Spire Healthcare

Quality Governance Report

July – December 2018

Looking after you.

Table of Contents

CEO's Statement

In the last 18 months Spire has placed relentless focus on investing in clinical quality. This is reflected in investments in our people and equipment, and in further strengthening our ward to board governance, and the KPIs we use to measure our effectiveness at every level. In order to fulfil the ultimate trust patients put in our hands, high quality of care is non-negotiable.

This quality report is part of Spire's commitment to quality improvement. By publishing regular quality indices we seek to be a transparent healthcare provider, providing clear and consistent information on some of the quality indices that matter most to patients, regulators and the wider public. We believe that this current report demonstrates that we have made meaningful progress in the last six months, which is reflective of much hard work and commitment by our professional and support staff.

Our focus on clinical quality and improving patient outcomes will be a continuing theme for Spire. It is critical to our future and I am confident that, as well as being right thing to do, this focus will also underpin making Spire a successful organisation, able to attract and retain excellent staff and grow through a developing reputation for excellence with referrers and future patients.

Justin Ash
Chief Executive Officer

Chief Medical Officer's Statement

The Chief Medical Officer is responsible for ensuring strong medical governance and oversight across every Spire Healthcare facility. This includes driving cultural change, providing professional leadership and, working alongside our Group Clinical Director, ensuring we deliver quality governance and care.

Spire Healthcare's ambition is that all hospitals inspected receive a rating of Good or Outstanding and this has been the achieved since 2017. This reflects the dedication of our people to deliver safe, high-quality care which we have achieved by working in partnership with doctors through our Medical Advisory Committees (MAC) who believe, as we do, that patient safety and high-quality clinical care must be our foremost priorities.

We are also committed to greater transparency because this helps patients make more informed choices and it makes us more accountable for driving up standards. In June 2018, we published online the first Quality Governance Report to demonstrate our performance and progress against 10 key indicators including Serious Incidents Requiring Investigation (SIRIs), never events, learning from deaths and complaints. We believe that by openly sharing this information, along with details of our CQC inspection results, general governance developments and our commitments to Freedom to Speak Up initiative and whistleblowing, will better inform our patients and help drive us to be the best.

During 2018, we invested in strengthening our systems for medical governance and oversight. I appointed Mr David Macdonald – an experienced orthopaedic surgeon and MAC Chair – as Spire Healthcare's new Responsible Officer to work alongside me. Together we have worked on revising the process for appointing and appraising our MAC Chairs. We already hold twice-yearly conferences with our MAC Chairs from 39 hospitals. In 2018, we held a third meeting dedicated to consulting with them on our plans for enhancing their critical role and that of the hospital MAC, in advising our hospital Registered Managers on medical matters.

We followed this up by appointing two General Practitioner advisors – for our Spire GP Clinics and our BUPA Health Clinic franchises – who we invited onto our new national Specialist Advisory Panel. Also, in October, NHS England inspected Spire Healthcare's systems and processes for medical governance and compliance with the Responsible Officer regulations. The result was a very positive report with zero improvement recommendations and some development recommendations which we are reviewing. In 2019 we will be increasing our focus on medical governance and oversight in a number of ways including, releasing a new Medical Governance and Oversight policy, updating and enhancing the role of the MAC Chair, and strengthening our oversight of doctor's practising privileges.

Dr Jean-Jacques de Gorter
Chief Medical Officer

Group Clinical Director's statement

Clinical quality and patient safety are areas of fundamental importance to Spire Healthcare and can be evidenced throughout our organisation from the wards of our 39 hospitals and 10 clinics through to the boardroom and our executive leadership team. Earlier this year, I took up the newly created executive team role of Group Clinical Director with a remit of overseeing quality of care across our network.

This is a very exciting opportunity to further embed high standards of quality across all our clinical sites and it is critical that the reality of what is happening on our wards can be brought to life in the boardroom as well.

This year we are introducing a renewed focus on safety within our overall quality of care programme. We are aiming to achieve excellence in patient care as well as experience, and safety is paramount to that. Therefore, we have renamed our Clinical Reviews as Patient Safety Quality Reviews to underline our objectives. We are also implementing a number of other tangible targets which will guide our activity.

For example, it is our ambition to increase the number of patients experiencing harm free care and to do this we are committed to the 'Sign up to Safety' campaign with an intense focus on keeping patients safe by reducing Never Events and deaths within 31 days of surgery over the next 12 months.

We also have robust systems and processes in place to manage serious incidents and are using systematic reviews to ensure learning is shared across the organisation. So when an incident or near miss occurs, we will ensure we are open and honest with our patients and explain what has happened and how we will learn from that.

Ensuring this happens requires safety to be part of our DNA at every level of our organisation and we are making these elements part of the induction and learning process with our new starters including apprentices and nurse associates from the very start of their time with us.

Culture also needs to support these objectives and there can be no obstacles to reporting areas for improvement so providing a range of channels to do this is vital. As an example, we have had continuing success with our Freedom to Speak Up Guardians which have been rolled out across all of our sites and been positively highlighted in our recent Care Quality Commission (CQC) inspections.

Consistency of approach is also fundamental to success in our view. We have strengthened central oversight with clinical dashboards and scorecards, allowing quicker identification of trends and the ability to benchmark across the group. This pinpoints where we are doing well or areas we need to address.

At a senior level, we are starting a Matrons' Leadership Programme in 2019. This will directly link to the aims of our clinical and safety strategy while also focusing on nurses and other health professionals to reduce variation and standardise care.

Quality of clinical care and patient safety is a collective responsibility for all of us. Whether that's as an apprentice or the success of our senior central clinical team "back-to-the-floor" days and hospital visits by the Executive Committee and Board. It is central to all we do and we are continually looking at new ways to measure progress as well as share new learnings.

Alison Dickinson
Group Clinical Director

Regulatory Inspections

Spire's CQC ratings improved further through 2018 from 67% 'Good' or 'Outstanding' in 2017 to 76% at the end of the 2018, which was slightly ahead of the independent sector average. Nine of our hospitals are currently rated 'Requires Improvement' as a result of inspections undertaken prior to 2017. Every inspection since the end of 2016 has resulted in a rating of either 'Good' or 'Outstanding' in reports published to date.

