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6 November 2023

HM Senior Coroner for Norfolk
County Hall
Norwich
NR1 2DH

Dear Madam

I write to provide a response to the PFD issued on 7 September 2023 to Spire Healthcare Ltd

**Introduction**

1. On 17th August 2022 HM Coroner opened an investigation into the death of Geoffrey Douglas Hoad, aged 85. The investigation concluded at the end of the inquest on 07 September 2023. The medical cause of death was: 1a Sub Acute Myocardial Infarction 1b Coronary Artery Atherosclerosis 2 Hospital Admission for Psot Operative Ileus. The narrative conclusion is as set out in the Record of Inquest.

2. During the course of the investigation matters arose regarding the transfer of Mr Hoad from Spire Hospital to the Norfolk and Norwich University Hospital and, in particular, the significant delay in the arrival of the ambulance to facilitate the transfer (the first call being made at 18:16hrs on 6 August 2022 and ambulance not arriving until 08:26 hours on 7 August 2022). The delay was as a result of resource issues at the East of England Ambulance Service NHS Trust (there was a very high call demand on the night of 6-7 August 2022). Although the delay was not found to be causative of Mr Hoad's death, HM Coroner has expressed concerns that there is a risk of future deaths occurring in similar circumstances. She has therefore issued reports pursuant to paragraph 7, Schedule 5, of the Coroners and Justice Act 2009 and regulations 28 and 29 of the Coroners (Investigation) Regulations 2013 to: to Spire Norwich Hospital/Spire Healthcare Ltd, East of England Ambulance Service and the Secretary of State for Health

3. Paragraphs 1-8 of section 5 of the Regulation 28 report that is addressed to Spire Hospital Norwich / Spire Healthcare summarise the facts. Paragraphs 9 to 12 are the specific matters of concern, as set out below;

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*"9. Spire Norwich hospital does not deal with multidisciplinary and emergency treatment at its hospital and transfer patients requiring such treatment to local acute trusts, usually the Norfolk and Norwich University Hospital*

*10. Spire Norwich hospital continues to rely on EEAST to transport such patients to the acute hospital, being fully aware of the demands placed on the EEAST generally and the delays which occur as a result*

*11. At the inquest Spire Norwich hospital placed great reliance on now being part of an interfacility transfer group, led by the Norfolk and Norwich university hospital, working with EEAST to look at a pathway in respect of Interhospital transfers. The evidence of EEAST was that this pathway was not expected to reduce delays in interhospital transfers*

*12. This concern was raised at previous inquests"*

4. These concerns are individually addressed below.

**General information: Spire Norwich Hospital (SNH)**

5. SNH has:
   a. 60 beds, including 2 enhanced care beds and 4 operating theatres.
   b. 2 resident doctors providing 24/7 on-site cover. Consultant Anaesthetist on-call cover is provided 24/7 by the Norwich Anaesthetist Group and East Coast Anaesthetic services.

6. In the period 01.10.21 to 02.10.23 SNH had a total of 15,163 inpatient and day case admissions, of which approximately 15% were NHS patients. It is important to note that (i) NHS patients undergoing procedures at SNH have access to the same levels of assessment, care and management as private patients and (ii) by accepting NHS patients, SNH is in effect helping to relieve NHS waiting lists/waiting times.

7. During these periods, 0.2% of patients in 2021-2022 and 0.1% of patients in 2022-2023 required transfer out from SNH to the NHS. Transfers out are undertaken when there is a need for higher acuity care than SNH is able to provide (for example ITU care).

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**Response to Coroner's concerns / Action taken**

***9. Spire Norwich hospital does not deal with multidisciplinary and emergency treatment at its hospital and transfers patients requiring such treatment to local acute trusts, usually the Norfolk and Norwich University Hospital***

**General information**

8. SNH is registered as a level 1 hospital with no on–site level 2/3 (HDU/ITU) provision.

9. A comprehensive pre-operative assessment (POA) is fundamental to high quality, safe practice, ensuring that the patient is as fit as possible for the surgery and anaesthetic.

