

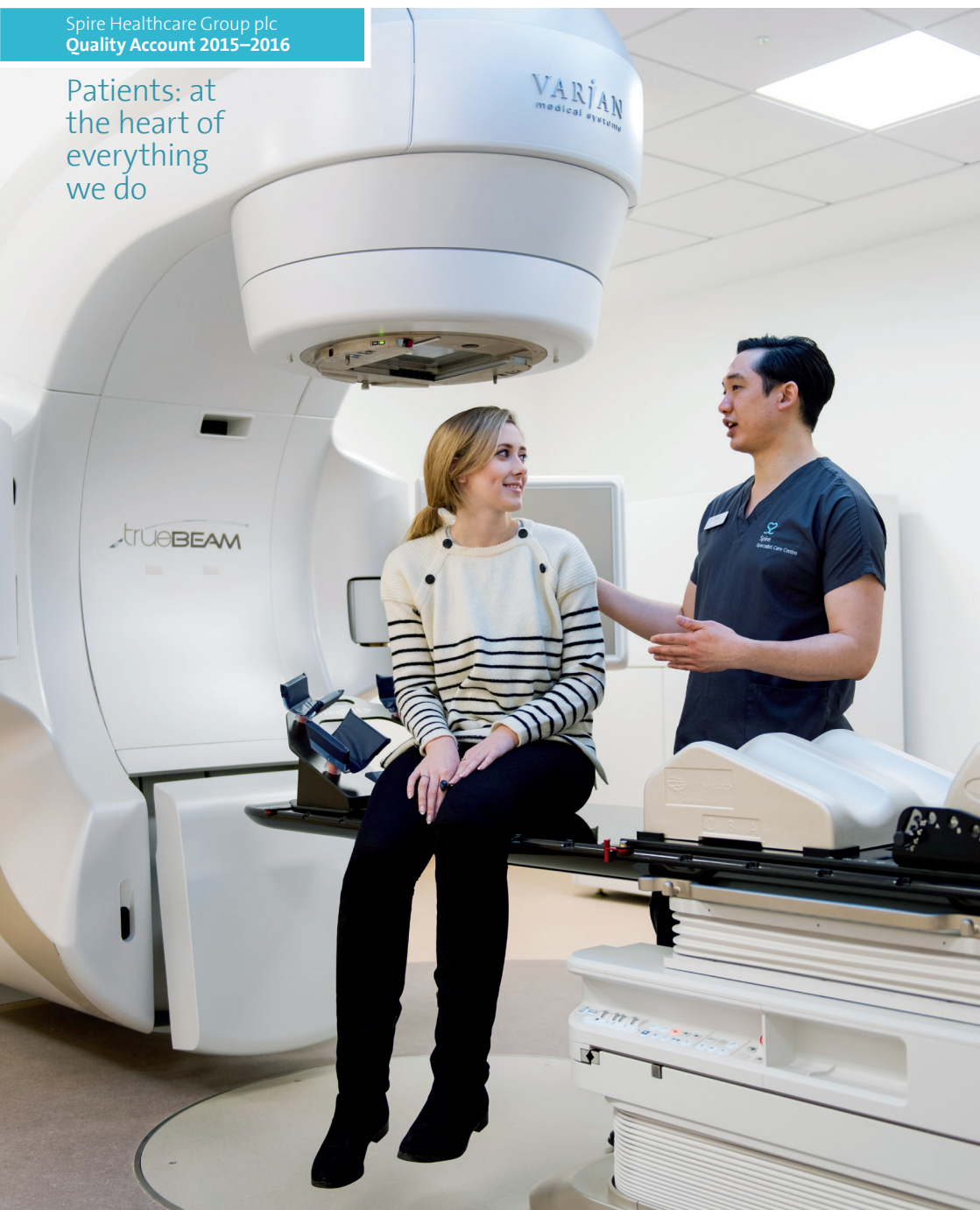


Spire Healthcare

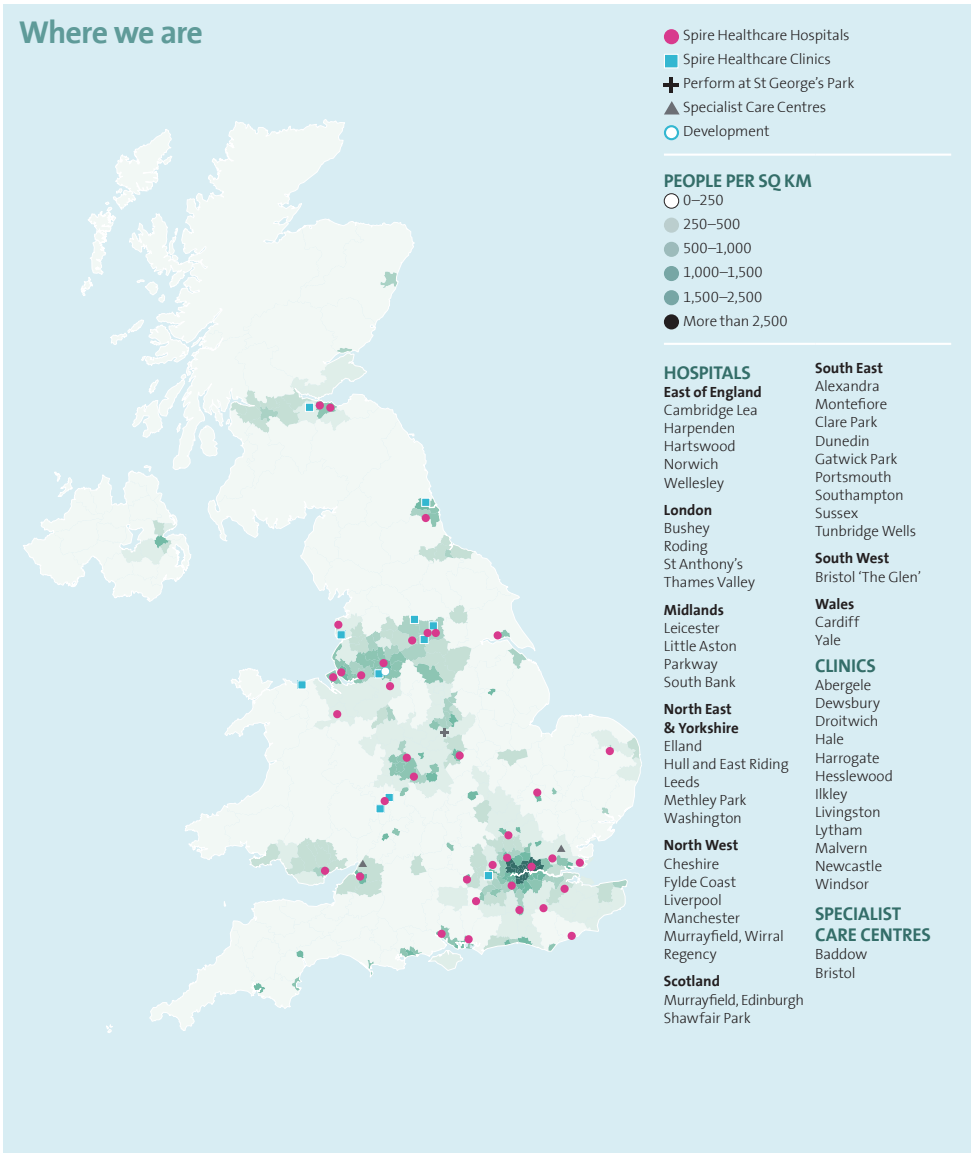


Spire Healthcare Group plc
Quality Account 2015–2016

Patients: at
the heart of
everything
we do



About Spire Healthcare



HOSPITALS

38

CLINICS

12

SPECIALIST CARE CENTRES

2

FULL-TIME EQUIVALENT STAFF

7,844

PATIENTS

760,000*

CONSULTANTS

3,790

INVESTMENT SINCE SPIRE
HEALTHCARE WAS FORMED

£725m**

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

** Including acquisitions.

Spire Healthcare is a leading independent hospital group in the United Kingdom. Our success is built on our committed staff and experienced consultants delivering the highest standards of care to our insured, Self-pay and NHS patients with integrity and compassion within contemporary, high-quality facilities.

Continuous investment in our hospitals, facilities and medical technology, increasing our capacity to admit and treat patients, and broadening the services we offer increases revenue contribution to our business.

Contents

| | |
|----|---|
| 2 | Chief Executive Officer's Q&A |
| 6 | Clinical review |
| 9 | Our people |
| 10 | Improving capabilities |
| 11 | Corporate Social Responsibility |
| 12 | How we performed |
| 17 | Our plans |
| 22 | Review and assurance |
| 28 | General Spire Healthcare survey NHS patient survey |
| 30 | Hospital performance data |
| 32 | CCG statement |

Chief Executive Officer's Q&A

In good health



ROB ROGER
CHIEF EXECUTIVE OFFICER

2015 was another year of major development for Spire Healthcare. Rob Roger, our Chief Executive Officer, answers some key questions, reviewing a sometimes challenging year and looking to the future.