December 2018	No.	Overall	Safe	Effective	Caring	Responsive	Well led
NHS	296	52%	36%	69%	99%	58%	57%
Independent Sector	173	75%	60%	82%	100%	95%	74%
Spire Healthcare	37	76%	62%	86%	100%	95%	78%
December 2017	**No.**	**Overall**	**Safe**	**Effective**	**Caring**	**Responsive**	**Well led**
NHS	294	45%	34%	66%	98%	48%	48%
Independent Sector	173	69%	55%	79%	100%	94%	67%
Spire Healthcare	36	67%	56%	82%	100%	94%	67%

Fig. 1 CQC Inspection Performance (year on year: overall rating and ratings by domain. Percentage of comparable published CQC reports that have received a positive rated ('Good' or 'Outstanding') by domain.)

NHS Sector averages are derived from information published by the CQC at: https://www.cqc.org.uk/file/258838

We continue to welcome opportunities to improve as identified by the CQC and ensure these are acted upon immediately. Whilst the majority of our hospitals previously rated 'Requires Improvement' were rated 'Good' in the Caring, Effective and Responsive domains, we are continuing to focus on improving our systems and processes at these sites to ensure they achieve a rating of at least 'Good' overall when next inspected.

We have further strengthened our central resources with Clinical Specialists for Medicines Management and Infection Control and our refurbishment projects are ensuring improved compliance with latest guidance regarding sinks and carpets, all areas previously found to require improvement in the earlier inspections.

Training for Registered Managers and clinical leaders has been enhanced to continue improving our leadership capability and understanding of regulatory responsibilities, and further resource has been added to the central team to provide support with both clinical and medical governance and sharing learning across the groups.

Every Spire Healthcare site has published an action plan in response to the CQC findings on their websites and we are prioritised our central clinical resources to support hospitals with a 'Requires Improvement' rating, with every one undergoing at least one Clinical Review inspection in 2018.

This will continue through 2019 as we anticipate these nine hospitals will have the opportunity to have a second inspection and demonstrate their significant improvements to the CQC.

Ratings	Overall	Safe	Effective	Caring	Responsive	Well led
All	37	37	35*	36**	37	37
Outstanding	4	0	2	5	4	4
Good	24	23	28	31	31	25
Requires Improvement	9	14	5	0	2	8
Inadequate	0	0	0	0	0	0
Ratings	**Overall**	**Safe**	**Effective**	**Caring**	**Responsive**	**Well led**
Outstanding	10.8%	0%	5.7%	13.9%	10.8%	10.8%
Good	64.9%	62.2%	80.0%	86.1%	83.8%	67.6%
Requires Improvement	24.3%	37.8%	14.3%	0.0%	5.4%	21.6%
Inadequate	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

Fig. 2 CQC Ratings by Domain: % of hospitals rated 'Good' and 'Outstanding' overall and across each of the five domains

*Spire Liverpool Hospital and Spire Windsor Clinic did not receive a rating for the "effective" domain following their inspection by the CQC

**Spire Windsor Clinic did not receive a rating for the "caring" domain following their inspection by the CQC

Regulatory Inspections (con.)

2018 was a busy year in terms of clinical regulatory inspections for Spire Healthcare. There were seven inspections completed by the CQC, with six reports received and published at the time of writing. In addition, both of our hospitals in Edinburgh, Murrayfield and Shawfair Park, were inspected by Healthcare Improvement Scotland (HIS) and Spire Yale and Abergele Consulting Rooms were inspected by Healthcare Inspectorate Wales (HIW)

- **Spire Nottingham Hospital** (CQC - February 2018) – CQC rated the hospital Outstanding overall and for the Responsive and Well led domains, and Good for Safe, Effective and Caring. This was the hospital's first CQC inspection since opening in 2017.
- **Spire Yale Hospital** (HIW – March 2018) – Whilst HIW do not issue ratings, overall they found evidence that Yale provides safe and effective care. They also noted it was evident that providing patients with a high quality service and treatment experience was a key focus of the hospital; and that feedback from patients was very positive regarding their experience of care and treatment.
- **Spire Clare Park Hospital** (CQC – May 2018) – This was a focused inspection of services for Children and Young People with the rating for this service improving from Requires Improvement to Good following significant development of the service.
- **Spire Wellesley Hospital** (CQC – June 2018) – This was a focused inspection of services for Children and Young People which resulted in the rating for this service and the hospital overall being uplifted from Requires Improvement to Good, which reflects the significant investment in the facilities and service for our younger patients.
- **Spire Hull and East Riding Hospital** (CQC – September 2018) – This was a comprehensive inspection of all services as part of CQC's second wave of inspections in the sector. The hospital is now rated Good overall and for all services and domains which is an excellent improvement on the previous rating.
- **Spire Hesslewood Clinic** (CQC – September 2018) – The clinic has close links with Spire Hull and East Riding Hospital and was inspected at the same time. The service was rated Good overall and for all domains, again an improvement on the previous inspection in 2015, including an uplift to the Well led rating following improvements in record keeping and audits.
- **Spire Abergele Consulting Rooms** (HIW – Oct 2018) – Overall, HIW found that there were arrangements in place to promote the safety and wellbeing of patients attending the clinic and there were no areas of non-compliance identified during the visit.
- **Spire Parkway Hospital** (CQC – November 2018) – A focussed inspection of surgery services was completed which resulted in an improved rating for the service from Requires Improvement to Good. The hospital looks forward to a further inspection in 2019 to complete the inspection process for other services and to have the opportunity to uplift the overall hospital rating also.
- **Spire Murrayfield Edinburgh Hospital** (HIS – November 2018) – The inspection team rated all quality themes Good or Satisfactory and found that patients were positive about their care experience and praised staff and consultants.
- **Spire Shawfair Park Hospital** (HIS – November 2018) – All quality themes were rated Good during this comprehensive inspection with particular strengths highlighted in patient information and patient feedback, with systematic methods for monitoring quality and with strong and very visible leadership.

Care Quality Commission

Quality

We report our Group level quality indicators to the Executive and Board committees every month and provide more detailed analysis at a hospital level using our clinical scorecard that breaks down our performance against a large number of key indicators.