10. Spire Healthcare's Adult Pre-operative Assessment Policy is based on recommendations from the NHS for Innovation and Improvement, NHS Modernisation Agency, Royal College of Anaesthetists (RCoA) and Association of Anaesthetists of Great Britain and Ireland (AAGBI) and sets out the requirements for comprehensive pre-operative assessments.

11. Spire Healthcare's Elective Adult Surgical Admission Guidance for level 1 (Enhanced Care Service Provision) outlines guidance for criteria for admission in hospitals providing level 1 care. Standards and levels of Adult Critical Care are aligned to Levels of Adult Intensive Care (second edition, Intensive Care Society UK) consensus statement 2021. This document provides guidance on the adult elective surgical admission criteria used to assess a patient's suitability for surgical admission, including cardiac intervention and radiological intervention under general anaesthesia at a Spire Hospital with Level 1 care facilities.

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12. The ASA (American Society of Anaesthesiologists, 2014, Amended Dec 2020) Physical Status Classification System is used to assess fitness before surgery https://www. https://www.asahq.org/standards-and-guidelines/asa-physical-status-classification-system

| ASA Classification | Definition | Examples, including, but not limited to: |
| --- | --- | --- |
| **ASA I** | A normal healthy patient | Healthy, non-smoking, no or minimal alcohol use |
| **ASA II** | A patient with mild systemic disease | Mild diseases only without substantive functional limitations. Current smoker, social alcohol drinker, pregnancy, obesity (30<BMI<40), well-controlled DM/HTN, mild lung disease |
| **ASA III** | A patient with severe systemic disease | Substantive functional limitations; One or more moderate to severe diseases. Poorly controlled DM or HTN, COPD, morbid obesity (BMI ≥40), active hepatitis, alcohol dependence or abuse, implanted pacemaker, moderate reduction of ejection fraction, ESRD undergoing regularly scheduled dialysis, history (>3 months) of MI, CVA, TIA, or CAD/stents. |
| **ASA IV** | A patient with severe systemic disease that is a constant threat to life | Recent (<3 months) MI, CVA, TIA or CAD/stents, ongoing cardiac ischemia or severe valve dysfunction, severe reduction of ejection fraction, shock, sepsis, DIC, ARD or ESRD not undergoing regularly scheduled dialysis |

13. SNH admits patients who are classified as ASA I – ASAIII

14. Although SNH is registered as a level 1 hospital:

    a. It can also provide (i) enhanced care for patients requiring more detailed observations than level 0 (ward) or (ii) or step-down care from Level 2-3 care.

    b. Importantly, in an emergency situation, SNH has the necessary equipment and access to relevant clinical expertise to stabilise and manage a patient who is acutely unwell, pending transfer to a higher-acuity facility.

15. In circumstances where such a transfer is necessary, SNH has a service level agreement in place with the Norfolk and Norwich University Hospital for escalation of care to level 2/3 (HDU/ITU). This agreement sets out how such transfers should be effected, to ensure that they are as efficient as possible,

in the interests of the individual patient concerned, and our respective workforces. This is effective from June 2021 to June 2024, and it is envisaged that it will continue as is beyond that date. This arrangement is not unique to Spire, and both independent sector and NHS providers (such as smaller general hospitals) are required, under CQC regulations, to have similar arrangements in place.

**Action 1**

**Complete audit of Spire Norwich Hospital compliance with Elective Adult Surgical Admission Guidance-level 1- enhanced care service provision. Audit to focus on patients assessed as ASA III (patients with severe systemic disease)**

16. The audit period was September 2022 to September 2023. It comprised a medical records review of 10 randomly selected patients, assessed as ASA III, and was conducted to assess compliance with the defined surgical admission criteria outlined the Elective Surgical Admissions Guidance mentioned above at para 11. The Audit results were:

- 100% compliance with defined surgical admission criteria outlined in the Guidance.
- 100% compliance with patients assessed as ASA III receiving a pre-operative face to face assessment with a Consultant Anaesthetist.

