

Michael Spry

National Quality + Patient Safety Lead, Spire Healthcare

Clinical Audit Experience:

Michael Spry worked in the NHS for 12 years, following 4 years as a journalist. He joined The Newcastle upon Tyne Hospitals NHS Foundation Trust in 2006 and worked in a number of pathology administrative roles before taking on a role in Infection Control Information and Audit, which was then absorbed into the Trust's Clinical Governance Department. In 2011, he moved to become Clinical Audit Manager at the Countess of Chester Hospital NHS Foundation Trust, before moving to become Head of Clinical Audit at Warrington and Halton Hospitals NHS Foundation Trust in 2017. He left that role to join Spire Healthcare in August 2018.

Michael believes that clinical audit, if used and managed well, can be a highly effective method of ensuring patient safety, and works best when fully embedded with other clinical governance functions, for example: risk, patient safety, etc.

Where are they now?:

Michael's role is currently National Quality and Patient Safety Lead for Spire Healthcare. This involves supporting the organisation's 39 hospitals in serious incident investigations and action planning. He also provides regular reports on incident management to the Board.

In 2018, Michael completed his MSc in Healthcare Leadership, as part of the NHS Leadership Academy's Elizabeth Garrett Anderson Programme. This has been invaluable in enabling him to reflect on how he works as a manager and his strengths and weaknesses. The opportunity to share experiences with managers outside of your own sphere – lab managers, pharmacists, ward managers, NHS England leads – has really helped him gain a wider vision of healthcare challenges. Michael loves his current role, with the contact with hospital teams around the country and the direct support he can provide in improving patient care.

Words of wisdom:

Michael's suggestions for how to improve clinical audit:

1. The seemingly endless brinkmanship between clinical audit and quality improvement needs to end. Clinical audit is part of the quality improvement stable and both sides need to recognise this.
2. Grasp the opportunities to talk to your clinicians – the engagement they have with their patients and their eagerness to make improvements is there. Plus they have great suggestions for how audit can support them.
3. Work as a team, both locally and regionally. You may feel you are alone and swimming against the tide, but attending your regional network will show you there is strength in numbers!



Meet Michael...

Michael lives in Chester with his partner, a paramedic. When shifts allow, weekends together are usually spent mooching around the city, and enjoying time at home.

Michael attended University of Central Lancashire and gained a MA in English Literature and Politics. He has since done two of the NHS Leadership Academy's courses: the Mary Seacole Programme in 2015, and the Elizabeth Garrett Anderson Programme which will give him a MSc. Michael chaired Mersey Clinical Audit Network from 2012-18 and was part of NQICAN from 2014-18. In 2016, he and a colleague were shortlisted for a HSJ Value in Healthcare Award for developing a clinical audit module on their Trust's Datix system.

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Clinical Audit
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