



Spire Healthcare



# Open to *everyone*

Spire Healthcare Group plc  
Quality Account 2014–2015



# Where we are

## HOSPITALS

### East of England

- 1 Cambridge Lea
- 2 Harpenden
- 3 Hartswood
- 4 Norwich
- 5 Wellesley

### London

- 6 Bushey
- 7 Gatwick Park
- 8 Roding
- 9 St Anthony's
- 10 Thames Valley

### Midlands

- 11 Leicester
- 12 Little Aston
- 13 Parkway
- 14 South Bank

### North East & Yorkshire

- 15 Elland
- 16 Hull and East Riding
- 17 Leeds
- 18 Methley Park
- 19 Washington

## CLINICS

- 40 Windsor
- 41 Droitwich
- 42 Malvern
- 43 Dewsbury
- 44 Harrogate
- 45 Ilkley

## RADIO THERAPY CENTRE

- 53 The Bristol Specialist Care Centre

### North West

- 20 Cheshire
- 21 Fylde Coast
- 22 Liverpool
- 23 Manchester
- 24 Murrayfield
- 25 Regency

### Scotland

- 26 Murrayfield
- 27 Shawfair Park

### South East

- 28 Alexandra
- 29 Clare Park
- 30 Dunedin
- 31 Portsmouth
- 32 Southampton
- 33 St Saviour's
- 34 Sussex
- 35 Tunbridge Wells
- 36 Brighton

### South West

- 37 Bristol Hospital

### Wales

- 38 Cardiff
- 39 Yale

- 46 Newcastle

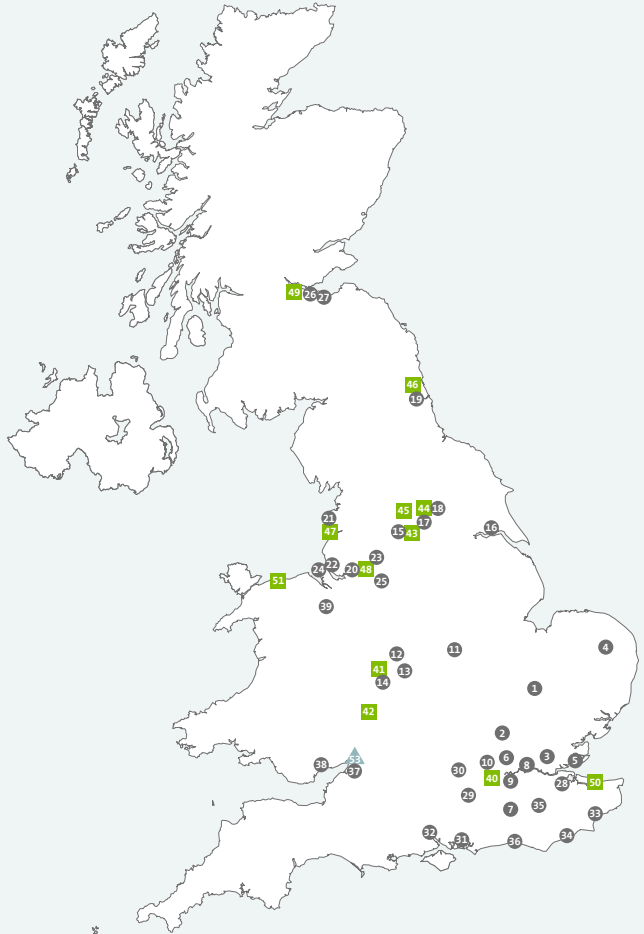
- 47 Lytham

- 48 Hale

- 49 Livingston

- 50 Whitstable

- 51 Abergele



- Spire hospitals
- Spire clinics
- ▲ Radiotherapy Centre

# About Spire Healthcare

Spire Healthcare Group plc is one of the UK's leading independent hospital groups. Our 39 hospitals and 13 clinics delivered care to more than 700,000 patients last year\*, while maintaining high levels of patient, staff and consultant satisfaction.

We put patients at the heart of everything we do. Our 7,170 (full-time equivalent) staff and over 3,750 experienced consultants are committed to providing patients with the highest standards of healthcare, delivered with attentiveness, kindness and compassion, in modern, high-quality facilities.

Our care is open to everyone, whether funded by private medical insurance (PMI), patients self-paying or by the NHS.

A continuous programme of investment in our hospitals and in some of the latest medical technology, totalling more than £500 million (including acquisitions) since the Group 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.

\* Including out-patient, in-patient, daycase and individual patients treated at least once during the year.

# Chief Executive Officer's statement

## *A key part of the UK's healthcare system*

Spire has again delivered excellent results for its patients, consultants and, with its strong financial performance in 2014, its investors. With our dedicated staff and experienced management team, a track record of investment discipline and a focus on increasing productivity, we are well placed to build on our position as a market leader.

**S**pire Healthcare aims to be the UK's leading independent hospital group. In 2014, we delivered tailored, personalised care to over 260,000 in-patient and daycase patients, an increase of 10.2% on the prior year. In total, including out-patient visits, we saw over 700,000 patients. In June, our outstanding performance was recognised when Spire Healthcare was named Private Hospital Group of the Year at the 2014 HealthInvestor awards, the main awards for our industry.

### **PATIENT CARE – THE HEART OF OUR BUSINESS**

We aim to deliver care and clinical outcomes of the highest quality for our patients. They are our first priority.

We had no reported incidents of MRSA bacteraemia and our MSSA and C. difficile infection rates, both at 0.30 per 10,000 bed days, were lower than the equivalent NHS rates of 0.79 and 1.47 respectively.

Across all our hospitals, our Care Quality Commission (CQC) compliance rate was 99.5%, compared with an independent health sector average of 90% and a national average of 85%.

The outstanding quality of our care is reflected in our patient surveys, where 93% of patients rated Spire as 'excellent' or 'very good', and in our survey of Consultant satisfaction, where 79% rated us as

'excellent' or 'very good' and 97% would recommend us to their friends and family.

Our reputation is built on our clinical performance and these results are a testament to the leadership of our clinical team and the work of our staff. It is their skills, care and commitment, delivered day and night, that makes Spire what it is today.

### **STRONG PERFORMANCE**

Overall revenue for the year grew 12.0% to £856.0 million (2013: £764.5 million), with positive contributions from all three of our major payor groups – PMI, self-pay and NHS.

NHS discharges increased to 95,500 making up almost 29% of revenue for the year. Elective referrals under choice increased to 110,000 and activity continues to grow particularly in orthopaedics where we performed 9,620 NHS funded joint replacements in 2014.

## OUR YEAR IN BRIEF

Spire's initial public offering (IPO) in July 2014 marked a significant step forward in our corporate development.

While the IPO involved considerable management time, the strength in depth of our team meant that the business continued to develop positively across all our areas of strategic focus.

## INVESTING IN OUR CORE BUSINESSES

Investment in increased capacity continued throughout the year.

Most significantly, in May, we completed the acquisition of St Anthony's, a 92-bed, four theatre private hospital, located in Cheam. With room for further expansion, St Anthony's will be a central platform for Spire's continued growth in cardiology and other areas of acute care and is another step in our strategy to build services in and around Greater London. The acquisition received Competition and Markets Authority (CMA) approval in September.