WHAT IS YOUR OVERALL VIEW OF PERFORMANCE IN 2015?

RR: Let me start with what we are really about – patient care. During 2015, we delivered outstanding, personalised care to 270,000 in-patient and daycase patients. That's a 3.7% increase on 2014, and the most patients ever treated.

We had no incidents of MRSA or MSSA bacteraemia, and c.difficile infection rates, at 0.60 per 10,000 bed days, continued to be substantially lower than equivalent NHS rates. We maintained our high patient and consultant satisfaction levels and friends and family survey results.

We translated this excellent clinical work into a good set of financial results. Overall revenue for the year grew 3.4% to £884.8 million (2014: £856.0 million). Adjusted EBITDA grew 2.2% to £160.1 million (2014: £156.7 million). We also continued to invest in the business – £109.5 million this year – as part of our steady development strategy.

So, overall, a good year.

There's more detail on our clinical performance, including Care Quality Commission (CQC) inspections, in the Clinical review.

IT SEEMS TO HAVE BEEN A RELATIVELY VOLATILE YEAR, WITH BOTH STRENGTH AND WEAKNESS IN YOUR NHS WORK?

RR: About 30% of our business comes through the NHS – and, overall, it continues to grow. Three-quarters of that comes through the NHS e-Referral Service (formerly Choose and Book) and about a quarter from local Trust subcontract work supporting 18-week Referral to Treatment Times.

The NHS e-Referral Service volumes directly from GPs grew at 8.0–9.0% in the year, which is a steady growth. This was underpinned by our direct GP engagement and recently updated directories of services which seek to present our

capacity to GPs and the public in an informative and accessible way.

For local contract work, supporting RTT and NHS resilience, it was a year of two halves. In the first half, we benefited from a lot of resilience work supported by the additional funds released by NHS England, but that slowed after the start of the 2015–2016 NHS financial year in April, and fell markedly in the last quarter after Monitor's intervention in August 2015 to encourage the optimisation of benefits from Block Contracts and NHS England's position change to reduce penalties imposed for exceeding waiting list times.

We believe the NHS's drive for cost control and further efficiencies will constrain local contract work going forward. That, in turn, is likely to result in lengthening waiting lists and further rationing of non-essential treatments.

HALF OF SPIRE HEALTHCARE'S BUSINESS COMES THROUGH PMI – IS THAT MARKET TIGHTENING AND WHAT CAN YOU DO TO BOLSTER GROWTH IN THE SECTOR?

RR: The number of insured lives has effectively been flat for a while. We saw a growth in insured lives in 2014, but we haven't seen much traction since then. There's net growth

in corporate insured lives in the market, offset by a reduction in individual insured lives, as people face an increase in insurance premium tax and therefore turn to Self-pay as an alternative.

We are looking to bolster private healthcare at two levels. One is to go directly to market. We launched InSpire in 2014, and one year on I'm delighted that we've got nearly 10,000 new insured lives – and nearly 90% of those are people who didn't have insurance before.

Secondly, we are working in partnership with insurance providers and clinicians to grow volume by reducing the cost of pathways. We are also committed to continuing to deliver exceptional clinical care by looking for ways to further reduce the administration costs of all parties and improve customer service. These objectives often require investment in medical technologies or IT infrastructure by Spire Healthcare.

At a macro level, the leading insurers and providers are now working together for the first time in many years to make our combined product more relevant to customers with the objective of attracting more customers to the insured market.

HOW EFFECTIVE IS YOUR 'PAYOR HEDGE'?

RR: The payor hedge is how we refer to the fact that our business comes from three main payor sources – PMI, Self-pay and the NHS.

In 2015, we saw that payor hedge in action – the growth in patients self-paying came as a direct result of individuals recognising the pressures on the NHS resulting in rationing and growing waiting times.

The price of PMI for individuals is clearly an issue. In the UK, as people get older, premiums get more expensive, because they are risk adjusted. If you're 65 and retired, your insurance premium is going to be very high. So more and more people are turning to Self-pay.

And, of course, we are helping them by offering fixed prices on our most common procedures and always with immediate access and outstanding clinical outcomes.

For our NHS business, we see the redevelopment of Choose and Book as eReferral as an important and beneficial move. Presently 100% of our services are directly bookable via eReferral.

Chief Executive Officer's Q&A *continued* In good health

HOW CONFIDENT ARE YOU THAT GROWING WAITING LISTS WILL MEAN MORE BUSINESS IN SELF-PAY AND E-REFERRAL SERVICE?

RR: The growing funding gap remains. Whether it's £22 billion by 2020–2021, or £65 billion by 2030–2031, I don't know, but ultimately, on current funding levels, the NHS can't be there for everybody. As the gap between supply and demand grows, by nature people will turn to a private product.

WHAT DO YOU THINK IS THE FUTURE OF THE INDEPENDENT SECTOR'S ROLE TO THE UK HEALTH SYSTEM?

RR: Even though private healthcare is a tiny proportion – at its maximum it's 6% of all health spend in the UK – and the elective spend, which is what we do, is less than 4%, the opportunities are still vast.

We know we have a growing and ageing population, with increasing acute and chronic conditions. The ability to fund this growth in demand is a major cause of concern for Government.

What the private sector can offer is capital for investment, and capacity, particularly in elective areas such as orthopaedics, cardiology and ophthalmics.

We're also in a position to invest in areas of higher acuity, such as cancer, where UK radiotherapy provision is already under-

resourced and where much of the NHS's equipment is reaching the end of its operational life.

YOU HAD A ROUND OF CQC INSPECTIONS LAST YEAR. WHAT HAVE BEEN THE GENERAL STRENGTHS AND WEAKNESSES FOUND IN THE HOSPITALS INSPECTED TO DATE?

RR: Let me firstly say that we welcome the new CQC inspection regime. We believe its concentration on the five 'domains' is robust and solid. We have even revised our own internal clinical reviews to mirror their domain protocols. We don't want ever to be surprised by a CQC finding. To us, knowing our hospitals is all part of being 'well led'.

Obviously, in the first year of the new regime both we and the CQC were learning from every inspection, but overall the outcomes have been very positive.

I want all our hospitals to be either 'Good' or 'Outstanding'. I don't know how long it will take to get there, but we are on the path and it's an absolute business priority.

MEDICLINIC INTERNATIONAL TOOK A 29.9% STAKE IN SPIRE HEALTHCARE IN 2015. WHAT SYNERGIES HAVE YOU IDENTIFIED SINCE ITS INVESTMENT?

RR: Mediclinic brings a wealth of international experience to our business. We've looked

at specific areas such as supply chain, comparing our costs with those in Switzerland, Dubai or South Africa. We're also looking at nursing and recruitment, co-ordinating our approach worldwide.

HAS MEDICLINIC INTERNATIONAL'S INVESTMENT CHANGED YOUR STRATEGY?

RR: Our strategy hasn't changed: we will continue to grow by concentrating on the UK consumer, offering value for money and outstanding care. That means being the best clinically. We are developing our own channels for sales and referrals. We will reinvest to drive down cost through efficiencies and standardisation, while developing our capabilities by investing in our people. And we will increase our capacity by using what we have more efficiently, and by building new as required.

That strategy was in place prior to Mediclinic's involvement and they support this.

HOW WILL SPIRE HEALTHCARE MAINTAIN COMMERCIAL PERFORMANCE?

RR: The short answer is grow more volume and continue to improve efficiency!

We are already a very efficient business but we can always do more. We are seeing the benefits coming through from our investment in a new Patient

Administration System (SAP). We put in a new Client Relationship Management (CRM) system which will improve sales conversion.

Efficiency is delivered through cultural engagement. In 2015, we put in place an enhanced leadership team, ready to take us to the next stage in our development.

We brought in a new Chief Operations Officer, Andrew White, to manage the business day-to-day, working with our four Operations Directors.

Peter Corfield, our new Group Commercial Director, brings significant experience of the insurance industry. He will continue to drive revenue growth through our three payor groups.

Jonathan Paisley was recently appointed Chief Information Officer, to strengthen our use of digital technology. Whether it's around control and referrals, engaging with GPs or engaging with patients, IT can make Spire Healthcare more efficient.

And Caroline Roberts joined us as Group Human Resources Director to help us meet the challenges the whole healthcare sector faces in staff recruitment and talent development.

WHERE WILL YOU BE OPENING NEW CAPACITY IN 2016?

RR: We have three new theatres

under construction at Spire Methley Park, Hull and East Riding, and Parkway hospitals due for completion in the second half of 2016. Six new theatres are in development at Spire St Anthony's Hospital (to replace four existing theatres) due to open later in the year, and two new hospitals are in build, in Manchester and Nottingham. They are scheduled to open in early 2017. We should have at least 131 theatres operating by the end of 2018.