Safe

Serious Incidents Requiring Investigation

All reported Incidents Requiring Investigation (IRIs) are reviewed at the weekly national Incident Review Working Group (IRWG) meeting which is attended by the Group Head of Clinical Governance, Medical Director and legal advisers. Any incidents identified as meeting the NHS England Serious Incident Framework threshold are escalated to Serious Incidents Requiring Investigation (SIRI) status and subject to even more rigorous review.

In broad terms, serious incidents are defined as "events in health care where the potential for learning is so great, or the consequences to patients, families and carers, staff or organisations that are so significant, they warrant using additional resources to mount a comprehensive response. Serious incidents can extend beyond incidents which affect patients directly and include incidents which may indirectly impact patient safety or an organisation's ability to deliver ongoing healthcare".

Examples of a serious incident include*:

- Acts and/or omissions in care that result in:
  - Unexpected or avoidable death of one or more people;
- Unexpected or avoidable injury to one or more people that has resulted in serious harm;
- Unexpected or avoidable injury to one or more people that requires further treatment by a healthcare professional in order to prevent – the death of the service use; or serious harm;
- Never Events;
- An incident (or series of incidents) that prevents, or threatens to prevent, an organisation's ability to continue to deliver an acceptable quality of healthcare services.

Our hospitals reported 30 incidents meeting the serious incident framework threshold between July and December 2018 —we continue to ensure our reporting standards are aligned with the NHS England Serious Incident Framework. This enables us to ensure that the most serious incidents continue to receive an appropriate level of scrutiny. Overall, the vast majority of incidents reported by Spire Healthcare hospitals (95.5%) result in no or low harm to patients.

Learning from investigations into serious incidents is reviewed by Spire's national Incident Review Committee to ensure any lessons are captured and shared, for example through our '48 hour Flash reports' and monthly 'Safety Bulletins'.

48 hour flash reports—circulated by Spire's Chief Nursing Officer to hospital senior management teams within 48 hours of a serious incident report including information on contributory factors and preventative measures identified from an initial review of the incident.

Safety bulletins—circulated to hospitals every month including information on policy updates, other safety alerts and shared learning (a more detailed description of learning and action taken following a specific incident or complaint).

To improve the quality of hospital investigation into incidents, over 250 of our staff have attended root cause analysis training over the past two years. We have also revised our investigation report templates introducing specific root cause analysis reports for concise or comprehensive investigations, venous thromboembolism (blood clots), falls, pressure ulcers and transfers to another hospital. Further RCA training is planned throughout 2019 to ensure that staff undertaking RCAs remain supported in their ability to undertake this form of incident investigation.

"There were mechanisms to ensure lessons learned were identified and improvements made were necessary. We saw that RCA were undertaken for all serious incidents requiring investigation and lessons learnt, recommendations and shared learning formed part of the root cause analysis"

Extract from Spire Hull & East Riding Hospital's CQC Report (November 2018) - Overall rating: Good

We use the Datix incident reporting system within all Spire Healthcare facilities to enable timely reporting of all incidents (clinical and non-clinical). Throughout 2018 a complete review of incident categorisation was undertaken to ensure our system was fully aligned with the directly to the National Reporting and Learning System (NRLS)—NHS Improvement's central database of patient safety incident reports— to allow direct reporting onto the NRLS system. Unfortunately, in early 2019, we were advised by the NRLS that they had halted independent organisations joining the NRLS, to allow them to focus on the Patient Safety Incident Management System (PSIMS) implementation, planned for later in 2019. We are working towards ensuring that our incident reporting system will be ready to report into the PSIMS database once it is launched later in 2019.

*https://www.england.nhs.uk/wp-content/uploads/2015/04/serious-incidnt-framwrk-upd.pdf

Serious incident indicator	Incident description	Number (July–Dec 2018)
Never Event	**Never Event**	**15**
Unexpected or avoidable injury to one or more people that requires further treatment by a healthcare professional in order to prevent the death of the service use or serious harm	Intraoperative fracture requiring in further surgical treatment	3
	Fall resulting significant harm	3
	Surgery complications	6
	Incorrect diagnosis	1
	Medication incident	1
Actual or alleged abuse	Alleged sexual abuse	1

Fig. 3 Serious Incidents Requiring Investigation

Never Events

Never Events are serious, largely preventable safety incidents that should not occur if the available preventative measures are implemented. These include specific surgical safety checks to prevent wrong side anaesthetic blocks, wrong implants, wrong site surgery and retained items used in surgical procedures.

Spire Healthcare has adopted a revised version of the World Health Organisation's Surgical Safety Checklist, based on learning from previous incidents and we undertake regular audits of our compliance and respond to feedback to improve our working documents. Our framework is described in our clinical policy focusing on the five steps to safer surgery: theatre team safety brief (before the start of every operating theatre list); sign-in, time-out and sign-out (for every individual operation) and team de-brief (at the end of every theatre list).

Our hospitals reported fifteen Never Events in the second half of 2018:

- Five cases of wrong site surgery or wrong-site anaesthetic blocks
- Five cases of incorrect implant/prosthesis
- Five cases of a retained foreign object

All reported Never Events generate a 48 hour Flash report from the Group Clinical Director which is circulated to all Hospital Directors, Matrons, Governance Leads and relevant key senior post holders across the Spire Healthcare group, with details of the incident and any immediate learning. Investigations into reported Never Events are undertaken independent from the hospital, by a member of the national Clinical Services team or a senior member of staff from another Spire Healthcare hospital.

Our reviews identify that, in keeping with other healthcare organisations, "human factors" play a part in these incident occurring; for example the way theatre teams interact with each other and how decision making is affected when people are distracted or under pressure often plays a significant role despite the relevant safety checks being applied. To help address this, we have trained over 400 of our staff in human factors analysis—an established scientific discipline used in many other safety critical industries.

A scrutiny panel was held in January 2019, with senior Central Clinical Team members in attendance, to identify key learnings from the reported Never Events in 2018. A multifactorial action plan has been implemented to address learning identified during Never Event investigations across the group. The Never Events scrutiny panel will continue to meet every quarter to enable a consistent, critical analysis of any reported Never Event and influence actions required from learnings as a result of these incidents.

