



Spire Healthcare

Quality Account 2010/11

About Spire Healthcare

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

We are extremely proud of our 27-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

Scotland

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

North West

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

Midlands

Spire Droitwich Clinic
Spire Leicester Hospital
Spire Little Aston Hospital
Spire Parkway Hospital
Spire South Bank Hospital

Wales

Spire Abergele Consulting Rooms
Spire Cardiff Hospital
Spire Yale Hospital

South West

Spire Bristol Hospital

North East and Yorkshire

Spire Elland Hospital
Spire Hull and East Riding Hospital
Spire Leeds Hospital
Spire Longlands Consulting Rooms
Spire Methley Park Hospital
Spire Newcastle Clinic
Spire Washington Hospital

East of England

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

London

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

South East

Spire Alexandra Hospital
Spire Clare Park Hospital
Spire Dunedin Hospital
Spire Portsmouth Hospital
Spire Southampton Hospital
Spire St. Saviour's Hospital
Spire Sussex Hospital
Spire Tunbridge Wells Hospital

37

Hospitals across the UK¹.

1 Plus London Fertility Centre, The Insight Network and eight clinics

*“
We are continually
striving for, and achieving,
improvements in our
clinical performance.
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We take our responsibilities as a healthcare provider very seriously, putting staff well-being, patient safety and patient care at the forefront of all we do. Our business is about optimising the outcomes for patients, which involves creating a framework for excellence and systems that deliver the best possible clinical results.

We are continually striving for, and achieving, improvements in our clinical performance. For example, in 2010 the number of surgical site infections following hip and knee replacements fell by 20%. Since Spire Healthcare was formed in August 2007, our clinical performance indicators, including returns to theatre, unplanned transfers and readmissions, have remained exceptionally low.

Our three-year trend of improvement in non-clinical health and safety is testimony to the rigour we apply to meet regulatory requirements. We monitor the effectiveness of our health and safety policy by reviewing adverse events and carrying out risk assessments and audits. External audits of our results show the mean scores from 36² Spire hospitals have risen from 77% in 2006/07 to 84% in 2009/10.

2. Excluding Spire Shawfair Park Hospital, opened in 2010

Our reputation

We monitor the views of our patients and consultants closely, and I am delighted to report a three-year trend of steady improvement in these relationships.

Our 2010 independent patient satisfaction survey produced record high results, with 90% of patients rating our overall service 'excellent' or 'very good'. Within that result, 51% of patients rated us as 'excellent', compared with 44% on the same measure back in 2008.

It was equally pleasing that 71% of consultants rated Spire Healthcare as 'excellent' or 'very good'. This represents a significant improvement from the 51% score measured in 2008 shortly after Spire Healthcare was founded.

Working with GPs

As new government healthcare policy is implemented Spire Healthcare is working to support GPs and new GP consortia groups across the country. As well as an already established education programme across our hospitals, we have invested significantly over the last three years to ensure hospitals have a dedicated GP liaison role. As GP consortia establish themselves over the next two to three years, we are committed to ensuring Spire Healthcare is a provider of choice for both NHS and private patient services, both in the form of existing patient services and extended support such as pathology and logistical help.

Our services

One highlight of 2010 was continued strong growth in our out-patient and diagnostic services. Since 2007, we have worked to plug identifiable service gaps in the UK private healthcare market to offer high-quality, easily accessible services to consultants and their patients. We now have 22 MRI and 18 CT fixed-site scanners installed within our portfolio of hospitals and clinics. This provides our consultants and patients with ready access to high-end diagnostic facilities and is essential for many clinical specialties such as orthopaedics, general surgery and oncology.

Spire Healthcare also has a strong network of 17 pathology laboratories that cover most of the UK. This service supports our own customers' needs but, increasingly, is achieving recognition from other primary and secondary care providers. We have transformed our network of laboratories by upgrading our capabilities, improving the speed of results reporting and increasing our operating efficiency. We have succeeded in winning a number of third-party contracts during 2010 and continued that success into 2011.

Our strategy to become the major national private provider of fertility services in the UK is developing well. Following the 2010 launch of IVF Scotland at the new Spire Shawfair Park Hospital in Edinburgh and the acquisition of Harley Street's London Fertility Centre, we are successfully establishing a referring network of Spire hospitals that are able to provide services to a growing number of patients and drive growth in this area of the business. Our entry into this market has coincided with pressure on funding for access to publicly provided fertility services.

