

Review of patients who underwent upper and lower limb surgery at Spire Little Aston Hospital by Mr M Shah

Summary Report

Background

Mr Mian Munawar Shah (GMC number 4664338) was granted adult orthopaedic practising privileges at Spire Little Aston Hospital in January 2005. He was employed by Walsall Manor NHS Trust between January 2004 and November 2022.

When concerns were raised in February 2020 about the management of a small number of Mr Shah's upper limb surgery patients, Spire Healthcare (Spire) investigated and suspended his practising privileges immediately. Mr Shah resigned his practising privileges in March 2020 during this investigation. He has not practised at Spire since March 2020.

Walsall Manor NHS Trust informed Spire, in 2020, that it had commissioned a Royal College of Surgeons (RCS) review of practice in the Trust. The outcome of the RCS reviews were shared with Spire in April 2022. In 2022 Spire commenced its own review of Mr Shah's practice which aligned with the Trust's recall. Spire has worked closely with the NHS throughout the course of the review, sharing findings and learning in a collaborative manner.

All patients identified as part of Spire's recall have been informed of the outcome of their review. We have apologised and provided support to all patients who received a poor standard of care from Mr Shah. Our helpline remains open (see below) and we will continue to review the cases of any patients of Mr Shah who contact us with concerns about their care.

When considering the content of this report it should be noted that Mr Shah has not provided comment on the outcome of our review.

Review of patients

The Spire review included three patient groups covering the period of Mr Shah's practice (2005–2020):

1. patients who underwent complex upper limb procedures to their shoulders, elbows, hands or wrists
2. patients who contacted the Spire helpline but had procedures not within the scope of the review
3. patients who underwent hip or knee replacements (arthroplasty).

How the review was undertaken

Spire's review of patients was conducted in accordance with NHS England's [National Patient Recall Framework](#), and in conjunction with Spire's internal procedure. The review team worked to ensure that all information was shared with patients in a transparent and compassionate manner.

A clinical advisory group (CAG) approach was used where together a panel of independent consultants discussed each patient's care. The CAG was chaired by a Spire Associate Medical Director. The independent consultants who participated in CAGs had relevant expertise, were asked to declare any conflicts of interest and did not work in the same geographical region as Mr Shah.

All patients whose care was reviewed received a letter detailing the outcome of the CAG's consideration of the standard of care they received by Mr Shah. All patients who were deemed to have been harmed were contacted by telephone, provided with clinical consultations if required and offered access to counselling.

The review aimed to ascertain whether:

- patients followed the appropriate clinical pathway in line with available national guidance and accepted standards of practice
- surgical procedures were clinically indicated
- consent was completed satisfactorily
- surgery was completed to expected standards
- comprehensive documentation was included in patients' medical records
- probity and candour were demonstrated.

Patients were deemed to have been harmed if standards of care fell below that expected of a consultant surgeon, taking into account standards of care at the time of the procedure.

It should be noted that if a patient was deemed as being harmed by Mr Shah, that did not necessarily equate to a poor clinical outcome for the patient. Harm could result from, for example, that evidence in relation to the decision-making process was poor, meaning that the review team could not confirm if the patient had received adequate information on which to base their decision to proceed with their surgery.

For any surgical procedure, some patients may experience a poor outcome which is not due to any issues with the care provided but is the result of a recognised clinical complication. Such patients would not be deemed to have been harmed in a review of this type.

Severity of harm was assessed based on the [NHS England definitions](#) for moderate and severe levels of harm.

Summary of findings

A total of 152 patients, who had undergone 178 procedures, were reviewed.

81 patients were deemed not to have been harmed and 36 patients (24%) were deemed to have been harmed at the moderate (33 patients, 22%) or severe (3 patients, 2%) level. One patient's case was inconclusive.

34 patients were deemed to have experienced low harm (reflecting a poor clinical process e.g. inadequacy of consent which did not have a significant impact on the patient's outcome).

The main reasons for attribution of moderate and severe harm in Spire's review mirrored the original Trust RCS reviews and the Trust's patient recall findings and were categorised as:

- indication for surgery
- quality of surgery.

Duty of candour, in line with professional and CQC requirements, was undertaken.

Governance and safety in Spire hospitals

Patient safety is our highest priority, and we have consistent safety standards in all our hospitals. We continue to use learning from events to review our processes and make incremental changes to ensure we continue to enhance the governance and safety processes in our hospitals.

More details on our governance processes can be found on our [website](#), with some key points highlighted below:

- When concerns are raised about patient treatment or safety, we listen and investigate thoroughly and have robust processes in place to ensure that lessons are learnt. We share learnings across all our hospitals via quarterly learning reports
- Our policies and procedures are aligned with the Medical Practitioners Assurance Framework¹, which is the framework for medical governance adopted by the independent sector through our industry association, the Independent Healthcare Providers Network. This includes a robust approach to the granting of practising privileges, and every consultant practising with us has their practice reviewed thoroughly at least every two years and annually if they do not also work in the NHS
- We take a proactive approach to quality improvement through our Quality Improvement Strategy and have a strong ward-to-board governance framework. This ensures that we maintain the highest standards and that each hospital is focused on safety and quality
- We have an open and honest culture, with colleagues encouraged to raise concerns and, since 2018, have had Freedom to Speak Up Guardians in all our hospitals
- Our data collection strategy helps us to monitor performance and give us insight into potential over-treatment by individual consultants
- We have been a pro-active adopter of the new Patient Safety Incident Response Framework (PSIRF). Although PSIRF is only mandatory in England and when treating NHS patients, we have implemented this across our 38 hospitals in England, Wales and Scotland for both NHS and private patients
- It is our practice to collect and use patient feedback. We engage with patients before, during and after their treatment and use this feedback to make improvements and identify if there are any concerns about their care

[Medical Practitioners Assurance Framework 2022](#)

- We have updated our policy around consent and carry out training and audits to ensure the policy is followed
- For consultant biennial reviews, we triangulate soft intelligence along with data relating to complaints, incidents, activity and interventional ratios to ensure that we review a consultant's whole scope of work in order to identify any trends that may need further exploration
- We share a report with consultants who are connected to NHS other providers which contains data relating to their last 12 months' practice at Spire, including their activity, incidents and complaints. This supports in their whole practice appraisal
- We are strengthening the NJR data review processes in our hospitals, ensuring that there are standard processes for Review Committees to review each hospital's NJR data, to identify any potential issues and/or actions which will improve outcomes
- We have introduced a national New Procedures and Research Committee to enhance the existing approval process for new techniques.

Regulatory ratings

- The NHS and the independent sector have common regulators (the Care Quality Commission (CQC) in England, Healthcare Inspectorate Wales and Healthcare Improvement Scotland) and are held to the same standards of care.
- 98% of our inspected locations, including Spire Little Aston Hospital, are rated 'Good, 'Outstanding' or the equivalent by regulators in England, Scotland and Wales – above the industry average.

Conclusion

Following Spire's extensive review of Mr Shah's practice, we again apologise sincerely to those patients affected.

Addressing concerns promptly is a top priority across the Spire Group. We are committed to listening to concerns when they are raised and to continuously learning and improving everything we do. We have made, and continue to make, improvements in the way we monitor clinical outcomes for patients and consultants. More information on these actions can be found [on our website here](#).

Our helpline remains open (07936 944943 between 8.30am and 5.30pm Monday to Friday or email spirepne@spirehealthcare.com) and we will continue to review the cases of any patients of Mr Shah who contact us with concerns about their care.

March 2025