

Mrs Heidi Connor  
Senior Coroner  
Berkshire Coroner's Office  
Reading Town Hall  
Blagrove Street  
Reading, RG1 1QH

By email only

31 January 2019

Dear Mrs Connor,

## **INTRODUCTION**

I am writing in response to your Regulation 28 Report received in November 2018.

Your report followed the inquest you conducted into the death of Simon Healey who was treated at the Berkshire Independent Hospital, part of Ramsay Health Care Group and a member of the Independent Healthcare Providers Network (IHPN). Our thoughts are with Simon Healey's family during this difficult time.

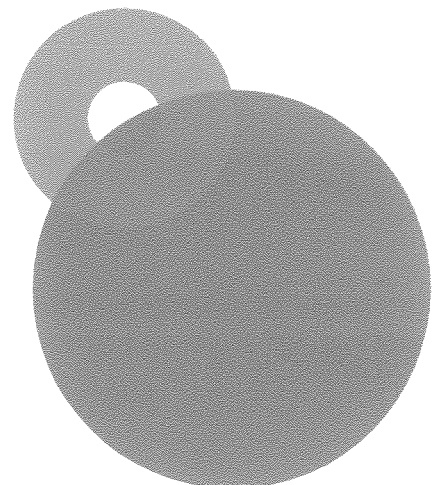
I note the context of your letter is that you consider it likely that some of the issues raised in this case would be relevant to a number of private healthcare providers. I also note that the issuing of a Regulation 28 Report is designed to bring information of a public safety concern to the attention of the recipient and is not punitive in nature.

All IHPN Board members have been made aware of your letter to me in my capacity as Chief Executive of IHPN. The Chief Executives of the majority of independent sector corporate hospital providers are represented on the IHPN Board.

In preparing this response IHPN has liaised with Ramsay Health Care UK who have been open in sharing their response with us and demonstrated their eagerness to contribute to sector learning. We will also be sharing this response with the Care Quality Commission (CQC) as part of our ongoing engagement programme.

## **INDEPENDENT HEALTHCARE PROVIDERS NETWORK (IHPN)**

The Independent Healthcare Providers Network (IHPN) is the representative body for independent sector healthcare providers of services ranging through acute, primary, community, clinical home healthcare, diagnostics and dental.



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IHPN is a voluntary membership body, and not a standards authority or regulator. Our three main areas of focus are advocacy and influencing on behalf of the sector; facilitating sharing, learning and networking opportunities for members; and assisting with regulatory compliance.

## THE INDEPENDENT HEALTHCARE SECTOR

There are over 220 independent acute hospitals in England and many more specialist acute facilities. These hospitals provide a range of services to both private and NHS patients. In the last year, independent hospitals carried out over 500,000 elective surgical procedures for NHS patients and many more for privately funded or insured patients. IHPN members treat over 95% of all patients treated in the independent healthcare sector.

Safety is the number one priority for all IHPN members as safe care is the bedrock of an effective healthcare provider. Independent hospitals have a strong track record of delivering safe, high quality care. Patients are positive about the care they receive. Over the past year, 99% of inpatients said that they would recommend independent sector services to friends and family<sup>1</sup>. 9 of the top 10 providers under Patient Reported Outcome Measures (PROMs) scores for primary hip replacements are from the independent sector (Oxford Hip score, measured by adjusted health gain)<sup>2</sup>. 73% of independent hospitals have an overall good or outstanding rating and 60% of independent hospitals are rated good or outstanding for safety, compared to 33% of NHS hospitals<sup>3</sup>.

There is good evidence that independent providers welcome opportunities and are committed to making improvements in care where changes are needed. As the CQC has stated, "Where we have found problems, providers have been quick to take our findings on board and make improvements. Of the 13 locations that we had re-inspected as at 2 January 2018, all four of those initially rated as inadequate had improved; two of these are now rated as good"<sup>4</sup>. This indicates that there is a strong culture within the sector not only to avoid poor performance but to deal with it decisively if it occurs.

## MATTERS OF CONCERN - 1

***"I believe that the NEWS policies in place at private hospitals should be reviewed. This relates not only to awareness of the policy and sepsis training generally, but also consideration of the arrangements for escalating care where a patient becomes critically unwell."***

NEWS (National Early Warning Score) policies and scoring for patient assessment have been implemented as standard across the independent healthcare sector since 2012 in line with the national NEWS role out. NHS England, with the support of NHS Improvement, are endorsing NEWS, and have launched an ambition to increase its use to 100% of acute and ambulance settings by March 2019. Independent providers are making good progress working towards that ambition.

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<sup>1</sup> NHS England FTT inpatient data from Dec 17 to Nov 2018

<sup>2</sup> Source: NHS Digital PROMs final data release covering April 2016 – March 2017. PROMs measure health gain in patients and this provides an indication of the outcomes or quality of care delivered to NHS patients and has been collected by all providers of NHS-funded care since April 2009.

<sup>3</sup> <http://www.cqc.org.uk/about-us/transparency/using-cqc-data#directory> (3 January 2019 release)

<sup>4</sup> CQC State of Care p31

The CQC's [State of care in independent acute hospitals](#) published in April 2018 did cite examples of inconsistent monitoring of risks and examples where effective escalation did not occur within providers. In order to address this and other quality related findings, IHPN began a learning programme with the CQC to ensure that their view of what makes for outstanding care in the Safe domain is fully understood throughout the sector so that best practice can be adopted across the board.