Fig. 4 Never events

Never Events (con.)

Never Event category	Number reported H2 2018
Wrong site surgery including nerve block for pain relief	5
Wrong implant/prosthesis	5
Retained foreign object post-procedure	5
Mis-selection of a strong potassium containing solution	0
Wrong route administration of medication	0
Overdose of insulin due to abbreviations or incorrect device	0
Overdose of methotrexate for non-cancer treatment	0
Mis-selection of high strength midazolam during conscious sedation	0
Falls from poorly restricted windows	0
Chest or neck entrapment in bed rails	0
Transfusion or transplantation of ABO-incompatible blood components or organs	0
Misplaced naso – or oro-gastric tubes	0
Scalding of patients	0
Unintentional connection of patient requiring oxygen to an air flowmeter	0

Fig. 5 Never Events July – December 2018

Learning from Deaths

Learning from patient deaths is integral to the Spire's values of 'driving excellence' and 'doing the right thing' by putting patients, families and carers at the centre of everything we do. By reviewing the care provided to patients who have died, including deaths relating to a known complication or risk of treatment, our aim is to identify any findings that may have occurred or contributed to the patients' death so that meaningful action can be taken to reduce the risk for subsequent patients.

All deaths within 31 days of surgery are subject to a Root Cause Analysis (RCA) investigation which is undertaken by the national Clinical Services team. Investigation findings are collated in a "Learning from Deaths" report which is reviewed by the Executive Committee (Safety, Quality and Risk Committee) and the Clinical Governance and Safety sub-Committee of the Board, in line with national guidance published by the National Quality Board in March 2017.

As a result of the Learning from Deaths framework, we have also invited staff and family members to attend relevant national meetings to share their stories and invite learnings for future improvements.

The Learning from Deaths report also considers deaths following medical treatment, including deaths within 30 days of chemotherapy and 60 days of radiotherapy and its purpose is to:

- Demonstrate that we are reviewing all deaths and identifying, reporting, investigating and learning from deaths in care;
- Ensure that the findings of reviews and investigations are shared and acted upon for learning purposes; and
- Provide an analysis of any potential lessons that can be learnt and to provide recommendations on where services and procedures could be improved.

Whilst the majority of reported deaths following surgery in the first half of the year relate to unfortunate but known complications or risks of treatment, actions taken as a result of our investigations include:

- The introduction of a national pre-operative fasting policy, including recommendations on food and fluid fasting times prior to surgery in line with good practice;
- Additional local training on completion of clinical documentation where this was highlighted as a finding of the investigation;
- VTE policy has been updated to include 'flying guidance' around the time of planned surgery;
- The patient pathway for pre-op assessment is under review and our Head of Pre-operative assessment has been providing direct support and mentoring to pre-operative assessment leads.
- Introduction of national Pre-Operative Assessment standards
- Introduction of an elective adult surgical admission criterion to determine patient suitability for elective surgery at hospitals with Level 0- 1a and 1b care facilities.

The consistent focus on improving pre-operative assessment processes in the first half of 2018 across the Spire Healthcare group has had an evidenced positive impact upon patient outcome, with a dramatic reduction in the reported rate of deaths within 31 days of surgery towards the end of 2018.

Public Health England (PHE) Reportable Infections

Public Health England (PHE) carries out mandatory enhanced surveillance for Meticillin Resistant Staphylococcus aureus (MRSA) bacteraemia, Meticillin Susceptible Staphylococcus aureus (MSSA) bacteraemia, Gram-negative Escherichia coli (E-coli) bacteraemia. Monitoring of Klebsiella species bacteraemia and Pseudomonas Aeruginosa bacteraemia was added to the process in April 2017 with the aim of reducing Gram-negative infections by 50% by 2021. PHE also carries out mandatory enhanced surveillance for Clostridium difficile infection (CDI).

Gram-negative bacteria such as Escherichia coli, Klebsiella spp. and Pseudomonas aeruginosa are the leading causes of healthcare associated bloodstream infections. They can be resistant to antibiotics and in some cases will be multi-resistant rendering most available antibiotics useless.

Cases of infection caused by these organisms are reported by Spire Healthcare to PHE when they are identified by our laboratories in line with their surveillance protocol even if the patient received their treatment elsewhere. PHE then classifies these infections as either hospital-acquired or community acquired to distinguish between those contracted during a hospital visit and those contracted by people with little contact with the healthcare system.

Infection rates at Spire Healthcare hospitals are very low. We reported 22 infections to the PHE in 2018, ten of which were subsequently categorised as hospital acquired (0.004% of all daycase/inpatient discharges for the year).

	2018 – number of reported cases	Number of hospital acquired cases	Rate per 10,000 bed days	Spire 2017 (rate per 10,000 bed days)	Spire 2016 (rate per 10,000 bed days)	Spire 2015 (rate per 10,000 bed days)	NHS average (2017/18; rate per 10,000 bed days)
MRSA bacteraemia	1	1	0.07	0.06	0.06	0	0.08
MSSA bacteraemia	3	0	0.00	0.13	0.12	0	0.9
E-coli bacteraemia	8	6	0.41	0.32	0.73	0.36	2.22
C. difficile	5	2	0.14	0.13	0.55	0.6	1.4
Klebsiella bacteraemia	3	1	0.07				
Pseudomonas Aeruginosa bacteraemia	2	0	0.00				

Fig. 6 PHE Reportable Infections

Caring

Patient satisfaction: the Friends and Family Test

The Friends and Family Test (FFT) was created to help service providers and commissioners understand whether their patients are happy with the service provided, or where improvements are needed. It is based on the question "How likely are you to recommend our service to friends and family if they needed similar care or treatment?" Patients can rank their answer from "Extremely Likely" to "Extremely Unlikely" and it is the proportion responding "Extremely Likely" or "Likely" that contributes to the FFT score.
Spire's FFT score in the last six months of the year was 96% matching the NHS average of 96% for the same time period. 79% of patients responded "Extremely Likely" to recommend Spire to others.