We currently have further specialist care sites under review as we develop our cancer care offer.

WHAT IS THE OUTLOOK FOR 2016?

RR: We believe that we will continue to see growth across all payor groups, gaining market share with our insurers and expanding our Self-pay business as more NHS procedures are restricted and waiting lists increase. Working to attract more NHS patients through growth of the e-Referral Service gives patients the choice to come to one of our hospitals for the same price as they would if they were going to an NHS hospital.

Looking forward, we expect that in 2016:

- full year revenue will grow by between 3.0% and 5.0%;

- the Group's adjusted for comparable EBITDA margin for the year as a whole will remain consistent with that for 2015; and
- capital expenditure will be between £170 million and £190 million.

WHY HAVE YOU DECIDED TO LEAVE SPIRE HEALTHCARE AND WHAT WILL BE YOUR HIGHLIGHT?

RR: I will be leaving the Company in June to take on a new challenge in a different industry. I have spent over nine years at Spire Healthcare, helping to build what I believe is the best private healthcare provider in the UK. Spire Healthcare has a great senior management team in place, ready to take the business forward and I know that their priority to offer patients the highest standards of care will continue.

Working to establish Spire Healthcare has been a real privilege and I am proud to have worked alongside the countless individuals who work tirelessly to make healthcare better in the UK, and to be a part of the team who created the Group. I wish everyone at Spire Healthcare the best for the future.

Rob Roger
Chief Executive Officer
June 2016

Clinical review

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



DR JEAN-JACQUES DE GORTER
GROUP MEDICAL DIRECTOR

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

2015 has been a year of considerable adaptation and transformation for Spire Healthcare. At the beginning of the year we prepared for changes introduced by the Care Quality Commission (CQC) regarding how they inspect hospitals in England by adapting our systems for monitoring and reporting performance. We also strengthened our programme of on-site clinical reviews led by the Chief Nursing Officer and these are now undertaken regularly and rigorously in line with the CQC's own methodology.

In 2015, seven hospitals underwent formal inspection by the CQC according to the new inspection methodology. Results for the seven hospitals have been published: four were rated 'Good' by the CQC inspection team (though we await the outcome of our challenge to improve one hospital's rating to 'Outstanding') and three were rated 'Requires Improvement'. We have taken immediate steps to address the issues identified

on the day of inspection and look forward to these hospitals being reinspected.

In 2016, we will introduce a new clinical assurance framework designed in line with the five domains inspected by the CQC. This will bring together the many sources of hard and soft intelligence we already monitor in order to help guide our frontline management teams as well as provide assurance to the executive and Board committees ahead of future regulatory inspections. We are pleased to report that the Group as whole achieved all five clinical KPIs in 2015.

CLINICAL KPIs (2015)

Efficient discharge before 11.00am

Compliance with VTE risk assessment

National Early Warning Score (NEWS) record keeping

Temperature recording compliance on NEWS

Compliance with cancer standards (Cancer patients with evidence of MDT discussion)

In addition, and for the third year running, there was not a single case of MRSA bacteraemia reported by our hospitals, nor indeed any cases of MSSA bacteraemia. Despite a slight increase in the number of C.difficile cases, our rates nevertheless compare very favourably with national averages published by the Health Protection Agency.

Surgical site infection following hip and knee surgery (0.20%) in 2015 was the lowest reported on record, as was post-operative veno-thromboembolism (0.39%).

In terms of treatment effectiveness, we are very pleased to report the lowest-ever rate of unplanned returns to theatre (0.13%), unplanned readmissions (0.18%) and unplanned patient transfers (0.04%). Inpatient mortality and mortality within 31 days of surgery both fell slightly in 2015 compared with 2014. 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 have together created a basis for reliable and high-quality care.

Over the past five years, our hospitals have worked hard to improve our 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 fifth year in a row, making this the greatest improving satisfaction measure over this period. In addition, compared with last year, patients responding 'Excellent' to quality of care improved by 3% (we do not believe that achieving 'Very Good' is sufficient for our patients) and responses to our other key questions all improved year-on-year.

Despite these results, in 2015 I commissioned an independent review into the way that we manage any complaints we might receive. In 2016, we will be enacting the recommendations that relate to process, leadership, development and assurance in a bid to better address any concerns that are raised by patients when their care did not meet their expectations. I expect these improvements to further enhance our customer service.

VTE RISK ASSESSMENT

Completing a venous thromboembolism (VTE) risk assessment is a key clinical indicator for Spire Healthcare and is an important step in reducing the risk of deep vein thrombosis and pulmonary embolism in patients admitted to hospital. In 2015, there was a completed risk assessment in

97% of the patient records audited (target = 95%). Additionally, 99% of hip and knee arthroplasty patients surveyed received the recommended chemical prophylaxis for VTE prevention.

SERIOUS UNTOWARD INCIDENTS

Spire Healthcare hospitals reported 87 clinical adverse events/near misses (AENM) per 1,000 bed days in 2015. 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) | 58.4 |
| Minor harm | 12.1 |
| Moderate harm | 15 |
| Major harm | 0.8 |
| Severe harm or death | 0.5 |

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 Healthcare'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

Clinical review *continued*

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

individual incidents or trends, and these are reported to the national Clinical Governance and Quality Committee.

Further assurance is also provided by the Clinical Governance and Safety Committee, a subcommittee 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.

PRIORITIES FOR IMPROVEMENT 2015–2016

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

- To progress a project to develop Spire Healthcare's SAP to support the production of electronic ward discharge summaries.
- 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 (to help ensure that Spire Healthcare's pre-operative

assessment process remains fit for purpose and is in line with best practice).

We also made significant progress against the third priority and by March 2016, 92% of hospital staff had completed Compassion in Practice training.

Finally, we began two important projects in 2015 to transform the way we not only care for our cancer patients, but also comply with national guidelines and regulations. We launched the electronic Ardeo Cancer Registry that will record the recommended treatment plans for every patient treated for cancer with surgery, chemotherapy or radiotherapy at a Spire Healthcare hospital. This platform also enables multidisciplinary teams, either at the hospital or remotely, to discuss the treatment plan for a patient whilst also viewing their diagnostic images and pathology findings. Beginning with patients being treated for breast cancer or with chemotherapy, in time this will extend to every tumour site.

In parallel, we began our implementation of iQemo, an electronic prescription system for chemotherapy. This will make the process of treating patients with



In 2015, our hospitals delivered care to patients that was safer and more effective than in previous years.

**DR JEAN-JACQUES DE GORTER,
GROUP MEDICAL DIRECTOR**

chemotherapy both simpler for consultants and staff, and safer for our patients.

In conclusion, in 2015 our hospitals delivered care to patients that was safer and more effective than in previous years. At the same time, patients have responded by telling us that their experience of receiving care was better than ever. I salute our clinical teams for having delivered on our clinical quality goals last year. Working alongside our dedicated consultants and specialists, I firmly believe that we are united in our ambition to improve the quality of our care even further in 2016.

Dr Jean-Jacques de Gorter
Group Medical Director

Our people

Perhaps more than most businesses, ours is one where every member of staff needs to feel fulfilled, valued and satisfied with their work



Providing quality care to our 760,000 patients is totally personal. It is delivered, every day of the year, by our skilled and dedicated staff.

CAROLINE ROBERTS,
GROUP HUMAN
RESOURCES DIRECTOR

At 31 December 2015, we employed 12,426 people, (3,529 bank workers and 8,897 permanent employees) – equivalent to over 7,800 full-time jobs – split between nursing, theatre staff, allied health professionals, and administration and clinical support staff.

Our employees are predominantly female; 7,294 compared to 1,603 male. For senior management we employ 149 female managers out of a total of 247.

We work hard to foster Spire Healthcare's unique culture – one where every member of staff feels fully valued and listened to, where they can do their best for their patients, and where they can feel fully appreciated.

Every year, we survey our staff's views on how we are doing and ask them how we could improve. This year 77% of staff responded (3% more than last year), and of them 78% said they would recommend Spire Healthcare to family and friends as a place to work (up from 76% last year and 72% the year before).

Other highlights from the 2015 survey respondents included:

- 93% believe what they do at work makes a positive difference (92% in 2014);
- 92% would recommend Spire Healthcare to friends and family if they needed care or treatment (90% in 2014);
- 91% get personal satisfaction from their work (90% in 2014);
- 90% feel that they really fit in with the rest of their team (89% in 2014); and
- 89% are proud to work for Spire Healthcare (88% in 2014).

Our values

*Caring is
our passion*

*Succeeding
together*

*Driving
excellence*

*Doing the
right thing*

*Delivering
on our
promises*

*Keeping
it simple*

Improving capabilities

We have strengthened senior management, with the appointments of Andrew White as Chief Operating Officer, Peter Corfield as Group Commercial Director, myself as Group Human Resources Director and Jonathan Paisley as Chief Information Officer. They join a team that aims to go beyond management by process and objectives, to lead through ideas, vision and inspiration.