Spire Southampton Hospital's new £2 million Perform sports medicine centre opened in June. Including the flagship facility at St George's Park, we now have 10 Perform centres nationwide.

Also in June, Spire Cheshire Hospital opened a new Orthopaedic Centre, including on-site MRI and CT scanning and upgraded out-patient waiting areas, while Spire Cambridge Lea Hospital opened a new £1.4 million state-of-the-art reception and out-patient suite.

New operating theatres were opened at Spire Cardiff, Harpenden and South Bank hospitals in the year, significantly increasing our capacity in these hospitals.

## DEVELOPING OUR SERVICE OFFERING

We continued to develop our higher acuity services, particularly in oncology and cardiology.

Our first dedicated radiotherapy centre, the £13.1 million Specialist Care Centre in Bristol, opened in April and our £2.9 million cardiac catheterisation lab in Cardiff was completed in May.

We have taken steps to further strengthen our operational management, with the appointment of four Operations Directors.

## 2014 highlights:

### ST ANTHONY'S – OUR LATEST HOSPITAL

Acquired in 2014, St Anthony's is the next step in extending our coverage in and around London

### BRISTOL – OUR FIRST STANDALONE RADIOTHERAPY CENTRE

Our Bristol radiotherapy Specialist Care Centre is Spire's first end-to-end cancer pathway facility

### HARPENDEN – INVESTING IN NEW CAPACITY TO MEET DEMAND

New theatre and out-patient areas opened in 2014 in response to local demand

### HULL AND EAST RIDING – WORKING WITH THE NHS

A chronic pain infusion service and a specialist team of pain consultant anaesthetists built up to meet specific NHS requirements

## Chief Executive Officer's statement *continued*

### DEVELOPING RELATIONSHIPS WITH KEY STAKEHOLDERS

Towards the end of the year, the NHS again saw increasing winter pressures. We were pleased to be able to support the Operational Resilience programme and assist local trusts with over 3,000 extra elective procedures.

We have also continued to work closely with NHS England to develop choice and make services more accessible to patients.

### REGULATION AND GOVERNANCE

In October 2014, the CMA published its Final Order for measures to increase competition in the independent healthcare market after its inquiry. We welcomed the recognition that there needs to be transparency of arrangements between hospitals and consultants, and support the drive to establish an industry-wide information organisation to be the repository for quality indicators and measures. We fully support initiatives that help patients and GPs feel confident when choosing their healthcare provider and we continue to work with our consultants to implement the Final Order.

### OPEN TO EVERYONE

The overall UK healthcare market is subject to three major trends – our growing and ageing population, the increasing incidence of acute and chronic long-term conditions, and the continued development of new, often expensive, technologies and treatments. These factors contribute to independent forecasts of growth in healthcare demand exceeding 5% a year over the next five years. Set against realistic forecasts of GDP and public funding growth, the NHS projects a growing supply and funding gap that could reach approximately £35 billion per annum by 2020–2021.

We cannot provide the whole answer, but the independent healthcare sector is in a position to help meet this demand, working with the NHS, as part of the overall UK healthcare system.

### FOCUS ON KEY PAYOR GROUPS

#### PMI

- Deepen our relationships with key insurers
- Increase and deepen our relationships with GPs as referrers
- Continue to expand our higher acuity healthcare offer

#### SELF-PAY

- Continue to engage with GPs, particularly regarding areas of NHS service constraint
- Extend transparent pricing and quality reporting
- Increase brand awareness

#### NHS

- Continue to build key NHS relationships
- Expand our service offering
- Invest to meet specific NHS needs

## STRATEGY

Our strategy is based on four pillars.

First, we will continue to focus on our relationships with each of our three major payor groups – PMI, self-pay and the NHS – developing targeted responses to their individual requirements.

Second, we will leverage and develop our existing well-invested and scalable hospitals, maximising existing capacity and opening new theatres to meet growing demand. We will continue to build relationships with our patients, their referring GPs and the consultants who provide treatment in our hospitals.

Third, we will develop new sites and services, targeting identified growth areas such as radiotherapy and cancer care, but also orthopaedics, cardiac and general surgery, and acquiring or building new hospitals in areas where Spire is underrepresented, including London.

Fourth, we will continue to drive productivity improvement and cost management, both centrally and locally.

Our strategy is already delivering across all these pillars.

## OUTLOOK – A PICTURE OF HEALTH

I believe that Spire is ideally positioned for its next phase of development, ready to capture a growing share of the UK's expanding independent healthcare market and provide much-needed additional capacity in areas such as radiotherapy and cancer care.

We have a strong track record of investment and growth, based on a culture of clinical excellence and care that is highly valued by consultants, GPs, payors and patients. We are well capitalised and able to fund further service and geographical growth. And we have a clear strategy in place, focused on meeting the requirements of all of our stakeholders.

Supported by Spire's outstanding team, I look forward to an exciting future.



**Rob Roger**  
Chief Executive Officer



*Overall revenue for the year grew 12.0%, with positive contributions from all three of our major payor groups.*

### REVENUE (+12.0%)

£856.0m 

2013: £764.5 million

### ADJUSTED EBITDA (+6.1%)

£159.2m 

2013: £150.0 million

Continued productivity and cost-efficiency improvements help generate an increase of 6.1%



# Group Medical Director's statement

Clinical quality and performance are at the heart of everything we do.

Our Group Medical Director, Dr Jean-Jacques de Gorter, is responsible for defining our clinical governance and quality strategy and his team audits, monitors and reports on our quality performance. In addition, the Clinical Services team supports our hospitals to comply with relevant healthcare regulations across England, Scotland and Wales.

While the transition to becoming a public company was an important milestone for Spire in 2014, we worked hard to ensure that the process did not distract us from our primary purpose – delivering safe and effective care for our patients. It is pleasing, therefore, that we continued to make improvements in clinical performance and that we were able to put in place a number of developments that will stand Spire in good stead for the future.

## CLINICAL PERFORMANCE

For the second year running, there was not a single case of MRSA bacteraemia reported by our hospitals. In addition, cases of *C. difficile* infection fell by 41% year-on-year, and surgical site infections following hip and knee replacement surgery remained low. We report hospital acquired infection data (MRSA, MSSA, E-coli bacteraemia and Clostridium Difficile infection) to Public Health England and participate in the surveillance programme for hip and knee replacement surgical site infection. Our rates compare favourably with published national averages.

In terms of treatment effectiveness, in 2014, we reported our lowest-ever rate of unplanned patient transfers to higher levels of care (e.g. ICU care) and unplanned readmissions. This is a testament to the care and attention to detail shown by our clinical teams. Good teamwork, robust and up-to-date care pathways, and a willingness to challenge, together create the platform for reliable and high-quality care within our hospitals.

Nursing teams are able to call upon over 120 procedure-specific clinical care pathways. Clinical care pathways are standardised across all our 39 hospitals and are printed off individually to form part of each patient's medical records. The pathways set out the routine activities that must be completed before and after treatment and contribute to a successful clinical outcome.