In April 2018 we moved to digital collection of patient satisfaction measures replacing paper surveys, which we believe provides a more accurate picture of care. We have changed the timing of our survey with patients now typically asked to complete their survey a few days after, rather than at the point of discharge. As a result, we have experienced (as anticipated) a slight decline in our FFT which we believe now represents a truer reflection of our patient satisfaction taking into account the full patient journey; this provides us with better insights to support our ongoing programme of continuous improvement.

- Patients' feedback was overwhelmingly positive. Services were tailored to individual needs and there was flexibility to ensure patients' choices and preferences were respected"
- "We spoke with six patients and two relatives during our inspection. All feedback received was extremely positive and praised staff for the way they treated them. Comments made by patients and relatives included "wonderful staff", "very attentive", "fantastic treatment" and "five star care and treatment."

Extract from The Montefiore Hospital's CQC report (September 2017)
Overall rating: Outstanding

The Private Health Information Network (PHIN) recently started to publish a "patient feedback" score which is intended to indicate the percentage of patients who felt their needs were met, and is calculated by taking the average of positive responses for six key questions:

- Patients that felt involved in decisions about their care and treatment
- Patients that felt able to talk to staff about their worries or fears
- Patients that felt they were given enough privacy when discussing their condition or treatment
- Patients that felt they were told about medication side effects to watch for
- Patients that felt they were told who to contact if they were worried about their condition or treatment
- Patients that felt they were treated with respect and dignity

The business has also developed a patient engagement strategy for roll-out in 2019 adapted from the 'Patient experience improvement framework' published by NHS Improvement. Good experience of care, treatment and support for our customers and patients is an essential part of our strategic goal of delivering the highest quality patient care, and this patient engagement framework is designed to support us in achieving this goal.

The Friend and Family Test

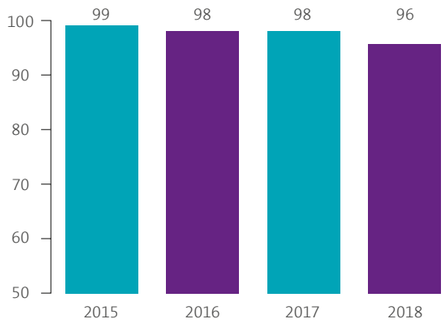


Fig. 7 Friends and Family Test

Spire Healthcare – Dignity Champions

Spire Healthcare has signed up to the National Dignity Council's 'Dignity in Care' campaign. The campaign's core values are about having dignity in our hearts, minds and actions, changing the culture of care services and placing a greater emphasis on improving the quality of care and the experience of citizens using services including NHS hospitals, community services, care homes and home support services.

To enable the sharing of the campaign, Spire Healthcare staff have been encouraged to sign up to become 'Dignity Champions' and there are currently 117 Dignity Champions across the Spire Healthcare group.

"A Dignity Champion is someone who believes passionately that being treated with dignity is a basic human right, not an optional extra. They believe that care services must be compassionate, person centred, as well as efficient, and are willing to try to do something to achieve this." **National Dignity Council, 2019**.

Dignity Champions sign up to consistently demonstrating the 10 point dignity do's:

1. Have a zero tolerance of all forms of abuse
2. Support people with the same respect you would want for yourself or a member of your family
3. Treat each person as an individual by offering a personalised service
4. Enable people to maintain the maximum possible level of independence, choice and control
5. Listen and support people to express their needs and wants
6. Respect people's right to privacy
7. Ensure people feel able to complain without fear of retribution
8. Engage with family members and carers as care partners
9. Assist people to maintain confidence and positive self-esteem
10. Act to alleviate people's loniless and isolation

Effective

Transfers Out

In some cases, it is necessary to transfer patients to an alternative care site better suited to their needs, for example if they require a specialist scan or a higher level of care. Our primary responsibility is to minimise the need for transfers in the first place, and to ensure that should the need arise the transfer happens effectively and safely.

In the second half of the year, Spire Healthcare transferred 250 patients to alternative care facilities.

In 2018 we transferred 123 patients (0.05% of all admissions) to a higher level of care facility (Level 2/3). All inpatient and relevant outpatient transfers are subject to an RCA investigation to ensure they are critically reviewed and any lessons are captured and appropriately shared.

In addition to our well-established early warning protocols and critical care training programmes we are taking further steps to minimise the need to transfer a patient. New elective admissions processes and admissions criteria have been launched during the second half of this year and mandatory pre-operative assessment training for nurses has already begun. More than 100 nurses will have completed a new three day competency-based training course by the end of this year.

Cancer MDT Evidence

Multidisciplinary team (MDT) meetings are a key component of the cancer care pathway as they help to ensure that all the available treatment options have been considered for the patient concerned.

Reflecting this position, we require confirmation that evidence of a Cancer MDT meeting treatment pathway recommendation is made available prior to any patient with a new (or recurrent) diagnosis of cancer being admitted for curative or palliative treatment at a Spire facility. Where the admission is for palliative treatment for an existing cancer diagnosis, patients may be treated without evidence of MDT discussion but this must be included in the medical record if an MDT has taken place.

In urgent cases— where delaying treatment for MDT discussion would place the patient at unacceptable clinical risk – the hospital Matron may approve treatment to proceed providing that evidence of MDT discussion is submitted and incorporated into the medical records within 45 days.

Compliance with our cancer standard is audited every month and reported to the Executive and Board Committees. The audit results demonstrate significant improvement in compliance — from 75% in 2015 to 99% compliance in 2018.

Cancer evidence Compliance

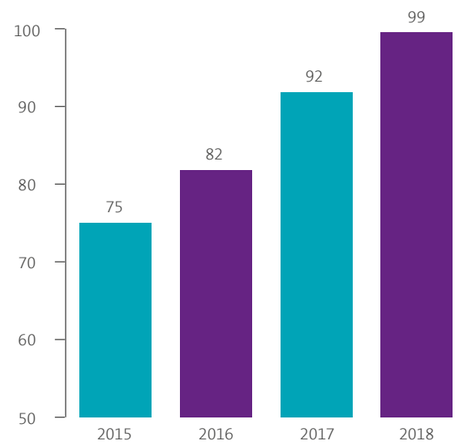


Fig. 8 MDT compliance

The Private Healthcare Information Network (PHIN)

The Competition and Markets Authority Private Healthcare Market Investigation Order 2014 requires providers of private healthcare to submit quality information to PHIN for publication, to give patients comparative quality information about private healthcare facilities and consultants.