We are developing a short-, medium- and long-term set of initiatives that, taken together, will create a People and Talent strategy.

Key elements of this strategy will include:

- developing a compelling people proposition that differentiates Spire Healthcare as an employer of choice;
- recruiting and resourcing the business to meet current and future staffing requirements as we grow;
- managing our talent better, so that we identify, deploy, develop and engage our people better; and
- better aligning our staff benefits and incentives to personal, business and investor needs.

Clinical staff resourcing is of critical importance. We already have a recruitment delivery plan in place to fill short-term staffing needs and meet the staffing requirements of our medium-term capacity, service and new build expansion.

Key elements of our strategy include developing our working relationships with local universities, offering placements and encouraging nurses to return to practice, helping our current nursing staff in their revalidation, and developing our international nursing recruitment programme.

We are also continuing to develop flexible working patterns and our nursing bank as a cost-effective and flexible resource to meet changing demand patterns and utilise our capacity more effectively.



Clinical staff resourcing is of critical importance.

CAROLINE ROBERTS, GROUP HUMAN RESOURCES DIRECTOR

During 2015, we supported 133 people through our Management Fundamentals programme and 11 through our Leadership Essentials programme. Management Fundamentals focuses on developing the people skills of new managers, while Leadership Essentials is a seven-month, four-module, programme designed to develop our future leadership cadre.

Caroline Roberts
Group Human
Resources Director

Corporate Social Responsibility

Over £158,000 was raised by the Group through various sponsored walks, sporting events, bake-offs and consultant golf days, to name but a few.

COMMUNITY CHARITY WORK

Over the last year, each Spire Healthcare hospital continued to fundraise for important local and national causes. Next year, it is our aim to go further and raise more, and build upon the good work our people already do.

In June, we held the second annual Spire Healthcare Cycle Challenge. Last year, the Challenge covered 620km and raised money for Walking with the Wounded and Macmillan Cancer Support. This year, 200 Spire Healthcare cyclists, joined again by Chief Executive Officer, Rob Roger, covered 720km over six days, from Manchester to London. Over £5,000 was raised for this year's chosen charity, Harrison's Fund.

LOOKING AFTER OUR ENVIRONMENT

At Spire Healthcare, we realise that we have a 'duty of care' to the environment as well as our patients and we continue to promote a low carbon culture across our hospitals.

We continually review how we operate our buildings and infrastructure to improve carbon efficiency across our portfolio.

Some of our key areas of focus were our usage of electricity and natural gas, and we invested in areas such as lighting, mechanical ventilation, building controls, heating and domestic hot water services.

Key carbon reduction and energy-saving initiatives in 2015 included:

- in 2010, we published our five-year energy reduction targets, aiming to reduce CO₂e from electricity and natural gas by 10% per £ of revenue by 2015 on the baseline year of 2010. We achieved a reduction of 32% per £ of revenue by 1 January 2015;
- we installed external LED lighting at 32 of our hospitals which are benefiting from a much improved light quality as well as the energy reduction this technology brings;
- modular condensing heating and hot water boilers were installed at Spire Dunedin and Spire Leeds hospitals in 2015, which will deliver a reduction in gas consumption at those sites in future years;
- our National Distribution Centre in Droitwich provides the Group with a collection service, removing cardboard and paper for recycling – we can report a 46-tonne/11% reduction of cardboard during 2015; and
- Central Purchasing continues to work with our strategic waste management partners to help direct our general waste away from landfill and into Energy from Waste (EfW) facilities. Over 86% of our general waste (1,981 tonnes) is now being recycled utilising material recycling facilities and 100% of the residue waste is now being sent to EfW.

How we performed

Priorities for improvement 2015–2016

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

1. To progress a project to develop Spire Healthcare's Patient Administration System (SAP) to support the production of electronic ward discharge summaries

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

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

1. TO PROGRESS A PROJECT TO DEVELOP SPIRE HEALTHCARE'S PATIENT ADMINISTRATION SYSTEM (SAP) TO SUPPORT THE PRODUCTION OF ELECTRONIC WARD DISCHARGE SUMMARIES

Why is the development of Spire Healthcare'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 on 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); and
- 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 Healthcare hospitals generate about 20,000 discharge summaries per month, and this has previously been 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 should streamline this process and help to ensure relevant information is communicated directly to GPs at the point of discharge.

Our aim during 2015–2016 was to progress a project to develop Spire Healthcare's Patient Administration System (SAP) to support the production of electronic ward discharge summaries. This included establishing and testing an



Introducing an electronic discharge system should help ensure relevant information is communicated to GPs at the point of discharge.

electronic hub to facilitate the transfer of the discharge summary directly to GP information systems before a pilot and roll-out of the new process across our network of hospitals.

The development of SAP to support the production of discharge summaries was completed as planned, with the discharge summary produced directly within SAP, mirroring the previous paper-based discharge form. We adopted this approach to support staff with the transition from paper-based to electronic forms. The SAP-based template has been rolled out to all relevant hospitals (with the exception of two hospitals which, for

external factors, delayed the roll-out but that will complete it in Q1 2016–2017).

The delivery of the SAP-generated discharge summary forms to GPs has been a particular challenge during 2015. Our lack of direct access to national NHS systems, (and the lack of a single address list for GP practices) meant that, whilst we are able to create electronic discharge summaries in SAP, we are unable to transmit them with ease to the GP end-user. We note from our discussions with our colleagues in the independent sector and the NHS (the national tertiary providers in particular), that this is a common experience and impacts those providers who are truly national in their scope. The majority of NHS providers are relatively local or regional in their patient catchment areas, which has enabled them to put in place local workarounds.

However, we have enabled electronic transmission via a Docman hub for three hospitals: Spire Fylde Coast, Spire Manchester and Spire Regency. This is to a limited number of practices but provides proof of concept for a wider roll-out when access to the national system is enabled. We also have another five hospitals that are

generating the discharge summaries in SAP and sending them as PDFs to practices' NHS mail accounts – although this is seen as a temporary measure until the 'direct to system' process can be established.

We have reviewed the technical systems that are available and have identified what we believe will be a 'single system' solution once we are able to connect to the Messaging Exchange for Social Care and Health (MESH), the new NHS national system for clinical messaging. We have also begun working with our colleagues at the Health & Social Care Information Centre (HSCIC) to enable access to MESH and to revise the discharge summary template so that it includes all the recommended information suggested by the Academy of Medical Royal Colleges (AMRC).

How we performed *continued*

Priorities for improvement 2015–2016

2. ENSURE THAT 95% OF SPIRE HEALTHCARE 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; and
- supporting positive staff experience.

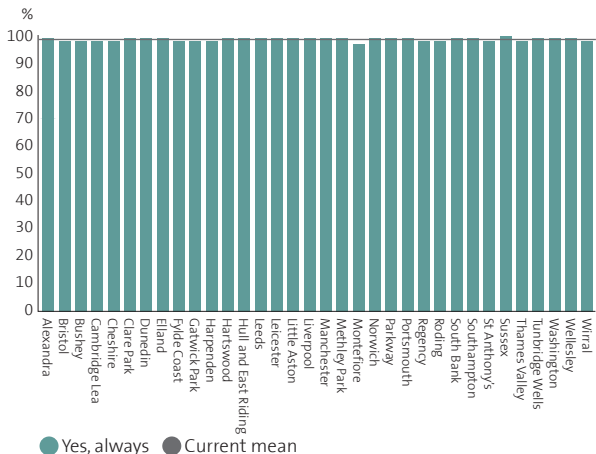
During 2014, Spire Healthcare established a working group to identify opportunities to improve care delivery within the context of the Compassion in Practice strategy. The group has focused on initiatives across all six areas for action and on ensuring that the 6 Cs are integrated in day-to-day practice. These include the recommendation that Spire Healthcare'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 Healthcare's annual performance review programme (Enabling Excellence). Alongside this, Spire Healthcare introduced a Compassion in Practice e-learning training module in October 2014, incorporating elements of dementia care.

Our aim was for 95% of staff to have completed this training by December 2015. Although we didn't quite meet this target, reaching 87%, this had further improved to 91% by March 2016 and we fully expect to meet our initial aim during the year.

Additionally, we are pleased to report that 99% of patients who responded to our patient satisfaction survey indicated that they were always treated with respect and dignity.

OVERALL, DID YOU FEEL YOU WERE TREATED WITH RESPECT AND DIGNITY WHILE YOU WERE IN HOSPITAL?



3. COMPLETE A REVIEW OF SPIRE HEALTHCARE'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:

- 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 patients and carers know what to expect, facilitating earlier post-operative care at home;
- cancellations due to patient ill health or 'do not attends' (DNAs) are reduced; and
- admission on the day of surgery and early discharge are more likely.