We monitor compliance with our pathways by auditing approximately 1,000 records every month and reporting our findings every quarter. Hospital compliance with key nursing processes – such as use of the



Early Warning Score, venous thromboembolism risk (VTE) assessment and the assessment of post-operative pain – remains exceptionally high.

We are not complacent and will continue to focus on compliance with our care pathways and processes.

Our hospitals undertake a considerable volume of elective surgery, including many complex cases. It is, therefore, particularly significant that post-operative mortality within 31 days of surgery fell by over 10% year-on-year.

Over the past four years, our hospitals have been working to improve processes for patient discharge and the planning necessary to ensure this is undertaken in a calm and efficient manner. Patient satisfaction with discharge processes increased for the fourth year in a row, making this the greatest improving satisfaction measure over this period.

As we develop and broaden our cancer treatment facilities, it is important that we support them with modern technology and working practices, including ensuring that treatment decisions are considered and agreed by a multi-disciplinary team.

In 2014, we launched a transformation programme to facilitate these discussions and in time, we expect to publish our performance in this regard in order to enable patients to make more informed choices regarding their cancer treatment, as more and more options become available.

#### PRIORITIES FOR IMPROVEMENT 2014–15

I am pleased to report that Spire met two of the priorities for improvement included in last year's Quality Account:

- Improving Spire's overall average score from in-patient and daycase patients in the Friends and Family Test
- Continuing 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.

We also made significant progress against the third priority and increased the number of telephone consultations undertaken by 75%.

#### SERIOUS UNTOWARD INCIDENTS

Spire hospitals reported 67 clinical adverse events/near misses (AENM) per 1,000 bed days in 2014. 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 1,000 bed days
No harm (or near miss)	38.6
Minor harm	10.8
Moderate harm	15.9
Major harm	0.9
Severe harm or death	0.6

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 committee and are subject to root cause analysis. The committee recommends national actions – such as changes to policy, training or care pathways – arising from individual incidents or trends, and these are reported to the National Clinical Governance and Quality Committee.

## Group Medical Director's statement *continued*

Further assurance is also provided by the Clinical Governance and Safety Committee, a sub-committee of the Board which scrutinises 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 an important step in reducing the risk of deep vein thrombosis and pulmonary embolism in patients admitted to hospital.

In 2014, there was a completed risk assessment in 98% of the patient records audited (target = 95%). Additionally, 99% of hip and knee arthroplasty patients surveyed received the recommended chemical prophylaxis for VTE prevention.

### **SAFETY CULTURE**

At the end of 2014, we undertook our first Safety Culture survey, based on one used by the Agency for Healthcare Research and Quality (AHRQ) in the US.

This is helping us to understand the importance of systems and processes, as well as culture and leadership, when trying to make care as safe as possible for patients. All employees and bank workers in our hospitals, pathology network, Lifescan, mobile imaging and Perform at St George's Park were invited to take part. In summary, Spire achieved a rating of 71%, compared with the external benchmark of 63%.

While we were pleased to achieve a score above the benchmark, we see this as only the first step in reinforcing safety as being central to our patient offering. We will continue to monitor our culture in this way in future years.

Our clinical teams are justifiably proud of their care and professionalism. Strong clinical systems and processes create a stable foundation on which to build, supported by a healthy culture that values and prioritises safety and clinical quality. We will continue to learn from the unexpected events that will always occur. In terms of clinical performance, it is my view that Spire is well positioned to continue to deliver excellent care to increasing numbers of patients, with evermore complex needs.

### **REFERRAL MANAGEMENT**

During 2014–2015, Spire was pleased to be selected to work with Health and Social Care Information Centre as part of its pilot project to support independent sector providers to become Registration Authorities. The project was completed successfully and Spire took full control of smartcard production, management and governance from 1 September. This has removed our reliance on Clinical Commissioning Groups and given Spire the autonomy to self-manage this important function and improve the service for our hospital teams.



**Dr Jean-Jacques de Gorter**  
Group Medical Director



*Strong clinical systems and processes create a stable foundation to build on.*

# Our people

We believe that the best service and patient care comes from skilled staff who are fully engaged and feel truly valued by the company they work for – people who can genuinely say that Spire is a great place to work.

At 31 December 2014, we employed over 8,000 people (over 12,000, including bank staff), split between nursing, theatre staff, allied health professionals and administration and clinical support staff.

Our employees are predominantly female and we employ 27 female managers out of a total of 65 in senior management roles.

We take employee engagement seriously and invite all employees to complete a yearly survey to provide feedback and offer suggestions. In 2014, our survey received 6,171 responses and key highlights included:

- 76% of respondents would be likely to recommend Spire Healthcare to friends and family (72% in 2013)
- 92% of respondents believe what they do at work makes a positive difference (91% in 2013)
- 89% of respondents feel that they really fit in with the rest of their team (88% in 2013)
- 88% of respondents agree that they are proud to work for Spire (86% in 2013)
- 88% of respondents agree that their manager trusts them to make the right decisions at work (86% in 2013)
- 88% of respondents agree that they can rely on colleagues in their team to be there for them if they need help or support (86% in 2013).

## Our values

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

# Improving capabilities

Investment in our staff is investment for the future, ensuring that patients can rely upon the right staff working in the right place with the right skills to provide high-quality care.



*Investment in our staff is investment for the future.*

In 2014, we supported around 100 people through our Management Fundamentals programme and 11 future leaders through our Leadership Essentials Programme.

Further successes from our training programmes include:

- Delivering a resuscitation programme from three hospitals accredited to deliver Advanced Life Support training – Roding, Manchester and Cardiff. Courses have been at times oversubscribed with both internal and external candidates. In 2014, Spire ran 10 courses with 240 places available and almost 100 internal staff successfully passed the programme
- In 2014, the Resuscitation Council (UK) accredited Spire as a course centre to deliver the European Paediatric Life Support (EPLS) programme, under the direction of the National Resuscitation Lead. This has facilitated an extra 31 much-needed EPLS providers who will help to deliver paediatric resuscitation training in-house
- Spire trained an additional six Immediate Life Support (ILS) instructors and the National Resuscitation team of instructors delivered 21 full programme ILS courses (505 staff successfully completed this); 32 refresher programmes (342 staff successfully completed this); and 18 paediatric ILS RC(UK) courses (254 staff completed this).

# Corporate Social Responsibility

In 2014, Spire continued its fundraising activities for charities and local communities with one of the highlights being a major 620-kilometre cycling challenge, which was undertaken over a series of weekends to raise money for Walking with The Wounded and Macmillan Cancer Care.

Led by our CEO, Rob Roger, the ride went from Spire Wellesley Hospital in Southend up to Spire Murrayfield Hospital in Edinburgh visiting other Spire hospitals on the route.

Other examples of corporate and local community support also included:

- Fundraising of £6,000 for Marie Curie Cancer Care by Grand Depart activities held at Spire Hull and East Riding Hospital
- Fundraising of £6,500 by Spire Harpenden Hospital through various activities.

