.

Priority for improvement 2

Maintain participation in the NHS Patient Reported Outcomes (PROMS) programme.

What are PROMS?

PROMS are surveys designed to provide an insight into how successful treatment has been from the patient's perspective. Before having their treatment, patients are asked to complete a questionnaire about their general health, any pain they may have and how this limits their everyday activities. A few months following surgery they are asked to answer the same questions again. 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.

2008/09 PROMS

Hip replacement – In 2008/09 patients having a hip replacement at a Spire hospital saw an average health improvement of 17 points using the Oxford Hip Score

Knee replacement – In 2008/09 patients having a knee replacement at a Spire hospital saw an average health improvement of 13 points using the Oxford Knee Score

Health gain after surgery usually means that patients are in less pain and can perform everyday activities more easily, including shopping, walking, climbing stairs or getting in and out of a car or using public transport.

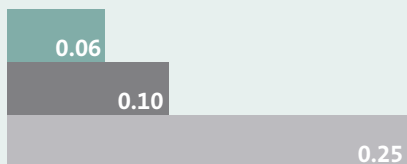


- Oxford Hip Score
- Oxford Knee Score

Infection prevention and control

In 2009, Spire won the coveted 'Nursing Practice' at the annual Independent Healthcare Awards for leading the introduction of an innovative hand hygiene training and monitoring programme across the group resulting in considerable year-on-year reductions in surgical site infection.

MRSA bacteraemia – The rate of MRSA bacteraemia across the Spire group in 2009 was 0.06 per 10,000 bed days, which compares favourably with an independent sector average of 0.10 per 10,000 bed days and the NHS average of 0.25 in 2007/09.



- Spire
- Independent sector average*
- NHS**

* Independent Sector Average: Independent Healthcare Advisory Services (IHAS) Credentials Document (England); 2007

** NHS rate for MRSA blood infection and Clostridium Difficile Infection: Health Protection Agency; Quarterly analyses: Mandatory MRSA bacteraemia & Clostridium difficile infections (July, 2007 to September, 2009)

Spire has run a PROMS programme for over ten years and has surveyed more than 80,000 patients using the Oxford Hip, Oxford Knee, Short-Form (SF)36 and Visual Function (VF)14 questionnaires. During 2009, Spire migrated to the Department of Health's PROMS programme for NHS patients, which collects PROMS for the following surgical procedures:

- unilateral hip replacements (primary and revisions)
- unilateral knee replacements (primary and revisions)
- groin hernia
- varicose vein surgery

The NHS Information Centre monitors participation rates with the NHS PROMS programme by comparing the number of baseline questionnaires (those completed prior to treatment) received with the number of eligible patients treated at each hospital.

Aim/goal for 2010

Outperform the national NHS average participation rate.

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

Spire will monitor and report participation rates using information provided by the NHS Information Centre.

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

The results will be published in Spire's quarterly clinical scorecard, as one of 30 performance measures focusing on treatment reliability, patient safety, compliance with healthcare standards, clinical effectiveness and staff empowerment.

Priority for improvement 3

Compliance with good clinical practice; establishing pregnancy status prior to surgery.

Why is this important?

Performing elective surgery with general anaesthetic or any invasive abdominal surgery represents a significant

risk to an unborn foetus and the pregnant patient. NICE guidance on routine pre-operative testing indicates that consent to undertake a pregnancy test prior to surgery should be gained if a patient of child bearing age indicates it is possible that they may be pregnant. Testing should also be considered for women with a history of their last menstrual period and those who state it is not possible for them to be pregnant.

To avoid ambiguity, Spire’s policy is to request consent for a pregnancy test for all women of child bearing age undergoing invasive abdominal surgery or any procedure involving general anaesthetic. The Spire patient information leaflet “Having a pregnancy test” is available to assist in the process of gaining informed patient consent. The aim of this policy is to help ensure female patients are not taken to theatre before establishing their pregnancy status.

Aim/goal for 2010

Female patients of child bearing age are asked for consent to a pregnancy test on the day of their admission for surgery with general anaesthetic.

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

A quarterly report will be provided to the national clinical services team, comparing the number of pregnancy tests undertaken at each Spire hospital with the number of female patients undergoing surgery with general anaesthetic.