Spire Healthcare'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 Healthcare clinical policies (e.g. MRSA screening).

Our aim in 2015 was to 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 (to help ensure that Spire Healthcare's pre-operative assessment process remains fit for purpose and is in line with best practice).

To meet this aim, all Spire Healthcare hospitals were asked to record all procedures cancelled on the day of service on Datix (our adverse event/near miss reporting system) during August 2015. Hospitals were then asked to review the medical records of each patient who had been cancelled (in total, hospitals reviewed 242 sets of records).

Whilst 40% of cancellations were caused by the patient being unfit or feeling unwell on the day of the procedure (the most common reason for cancellation), the audit found that there was no direct correlation between the level of pre-operative assessment and subsequent cancellations.

How we performed *continued*

Priorities for improvement 2015–2016

As a result, no immediate changes have been made to Spire Healthcare's pre-operative assessment process. Nevertheless, 31% of the recorded cancellations were classified as potentially 'avoidable' and hospitals with the highest rate of reported cancellations have been asked to review these to establish whether shortfalls in the pre-operative assessment provided contributed to the cancellation.

The audit report made a number of other recommendations, including:

- hospitals should ensure they have processes in place to capture all cancellations on the day of procedure on Datix;
- hospitals should review internal processes and develop an action plan to ensure 'avoidable' cancellations are reduced; and
- hospitals should review the information provided to patients following Level 1 pre-operative assessment to reduce the risk of DNAs on the day of the procedure.

Cancellation on the day of surgery will also be added as an indicator on Spire Healthcare's clinical scorecard in 2016 as one of a range of clinical indicators that focus on safe, effective, well-led and responsive care. The scorecard is published every quarter and provides information on trends over time and a rating of performance against other hospitals in the Group. This facilitates shared learning and drives continuous improvement.



99% of patients responding to our patient satisfaction survey told us that they were always treated with respect and dignity.

Our plans

Priorities for improvement 2016–2017

Spire Healthcare has chosen the following three priorities for improvement during 2016–2017:

1. To build on our progress in 2015–2016 and ensure that electronic discharge summaries can be delivered to GPs via a single solution using the NHS MESH system

2. Review our approaches to care to ensure patients receive optimum pain control following surgery

3. Complete the action plan arising from the independent review of Spire Healthcare's complaints management process (commissioned by Spire Healthcare's Group Medical Director in 2015)

1. TO BUILD ON OUR PROGRESS IN 2015–2016 AND ENSURE THAT ELECTRONIC DISCHARGE SUMMARIES CAN BE DELIVERED TO GPs VIA A SINGLE SOLUTION USING THE NHS MESH SYSTEM

Why is this priority 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 teams and includes a range of information on the patient's current health status.

Spire Healthcare hospitals generate about 20,000 discharge summaries per month. This has previously been 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.

During 2015–2016, the development of SAP (our Patient Administration System) to support the production of discharge summaries was completed as planned, with the discharge summary produced directly within SAP, mirroring the previous paper-based discharge form. The SAP-based template has been rolled out to all relevant hospitals (with the exception of two hospitals which, for external factors, delayed the roll-out but that will complete it in Q1 2016–2017).

Whilst this is good progress, the delivery of the SAP-generated discharge summary forms to GPs was a particular challenge during 2015–2016. Our lack of direct access to national NHS systems and lack of a single address list for GP practices meant that, whilst we are able to create electronic discharge

Our plans continued Priorities for improvement 2016–2017

summaries in SAP, we are unable to transmit them with ease to the GP end-user. We note from our discussions with our colleagues in the independent sector and the NHS (the national tertiary providers in particular), that this is a common experience and impacts those providers who are truly national in their scope. The majority of NHS providers are relatively local or regional in their patient catchment areas, which has enabled them to put in place local workarounds.

We have reviewed the technical systems that are available and have identified what we believe will be a 'single system' solution once we are able to connect to the Messaging Exchange for Social Care and Health (MESH), the new NHS national system for clinical messaging. We have also begun working with our colleagues at the Health and Social Care Information Centre (HSCIC) to enable access to MESH and to revise the discharge summary template so that it includes all the recommended information suggested by the Academy of Medical Royal Colleges (AMRC).

Our aim/goals

Our aim in 2016–2017 is to ensure that our electronic discharge summaries can be delivered to GPs via a single solution using the NHS MESH system.

In so doing, we will be amongst the first providers (including NHS providers) to be able to send discharge summaries to any relevant NHS GP practice in England with an accredited GP system.

How will progress to achieve this priority be monitored by Spire Healthcare?

Progress against this priority will be reported to Spire Healthcare's senior management team every month, via our Operations Board.

2. REVIEW OUR APPROACHES TO CARE TO ENSURE PATIENTS RECEIVE OPTIMUM PAIN CONTROL FOLLOWING SURGERY

Why is pain control important?

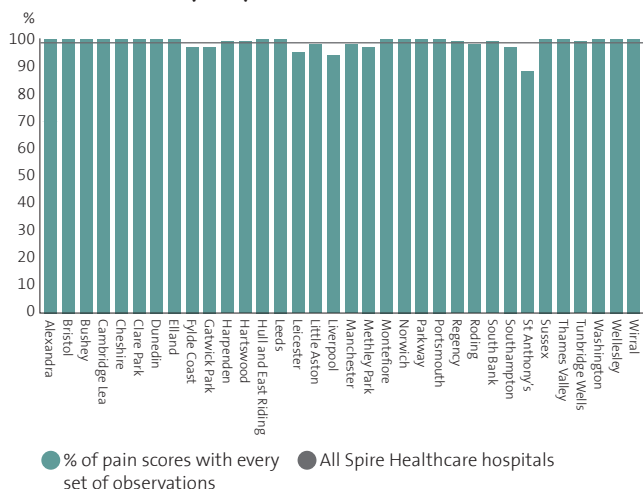
During an operation, nerves in the skin and sometimes inside

the body are stimulated, causing them to send pain signals to the brain. Once started, this process continues for at least a few hours. As a result, the pain of an operation can be felt even after the operation has finished.

This is called acute pain and usually the acute pain of surgery improves within a few days or weeks at most. However, whilst it's normal to feel some discomfort after most operations and some hospital procedures, being in too much pain is almost always unnecessary and can delay recovery. It can also make patients feel down and vulnerable to further pain.

Good pain control allows patients to carry out certain activities that are essential

PAIN ASSESSMENT (2015)



for recovery. Coughing, getting up to move around and having physiotherapy are important after many operations.

These activities help prevent complications such as blood clots (venous thromboembolism or VTE) or a chest infection, and promote wound healing.

Important aspects of good pain control are prompt pain assessment and ensuring that nursing staff regularly talk to patients about any pain they may be feeling. Spire Healthcare monitors patient satisfaction with pain control and has previously set a priority for improvement in this area. In our 2011–2012 Quality Account, we set out to exceed our target of 75% for pain scores to be recorded with every set of observations following surgery (with at least one pain score to be recorded in recovery).

Our aim/goals

Our aim in 2016–2017 is to review our approaches to care to identify:

- how quickly analgesia is given after a patient reports increasing pain;
- whether the pain score (a measure to assess how much pain a patient is experiencing) was recorded again after the analgesia was given;

- whether the analgesia provided reduced the level of pain reported by the patient; and
- whether the patient received appropriate care in response to the level of pain they reported.

To achieve this aim, every Spire Healthcare hospital will complete a pain score ‘trigger to action’ audit in 2016 (based on a sample of patients who reported a pain score of 2 or more during their stay).

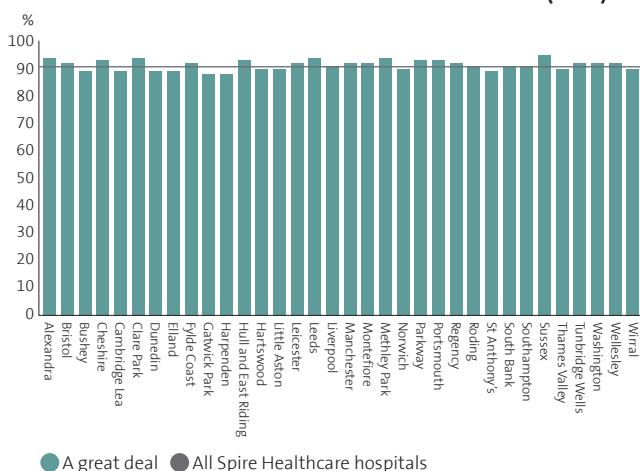
Spire Healthcare uses a five-point pain assessment scale to monitor patient perceptions of pain as part of taking routine observations:

- 0 = no pain
- 1 = mild pain
- 2 = moderate pain
- 3 = severe pain
- 4 = very severe/worst pain imaginable

How will progress to achieve this priority be monitored by Spire Healthcare?