Spire Healthcare wants to take care of the environment as well as our patients so we continue to promote a low carbon culture across our hospitals. A Carbon Action Plan with a dedicated Project Team addresses key areas: electricity; natural gas; refrigerants; logistics and operation fleet vehicles; water usage; waste; and lifecycle of products. Key carbon reduction and energy saving initiatives in 2014 have included:

- The installation of LED street and car park lighting at 21 of our hospitals
- Upgrade of internal lighting systems to LED technology at Spire Leicester Hospital as a test site – comparative data for three months indicates a possible saving of up to 69%
- Replacement of ageing theatre ventilation plant with more efficient systems in some of our hospitals
- Cardboard and paper recycling scheme at our National Distribution Centre has increased by 10% (or 60 tonnes)
- Over 80% of our general waste is now being recycled utilising material recycling facilities, and around 10% of the residue waste is going to Energy from Waste Facilities.

# How we performed:

## *Priorities for improvement 2014–2015*

In our last Quality Account, Spire set three priorities for improvement:

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 Net Promoter Score from patients in the Friends and Family Test

3. Continuing 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**

Digital First (formally Digital by Default) 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<sup>1</sup>.

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 have worked with their consultants to adopt protocols for telephone consultations, 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 (e.g. to invite the patient to attend the hospital for a face-to-face review).

Our aim during 2014–2015 was to double the number of telephone consultations undertaken to 1,620. By March 2015, Spire hospitals had undertaken 1,415 consultations, slightly below our target but still a significant increase of 75%.

<sup>1</sup> [http://www.transformuk.com/wp-content/uploads/2013/03/DigitalbyDefault\\_v20120626.pdf](http://www.transformuk.com/wp-content/uploads/2013/03/DigitalbyDefault_v20120626.pdf)

As in previous years, we recognise that a number of Clinical Commissioning Groups preferred hospitals to maintain their usual (face-to-face) follow-up arrangements during 2014–2015 and that 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. Nevertheless, Spire will continue to assess opportunities to increase the number of telephone consultations undertaken in 2015–2016.

## **2. Improving Spire’s overall average Net Promoter Score 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 (the Friends and Family Test). Based on the principles of a customer service measure used by Apple, Phillips and American

Express, the results were published as a net promoter score – 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 Friends and Family 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 who

would not recommend from the proportion of respondents who are extremely likely to recommend.

Spire’s aim during 2014–2015 was to achieve an average net promoter score of 90 by March 2015 (an increase of four points from March 2014). However, following a review of the Friends and Family Test undertaken and published in July 2014<sup>2</sup>, the Net Promoter Score was replaced with an alternative measure by NHS England – the percentage of people likely to recommend a service – to meet the review’s recommendation to produce a headline metric more easily understood by patients and staff.

In March 2015, 99% of respondents to the Friends and Family Test indicated they would recommend the Spire hospital they had attended for their treatment to others above the national average of 95% (published in February 2015<sup>3</sup>).

Spire recognises that patient experience (incorporating complaints, patient satisfaction

<sup>2</sup> NHS England. Review of the Friends and Family Test. 21 July 2014.

The NHS England review of the patient FFT, published in July 2014, recommended a move away from the Net Promoter Score (NPS) and the introduction of a simpler scoring system in order to increase the relevance of the FFT data for NHS staff, patients and members of the public. Based on the findings of the review, NHS England is now calculating and presenting the FFT results as a percentage of respondents who would/would not recommend the service to their friends and family.

<sup>3</sup> <http://www.england.nhs.uk/statistics/statistical-work-areas/friends-and-family-test/friends-and-family-test-data/>



## How we performed: *Priorities for improvement 2014–2015, continued*

and patient reported outcomes) is one of the three elements of high-quality care, alongside clinical effectiveness and safety. To support our aim to be recognised as a world class health provider, we have established a new patient experience committee to help ensure that data on the experiences of patients is collected and turned into useable intelligence, and that changes are made as a result of this data.

During 2015–2016, this committee will:

- Engage with stakeholders across Spire Healthcare to contribute to the development and implementation of a patient experience strategy
- Review patient experience data (including data collected and shared with Spire by third parties) to identify trends and make recommendations for improvement
- Commission an independent review of Spire’s complaints management process

to identify and share any learning

- Support the assessment of opportunities relating to the use of new technology to improve the capture of patient experience data.

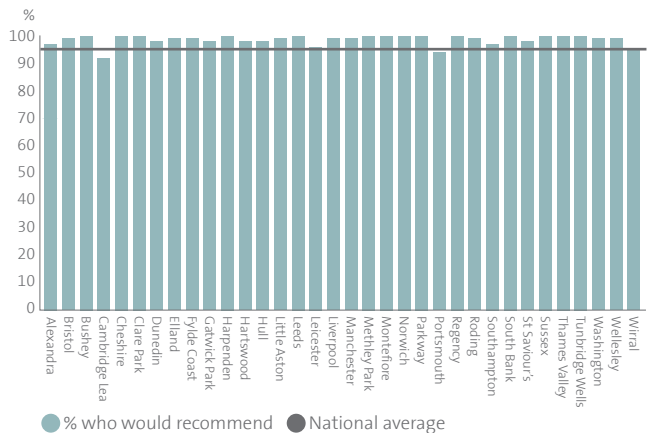
### **3. Continuing to embed the relevant areas of the Compassion in Practice strategy across all Spire hospitals to help ensure patients are treated with compassion, dignity and respect**

The Compassion in Practice strategy, launched in December 2012<sup>4</sup>, 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 that 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 Cs – care, compassion, competence, communication, courage and commitment) and six clear areas for action:

- Helping people to stay independent, maximising wellbeing and improving health outcomes
- Working with people to provide a positive experience of care
- Delivering high-quality care and measuring the impact of care

**FRIENDS AND FAMILY TEST – MARCH 2015**



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

- Building and strengthening leadership
- Ensuring we have the right staff, with the right skills, in the right place
- Supporting positive staff experience.

During 2014, Spire established a working group to identify opportunities to improve care delivery within the context of the Compassion in Practice strategy. The two main aims for 2014 described in last year’s Quality Account were:

- 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.

**I WAS TREATED WITH COMPASSION AND RESPECT AT ALL TIMES**

Spire’s 2014 annual patient satisfaction survey asked respondents to state how much they agree or disagree with the statement “I was treated with compassion and respect at all times”. Overall, 97% of respondents agreed with this statement (2% slightly disagreed and 1% strongly disagreed).