**Action 2**

**Review of all transfers of care from SNH to Norfolk and Norwich Hospital in the period October 2021 to October 2023.**

17. In the 12-month period October 2021 to October 2022 SNH had a total of 7349 inpatient and day case admissions, of which 16 patients' care was transferred from SNH to the Norfolk and Norwich University hospital. This means that 0.2% of total inpatient and day case admissions required transfer of care.

18. In the period October 2022 to October 2023 SNH had a total of 7814 inpatient and day case admissions, of which 11 patients' care was transferred from SNH to the Norfolk and Norwich University hospital. This means that 0.1 % of total inpatient and day case admissions required transfer of care.

19. All transfers of care are reported and investigated. No investigation found that the rationale for transfer of care was inappropriate. No investigation made recommendations that the rationale for transfer of care should be reviewed with the Consultant surgeon, Consultant Anaesthetist, Resident Doctors or Nursing team.

***10. Spire Norwich hospital continues to rely on EEAST to transport such patients to the acute hospital, being fully aware of the demands placed on the EEAST generally and the delays which occur as a result***

20. We do appreciate the pressures on EEAST, which have existed for some time and continue to exist. However, there is an important clinical benefit to private elective care continuing notwithstanding these pressures. In the very small percentage of cases where a clinical situation occurs at SNH that warrants a patient transfer to higher acuity, such as critical care, it is entirely right that there is a need for EEAST's services to support the transfer out and the continuance of that elective care.

21. It is very important to stress that all patients are entitled to access NHS services, including access to NHS emergency ambulance services where clinically indicated, and regardless of how the need for that care arose, or where that patient is coming from. Private hospitals are part of the system of local healthcare and, far from increasing the burden on NHS providers, the reality is that private hospitals help to reduce that burden. They take patients who would otherwise be on an NHS waiting list and, as set out in paragraph 6 above, they also treat NHS funded patients.

22. The above obligations are rooted in the NHS Constitution for England, updated 17 August 2023, which establishes the principles and values of the NHS in England. It sets out rights to which patients, public and staff are entitled, and pledges which the NHS is committed to achieve, together with responsibilities, which the public, patients and staff owe to one another to ensure that the NHS operates fairly and effectively.

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23. The Secretary of State for Health, all NHS bodies, private and voluntary sector providers supplying NHS services, and local authorities in the exercise of their public health functions are required by law to take account of this Constitution in their decisions and actions. The NHS constitution sets out seven key principles that guide the NHS in all it does. Principles 1, 2 and 5 are considered relevant when considering both NHS and private patient access to NHS Emergency ambulances when an interfacility transfer is required:

**Principle 1. The NHS provides a comprehensive service, available to all.** It is available to all irrespective of gender, race, disability, age, sexual orientation, religion, belief, gender reassignment, pregnancy and maternity or marital or civil partnership status. The service is designed to improve, prevent, diagnose and treat both physical and mental health problems with equal regard. It has a duty to each and every individual that it serves and must respect their human rights.

**Principle 2. Access to NHS services is based on clinical need, not an individual's ability to pay.**

**Principle 5. The NHS works across organisational boundaries.**
It works in partnership with other organisations in the interest of patients, local communities and the wider population. The NHS is an integrated system of organisations and services bound together by the principles and values reflected in the Constitution. The NHS is committed to working jointly with other local authority services, other public sector organisations and a wide range of private and voluntary sector organisations to provide and deliver improvements in health and wellbeing.

24. Spire Healthcare is acutely aware of the demands placed on NHS ambulance services and the resulting delays in ambulance response times.

25. SNH has completed a risk assessment in respect of ambulance transfer delays and this is recorded as the highest risk on the hospital risk register.

26. Spire Healthcare has completed a group wide risk assessment in respect of ambulance transfer delays and this risk is recorded on the national risk register. The risk is regularly reviewed and all actions to reduce the risk are considered and recorded. One such action is to consider the use of private ambulance services to support interfacility transfers. This is addressed in more detail below.

27. In 2022, SNH contacted 2 local CQC registered private ambulance providers to consider their ability to support interfacility transfers from SNH. Both providers advised that they were subcontracted to support EEAST and therefore did not have the capacity to enter into a contract to provide a transfer service for SNH.