In late 2010, Spire Healthcare invested in The London Cognitive Behaviour Therapy Centres – an established London-based network of mental health professionals who practise in growth areas of the talking therapies, such as cognitive behavioural therapy.

During 2010, we further developed our cancer services in collaboration with CancerPartnersUK. A dedicated chemotherapy suite, run by Spire Bushey Hospital, was opened within the new Elstree Cancer Centre in Hertfordshire, providing expanded capacity and a range of services for

private chemotherapy treatment, alongside CancerPartners' state-of-the art image guided radiotherapy service. This collaboration drives growth of cancer-related surgery, diagnostics and chemotherapy through our hospitals. This was our third site with CancerPartnersUK, with the fourth opened at Spire Little Aston Hospital (Birmingham) in March 2011.

People

One of our proudest achievements of 2010 was Spire's employee engagement scores, which showed that 70% of our staff judged Spire to be a 'great place to work'. This compares with 62% one year ago.

We believe we have achieved this high level of engagement by focusing on developing the right culture, driven by sound management capability. We have invested more than £500,000 over the past three years in developing Spire Healthcare's managers and continue to work on transforming the culture to one of strong leadership and high performance. Our focus is on creating the right team and devolving authority to hospitals, allowing them to run the hospital in a way that best works within their different local markets.

Conclusion

In summary, I am proud of what Spire Healthcare achieved in 2010 and over the past three years.

Spire is a strong business with a great leadership team and I'm pleased we've been able to demonstrate strong growth and sustained clinical performance during my tenure. From 1 May 2010, I am stepping down as Chief Executive Officer (CEO) and Rob Roger moves into the CEO role from that of Chief Financial Officer. This ensures continuity, with Rob having been a key part of the team that has produced three years of outstanding results at Spire Healthcare.

A handwritten signature in black ink, appearing to read 'Rob Wise', with a stylized flourish at the end.

Rob Wise, Chief Executive Officer

April, 2010

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I am pleased to report that Spire Healthcare successfully met each of the three priorities for improvement set out in the 2009/10 Quality Account.
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Our ability to consistently deliver high-quality clinical care is due to the willingness of clinical teams to work collaboratively with consultants and Medical Advisory Committees to enable modern and safe practice to flourish. We set great store on the availability of relevant, accurate and timely management information to help us monitor, analyse and, most importantly, act upon insights that drive up our standards of care.

Spire's frontline staff provide hands-on care with dignity and compassion, as well as being clinically effective. Our established and strong systems for clinical governance support our teams with the information they need to help keep patients safe, to make them better again and to provide great care. This is why we believe Spire hospitals continue to grow their reputation for high clinical quality.

Priorities for improvement 2010

I am pleased to report that Spire Healthcare successfully met each of the three priorities for improvement set out in the 2009/10 Quality Account:

- 92% of surgical patients admitted to Spire Hospitals had a fully completed VTE risk assessment, ahead of our aim of 90%
- our participation rate in the NHS Patient Reported Outcomes (PROMS) programme was 161%³, ahead of the national average of 66%

³ Provisional monthly Patient Reported Outcome Measures (PROMs) in England – April 2009 to November 2010. Pre and post-operative data: Experimental Statistics. Published 14 April 2011. Estimate of the true participation rate and this effect (i.e. a headline rate of over 100%) may be due to providers subcontracting activity across the NHS or to the private sector

- 91% of female patients of childbearing age admitted for surgery with a general anaesthetic or for invasive abdominal surgery were asked to consent to a pregnancy test on the day of their admission, ahead of our goal of 90%

Further details of the 2009/10 priorities for improvement can be found on page 10.

Clinical excellence

Over this past year, we successfully transferred the registration of all Spire services with the Care Quality Commission under section 10 of the Health and Social Care Act 2008 (in line with the planned transfer of registration for independent sector providers), as well as meeting all requirements for registration with the Human Tissue Authority (ten registrations), the Human Fertilisation and Embryology Authority (two registrations), the Healthcare Inspectorate Wales and the Scottish Care Commission (now Healthcare Improvement Scotland).