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

The results will be published in Spire’s quarterly clinical scorecard, as one of 30 performance measures focusing on treatment reliability, patient safety, compliance with healthcare standards, clinical effectiveness and staff empowerment.

Infection prevention and control

Clostridium difficile-associated infection

– The rate of clostridium difficile-associated infection across the Spire group in 2009 was 0.29 per 10,000 bed days, which compares favourably with the independent sector average 0.68 per 10,000 bed days and an NHS rate of 3.40 for 2007/09.

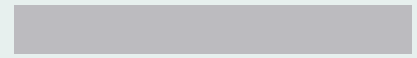
0.29



0.68



3.40



- Spire
- Independent sector average*
- NHS**

* Independent Sector Average: Independent Healthcare Advisory Services (IHAS) Credentials Document (England); 2007

** NHS rate for MRSA blood infection and Clostridium Difficile Infection: Health Protection Agency; Quarterly analyses: Mandatory MRSA bacteraemia & Clostridium difficile infections (July, 2007 to September, 2009)

NHS services provided

Item	Prescribed information	Quality Account
1	<p>The number of different types of NHS services provided or sub-contracted by the provider during the reporting period, as determined in accordance with the categorisation of services –</p> <p>(a) specified under the contracts, agreements or arrangements under which those services are provided; or</p> <p>(b) in the case of an NHS body providing services other than under a contract, agreement or arrangements, adopted by the provider.</p>	<p>During 1 January to 30 December 2009 Spire Healthcare provided and/or sub-contracted one NHS service (elective surgery leading to 54,000 admissions).</p>
1.1	<p>The number of NHS services identified under entry 1 in relation to which the provider has reviewed all data available to them on the quality of care provided during the reporting period.</p>	<p>Spire has reviewed all the data available to it on the quality of care in all of the NHS services provided or sub-contracted.</p>
1.2	<p>The percentage the income generated by the NHS services reviewed by the provider, as identified under entry 1.1, represents of the total income for the provider for the reporting period under all contracts, agreements and arrangements held by the provider for the provision of, or sub-contracting of, NHS services.</p>	<p>The income generated by the NHS services reviewed from 1 January to 30 December 2009 represents 26% of the total income generated by Spire Healthcare for 2009.</p>
2	<p>The number of national clinical audits (9) and national confidential enquiries (10) which collected data during the reporting period and which covered the NHS services that the provider provides or sub-contracts.</p>	<p>During 2009 four national clinical audits and one national confidential enquiry covered NHS services that Spire Healthcare provides.</p>

Item	Prescribed information	Quality Account
2.1	The number, as a percentage, of national clinical audits and national confidential enquiries, identified under entry 2, that the provider participated in during the reporting period.	During 2009, Spire Healthcare participated in 100% of the national clinical audits and 100% of the national confidential enquiries which it was eligible to participate in.
2.2	A list of the national clinical audits and national confidential enquiries identified under entry 2 that the provider was eligible to participate in.	<p>The national clinical audits and national confidential enquiries that Spire Healthcare was eligible to participate in during 2009 are as follows:</p> <ul style="list-style-type: none"> • national elective surgery PROMS: four operations • NJR: hip and knee replacements • adult cardiac surgery: CABG and valvular surgery • national comparative audit of blood transfusion • care to the end – a review of patients who died in hospital within four days of admission.
2.3	A list of the national clinical audits and national confidential enquiries, identified under entry 2.1, that the provider participated in.	<p>The national clinical audits and national confidential enquiries that Spire Healthcare participated in during 2009 are as follows:</p> <ul style="list-style-type: none"> • national elective surgery PROMS: four operations • NJR: hip and knee replacements • adult cardiac surgery: CABG and valvular surgery • national comparative audit of blood transfusion • care to the end – a review of patients who died in hospital within four days of admission.