28. Nonetheless, Spire is continuing to actively explore the possibility of making use of alternative providers of private ambulance services; at this point some potential new options are being evaluated, which were not available at the time of the inquest. These will, of course, still need careful consideration as to how they sit within the emergency response timeframes and systems receiving these patients at the destination facilities.

***11. At the inquest Spire Norwich hospital placed great reliance on now being part of an interfacility transfer group, led by the Norfolk and Norwich university hospital, working with EEAST to look at a pathway in respect of Interhospital transfers. The evidence of EEAST was that this pathway was not expected to reduce delays in interhospital transfers***

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29. The Inter Facility Tranfer Group (IFTG) led by NNUH was set up to facilitate the inter facility transfer of unplanned emergency patients in the local area. Its first meeting took place in June 2022. As at October 2023, the membership of the group comprises representatives from the following organisations:
    - **Acute Hospital Collaborative**
    - **James Paget University Hospital**
    - **Norfolk and Norwich University Hospital**
    - **Queen Elizabeth Hospital**
    - **East of England Ambulance Service**
    - **Spire Healthcare**
    - **Adult Critical Care Transfer Service (ACCTS)**

30. It should be noted that EEAST's PFD witness at the inquest (Head of Patient Safety) was not a member of the Interfacility Transfer Group (IFTG) until 02.10.23.

31. Following the inquest into the death of Mr Hoad and the subsequent concerns raised by HM Coroner, SNH raised concerns to the chair of the Interfacility Transfer Group that EEAST's PFD witness had stated in court that the work of the IFTG was not expected to reduce delays in interhospital transfers. The chair of the IFTG met with EEAST's Head of Patient Safety and it was agreed that, as of 02.10.23, they (EEAST's PFD witness at the inquest) would join the IFTG in order that they are fully aware of the purpose of the group and involved in all associated actions. The intended benefits of the IFTG are as follows:

    a. Improving the quality of inter facility transfers for patients by risk stratification and communication between organisations. This is intended to standardise practice by:

- Adopting a consistent approach to identify patients requiring hospital escorts.
- Providing clarity on the level of expertise and training required for hospital escorts.
- Promoting criteria-based decision making whilst ensuring clinical judgement takes priority.

b. There is also the potential to increase effective utilisation of the ambulance service provision by:

- Appropriate use of paramedic/non paramedic crews.
- Reduce requesting unnecessary blue light transfers.
- Provision of hospital escorts with the relevant knowledge and skills to care for the patient during transfer (therefore no requirement for a paramedic crew).
- Identifying low risk patients safe to use friends/relatives to provide transport.
- Promote the appropriate use of ACCTS

32. Whilst it is noted that it is not the sole purpose of the IFTG to reduce delays in interfacility transfers, by improving the quality of interfacility transfers for patients by risk stratification and communication between organisations along with improving effective utilisation of the ambulance service it is expected that there will be an improvement in interfacility transfer times.

***12. This concern was raised at previous inquests***

33. SNH took specific action following the concerns raised at previous inquests. In particular, it joined the IFTG and has been working closely with members of that group, including the Norfolk and Norwich Hospital. It was therefore a surprise to hear EEAST's evidence on the IFTG at the inquest. As set out above, Spire Healthcare and SNH take the issue of inter facility transfer extremely seriously and it continues to strive to mitigate the risks associated with the same.

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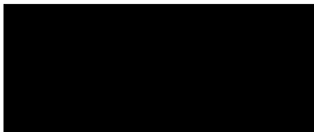
34. It is hoped that the information set out above provides assurance to HM Senior Coroner that Spire Healthcare is taking appropriate steps to try and ensure that, on the rare occasions that patients need to be transferred to higher acuity facilities, this is done in a timely and safe manner, without placing undue burdens on a service which is acknowledged to be experiencing severe capacity pressures. Spire continues to work closely with the Ambulance Service and local NHS Trusts on ways to ease delays for patients receiving care, recognizing that this is a challenge for the entire local healthcare system.

Yours faithfully



Group Clinical Director, Spire Healthcare