IHPN's formal engagement with the CQC includes frequent catch-up meetings to discuss quality themes across the sector. It also comprises joint CQC-IHPN seminars where providers share best practice and learn from each other. Previous seminars have focused on safety and well-led. We will be discussing escalation policies in independent acute hospitals with the CQC in February.

IHPN facilitates a Clinical Forum that brings together Directors of Clinical Governance, Chief Nurses and Medical Directors from across our membership. The premise behind the forum is that providers do not compete on safety and it has proved an excellent medium for members to share best practice and to learn from each other. IHPN has asked Ramsay Health Care to present their lessons learned from this case to the forum.

In order to support this agenda item, IHPN will undertake a scoping exercise on how providers assure themselves of levels of staff awareness of NEWS and on sepsis training. This will assist us to identify if these two elements of this unfortunate case are indeed reflected across the wider sector.

***"Most private hospitals do not have a full critical care capacity (in terms of facilities and staff) and rely instead on a consultant's availability to attend and review the position" ...***

***"...something well below an "emergency response" can be provided in this hospital, and perhaps also the wider private sector."***

Inter-hospital transfers are a well embedded mechanism to ensure that patients are treated in the most appropriate place should unanticipated complications arise. These transfers take place between providers of all types – from NHS providers to other NHS providers, from independent providers to independent providers, and from independent providers to NHS providers and vice versa.

A transfer does not mean that care has not been appropriately provided in the originating hospital. Neither does it mean that a patient should not have been admitted to the originating hospital in the first place. Independent hospitals, like NHS providers, undertake robust pre-admission processes to establish that they are an environment in which a patient can be safely treated. Unanticipated deterioration in the condition of patients is a factor in all healthcare settings and so the right response is to have plans in place to deal with it when it occurs.

Some independent sector providers do also have higher acuity facilities including intensive care and high dependency units. It is not the case that NHS providers are the sole option when patients need to be transferred to a different setting from an independent provider and some independent hospitals receive more emergency transfers than they transfer out.

We are not aware of any evidence to suggest that transfers of patients are particularly associated with providers who do not have intensive care facilities, such as NHS community and district general hospitals, mental health inpatient units and some independent sector hospitals. The NICE guidelines on patient transfers do not suggest that patients should only be treated where there are

intensive or high dependency facilities on site. Instead the focus should be on ensuring that patients can be safely transferred under structured arrangements to the right place should they require a higher acuity of care.

It is clear from the CQC's end of programme report that more work needs to be done to formalise the arrangements some independent providers have in place to deal with deteriorating patients and we have strongly encouraged all providers to have formal Service Level Agreements in place with neighbouring healthcare providers able to provide higher acuity care in the event of a patient's health deteriorating unexpectedly. However, we are confident that the overall picture for the sector is good. IHPN members already have clear processes in place to manage deterioration and, where necessary, to arrange the transfer of patients to higher acuity settings.

IHPN recognises that your concerns point to a broader national picture. A [report](#) of the HSIB (Healthcare Safety Investigation Board) published earlier this month highlights a lack of consistent guidelines or structured national guidance to aid doctors when transferring critically ill patients to specialist units, following the death of a man being transferred from an NHS district general hospital to a tertiary centre. There are increasing numbers of emergency inter hospital transfers in the NHS as the NHS separates cold elective sites from hot acute sites - cold sites often do not have high acuity ITUs. Our own research found that in 2017, the percentage of independent hospitals' total NHS and private caseload that resulted in an emergency transfer to the NHS was just 0.12% of inpatient admissions.

IHPN have approached the Department of Health and Social Care and the Association of Ambulance Chief Executives who are required to formally respond to the safety recommendations of the above mentioned HSIB report and seek to ensure that independent providers are considered in the response.

## MATTER OF CONCERN – 2

***“I accept that private hospitals cannot realistically provide separate specialist wards for this. It does however raise the question of whether private hospitals should be carrying out procedures like this without specialised nurses and without facilities to escalate care without delay.”***

IHPN's view echoes that of Ramsay Health Care UK's as set out in their own response to you as follows:

*“RAMSAY, the same as most other independent health care providers, cares for patients who are admitted for varying elective surgical procedures. These procedures may be in different craft groups and one of the best practice elements the independent sector can demonstrate is the care provided by trained multi-skilled staff. These staff are skilled in caring for a variety of patients with a variety of conditions and surgical procedures. They develop skills in identifying post-operative complications and are trained in caring for the acutely ill patient; and gain competence (which is tested and assessed) in delivering care in many settings and for many patients with differing problems.”*

We believe the competency of nursing staff in the independent sector is good and it is a strength rather than a weakness that nurses treat a greater range of acute patients in the independent sector, rather than specialising on a sub-set of patients. The CQC has found that patients in the independent sector receive a good continuity of care, that staff morale is generally good and that this has an impact on the care that people receive.

On a related point concerning nursing staff, healthcare systems across the UK have seen a culture change in recent years, with a shift to more openness, transparency, good practice around whistleblowing, and a speak-up culture. Most independent providers have a dedicated person(s) appointed as a *Freedom to Speak Up* Guardian. Providers have whistleblowing policies and provide mandatory training to staff on whistleblowing and raising concerns. Independent providers also adhere to the Duty of Candour regulation.

IHPN has invited [REDACTED] CQC's National Guardian, to attend our Clinical Forum on 31 January to further raise the profile of Freedom to Speak Up Guardians in the independent sector.

### CONCLUSION

I hope that the above addresses the concerns you have raised and assures you of the actions IHPN is taking, to facilitate learning across the independent healthcare sector from this sad event.

Yours sincerely,



David Hare  
Chief Executive  
Independent Healthcare Providers Network