Learning from the audits completed by hospitals will be reviewed by Spire Healthcare’s national Clinical Audit Committee and reported through the annual Clinical Governance and Quality Report. Spire Healthcare will also continue to monitor patient satisfaction with pain control through our ongoing discharge satisfaction survey.

TO WHAT EXTENT DO YOU THINK STAFF AT THE HOSPITAL DID EVERYTHING THEY COULD TO CONTROL YOUR PAIN? (2015)



Our plans *continued*

Priorities for improvement 2016–2017

3. COMPLETE THE ACTION PLAN ARISING FROM THE INDEPENDENT REVIEW OF SPIRE HEALTHCARE'S COMPLAINTS MANAGEMENT PROCESS (COMMISSIONED BY SPIRE HEALTHCARE'S GROUP MEDICAL DIRECTOR IN 2015)

Why is this priority important?

During 2015, our patients responded by telling us that their experience of care was better than ever (via our ongoing patient satisfaction survey). However, Spire Healthcare recognises that there are times when things go wrong and when this happens we want to respond to complaints swiftly and, where we can, try to put things right. Spire Healthcare also values complaints for the feedback they provide and the part they play in the quality improvement process within our overall clinical governance framework. Complaints are a valuable resource for monitoring and improving patient experience and safety.

Spire Healthcare's complaints procedure is based upon the principles shown in the table to the right, reflecting the Parliamentary and Health Service Ombudsman's Principles of Good Complaint Handling.

Whilst Spire Healthcare's complaints rate is relatively low (0.37 per 100 NHS discharges in 2015), the Group Medical

Director commissioned an independent review into the way that Spire Healthcare manages any complaints we receive. Following this, commitment was made to enact the recommendations relating to process, leadership/development and assurance in a bid to better address any concerns raised by patients when their care does not meet their expectations.

The main findings of the independent review were:

- Spire Healthcare has a clear complaints policy in place but its application could be improved; and
- recently closed complaints are discussed at relevant meetings but auditing of changes made as a result of complaints could be improved.

Our aim/goals

Our aim is to complete the action plan arising from the independent complaints review during 2016. This includes:

- updating guidance for all staff on defining, recognising and reporting a complaint so appropriate follow-up is initiated;
- ensuring all complainants are offered a face-to-face or telephone meeting to discuss their complaint;

- ensuring that the outcome of a complaint is always shared with the individuals involved in the care of the patient;
- introducing a new training programme for Hospital Directors, Matrons and Local Complaints Managers;
- developing a role specification for Local Complaints Managers; and
- undertaking an additional audit to monitor compliance with Spire Healthcare's complaints policy.

How will progress to achieve this priority be monitored by Spire Healthcare?

Progress against this priority will be reported to Spire Healthcare's Clinical Governance and Safety Committee every three months. We will also continue to monitor the percentage of complaints that receive a full response within 20 working days and the percentage of complaints escalating to stage 2 of the complaints process through our clinical scorecard. The scorecard includes a range of indicators focusing on safe, effective, well-led and responsive care, and is published every quarter. It provides information on trends over time and a rating of performance against other hospitals in the Group, to facilitate shared learning and drive continuous improvement.

SPIRE HEALTHCARE'S COMPLAINTS PROCEDURE PRINCIPLES

Getting it right

Quickly acknowledging and putting right cases of maladministration or poor service that led to injustice or hardship. Considering all the factors when deciding upon an appropriate remedy with fairness for the complainant and, where appropriate, others who also suffered.

Being customer focused

Apologising and explaining, managing expectations, dealing with people professionally and sensitively and using remedies that take into account individual circumstances.

Being open and accountable

Being clear about how decisions are made, proper accountability, delegation and keeping clear records.

Acting fairly and proportionately

Using fair and proportionate remedies, without bias or discrimination.

Putting things right

Considering all forms of remedy such as apology, explanation, remedial action or financial offer.

Seeking continuous improvement

Using lessons learned to avoid repeating poor service and recording outcomes to improve service.

Review and assurance

Data quality and governance, fundamental pillars of our performance.

DATA QUALITY

The NHS teams within Spire Healthcare have remained focused on maintaining and further developing our data quality during 2015–2016. Working to develop our excellent foundation laid down over the past five years, Spire Healthcare, both corporately and at a hospital level, has continued to commit significant resources to maintaining and developing our data management and reporting capability. We have continued to strive to improve our collection, management and reporting of NHS data.

We are pleased to report that our overall data quality measures have continued to improve and continue to exceed the required national standards. Our hospitals and central NHS management information team broadened their focus beyond the three core areas we saw as critical to our strategy:

- national data set reporting;
- Secondary Uses Service (Commissioning Data Set); and

- UNIFY submissions and clinical coding to support Payment by results.

They launched new suites of redesigned monthly reporting packs for our commissioners as a means of providing clear, timely and consistent performance and KPI information. Commissioner feedback has been positive and there is clear evidence these have supported improved contract management, governance and activity monitoring, and data validation.

The tables opposite show Spire Healthcare's Secondary Uses Services data quality performance April 2015 to March 2016 as issued by Health and Social Care Information Centre (HSCIC), May 2016. We are pleased to again report that we have market-leading data quality. Against each element, Spire Healthcare is highly rated, continues to equal or exceed the required standard and is significantly ahead of the national average.

SECONDARY USES SERVICES DATA APRIL 2015 TO MARCH 2016 AS ISSUED BY HSCIC MAY 2016

**Spire Healthcare
outpatient data, based
upon 443,758 activities**

| Data item | % Valid |
|------------------------|---------|
| NHS Number | 100 |
| Patient Pathway | 100 |
| Treatment Function | 100 |
| Main Speciality | 100 |
| Reg GP Practice | 99.9 |
| 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 | 100 |
| Site of Treatment | 100 |
| HRG4 | 100 |

Spire Healthcare admitted patient data, based upon 78,870 activities

| Data item | % Valid |
|--------------------|---------|
| NHS Number | 100 |
| Patient Pathway | 100 |
| Treatment Function | 100 |
| Main Speciality | 100 |
| Reg GP Practice | 99.9 |
| Postcode | 99.9 |
| Org of Residence | 100 |
| Commissioner | 100 |
| Ethnic Category | 100 |
| Primary Diagnosis | 100 |
| Primary Procedure | 100 |
| Site of Treatment | 100 |
| HRG4 | 100 |

Spire Healthcare continued to make the capture and reporting of NHS data a strategic priority during 2015–2016. 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.

PRESCRIBED ELEMENTS

Review of services

During 2015, Spire Healthcare provided and/or subcontracted NHS services leading to 95,500 admissions.

Spire Healthcare 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 2015 represents 29.6% of the total income generated by Spire Healthcare for the year.

Commissioner goals

A very small proportion (<1%) of Spire Healthcare's income in 2015 was conditional on achieving quality improvement and innovation goals agreed between Spire Healthcare and any person or body with whom they entered into a contract, agreement or arrangement for the provision of NHS services, through the Commissioning for Quality and Innovation (CQUIN) payment framework.

Working with our commissioners during the year, Spire Healthcare hospitals were able to significantly increase the proportion of income that was conditional on achieving quality improvement and innovation goals. All Spire Healthcare hospitals worked

with their commissioners to actively participate in the CQUIN payment framework for 2015–2016, delivering against their goals and achieving significant success, and securing additional payments.

Looking back on 2014–2015, we are pleased to be able to report we secured around £4.5 million of CQUIN funding representing 97% of the total potential available to us from our local plans for the year.

Data quality

Spire Healthcare submitted records during 2015–2016 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; and
- which included the patient's valid General Medical Practice code was:
 - 99.9% for admitted patient care; and
 - 99.9% for outpatient care.

Review and assurance *continued*

Data quality and governance, fundamental pillars of our performance.



*In 2015–2016,
Spire Healthcare
secured £4.5 million
of CQUIN funding.*

Information governance toolkit

Spire Healthcare achieved an overall score of 87% in the Information Governance Assessment for 2015–2016 (this assessment was completed using version 13 of the NHS Information Governance Toolkit (IGT)). This is a 'green' rating (Satisfactory – level 2 or above achieved for all requirements).

Clinical coding error rate

Spire Healthcare undertakes comprehensive internal audits across the Group following the HSCIC clinical coding audit methodology v9.0. This provided assurance that coding error rates and HRG errors were being maintained at acceptable levels.

The results gave an overall HRG error rate for 2015–2016 of 4.2% (up from 3.2% in 2014–2015). Benchmarked against the 2013–2014 published national results, the coding at Spire Healthcare Hospitals is still in the best performing 25% of NHS providers ($\leq 5.2\%$). Of these errors 3.3% were coder errors, up marginally from 3.1% in 2014–2015.

Primary procedure recording has fallen since 2014–2015 by one percentage point from 98% to 97%. The primary diagnosis

accuracy remained at 93% in 2015–2016 compared with 2014–2015. The primary diagnosis accuracy below 95% has resulted in the coding accuracy for 2015–2016 being assessed at NHS IGT level 2. The main cause of error for incorrect primary diagnosis was inaccurate data extraction by the coders. All other areas, secondary procedures and secondary diagnosis were at IGT level 3 in 2015–2016.