Against a background of successfully improving our operating flexibility, hospitals have once again raised the bar in terms of clinical performance. Among the more notable highlights are:

- 20% reduction in surgical site infection following hip and knee replacements, despite extending our surveillance period
- 9% reduction in blood use – this has fallen year-on-year and now stands at half the rate it did when our transfusion programme began in 2006
- in-patient surgical mortality down 30% on last year (and down 60% on 2008)

Surgical site infection after hip and knee replacement (%)



- Spire
- NHS*

* NHS data on surgical site infections: http://www.hpa.org.uk/web/HPAwebFile/HPAweb_C/1287147699571

MRSA bacteraemia (per 10,000 bed days)



- Spire
- NHS*

* NHS data on MRSA bacteraemia: http://www.hpa.org.uk/web/HPAwebFile/HPAweb_C/1278944232726

Clostridium difficile infection (per 10,000 bed days)



- Spire
- NHS*

* NHS data on Clostridium difficile: http://www.hpa.org.uk/web/HPAwebFile/HPAweb_C/1278944234025

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



- Spire
- Independent sector average*

* Independent sector average: Independent Healthcare Advisory Services (IHAS) Credentials Document (England); 2007

Unplanned transfers to a higher level of care (%)



- Spire
- Independent sector average*

* Independent sector average: Independent Healthcare Advisory Services (IHAS) Credentials Document (England); 2007

Hospitals also achieved an all-time high in terms of compliance with our record keeping standards, resulting in ever better communication between clinicians and nursing teams.

Spire Healthcare's indicators of reliable care processes – returns to theatre (0.22%), transfers out to higher levels of care (0.07%) and unplanned readmissions (0.28%) – demonstrate the strong performance associated with 'high reliability' organisations. This is especially important as we continue to treat patients with increasingly complex health needs.

In 2010, Spire hospitals added 13 clinical research projects to the Spire research register, and we undertook a further 12 health technology assessments, underlining our commitment to safely introduce innovative treatments for the benefit of our patients.

Our results demonstrate that not only have Spire hospitals achieved considerable gains on last year, but they have also been able to sustain the hard-won improvements from previous years. This marks Spire Healthcare as a sophisticated organisation with the maturity to learn when things do not go to plan, and to take prompt action to effect lasting change for the better.

Finally, we were pleased to win the coveted Laing & Buisson Independent Healthcare Award for 'Nursing Practice' for the second year in a row. This reflects our focus on attracting, developing and retaining nurses and allied health professionals of the highest calibre. Nevertheless, we remain alert to any sense of complacency, and we will continue to challenge ourselves to improve the services we provide for the benefit of our patients and those who care for them.



Dr Jean-Jacques de Gorter,
Director of Clinical Services

Unplanned readmission to hospital within 31 days of discharge (%)



- Spire
- Independent sector average*

* Independent sector average: Independent Healthcare Advisory Services (IHAS) Credentials Document (England); 2007

92%

Our aim for 2010 was that at least 90% of surgical patients admitted to Spire Hospitals had a fully completed VTE risk assessment. By the end of the year, we achieved 92% compliance.

Spire met all three priorities for improvement, as set out in our 2009/10 Quality Account:

1. ensure that all patients admitted to hospital are assessed to identify those at increased risk of venous thromboembolism (VTE)
2. maintain participation in the NHS Patient Reported Outcomes (PROMS) programme
3. compliance with good clinical practice; establishing pregnancy status prior to surgery

1. Ensure that all patients admitted to hospital are assessed to identify those at increased risk of 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 in the UK if patients are routinely assessed for their risk of developing blood clots on admission to hospital. A number of different types of preventatives (prophylaxis) are used to help reduce the risk of VTE, including compression stockings, foot pumps, early mobilisation and anti-coagulant drugs.

Our aim for 2010 was that at least 90% of surgical patients admitted to Spire Hospitals had a fully completed VTE risk assessment. By the end of the year, we achieved 92% compliance.

We will continue to monitor this measure in 2011 as one of a range of clinical performance measures focusing on treatment reliability, patient safety, compliance with healthcare standards, clinical effectiveness and staff empowerment. We will also be monitoring a number of other measures related to the recently published NICE Quality Standard on reducing the risk of VTE in patients admitted to hospital.