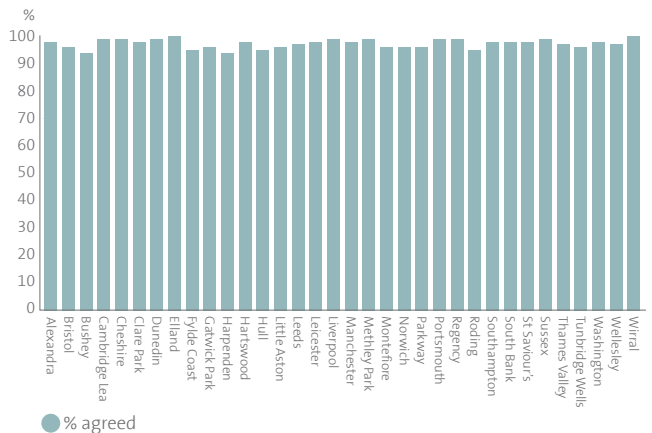
Every year, Spire’s national clinical services team undertakes an on-site clinical review of every Spire hospital to help assess compliance with standards and identify opportunities for improvement. These reviews are aligned with the Care Quality Commission’s key lines of enquiry (are services safe,

effective, caring, responsive and well-led) and data relating to compassion and respect will form part of each review for 2015. Additionally, Spire will continue to monitor a similar measure – “Overall, did you feel you were treated with respect and dignity while you were in hospital?” – in future patient satisfaction surveys.

**PATIENT SAFETY CULTURE SURVEY**

For the first time, in 2014 we offered all employees and bank workers in our hospitals, Pathology, Lifescan, Mobile Imaging and Perform at St George’s Park the opportunity to take part in a survey designed to explore our people’s views on patient safety within Spire Healthcare.

**I WAS TREATED WITH COMPASSION AND RESPECT**



## How we performed:

### *Priorities for improvement 2014–2015, continued*

This survey is similar to one used by the Agency for Healthcare Research and Quality (AHRQ) in the United States, which has been shown to help organisations understand the importance of systems and processes as well as culture and leadership when trying to make care as safe as possible for patients. The survey can also be used to track changes in patient safety over time and evaluate the impact of patient safety interventions. External benchmarking data is available to compare results with other organisations participating in the survey. On average, hospitals submitting data to the comparative database repeat the survey every 20 months, and the AHRQ recommends a minimum time period of six months before repeating the survey.

Results of the survey have been circulated across the Spire group of hospitals and analysis is under way in order to understand any correlation between staff perceptions of patient safety and the culture within their organisation and other indicators of clinical quality to help identify any actionable insights.

	Spire Healthcare	External Benchmark
Response Rate	48%	56%

The survey is broken into four sections detailed below and all results are shown as the % of respondents who agree with statements:

	Spire Healthcare	External Benchmark
Overall Survey Result	71%	63%
Your Department	72%	65%
Your Line Manager	74%	73%
Communication	73%	59%
Your Hospital	68%	57%

The highlights and most positive results from the survey were as follows:

	Spire Healthcare	External Benchmark
People support one another in my department	86%	83%
In my department people treat each other with respect	82%	76%
We are actively doing things to improve patient safety	81%	80%
In my department we discuss ways to prevent errors from happening again	81%	69%
My line manager ensures that patient safety problems are resolved so they don't happen over and over	80%	76%

A new clinical newsletter has also been introduced to help share information on clinical safety issues and share learning from reported adverse events and complaints, and the survey

results have been incorporated into Spire's new regulatory assurance dashboard. At this stage, we are planning to repeat the survey in March 2016.

# Our plans:

## *Priorities for improvement 2015–2016*

Spire has chosen the following three priorities for improvement for 2015–2016:

1. Development of IT systems to support Electronic Information Transfer directly to GPs, including the transfer of hospital ward discharge information (the discharge summary)

2. Ensure that 95% of Spire staff complete Compassion in Practice training in 2015

3. Complete a review of Spire's pre-operative assessment process to ensure it remains fit for purpose and is in line with best practice

### **1. Development of IT systems to support Electronic Information Transfer directly to GPs, including the transfer of hospital ward discharge information (the discharge summary)**

#### **WHY IS THE DEVELOPMENT OF SPIRE'S IT SYSTEMS TO SUPPORT ELECTRONIC INFORMATION TRANSFER DIRECTLY TO GPs IMPORTANT?**

The primary function of the ward discharge summary is to support continuity of care as the patient passes back to the care of his or her GP following treatment in hospital. The discharge summary is completed by the hospital medical and nursing team and includes a range of information of the patient's current health status including:

- Type of treatment and anaesthetic
- Follow-up appointments
- Discharge medication

- Further information (e.g. relevant clinical findings/ complications/pending investigations and advice given)
- Relevant contact details

This information helps GPs to plan any future care that may be required and is also important if the patient requires any further medical attention relating to his or her hospital visit (e.g. in an emergency situation).

Spire hospitals presently generate about 20,000 discharge summaries per month, using a manual paper-based process – a triplicate form with one copy sent to the GP, one given to the patient and one placed in the hospital medical record. Delivery of a paper letter is frequently time-consuming and costly for both the hospitals and GPs. Introducing an electronic system will streamline this process and help to ensure relevant information is communicated directly to GPs at the point of discharge.

## Our plans: *Priorities for improvement 2015–2016, continued*

It will also provide evidence to support monitoring of the associated KPIs included in Spire's NHS contracts (targets on the timescales for sending relevant information to GPs following discharge).

### AIM/GOAL

Our aim during 2015–2016 is to progress a project to develop Spire's Patient Administration System (SAP) to support the production of electronic ward discharge summaries. This will include establishing and testing an electronic hub to facilitate the transfer of the discharge summary directly to GP information systems and a pilot and roll-out of the new process across our group of hospitals.

### HOW WILL PROGRESS TO ACHIEVE THIS PRIORITY BE MONITORED BY SPIRE?

Spire will develop a programme group under the sponsorship of the Director of NHS Business and will report progress to our Executive Management Team every month.

### 2. Ensure that 95% of Spire staff complete Compassion in Practice training in 2015

### WHY IS COMPASSION IN PRACTICE TRAINING IMPORTANT?

The Compassion in Practice strategy, launched in December 2012, 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 that 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 Cs – care, compassion, competence, communication, courage and commitment) and six clear areas for action:

- Helping people to stay independent, maximising wellbeing 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.

During 2014, Spire established a working group to identify opportunities to improve care delivery within the context of the Compassion in Practice strategy. The group has focused on initiatives across all six areas for action and on ensuring that the 6 Cs are integrated in day-to-day practice. These include recommending that Spire's mission, vision and values are sent to potential new recruits prior to attending for interview, including interview questions based on the 6 Cs and incorporating the 6 Cs into Spire's annual performance review programme (Enabling Excellence).

Alongside this, Spire has introduced a Compassion in Practice e-learning training module incorporating elements of dementia care.

### AIM/GOAL

The Compassion in Practice e-learning module was introduced in October 2014. Our aim is for 95% of staff to have completed this training by December 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 against our aim.

### 3. Complete a review of Spire's pre-operative assessment process to ensure it remains fit for purpose and is in line with best practice

#### WHY IS PRE-OPERATIVE ASSESSMENT IMPORTANT?

Pre-operative assessment (carried out prior to a patient's planned admission for surgery) helps to ensure that patients are fully informed about their proposed treatment and that relevant arrangements for discharge and post-operative care at home are considered at an early stage of the patient pathway. It also ensures that any required pre-operative tests are undertaken and that the patient is medically fit for his or her planned procedure.