We recruited a Head of Coding and Audit Assurance at the beginning of 2015 as a means of developing our internal knowledge and skills to support our hospitals to work effectively with Capita and our clinicians. This ensures we deliver improvements in the accuracy, validity and overall quality of our clinical coding. This enhanced capability will directly support the delivery of the comprehensive service development plan which was introduced in association with Capita in April 2016 with the objective of achieving accuracy of IGT level 3 and reducing the HRG error rate to 2% or better.

CLINICAL AUDIT

During 2015, five 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 2015 are as follows:

- national elective surgery: PROMS: four operations;
- National Joint Registry: hip and knee replacement;
- adult cardiac surgery: CABG and valvular surgery;
- National Bariatric Surgery Registry; and
- national confidential enquiry: Just Say Sepsis! A review of the process of care received by patients with sepsis.

The national clinical audits/ confidential enquiries that Spire Healthcare participated in during 2015 are as follows:

- national elective surgery: PROMS: four operations;
- National Joint Registry: hip and knee replacement;

- adult cardiac surgery: CABG and valvular surgery;
- National Bariatric Surgery Registry; and
- national confidential enquiry: Just Say Sepsis! A review of the process of care received by patients with sepsis.

The national clinical audits/ confidential enquiries that Spire Healthcare participated in, and for which data collection was completed during 2015, 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 – 87% (compared with a national average participation rate of 75%, based on provisional information for 2014–2015 published by the NHS Health and Social Care Information Centre on 11 February 2016);
- National Joint Registry: hip and knee replacement – 98%, compared with 98% in 2014 and 95% in 2013;
- adult cardiac surgery: CABG and valvular surgery – information unavailable as sample sizes varied across participating Spire Healthcare hospitals and include a mix of NHS and private patients;

- National Bariatric Surgery Registry – information unavailable as sample sizes varied across participating Spire Healthcare hospitals and include a mix of NHS and private patients; and
- national confidential enquiry: Just Say Sepsis! A review of the process of care received by patients with sepsis – information unavailable as sample sizes varied across participating Spire Healthcare hospitals.

The reports of five national clinical audits were reviewed by Spire Healthcare in 2015 and Spire Healthcare intends to take the following actions to improve the quality of healthcare provided:

- review of PROMS participation rates indicates that participation is 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. Spire Healthcare will also be extending its PROMS programme to include privately funded patients, focusing on four procedures – hip replacement, knee replacement, groin hernia repair and cataract surgery;

Review and assurance *continued*

Data quality and governance, fundamental pillars of our performance.

- review of reports received from the National Joint Registry (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; and
- Spire Healthcare will redevelop the Spire Healthcare Sepsis Tool in line with the new Sepsis definitions which are due to be published in 2016.

The reports of 16 local clinical audits were also reviewed by Spire Healthcare in 2015 and the actions Spire Healthcare intends to take to improve the quality of healthcare provided include:

- completion of venous thromboembolism risk assessments, cancer standards compliance and temperature control during and after surgery (to reduce the risk of surgical site infection) will remain key clinical indicators for 2015;
- hospitals with the highest rate of reported cancellations will review these to establish whether shortfalls in the pre-operative assessment provided contributed to the subsequent cancellation; and

- during 2015, the National Resuscitation and Critical Care Team introduced the Resuscitation RAG compliance audit which looks at compliance with minimum staffing and training levels, critical care training compliance, cardiac arrest scenario compliance and resuscitation instructor compliance.

RESEARCH

The number of patients receiving NHS services provided or sub-contracted by Spire Healthcare in 2015 who 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 Healthcare hospitals primarily involves patients funded by private medical insurance.

CARE QUALITY COMMISSION (CQC) REGISTRATION

Spire Healthcare is registered with the CQC under section 10 of the Health and Social Care Act 2008. Spire Healthcare has no conditions on its registration.

Seven Spire Healthcare hospitals underwent a new style CQC inspection in 2015 (see table below).

Both Spire Liverpool and Spire Washington hospitals received a rating of 'Outstanding' for one of the five domains. These were the only independent hospitals to achieve this rating in 2015 in the new inspection programme.

Our hospitals share feedback received from the CQC and any associated action plans with their local commissioners.

| Hospital | Date | Overall rating |
|--|----------------------|----------------------|
| Spire Liverpool | 18/19 March 2015 | Good |
| Spire Gatwick Park | 09/10 June 2015 | Requires Improvement |
| Spire Parkway | 21 July 2015 | Requires Improvement |
| Spire Little Aston | 22 July 2015 | Good |
| Spire Washington | 05/06 August 2015 | Good |
| Spire Leicester | 11/12 August 2015 | Good |
| Spire Hull & East Riding and Spire Hesslewood Clinic | 15/16 September 2015 | Requires Improvement |

To ensure compliance with our NHS Protect obligations, we have appointed Essentia, part of Guys and St Thomas' NHS Foundation Trust, for the provision of Local Security Management Specialist services and TIAA Ltd for the provision of Counter Fraud specialist services.

SECURITY

A key part of our work plan has been to review Spire Healthcare premises to ascertain whether the levels of security management are suitable for the provision of NHS services. To date, 23 of our 36 hospitals that provide services to NHS patients have been audited by

Essentia with the remaining hospitals scheduled for audit during 2016.

Spire Healthcare premises have been found to have good levels of security management in place and minor recommendations have been actioned where required. Essentia has also reviewed the building plans for our new hospitals due to open in 2017 in Manchester and Nottingham, and the new theatre block at Spire St Anthony's hospital with recommendations included within the building specifications.

Security incidents are captured, monitored and included in an annual report to our Executive Board for review. We have also

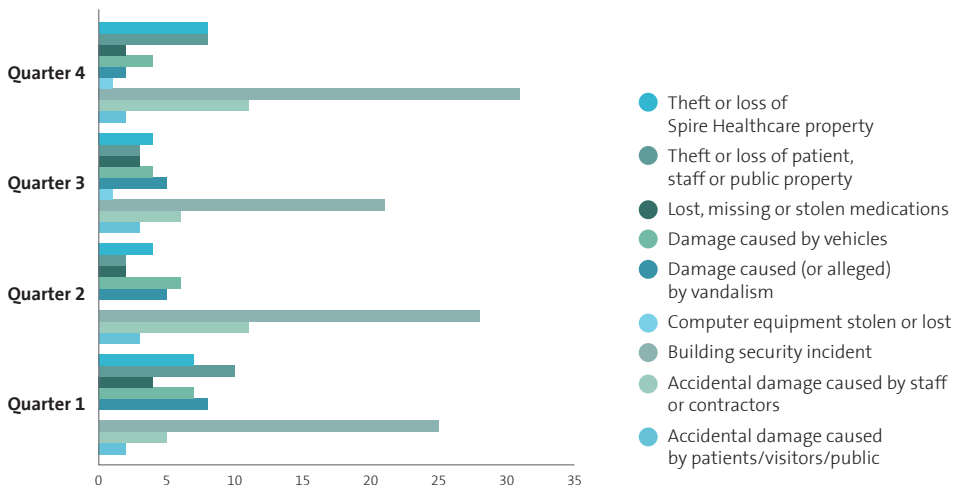
updated our mandatory health and Safety training module this year to include security advice and guidance.

Review of our security data indicates low incidence rates and no significant negative trends.

FRAUD

Spire Healthcare is working with TIAA on the NHS Protect Counter Fraud programme. This work involves producing risk analyses, work plans to address risks identified, and self-assessment submissions of progress against the relevant NHS Protect standards.

SECURITY INCIDENTS (2015)



General Spire Healthcare survey | NHS patient survey

Patient satisfaction

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

During 2015, our patients responded by telling us that their experience of care was better than ever. Many of the key drivers of patient satisfaction and recommendation continue to improve, with the rating for overall quality of service increasing by 5% to 98%¹.

In the year we introduced a new key performance indicator across all our payor groups, the net promoter score (NPS), in order to align our reporting with other providers. In 2015, Spire Healthcare achieved an NPS of 82.

98% of our patients rated the care and attention from our nurses as 'excellent' or 'very good' and 99% of respondents to the Friends and Family Test indicated they would recommend the Spire Healthcare hospital they had attended for their treatment to others.

We continued to perform well across comparable service quality indicators too.

91% of patients felt they were definitely involved as much as they wanted to be in decisions and 88% of patients felt they could definitely find someone to talk to about their worries and fears compared with 42% in the NHS.

97% 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 to 87%.

Finally, 97% of patients felt they were definitely told about whom to contact when they were at home, which compares with 78% in the NHS.

¹ Patients rated the overall quality of service and were included in this measure if they responded 'excellent' or 'very good'.