2. Maintain participation in the NHS PROMS programme

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 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.

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In addition to running our own PROMS programme, which currently monitors outcomes for spinal surgery, bariatric (weight loss) surgery and cataract surgery, Spire participates in the NHS programme.
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In addition to running our own PROMS programme, which currently monitors outcomes for spinal surgery, bariatric (weight loss) surgery and cataract surgery, Spire participates in the NHS programme that currently focuses on four 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) they receive with the number of eligible patients treated at each hospital. Our goal in 2010 was to outperform the national average participation rate; data covering the period April to November 2010 suggests a participation rate across Spire of 161%⁴, compared to the national average of 66%. This is an estimate of the true participation rate and this effect (i.e. a headline rate of over 100%) may be due to providers subcontracting activity across the NHS or to the private sector.

⁴ Provisional monthly Patient Reported Outcome Measures (PROMs) in England – April 2009 to November 2010. Pre and post-operative data: Experimental Statistics. Published 14 April 2011.

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

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 considered 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. A 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.

By December 2010, Spire hospitals achieved 91% compliance with this measure, ahead of our target for the year of 90%. We will continue to monitor this measure in 2011 and the results will be published in our quarterly clinical scorecard.

91%

By December 2010, Spire hospitals achieved 91% compliance in establishing pregnancy status prior to surgery, ahead of our target for the year of 90%.

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Good pain control allows patients to carry out certain activities that are essential for recovery.
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Spire has chosen three priorities for improvement for 2011/12, to reflect three key elements of clinical quality – patient experience, clinical effectiveness and patient safety:

1. ensure patients receive optimum pain control following surgery (patient experience)
2. demonstrate clinical outcomes better than the NHS average (clinical effectiveness)
3. improve compliance with mandatory training through e-learning (patient safety)

1. Ensure patients receive optimum pain control following surgery

Why is pain control important?

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

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

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

Important aspects of good pain control are prompt pain assessment and ensuring that nursing staff regularly talk to patients about

any pain they may be feeling. Spire uses a five point pain assessment scale to monitor patient perceptions of pain as part of taking routine observations:

- 0 = no pain
- 1 = mild pain
- 2 = moderate pain
- 3 = severe pain
- 4 = very severe/worst pain imaginable

Aim/goal for 2011/12

Exceed our target of 75% for pain scores to be recorded with every set of observations following surgery (with at least one pain score to be recorded in recovery).

How will progress in achieving this priority be monitored by Spire?

A quarterly audit will be undertaken at each Spire hospital.

How will progress in achieving this priority be reported by Spire?

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

2. Demonstrate clinical outcomes better than the NHS average

How can clinical outcomes be demonstrated?

Patient Reported Outcomes (PROMS) surveys are designed to provide an insight into how successful treatment has been from the patient's perspective. PROMS can be used as a guide to help patients choose where they would like to receive treatment and they are also used to help monitor and improve the quality of services hospitals provide.

“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.”

“
Mandatory training is an important component of Spire’s approach to continuing professional development, alongside annual appraisal and training needs analysis.
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Two established PROMS measures are the Oxford Hip Score and the Oxford Knee Score, which are used following hip and knee replacement surgery. Both surveys include a series of questions about how a patient’s hip or knee problems affect their lifestyle and ability to perform everyday tasks. The response to each question is rated on a five point scale and the maximum score achievable is 48. Higher scores indicate fewer problems with pain and daily activities following surgery.

Aim/goal

Average Oxford Hip and Knee follow-up scores (calculated from surveys completed by patients six months after surgery) demonstrate outcomes higher than the NHS average.

How will progress in achieving this priority be monitored by Spire?

This information is published by the NHS Information Centre on a monthly basis as part of the NHS PROMS programme.

How will progress in achieving this priority be reported by Spire?

The national clinical services team will produce a quarterly summary which will be included in Spire’s Clinical Governance and Quality report.

3. Improve compliance with mandatory training through e-learning

Why is mandatory training important?

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

Mandatory training is an important component of Spire’s approach to continuing professional development, alongside annual appraisal and training needs analysis linked to over 80 competency frameworks set by Skills for

Health's National Occupational Standards. Continuing education plays a key role in ensuring patients receive excellent clinical care and in maintaining our healthcare standards.