Item	Prescribed information	Quality Account
2.4	A list of each national clinical audit and national confidential enquiry that the provider participated in, and which data collection was completed during the reporting period, alongside the number of cases submitted to each audit, as a percentage of the number required by the terms of the audit or enquiry.	<p>The national clinical audits and national confidential enquiries that Spire Healthcare participated in, and for which data collection was completed during 2009, 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.</p> <ul style="list-style-type: none"> • National elective surgery PROMS: four operations – 70% • NJR: hip and knee replacements – 88% • 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 comparative audit of blood transfusion – 100% • Care to the end – a review of patients who died in hospital within four days of admission – this information is not currently available.
2.5	The number of national clinical audit reports published during the reporting period that were reviewed by the provider during the reporting period.	The reports and or the available data of the five identified national clinical audits were reviewed by Spire in 2009.
2.6	A description of the action the provider intends to take to improve the quality of healthcare following the review of reports identified under entry 2.5.	The blood transfusion re-audit highlighted that Spire’s compliance with bedside checks to establish identity prior to transfusion was excellent. The audit did highlight slightly less compliance with post-transfusion observations compared to pre-transfusion observations and local action plans have been implemented prior to participation in future audits. This included additional training and assessment against blood transfusion competencies.

Item	Prescribed information	Quality Account
2.7	The number of local clinical audit (11) reports that were reviewed by the provider during the reporting period.	<p>Spire's national clinical services team reviewed five local clinical audit reports during 2009, in addition to routine monitoring of key clinical performance indicators and other audits undertaken by the 33 hospitals within Spire Healthcare in England. The audit reports were:</p> <ul style="list-style-type: none"> • VTE prophylaxis in hip and knee replacement surgery • antibiotic prophylaxis in hip and knee replacement surgery • bariatric surgery – compliance with NICE Guidance and Centres of Excellence for Bariatric Surgery criteria • MRI reporting peer review • compliance with Chartered Society of Physiotherapists standards.
2.8	A description of the action the provider intends to take to improve the quality of healthcare following the review of reports identified under entry 2.7.	<ul style="list-style-type: none"> • Spire is monitoring compliance with guidelines on prophylaxis for all reported VTE events and with Department of Health's VTE risk assessment • The National Head of Infection Control is working with a small number of Spire hospitals to review the use of restricted antibiotics • Spire will review its Bariatric Services policy during 2010 • Compliance with Chartered Society of Physiotherapists (CSP) standards will be re-audited in 2010, in line with CSP requirements.
3	The number of patients receiving NHS services provided or sub-contracted by the provider during the reporting period that were recruited during that period to participate in research approved by a research ethics committee within the National Research Ethics Service (12).	In 2009, no NHS patients were recruited by Spire Healthcare to participate in research approved by a research ethics committee.

NHS services provided continued

Item	Prescribed information	Quality Account
4	Whether or not a proportion of the provider's income during the reporting period was conditional on achieving quality improvement and innovation goals under the Commissioning for Quality and Innovation payment framework (13) agreed between the provider and any person or body they have entered into a contract, agreement or arrangement with for the provision of NHS services.	Spire Healthcare's income in 2009 was not conditional on achieving quality improvement and innovation goals through the Commissioning for Quality and Innovation payment framework.
4.1	If a proportion of the provider's income during the reporting period was not conditional on achieving quality improvement and innovation goals through the Commissioning for Quality and Innovation payment framework the reason for this.	PCTs were unprepared to propose a payment framework for this for 2009.
4.2	If a proportion of the provider's income during the reporting period was conditional on achieving quality improvement and innovation goals through the Commissioning for Quality and Innovation payment framework, where further details of the agreed goals for the reporting period and the following 12 month period can be obtained.	Not applicable to Spire Healthcare in 2009 – see section 4.
5	Whether or not the provider is required to register with the Care Quality Commission ("CQC") under section 10 of the Health and Social Care Act 2008 (14).	<p>Spire Healthcare is required to register with the Care Quality Commission. Registration under section 10 of the Health and Social Care Act does come into force until 1 October 2010 for independent sector providers.</p> <p>The Care Quality Commission has not taken enforcement action against Spire during 2009.</p>