99% of patients would recommend the Spire Healthcare Hospital they had attended for treatment to others.

| | Spire Healthcare 2013 | Spire Healthcare 2014 | Spire Healthcare 2015 | NHS 2015* |
|---|--------------------------|--------------------------|--------------------------|--------------------|
| Comparable Service Quality Indicators | Yes, definitely | Yes, definitely | Yes, definitely | Yes, definitely |
| Were you involved as much as you wanted to be in decisions? (% Definitely) | 86% | 86% | 91% | 56% |
| Did you find someone to talk to about your worries? (% Definitely) | 77% | 76% | 88% | 39% |
| Were you given enough privacy? (% Always) | 93% | 92% | 97% | 75% |
| Were you told about side effects of medication? (% Completely) | 71% | 73% | 87% | 39% |
| Were you told whom to contact after you got home? (% Completely) | 83% | 85% | 97% | 78% |

* CQC 2015, national NHS Patient Survey, May 2016.

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 | 0.11 | 0.41 | 0.08 | 0.32 | 0.00 | 0.00 |
| Bristol | 0.27 | 0.17 | 0.03 | 0.00 | 0.00 | 0.00 |
| Bushey | 0.07 | 0.06 | 0.08 | 0.00 | 0.00 | 0.00 |
| Cambridge Lea | 0.04 | 0.09 | 0.04 | 0.40 | 0.00 | 0.00 |
| Cheshire | 0.10 | 0.13 | 0.03 | 0.42 | 0.00 | 0.00 |
| Clare Park | 0.06 | 0.08 | 0.04 | 0.32 | 0.00 | 0.00 |
| Dunedin | 0.00 | 0.14 | 0.00 | 0.00 | 0.00 | 0.00 |
| Elland | 0.09 | 0.10 | 0.00 | 0.00 | 0.00 | 0.00 |
| Fylde Coast | 0.01 | 0.10 | 0.01 | 0.21 | 0.00 | 0.00 |
| Gatwick Park | 0.14 | 0.06 | 0.03 | 0.53 | 0.00 | 0.00 |
| Harpenden | 0.12 | 0.02 | 0.07 | 0.00 | 0.00 | 0.00 |
| Hartswood | 0.06 | 0.11 | 0.01 | 0.00 | 0.00 | 0.00 |
| Hull | 0.07 | 0.11 | 0.04 | 0.28 | 0.00 | 0.00 |
| Leeds | 0.23 | 0.05 | 0.06 | 0.42 | 0.00 | 0.00 |
| Leicester | 0.06 | 0.16 | 0.08 | 0.00 | 0.00 | 0.00 |
| Little Aston | 0.09 | 0.15 | 0.00 | 0.38 | 0.00 | 0.00 |
| Liverpool | 0.06 | 0.09 | 0.05 | 0.25 | 0.00 | 0.00 |
| Manchester | 0.36 | 0.12 | 0.08 | 0.75 | 0.00 | 0.00 |
| Methley Park | 0.11 | 0.32 | 0.02 | 0.40 | 0.00 | 0.00 |
| Montefiore | 0.11 | 0.24 | 0.04 | 0.25 | 0.00 | 0.00 |
| Norwich | 0.21 | 0.27 | 0.00 | 0.55 | 0.00 | 0.00 |
| Parkway | 0.09 | 0.39 | 0.01 | 0.00 | 0.00 | 0.00 |
| Portsmouth | 0.22 | 0.23 | 0.05 | 0.00 | 0.00 | 0.00 |
| Regency | 0.07 | 0.16 | 0.13 | 0.39 | 0.00 | 0.00 |
| Roding | 0.09 | 0.15 | 0.01 | 0.00 | 0.00 | 0.00 |
| South Bank | 0.09 | 0.12 | 0.00 | 0.00 | 0.00 | 0.00 |
| Southampton | 0.36 | 0.33 | 0.11 | 0.27 | 0.00 | 0.00 |
| St Anthony's | 0.31 | 0.71 | 0.05 | 0.00 | 0.00 | 0.00 |
| Sussex | 0.11 | 0.42 | 0.16 | 0.00 | 0.00 | 0.00 |
| Thames Valley | 0.12 | 0.28 | 0.06 | 0.00 | 0.00 | 0.00 |
| Tunbridge Wells | 0.11 | 0.24 | 0.11 | 0.00 | 0.00 | 0.00 |
| Washington | 0.04 | 0.28 | 0.01 | 0.00 | 0.00 | 0.00 |
| Wellesley | 0.14 | 0.29 | 0.02 | 0.21 | 0.00 | 0.00 |
| Wirral | 0.02 | 0.16 | 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 |
|--|---|-------------------------------------|--|---|
| 0.00 | 0.00 | 2.38 | 21.58 | 14.97 |
| 0.00 | 0.00 | 1.16 | 20.84 | 17.95 |
| 0.00 | 1.22 | 3.42 | * | * |
| 0.00 | 0.00 | 1.51 | 22.56 | 16.65 |
| 0.00 | 0.00 | 0.73 | 22.18 | 17.26 |
| 0.00 | 0.00 | 1.54 | 23.71 | 17.46 |
| 14.19 | 0.00 | 5.68 | * | * |
| 0.00 | 0.00 | 1.83 | 20.32 | 18.93 |
| 0.00 | 0.00 | 1.59 | 19.66 | 14.77 |
| 0.00 | 0.00 | 2.73 | 21.20 | 16.01 |
| 0.00 | 0.00 | 1.15 | 21.96 | 17.20 |
| 0.00 | 0.00 | 1.99 | * | * |
| 0.00 | 0.00 | 2.32 | 22.31 | 15.15 |
| 0.00 | 3.27 | 2.29 | 22.02 | 16.54 |
| 1.83 | 0.00 | 2.20 | 22.93 | 17.19 |
| 0.00 | 0.00 | 3.14 | 20.71 | 16.65 |
| 0.00 | 0.00 | 3.42 | 22.50 | 16.83 |
| 2.68 | 0.00 | 1.61 | * | 16.57 |
| 0.00 | 0.00 | 3.64 | 19.98 | 16.01 |
| 0.00 | 0.00 | 1.68 | 22.08 | 18.66 |
| 0.00 | 1.76 | 2.11 | 22.43 | 16.36 |
| 0.00 | 3.85 | 2.12 | 20.51 | 16.31 |
| 0.00 | 0.00 | 4.41 | 21.92 | 18.85 |
| 4.71 | 0.00 | 2.36 | 20.78 | 15.93 |
| 0.00 | 0.00 | 2.18 | * | 14.19 |
| 0.00 | 0.00 | 1.33 | 21.03 | 14.40 |
| 0.00 | 0.00 | 2.17 | * | * |
| 0.00 | 1.62 | 3.65 | * | * |
| 0.00 | 0.00 | 3.18 | 22.82 | 16.36 |
| 0.00 | 0.00 | 0.92 | * | * |
| 0.00 | 5.05 | 2.02 | * | * |
| 0.00 | 0.00 | 3.78 | 22.38 | 17.11 |
| 0.00 | 0.00 | 2.53 | 21.7 | 17.52 |
| 0.00 | 0.00 | 1.47 | 22.1 | 15.53 |

Clinical Indicator data refers to calendar year 2015 and includes both NHS and privately funded patients admitted for treatment to Spire Healthcare hospitals in England. Oxford Hip and Knee Score data is for NHS-funded patients only and refers to April 2014 – March 2015 (published in February 2016).

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.

CCG statement

NHS Liverpool Clinical Commissioning Group – Quality Account Statements

Liverpool CCG welcomes the opportunity to jointly comment on the Spire Healthcare Quality Account for 2015–2016. We have worked closely with the provider throughout 2015–2016 to gain assurances that the services they delivered were safe, effective and personalised to service users. The CCG shares the fundamental aims of the provider and supports their strategy to deliver high-quality, harm-free care. The account reflects good progress on most indicators.

This Account indicates the provider's commitment to improving the quality of the services it provides for commissioners supports the key priorities for improvement of quality during 2015–2016.

Priority 1: To progress a project to develop Spire Healthcare's Patient Administration System (SAP) to support the production of electronic ward discharge summaries.

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

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

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

Through this Quality Account and ongoing quality assurance process the organisation clearly demonstrates its commitment to improving the quality of care and services delivered. Spire Healthcare places significant emphasis on its safety agenda, with an open and transparent culture, and this is reflected throughout the account with work continuing on the reporting of incidents and the embedding of learning across the organisation.

Commissioners are aspiring through strategic objectives and five year plans to develop an NHS that delivers great outcomes, now and for future

generations. This 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 is paramount to our success.

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 therefore commend Spire Healthcare in taking account of new opportunities to further improve the delivery of excellent, compassionate and safe care for every patient, every time.



Katherine Sheerin
Chief Officer,
Liverpool CCG
24 June 2016

Contact us

We welcome your feedback

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