The core modules available to staff through e-learning are infection control, health and safety, child protection, protection of vulnerable adults and managing violence and aggression. Each module has been developed to reflect Spire policy and regulatory requirements and includes an online presentation, with links to further information and relevant guidance. Staff can undertake modules at their own pace and return to them whenever they wish or as work pressures allow; an online test is used to confirm understanding of the content and the pass mark must be achieved before the module is considered successfully completed.

Spire staff completed 46,012 training modules in 2010, an average of 4.7 modules per staff member and all staff have completion of mandatory modules as an objective for 2011.

Aim/goal

Staff registered on the e-learning system to have completed an average of five modules each by December 2011.

How will progress in achieving this priority be monitored by Spire?

A monthly progress report will be issued to all Spire hospitals to track the number of people registered on the system, the modules they have completed and those in progress.

How will progress in achieving this priority be reported by Spire?

The national clinical services team will produce a quarterly summary which will be included in Spire's Clinical Governance and Quality report.

46,012

Spire staff completed 46,012 training modules in 2010, an average of 4.7 modules per staff member and all staff have completion of mandatory modules as an objective for 2011.

NHS services provided

Review of services

During 2010, Spire Healthcare provided and/or sub-contracted NHS services leading to 54,500 admissions.

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

The income generated by the NHS services reviewed in 2010 represents 28% of the total income generated by Spire Healthcare for 2010.

Clinical audit

During 2010, five national clinical audits and/or national confidential enquiries covered NHS services that Spire Healthcare provides.

We participated in 100% of the national clinical audits and 100% of the national confidential enquiries for which we were eligible, as follows:

- National Elective Surgery PROMS: four operations
- National Joint Registry (NJR): hip and knee replacement
- Adult cardiac surgery: Coronary artery bypass grafting (CABG) and valvular surgery
- National Bariatric Surgery Registry
- National Confidential Enquiry: Peri-Operative Care Study

Listed below are 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 – 161% (this is an estimate of the true participation rate and this effect (i.e. a headline rate of over 100%) may be due to providers subcontracting activity across the NHS or to the private sector)
- NJR: hip and knee replacement – 95%
- 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
- National Confidential Enquiry: Peri-Operative Care Study – information unavailable as sample sizes varied across participating Spire hospitals and include a mix of NHS and private patients

The reports of five national clinical audits and/or national confidential enquiries were reviewed by Spire Healthcare in 2010 and Spire intends to take the following actions to improve the quality of healthcare provided:

- review of reports received from the National Joint Registry indicated some inconsistencies in the data submitted by Spire hospitals, particularly relating to collection of NHS numbers and body mass index (BMI). Records that do not include an NHS number cannot be used to calculate one and three year revision rates and action plans are in progress at relevant hospitals to improve compliance
- Spire will be reviewing end of life care pathways in place across the group to assess compliance with best practice guidance

The reports of six additional audits were also reviewed by Spire Healthcare in 2010 as part of our own internal clinical audit programme. These audits were:

- Hand Sanitiser Use
- Analysis of Confirmed Venous Thromboembolism (VTE) 2008 – 2010
- Medical Records Audit
- Global Trigger Tool Audit
- MRI Quality Assurance Audit
- Mammography (Patient Dose Report)

Spire Healthcare intends to consider the following actions to further reduce the risk of venous thromboembolism (VTE) in patients admitted to hospital:

- incorporate the outcome of the VTE risk assessment within the medication chart
- create a separate section in the pre-admission medical questionnaire relating to VTE risk factors to support reliable risk assessment
- develop a Spire 'minimum standard' to be shared with Medical Advisory Committees (MAC), together with data and presentation materials on VTE incidence
- prepare a storyboard for consultants, based on previous experience
- develop training materials based on a 'train the trainer' model, incorporating correct use of mechanical prophylaxis
- explore the role of VTE 'champions' and Consultant Haematologists in hospitals (e.g. advocacy at Spire hospital Medical Advisory Committees)
- investigate whether introducing an admissions brochure would help with communication of risks to patients undergoing surgery

- incorporate an additional VTE prophylaxis check into the Surgical Safety Checklist
- assess demand for development of an e-learning module on prevention of VTE
- new clinical scorecard indicator introduced for 2011 – ‘Chemo-prophylaxis prescribed for hip/knee arthroplasty and arthroscopy’
- new clinical scorecard indicator introduced for 2011 – ‘First dose of chemo-prophylaxis administered within 12 hours of surgery’
- new clinical scorecard indicator introduced for 2011 – ‘Chemo-prophylaxis prescribed for appropriate duration following hip/knee arthroplasty and arthroscopy’

Spire also intends to apply to become a member of the national VTE exemplar centre network in 2011.