Item	Prescribed information	Quality Account
5.1	<p>If the provider is required to register with the CQC –</p> <ul style="list-style-type: none"> (a) whether at end of the reporting period the provider is – <ul style="list-style-type: none"> (i) registered with the CQC with no conditions attached to registration, (ii) registered with the CQC with conditions attached to registration, or (iii) not registered with the CQC; (b) if the provider’s registration with the CQC is subject to conditions what those conditions are; and (c) whether the Care Quality Commission has taken enforcement action against the provider during the reporting period. 	<p>Not applicable to Spire Healthcare in 2009 – see section 5.</p>
6	<p>Whether or not the provider is subject to periodic reviews by the CQC under section 46 of the Health and Social Care Act 2008.</p>	<p>Spire is not subject to periodic reviews by the CQC under the Health and Social Care Act 2008. Spire hospitals are still currently subject to reviews under the Care Standards Act, under which Independent Sector providers currently operate.</p>
6.1	<p>If the provider is subject to periodic reviews by the CQC –</p> <ul style="list-style-type: none"> (a) the date of the most recent review, (b) the assessment made by the CQC following the review (15), (c) the action the provider intends to take to address the points made in that assessment by the CQC, and (d) any progress the provider has made in taking the action identified under paragraph (c) prior to the end of the reporting period. 	<p>Not applicable to Spire Healthcare – see section 6.</p>

Item	Prescribed information	Quality Account
7	Whether or not the provider has taken part in any special reviews or investigations by the CQC under section 48 of the Health and Social Care Act 2008 during the reporting period.	Spire Healthcare has not participated in any special reviews or investigations by the CQC during the reporting period.
7.1	<p>If the provider has participated in a special review or investigation by the CQC –</p> <ul style="list-style-type: none"> (a) the subject matter of any review or investigation, (b) the conclusions or requirements reported by the CQC following any review or investigation, (c) the action the provider intends to take to address the conclusions or requirements reported by the CQC, and (d) any progress the provider has made in taking the action identified under paragraph (c) prior to the end of the reporting period. 	Not applicable to Spire Healthcare in 2009 – see section 7.

Item	Prescribed information	Quality Account
8	<p>Whether or not during the reporting period the provider submitted records to the Secondary Uses service (16) for inclusion in the Hospital Episode Statistics (17) which are included in the latest version of those Statistics published prior to publication of the relevant document by the provider.</p>	<p>Spire Healthcare submitted records during 2009 to the Secondary Uses service for inclusion in the Hospital Episode Statistics which are included in the latest published data.</p>
8.1	<p>If the provider submitted records to the Secondary Uses service for inclusion in the Hospital Episodes Statistics which are included in the latest published data:</p> <ul style="list-style-type: none"> (a) the percentage of records relating to admitted patient care which include the patient's – <ul style="list-style-type: none"> (i) valid NHS number; and (ii) General Medical Practice Code; (b) the percentage of records relating to out-patient care which included the patient's – <ul style="list-style-type: none"> (i) valid NHS number; and (ii) General Medical Practice Code; (c) the percentage of records relating to accident and emergency care which included the patient's – <ul style="list-style-type: none"> (i) valid NHS number; and (ii) General Medical Practice Code. 	<p>For the period April to December 2009 Spire Healthcare submitted data relating to 124,000 out-patient and 28,000 in-patient activities for inclusion.</p> <p>The percentage of records in the published data:</p> <ul style="list-style-type: none"> – which included the patient's valid NHS number was: <ul style="list-style-type: none"> 99.7% for admitted patient care; 99.5% for out-patient care; and N/A for accident and emergency care. – which included the patient's valid General Medical Practice Code was: <ul style="list-style-type: none"> 100% for admitted patient care; 100% for out-patient care; and N/A for accident and emergency care.

NHS services provided continued

Item	Prescribed information	Quality Account
9	The provider's score for the reporting period, as a percentage, for Information Quality and Records Management, assessed using the Information Governance Toolkit published by the Audit Commission (18).	Not applicable to Spire Healthcare in 2009.
10	Whether or not the provider was subject to the Payment by Results clinical coding audit at any time during the reporting period by the Audit Commission (19).	Spire Healthcare was not subject to the Payment by Results clinical coding audit during 2009 by the Audit Commission.
10.1	If the provider was subject to the Payment by Results clinical coding audit by the Audit Commission at any time during the reporting period, the error rates, as percentages, for clinical diagnosis coding and clinical treatment coding reported by the Audit Commission in any audit published in relation to the provider for the reporting period prior to publication of the relevant document by the provider.	Not applicable to Spire Healthcare in 2009.



Spire Healthcare

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