We continue to support PHIN's objective of improving transparency around private healthcare quality and have taken steps to improve our data quality ahead of publication.

We have also been supporting Consultants to review and approve their data prior to submission to PHIN.

In April 2017 PHIN commenced publication of aggregated performance information for privately funded treatment at independent and NHS hospitals, starting with procedure volumes, average length of stay and patient satisfaction.

PHIN will, in time, publish aggregated information on 11 performance measures.

- volumes of procedures undertaken;
- average lengths of stay for each procedure;
- infection rates;
- readmission rates;
- revision surgery rates;
- mortality rates;
- unplanned patient transfers;
- patient feedback and/or satisfaction;
- relevant information from clinical registries and audits;
- procedure-specific measures of improvement in health outcomes (E.g. PROMs);
- frequency of adverse events.

To enable PHIN to produce this data, in a form that's comparable to the NHS, all providers of privately funded care are required to submit a number of data sets:

- Clinical episode data with diagnostic and procedure coding
- Adverse events
- Measures of improvement in health outcomes including PROMs
- Patient feedback and experience

In November, PHIN published a guide "data maturity" model to further help providers fix data issues and meet key milestones for publication. The guide sets out the definitions for each milestone and their sub-categories and is intended to help providers improve their data maturity.

Within PHIN's data maturity model, there are 9 milestones chosen to reflect the data requirements for PHIN to publish the measures in the CMA Order:

1. Registration complete
2. Data submission commenced
3. Publishable volume and length of stay measures
4. Publishable site level patient feedback measures.
5. Participating in health outcome measures
6. Publishable raw adverse event measures
7. Publishable health outcomes measures
8. Publishable adjusted adverse event measures
9. Future targets to be defined

At the time PHIN published this model he data submitted for Spire Healthcare hospitals meet the sub-criteria required to achieve levels 1, 2, 3, 4 and 5, with the exception of Spire Oncology South West and Shawfair Park Hospital. Our aim in 2019 is for 90% of our hospitals to achieve level 8 data maturity, with a number of actions underway to help achieve this, including:

- Review the allocation of Y and Z clinical codes in our patient administration system to ensure they are matched with the correct procedure codes in PHIN data submissions (Y + Z codes relate to the approach and site of surgery, for example "open" vs "laparoscopic" and "left" vs "right")
- Improving the linkage rate of our Patient Reported Outcome Measure submissions to ensure that all pre-and-post-op surveys completed can be matched together
- Improve the % of records of submitted with a valid primary diagnosis code (the code that signifies the diagnosis the surgery undertaken is intended to treat.

Responsive

Complaints

Spire Healthcare is a subscriber to the Independent Sector Complaints Adjudication Service (ISCAS) and our complaints process for private patients follows the ISCAS code for managing complaints in the independent sector (June 2017), with three stages of escalation*:

Stage 1: Local investigation by the hospital concerned. If the complainant is unhappy with the response at stage 1 they can escalate to:

Stage 2: Independent internal review. If the complainant is unhappy with the response at stage 2 they can escalate to:

Stage 3: Independent adjudication (ISCAS)

Our hospitals received 2665 Stage 1 complaints in 2018, a rate of 1.03 per 100 discharges. 78% of these complaints were concluded within 20 working days.

Whilst complaints often require local action to address local circumstances, there are a number of initiatives underway at national level to address the more common causes of complaints:

- Our plan to introduce an expanded patient information library and procedure-specific consent;
- Support for consultants to meet their obligations under Article 22 of the Private Healthcare Market Investigation Order 2014 to provide information on their fees;73Our new consultant newsletter will include feedback on common causes of complaints about consultants;
- We have introduced a revised competency framework for those providing clinical care, and are re-introducing post- discharge calls for patients undergoing surgery with general anaesthetic;
- We are monitoring avoidable cancellations through our clinical scorecard.
- We are proposing to undertake a full review of Spire's first stage complaints process in 2019, to ensure we are sharing learning across all sites as effectively and efficiently as possible.

Stage 2 complaints received

Of the complaints received at Stage 1, 80 (3%) escalated for independent internal review (Stage 2) in 2018. We are working with our hospitals to help improve the consistency of complaints management at Stage 1 to reduce the likelihood of escalation and introduced a competency framework for complaints managers which we will supplement in 2019 through a training programme in complaints management and improvements to sharing and learning across the Group.

Stage 1 complaints received

Fig. 9 percentage Stage 1 complaints

Stage 1 complaints escalating to stage 2

Fig. 10 percentage Stage 1 complaints escalating to Stage 2

*NHS funded patients follow the NHS complaints process which has two stages of escalation: (1) local investigation and (2) independent review by the Parliamentary and Health Service Ombudsman

Well-led

Colleague engagement

We want to be recognised as a Top 100 employer and our annual employee survey is designed to let us know how successfully we are engaging our people. It has been developed and designed to explore our colleagues' opinions about how they feel about working in their hospital or business unit. Factors measured in the survey include relationships with managers, team work, the nature of work being undertaken, the service we provide, our senior leadership teams and how effectively different teams work with and help each other.

The headline measure from this survey —our "Engagement Index" —was 79% following 2019's survey, a 2% decline from the 81% we achieved in 2017 which is when the last full survey was completed more than one year ago. We are following up to understand the factors that have affected how our people responded, with a view to taking action to address any opportunities to improve engagement within Spire Healthcare.

The survey shows that we have made incremental improvements in key areas including, 'Executive Leadership', 'Senior Management' & 'Working together'. We have held firm in the categories that assess 'My Manager' & 'My Team', and have received a positive first score in the new category focused on 'Safety'. We believe there are still opportunities for us to improve in all areas.

Our 'Service Quality' rating declined by 4% and our focus must now be on understanding the factors that have led to this result.