Research

Information on the number of patients who received NHS services provided or sub-contracted by Spire Healthcare in 2010 and were recruited during that period to participate in research approved by a research ethics committee is currently unavailable. This is because research undertaken at Spire hospitals primarily involves patients not receiving NHS services.

Commissioner goals

A small proportion, <5%, of Spire Healthcare’s income in 2010 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.

Spire Healthcare’s NHS income in 2010 was not conditional on achieving quality improvement and innovation goals through the Commissioning for Quality and Innovation payment framework because Commissioners chose not to agree incentive plans with Spire.

Care Quality Commission registration

Spire completed its transfer of registration with the Care Quality Commission under section 10 of the Health and Social Care Act 2008 before 1 October 2010 (in line with the planned transfer of registration for independent sector providers). Spire has no conditions on its registration.

The Care Quality Commission did not take any enforcement actions against Spire during 2010.

Data quality

Spire Healthcare submitted records during 2010 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:

- 99.9 % for admitted patient care
- 100.0% for out-patient care

The percentage of records in the published data which included the patient's valid General Medical Practice code was:

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

Information governance toolkit

Spire Healthcare's Information Governance Assessment Report overall score for 2010 was 80%, a grading of 'green' (satisfactory – level 2 or above achieved) for all requirements.

Clinical coding error rate

Spire Healthcare was subject to the Payment by Results clinical coding audit by the Audit Commission at seven of our hospitals during 2010. The error rates reported in the latest published audit for that period for diagnoses and treatment coding (clinical coding) were:

	Coding error %	NHS average %	HRG error %	NHS average %
Spire summary	3.3	11.0	2.7	9.1

Secondary Uses Services data; April to December 2010 as issued by The Information Centre, March 2011

Spire Healthcare out-patient data, based on over 125,000 activities

Data item	% Valid
NHS number	100.0
Treatment function	100.0
Main speciality	100.0
Registered GP practice	100.0
Postcode	99.9
PCT of residence	100.0
Commissioner	99.8
First attendance	100.0
Attendance indicator	100.0
Referral source	100.0
Referral received date	100.0
Attendance outcome	99.9
Priority type	100.0
OP primary procedure	99.9
Operation status	100.0
Site of treatment	100.0
HRG4	99.9

Spire Healthcare admitted patient data, based on over 35,000 activities

Data item	% Valid
NHS number	99.9
Treatment function	100.0
Main speciality	100.0
Registered GP practice	100.0
Postcode	99.9
PCT of residence	100.0
Commissioner	99.9
Ethnic category	100.0
Primary diagnosis	100.0
Primary procedure	100.0
Operation status	100.0
Neonatal level of care	100.0
Site of treatment	100.0
HRG4	99.9

In 2009, Spire Healthcare committed significant resources to improve our collection, management and reporting of NHS data leading to our overall data quality measures exceeding the required standard. We have taken this foundation and worked to sustain and further develop performance during 2010. Our hospitals and central NHS management information team focused on two main areas in 2010: secondary uses service (commissioning data set) submissions and clinical coding which is an important subset of this data.

The tables on the left show Spire's secondary uses services data quality performance for April to December 2010 as issued by The Information Centre in March 2011. Against each element Spire continues to equal or exceed the required standard and is considerably ahead of the national average.

We have worked in partnership with our hospital consultants, clinical teams, patient administration staff and clinical coding provider, Tribal Healthcare, to improve our processes and systems throughout 2009 and 2010. A group of seven hospitals were subject to a payment by results clinical coding audit by the Audit Commission during 2010. These independent audits identified that error rates for diagnoses and treatment coding (clinical coding) across Spire were considerably lower than the national average for NHS providers. Such good results provided assurance to our PCT commissioners that our clinical activity is consistently well coded and the resultant data flows through to the payment by results process correctly.