The NHS Institute for Innovation and Improvement recognises that pre-operative assessment and planning is an essential part of the planned care pathway which enhances the quality of care in a number of ways<sup>5</sup>:

- If a patient is fully informed, he or she will be less stressed and recover more quickly
- A health check ensures good medical health before anaesthesia and surgery
- Planning admission and discharge individually ensures that patient and carers know what to expect facilitating earlier post-operative care at home
- Cancellations due to patient ill health or 'Do not attends' are reduced
- Admission on the day of surgery and early discharge are more likely.

Spire's pre-operative assessment process is incorporated into our Admission and Discharge Policy. The process is based on four levels of assessment to ensure patients are assessed according to individual need:

- Level 1 – First line review of pre-admission medical questionnaire
- Level 2 – Nurse-led telephone clinical assessment
- Level 3 – Nurse-led pre-operative assessment clinic +/- therapy input
- Level 4 – Anaesthetic referral.

The results of pre-operative assessment are recorded in the patient's care pathway including the outcome of any discussions with surgeons and anaesthetists where these have taken place. Pre-operative testing is informed by relevant NICE guidance and other relevant Spire clinical policies (e.g. MRSA screening). Discharge planning is also considered at this stage, especially requirements for home care packages or periods of convalescence.

#### AIM/GOAL

Spire will undertake an audit of clinical cancellations (procedures cancelled for a clinical reason on the day of admission) as part of our national audit programme during 2015. The results of this audit will be used to inform a subsequent review of the pre-operative assessment process to ensure it is fit for purpose and remains in line with best practice.

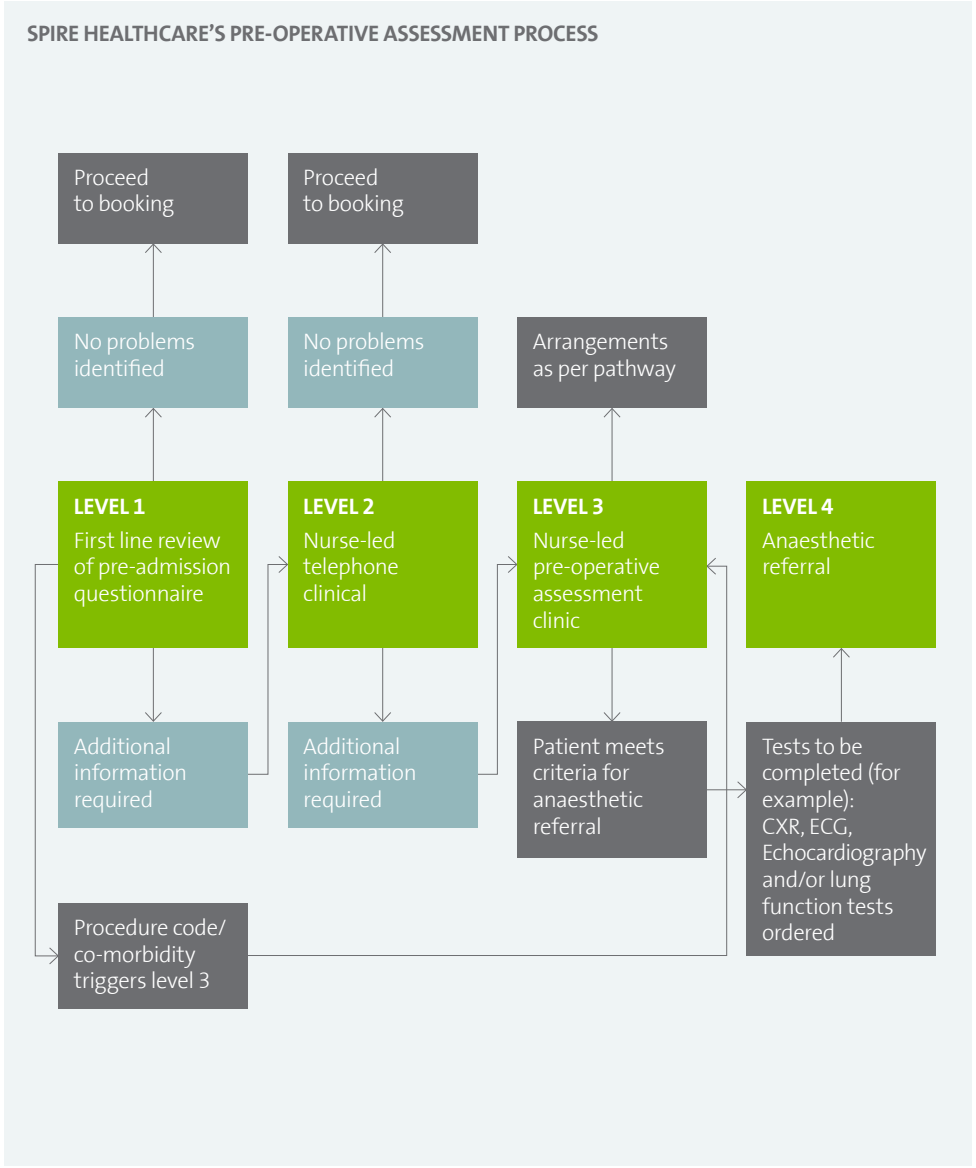
#### HOW WILL PROGRESS TO ACHIEVE THIS PRIORITY BE MONITORED BY SPIRE?

The results of the audit and the subsequent pre-operative assessment process review will be published in Spire's 2015 annual clinical governance and quality report.

<sup>5</sup> [http://www.institute.nhs.uk/quality\\_and\\_service\\_improvement\\_tools/quality\\_and\\_service\\_improvement\\_tools/pre-operative\\_assessment\\_and\\_planning.html](http://www.institute.nhs.uk/quality_and_service_improvement_tools/quality_and_service_improvement_tools/pre-operative_assessment_and_planning.html)

# Our plans:

*Priorities for improvement 2015–2016, continued*





# Review and assurance

## *Quality Account answers*

Data Quality and Governance, fundamental pillars of our performance.

### PRESCRIBED ELEMENTS

#### REVIEW OF SERVICES

During 2014, Spire Healthcare provided and/or sub-contracted NHS services leading to 95,500 admissions. Of these admissions, approximately 75% were under CCG-commissioned Standard contracts and 25% Trust waiting list sub-contracts.

Spire 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 2014 represents 29% of the total income generated by Spire for the year.

#### COMMISSIONER GOALS

A very small proportion (<1%) of Spire's income in 2014 was conditional on achieving quality improvement and innovation goals agreed between Spire and any person or body it 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 hospitals were 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 2014–2015, delivering against their goals and achieving significant success and securing additional payments.

#### DATA QUALITY

Spire submitted records during 2014–2015 to the Secondary Uses Service for inclusion in the Hospital Episode Statistics, which are included in the latest published data. The percentage of records in the published data:

- which included the patient's valid NHS number was:
  - 100% for admitted patient care
  - 100% for outpatient care
- which included the patient's valid General Medical Practice code was:
  - 99.7% for admitted patient care
  - 99.8% for outpatient care.

## Review and assurance

### *Quality Account answers, continued*

#### **INFORMATION GOVERNANCE TOOLKIT**

Spire's Information Governance Assessment Report against version 12 of the toolkit had an overall score for 2014–2015 of 85% and was graded Green (Satisfactory – Level 2 or above achieved for all requirements).