The survey also shows that most of our colleagues feel proud to work for Spire Healthcare and that the work they do makes a positive difference to the business, they appreciate the overall culture of Spire Healthcare, and feel that they fit in well with their teams and can rely on them to be there for help and support if needed. Also, the near consensus is that our colleagues respect their managers, who trust them to make the right decisions. It is however clear that there needs to be greater collaboration between departments so that we fully understand the impact we have on other parts of the business. Communicating 'why' when asking teams to action requests is needed to increase 'buy-in' and improve engagement around change.

Other areas of focus moving forward should be on understanding the key challenges facing hospitals in order to better support them (including determining exactly what resources and equipment they need), increase leadership visibility and impact, and talk to our colleagues about engagement outside of the annual survey in order to make meaningful positive changes based on the results.

Ward to Board governance

Effective flows of information and prompt escalation of any issues is essential in fostering an open and safe healthcare environment. Spire Healthcare has adopted a 'Ward to Board' governance structure which is set out within the Spire Standards for Hospital Governance.

Local hospital Governance Committee meetings are attended by the Hospital Director (HD), Matron and Designated Medical Advisory (MAC) Consultant representative for Clinical Governance. The meeting is usually held at least every three months. Every Spire Healthcare Hospital employs a Clinical Governance Lead who undertakes analysis and prepares reports for consideration by this Committee. Clinical audit data and performance indicators are reviewed at the meeting together with any complaints of a clinical nature, any reported clinical adverse events or near misses, the results of relevant customer satisfaction surveys and patient reported outcome reports and ratings from external regulatory inspections.

The hospital Medical Advisory Committees (MAC) —comprising Consultants from the main clinical specialities with practising privileges - meet quarterly. Areas of concern identified by the hospital Clinical Governance Committee or MAC are escalated directly to Spire's Group Medical Director (GMD) or relevant Operations Director by the Hospital Director.

At a national level, the Group Clinical Director and Chief Medical Officer report directly to the Chief Executive Officer. The Executive Committee meets monthly to consider matters of clinical governance and quality at the dedicated Safety, Quality and Risk meeting, which also meets monthly. The Clinical Governance and Safety report produced for this meeting is shared with Hospital Directors and Matrons to ensure a two- way flow of information from Board to Ward.

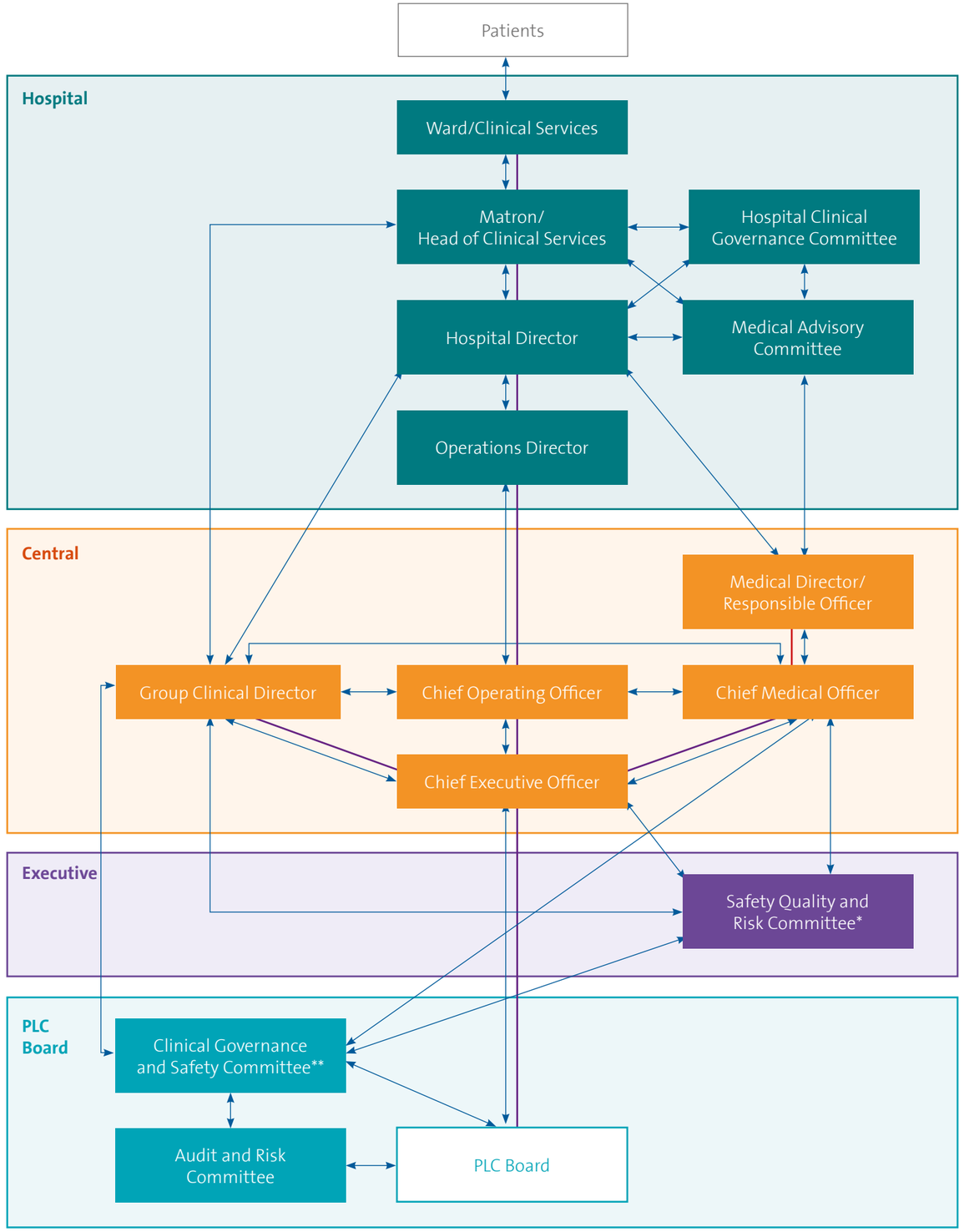
The Clinical Governance and Safety Committee is chaired by a Non-Executive Director — Professor Dame Janet Husband, past President of the Royal College of Radiologists – and is responsible for assuring the Spire Healthcare Board in relation to clinical governance, non-financial risk and quality. The committee meets at least six times per year and receives reports on clinical governance, clinical risk, professional and non-professional regulation and health & safety. These committee meetings are held both at head office in London and also at various Spire Healthcare hospitals across the UK. This provides an opportunity for Board members to tour individual hospitals and to meet Hospital Directors, Matrons and other members of the senior management team as well as frontline colleagues.