PbR audit assurance results

Hospital	Coding error %	HRG error %
1	3.3	1.0
2	4.1	7.0
3	1.4	3.0
4	7.1	2.0
5	0.9	1.0
6	5.0	5.0
7	0.7	0.0
Spire average	3.3	2.7
NHS average	11.0	9.1

Building successful relationships

90%

90% of patients rated our overall service 'excellent' or 'very good' – an increase of three percentage points over last year's survey.

Spire's journey over the last three years has been fuelled by the desire to provide a better experience for our patients, to work more closely with our consultant colleagues and to ensure our staff are engaged and motivated in their roles.

Patients and consultants are surveyed on an annual basis at hospital level and, in addition, local hospitals collect feedback on a continuous basis through questionnaires, focus groups and personal visits.

The patient and consultant satisfaction survey results for 2010 show that we have made excellent progress, with all time high scores in both our independent patient and consultant satisfaction surveys.

Patients

In 2010 over 11,000 patients shared their views on their experience with us. 90% of patients rated our overall service 'excellent' or 'very good' – an increase of three percentage points over last year's survey – and 85% of our patients said they would recommend their local Spire hospital to others – an increase of five percentage points from 2009.

In addition, 96% of our patients agree that our staff go out of their way to make a difference to their stay and 93% rate the cleanliness of the hospital as 'excellent' or 'very good'.

Patients who value the service they receive in a Spire hospital are more likely to come to us again for treatment, to recommend us to their friends and family and to feed back positively to their referring GP.

Consultants

Our consultant satisfaction survey, completed by over 3,000 consultants, also had strong results with 71% of consultants rating us 'excellent' or 'very good'. This is an uplift of six percentage points from last year and a significant increase from 51% in 2008.

When asked if they would recommend their Spire hospital, either to their friends and family or to a new consultant, 77% said they would. Looking back to 2008, this is an increase of over 15 percentage points.

In terms of how we work with consultants, 86% believe we are working in partnership with them to support their practice. In addition, 94% of consultants feel that staff go out of their way to help them and believe that relationships with hospital staff have improved.

71%

71% of consultants rated us 'excellent' or 'very good'.

70%

70% of our staff judge Spire to be a 'great place to work' compared with 62% one year ago.

Employees

Since Spire Healthcare began in August 2007 we have been working to create a culture of high performance. In 2010, the effectiveness of our approach was demonstrated by a third successive year of significant improvements in the independent Spire Healthcare Employee Engagement Survey, which was completed in September 2010 by more than 5,200 employees. It showed that over 70% of our staff judge Spire to be a 'great place to work' compared with 62% one year ago. Employees also feel they have greater ownership and accountability for Spire Healthcare's business performance, an uplift of 29 percentage points (from 35% to 64%) from 2009.

Our strategy has been to take a more commercial approach and empower employees by devolving power and responsibility to individual Spire hospitals. We have also invested more than £500,000 in management development programmes, the evaluation results of which show 75% of managers who responded now feel confident in managing performance and ensuring staff are aligned to organisational and business unit targets.

Written statements by other bodies

Strategic Health Authority assurance

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.

Primary Care Trust assurance

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

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

We are pleased to learn of the clinical improvements achieved in 2010/11 and the increased levels of patient satisfaction with the service they receive. In this review we have taken into particular account the priorities for improvements for Spire Healthcare during 2011/12 and how they will enable real improvements for patients and their carers. Exceeding targets for recording pain scores

and ensuring patients are assessed for pain control following surgery will have a positive impact on the quality of care patients receive. We welcome the continued commitment to Patient Reported Outcome Measures (PROMS) and the aim of improved outcomes for patients following hip and knee surgery in particular. Ensuring staff receive mandatory training in a 24 hour service is an important challenge. We will be very interested to learn of progress in rolling out the new e-learning system and how this contributes to improved quality of care.

In terms of improvement we note:

- would have preferred a more rounded presentation of quality in terms of success and weakness and how this has influenced priorities set⁵.

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

Overview and Scrutiny Committee and Local Involvement Network

Spire requested but was unable to obtain statements from our local Overview and Scrutiny Committee or LINK organisation.

⁵ Spire Healthcare acknowledges this feedback. It will be considered in the development of our 2011/12 Quality Account.

Contact us

We welcome your feedback

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