#### **CLINICAL CODING ERROR RATE**

Spire was not subject to any Payment by Results clinical coding audits by commissioners during 2014–2015. Comprehensive internal audit across the group following the HSCIC clinical coding audit methodology v8.0 provided assurance that coding error rates and HRG errors were being maintained at acceptable levels.

The results gave an overall Healthcare Resource Group (HRG) error rate for 2014–2015 of 3.2% (up from 2% in 2013–2014). Benchmarked against the 2013–2014 published national results, the coding at Spire hospitals is in the best performing 25% of NHS providers (<=5.2%).

The primary procedure recording has improved since 2013–2014 by one percentage point to 97%. However, the primary diagnosis accuracy fell from 96% in 2013–2014 to 93% in 2014–2015. The fall in primary diagnosis accuracy below 95% has resulted in the coding accuracy for 2014–2015 being assessed at NHS Information Governance Toolkit (IGT) level 2. The main cause of error for incorrect primary diagnosis was inaccurate data extraction by the coders. All other areas – primary and secondary procedures and secondary diagnosis – were at IGT level 3 in 2014–2015.

A comprehensive service development plan has been developed and will be taken forward jointly by Spire and Capita Health during 2015–2016 with the objective of returning all accuracy metrics to IGT level 3 and reducing the HRG error rate to 2% or better.

#### **DATA QUALITY**

The NHS teams within Spire have continued to keep a focused attention on maintaining and further developing data quality during 2014–2015. Building on the excellent foundation achieved over the previous four years, Spire has continued to commit significant resources to maintaining and developing our data management

capability. 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 measures continue to exceed the required standard. Our hospitals and central NHS management information team sustained its focus on the two core areas we believe to be critical to our strategy: national data set reporting, in particular Secondary Uses Service (Commissioning Data Set) and UNIFY submissions and Clinical Coding which forms an important sub-set of this data.

The tables show Spire's Secondary Uses Services data quality performance April 2014 to February 2015, as issued by Health and Social Care Information Centre in April 2014. We are pleased to again report that we have market-leading data quality. Against each element Spire is highly rated, continues to equal or exceed the required standard and is significantly ahead of the national average.



*Spire has continued to make the capture and reporting of NHS data a key priority during 2014–2015.*

**SECONDARY USES SERVICES  
DATA APRIL 2014 TO FEBRUARY  
2015, AS ISSUED BY HSCIC  
APRIL 2015**

**SPIRE HEALTHCARE  
OUTPATIENT DATA, BASED  
UPON 409,560 ACTIVITIES**

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

**SPIRE HEALTHCARE ADMITTED  
PATIENT DATA, BASED UPON  
74,879 ACTIVITIES**

Data item	% Valid
NHS Number	100
Patient Pathway	100
Treatment Function	100
Main Speciality	100
Reg GP Practice	99.7
Postcode	100
Org of Residence	100
Commissioner	100
Ethnic Category	100
Primary Diagnosis	100
Primary Procedure	100
Site of Treatment	100
HRG4	100

Spire has continued to make the capture and reporting of NHS data a key priority during 2014–2015. Our hospitals have continued to refine and enhance 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.

## Review and assurance

### *Quality Account answers, continued*

#### **CLINICAL AUDIT**

During 2014, 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/ confidential enquiries that Spire Healthcare was eligible to participate in during 2014 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.

The national clinical audits/ confidential enquiries that Spire participated in during 2014 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.

The national clinical audits/ confidential enquiries that Spire participated in, and for which data collection was completed during 2014, are listed as follows 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 – 73% (compared with a national average participation rate of 77%, based on provisional information for 2013–2014 published by the NHS Health and Social Care Information Centre on 13 February 2015)
- National Joint Registry (NJR): hip and knee replacement – 98%, compared with 97% in 2013 and 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 in 2014 and Spire intends to take the following actions to improve the quality of healthcare provided:

- Review of PROMS participation rates indicates that participation is significantly below average at eight hospitals. The national clinical services team will work with these hospitals to review current processes and identify any steps that can be taken to improve the participation rate.
- Review of reports received from the NJR indicates that consent rates (for data to be held on the registry) were slightly below average at eight hospitals. Action plans are in progress at each of these hospitals to improve compliance with this process.

The reports of 20 local clinical audits were also reviewed by Spire in 2014 and the actions Spire intends to take to improve the quality of healthcare provided include:

- Establishing a National Clinical Audit Committee to oversee the delivery of the national clinical audit plan and make recommendations to improve patient care as a result of the systematic review of standards, process and outcomes through clinical audit
- 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
- Ensuring that hospitals not currently using the Spire protocol for providing post-discharge advice over the phone adopt the appropriate documentation and that any member of staff providing post-discharge telephone advice has completed the self-assessment competency programme.

## RESEARCH

The number of patients receiving NHS services provided or sub-contracted by Spire in 2014 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.

## 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.

Where feedback is received from the CQC, our hospitals share this and any associated action plans with their local commissioners.

---

# General Spire survey | NHS patient survey

## *Patient satisfaction*

We measure patient satisfaction through regular independent surveys, including an ongoing discharge survey in which all patients admitted for daycase or in-patient care are invited to participate.

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 third year in a row, we maintained our high level of patient satisfaction with 93% 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', 97% of patients felt staff went out of their way to make a difference to their stay and, in March 2015, 99% of respondents to the Friends and Family Test indicated they would recommend the Spire hospital they had attended for their treatment to others.

We performed well across comparable service quality indicators too.

86% of patients felt they were definitely involved as much as they wanted to be in decisions and 76% patients felt they could definitely find someone to talk to about their worries and fears compared with 38% in the NHS.

92% of patients felt they were given enough privacy, and we saw an increase in the number of patients who were definitely told about the side effects of medication from 71% in 2013 to 73% in 2014.

Finally, 85% of patients felt they were definitely told about whom to contact when they were at home, which compares with 77% in the NHS.



*93% of patients rated the care and attention from our nurses as ‘excellent’ or ‘very good’.*

	Spire 2012	Spire 2013	Spire 2014	NHS 2014*
<b>Comparable Service Quality Indicators</b>	Yes, definitely	Yes, definitely	Yes, definitely	Yes, definitely
Were you involved as much as you wanted to be in decisions? <b>(% Definitely)</b>	85%	86%	86%	56%
Did you find someone to talk to about your worries? <b>(% Definitely)</b>	74%	77%	76%	39%
Were you given enough privacy? <b>(% Always)</b>	92%	93%	92%	75%
Were you told about side effects of medication? <b>(% Completely)</b>	69%	71%	73%	39%
Were you told whom to contact after you got home? <b>(% Completely)</b>	82%	83%	85%	78%

\* CQC 2014 National NHS Patient Survey May 2015.



## CCG statement

### Liverpool CCG welcomes the opportunity to comment on Spire Healthcare draft Quality Account for 2014–2015.

We worked closely with Spire Liverpool Hospital throughout 2014/15 to gain assurances that the services they delivered were safe, effective and personalised to service users. The CCG supports the organisation's strategy to deliver high-quality, harm-free care.

We have reviewed the information provided within the Quality Account and checked the accuracy of data within the account which was submitted as part of the contractual obligation. All data provided corresponds with data used as part of the on-going contract monitoring process.

This Account indicates Spire Healthcare's commitment to improving the quality of the services it provides and Liverpool CCG supports the key priorities for improvement during 2014/15. The organisation also provides confidence to the CCG in the acknowledgment that improvements are required in certain areas and have referenced these in the report. The CCG looks forward to the implementation of these schemes to enhance the quality of service delivered.

Liverpool CCG along with our Co-Commissioning CCGs are aspiring through strategic objectives and 5 and 10 year plans to develop an NHS that delivers great outcomes, now and for future generations.

That means reflecting the Government's objectives for the NHS set out in their mandate to us, adding our own stretching ambitions for improving health and delivering better services to go even further to tailor care to the local health economy. Providing high-quality care and achieving excellent outcomes for our patients is the central focus of our work and paramount to our success.

This is a comprehensive report that clearly demonstrates progress within Spire Healthcare. It identifies where the organisation has done well, where further improvement is required and what actions are needed to achieve these goals.



The Quality Account sets out the priorities for improving patient safety, patient experience and clinical effectiveness across all services provided by Spire Healthcare.

It is felt that the priorities for improvement identified for the coming year are both challenging and reflective of the current issues across the health economy. We look forward to continuing to work in partnership with Spire Healthcare to support it in delivering these quality priorities.

**Katherine Sheerin**  
**Chief Officer, Liverpool CCG**  
 26 May 2015

*Spire Healthcare welcomed the opportunity to present our Quality Account during its development to the team at NHS Liverpool CCG who presently commission our largest NHS contract. In response to their feedback, we have clarified and added more details in a number of areas. These included adding a section on our groundbreaking project with HSCIC leading to Spire becoming a Registration Authority and taking full control of smartcard production and management.*

**Martin Rennison**  
**Director of NHS Business**

# Hospital performance data

Hospital	Unplanned return to theatre per 100 theatre episodes	Unplanned readmission per 100 in-patient/daycase discharges	Unplanned transfers to a higher level of care per 100 in-patient/daycase discharges	Surgical site infection following hip and knee replacement (%)	MRSA Bacteraemia per 10,000 bed days	MSSA Bacteraemia per 10,000 bed days
Alexandra	0.38	0.50	0.13	0.00	0.00	0.00
Bristol	0.22	0.08	0.03	0.27	0.00	0.00
Bushey	0.23	0.13	0.04	0.56	0.00	0.00
Cambridge Lea	0.09	0.17	0.03	0.27	0.00	0.00
Cheshire	0.12	0.36	0.04	0.28	0.00	2.13
Clare Park	0.04	0.04	0.06	0.00	0.00	0.00
Dunedin	0.05	0.13	0.06	1.96	0.00	0.00
Elland	0.10	0.09	0.02	0.00	0.00	0.00
Fylde Coast	0.06	0.19	0.05	1.18	0.00	0.00
Gatwick Park	0.02	0.00	0.06	0.84	0.00	0.00
Harpenden	0.13	0.04	0.00	0.00	0.00	0.00
Hartswood	0.07	0.04	0.01	0.42	0.00	2.96
Hull	0.09	0.12	0.05	0.11	0.00	0.00
Leeds	0.26	0.18	0.04	0.28	0.00	0.00
Leicester	0.11	0.23	0.06	0.24	0.00	0.00
Little Aston	0.07	0.07	0.01	0.00	0.00	0.00
Liverpool	0.07	0.05	0.01	0.24	0.00	0.00
Manchester	0.29	0.23	0.05	0.53	0.00	0.00
Methley Park	0.14	0.40	0.05	0.68	0.00	0.00
Montefiore	0.19	0.26	0.13	0.78	0.00	0.00
Norwich	0.25	0.22	0.06	0.11	0.00	0.00
Parkway	0.15	0.19	0.03	0.19	0.00	0.00
Portsmouth	0.15	0.09	0.03	0.17	0.00	0.00
Regency	0.06	0.38	0.08	0.43	0.00	0.00
Roding	0.11	0.08	0.05	0.65	0.00	0.00
Southampton	0.28	0.39	0.10	0.73	0.00	0.84
South Bank	0.12	0.23	0.02	0.00	0.00	0.00
St Saviour's	0.03	0.00	0.03	0.00	0.00	0.00
Sussex	0.19	0.65	0.00	0.47	0.00	0.00
Thames Valley	0.16	0.42	0.04	0.00	0.00	0.00
Tunbridge Wells	0.22	0.33	0.03	0.00	0.00	0.00
Washington	0.18	0.55	0.04	0.00	0.00	0.00
Wellesley	0.17	0.32	0.06	0.22	0.00	0.00
Wirral	0.13	0.26	0.05	0.00	0.00	0.00

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 health gain	Oxford Knee Score – Case mix adjusted health gain
6.59	0.00	1.32	*	19.49
0.00	0.00	2.30	*	*
1.00	1.00	3.09	*	*
0.00	0.00	1.86	23.49	17.59
0.00	0.00	1.28	21.76	18.82
0.00	0.00	0.35	24.03	*
0.00	0.00	1.45	*	*
0.00	0.00	2.83	21.93	17.68
0.00	0.00	3.86	20.17	15.47
0.00	0.00	1.33	20.42	15.32
0.00	1.72	2.41	*	15.46
0.00	0.00	1.77	*	*
0.00	0.00	1.41	22.18	17.67
1.43	0.00	1.58	*	16.34
0.00	1.75	2.10	23.24	17.06
0.00	0.00	3.62	23.37	15.24
0.00	0.00	4.62	20.42	16.31
0.00	2.32	1.16	*	*
3.59	0.00	2.88	19.38	15.73
0.00	0.00	0.89	*	*
0.00	0.00	1.91	21.65	16.27
1.62	0.00	1.94	21.91	16.38
0.00	0.00	2.49	22.98	17.49
2.96	0.00	2.07	*	*
0.00	0.00	1.79	*	*
0.84	0.00	2.26	*	*
9.03	0.00	2.71	21.13	17.16
0.00	0.00	0.00	*	*
0.00	0.00	1.47	22.76	18.82
0.00	0.00	2.37	*	*
0.00	0.00	3.41	*	*
0.00	0.00	2.65	20.72	14.95
0.00	0.00	3.46	23.53	16.41
0.00	0.00	3.90	20.63	15.30

Clinical Indicator data refers to calendar year 2014 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 2013 – March 2014 (published in February 2015).

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 daycase admissions.

Because independent sector organisations admit a higher proportion of daycases than the NHS, rates published for MRSA, MSSA and E-coli bacteraemia and Clostridium Difficile infection may appear high for hospitals which 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

[spirehealthcare.com](http://spirehealthcare.com)

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



**SPIRE HEALTHCARE GROUP PLC**

3 Dorset Rise

London

EC4Y 8EN

[spirehealthcare.com](https://www.spirehealthcare.com)