The Committee also undertakes regular themed reviews focused on specialist service areas to monitor the quality of care we provide and identify areas for improvement. Reviews undertaken in 2018 include critical care, medicines management and cancer services.

The chair of the Clinical Governance and Safety Committee provides the Board with an update following every committee meeting.

Safety, Quality and Risk (Executive Committee)	5
Clinical Governance and Safety Committee	3

Fig. 11 National Governance meetings Jan-Jun 2018



*The Safety, Quality and Risk Committee is a committee of the Executive Committee. The membership of the Safety Quality and Risk Committee includes the Chief Executive Officer, the Chief Operating Officer, the Group Clinical Director and the Chief Medical Director, and is also attended by the Medical Director/Responsible Officer and Operations Directors, all of whom can raise clinical governance and safety matters at the meeting.

**The membership of the Clinical Governance and Safety Committee includes the Chair of the Audit Committee and the Chief Operating Officer and is also attended by the Chief Operating Officer, the Group Clinical Director and the Chief Medical Director, all of whom can raise clinical governance and safety matters at the meeting.

Key

Information Flow

Line Management

Patient Safety Quality programme

As a key component of our internal assurance process, every Spire hospital (and clinic) undergoes a regular Patient Safety Quality programme Review, a rigorous on-site inspection modelled on the CQC inspection methodology and led by Spire's central Clinical Services team. As far as possible, this follows the inspection framework adopted by the CQC and other regulators to assess compliance with policy and regulation, incorporating lessons and best practice from other Spire hospitals and previous regulatory inspections.

Our programme focuses on the five key questions asked by the CQC of all care services:

- Are they safe?
- Are they effective?
- Are they caring?
- Are they responsive to patient's needs
- Are they well led?

This incorporates lessons and actions from previous reviews, CQC inspection reports, latest national guidelines and reported incidents or complaints. For 2018, we have expanded the Clinical Review team and where relevant, also undertake rated inspections of specific services, including operating theatres, diagnostic imaging, oncology, services for children and young people, pathology and infection control.

Where we rate any hospital anything other than "Good" or "Outstanding", they undergo a further review within three months of their action plan being issued to re-assess their progress. We also undertake supplementary unannounced reviews in response to specific incidents, including, but not limited to incident trends, staff engagement results, whistleblowing events or a change in local senior leadership.

NHS Quality Account 2017/18 goals

In our NHS Quality Account for 2017, Spire Healthcare reported on three priorities for improvement:

1. **Improve Care Quality Commission ('CQC') ratings for any Spire Healthcare hospital with a published rating of 'requires improvement'**.

   As it turned out, only one of our hospitals was re-inspected and re-rated in 2017 (Spire St Anthony's) and its overall rating was raised to 'Good'.

   Additionally, three Spire sites underwent their first inspection under the new inspection methodology in 2017, with one hospital inspected in early 2018: Leeds (Good); Montefiore (Outstanding), Windsor Clinic (Good) and Nottingham (Outstanding). Wellesley's rating also improved to Good, following a focused inspection in June 2018.

2. **Roll out a new standard drug chart to all hospitals in support of antibiotic stewardship guidelines.**

   After a period of consultation (including consulting with our Medical Advisory Committee ('MAC') chairs), three new drug charts were introduced across our hospitals:

   - a new in-patient drug chart, which in addition to the antibiotic prescription, now includes a dedicated section to record the results of the assessment to reduce the risk of deep vein thrombosis and pulmonary embolism and any prophylaxis prescribed;
   - a new out-patient and daycase drug chart including a dedicated section to prescribe antibiotics; and
   - a new drug chart for recently discharged patients, when further intervention or medication is required within 31 days of discharge.

3. **Introduce procedure-specific consent forms to help improve the level of information provided to patients and enhance the informed consent process.**

   At the time of setting this priority, we envisaged that these forms would include tailored pre-printed information on the risks and benefits of each proposed procedure, meaning consultants would not need to handwrite them every time they completed a consent form. As the year developed, our plans changed as we began to consider the additional written information required to support the revised consent forms. As a result, we are now seeking to expand our current library of written patient information, to establish a wider range of leaflets, each linked to a specific procedure code. We have also designed a new consent form which will be used in conjunction with our revised patient information to support discussions with patients prior to treatment.

Raising Concerns

Colleagues within Spire Healthcare can raise concerns using the Freedom to Speak Up route or the formal Whistleblowing process. Raising concerns has a stronger focus within the Patient Safety and Quality Review programme for 2019.

We have appointed hospital Freedom to Speak Up (FTSU) Guardians to help grow and support a culture of speaking up where colleagues, particularly those working directly with patients, have the means and confidence to raise concerns, with a focus on issues that could compromise colleague and patient safety or affect service quality. As of 1st June 2018, all Spire Healthcare colleagues have been able to submit a FTSU concern anonymously using our incident reporting system (Datix) and these are escalated directly to the hospital FTSU Guardian. In the 2019 Spire Employee Engagement Survey, 86% of respondents stated they knew who their hospital Free to Speak Up Guardian is. The Group Clinical Director acts as the corporate FTSU Guardian and ensures executive oversight through a quarterly report to the Executive Safety, Quality and Risk meeting and to the Clinical Governance and Safety sub-committee of the Board.

During the second half of 2018, a total of 188 issues have been raised through 93 FTSU submissions (submissions can detail multiple issues). All FTSU submissions are reviewed by the Group Clinical Director and escalated to Hospital Management Teams directly if there is a significant concern raised.

The whistleblowing process is seen as a valuable tool for raising and understanding serious issues such as concerns relating to patient safety. Currently, relevant concerns reported to the groups Whistleblowing Officer, including those made through the helpline, are thoroughly investigated and the outcomes overseen by the Safety, Quality and Risk and Clinical Governance and Safety Committees. In the 2019 Spire Employee Engagement Survey, 92% of respondents stated they were aware of Spire Healthcare's policy on Whistleblowing.

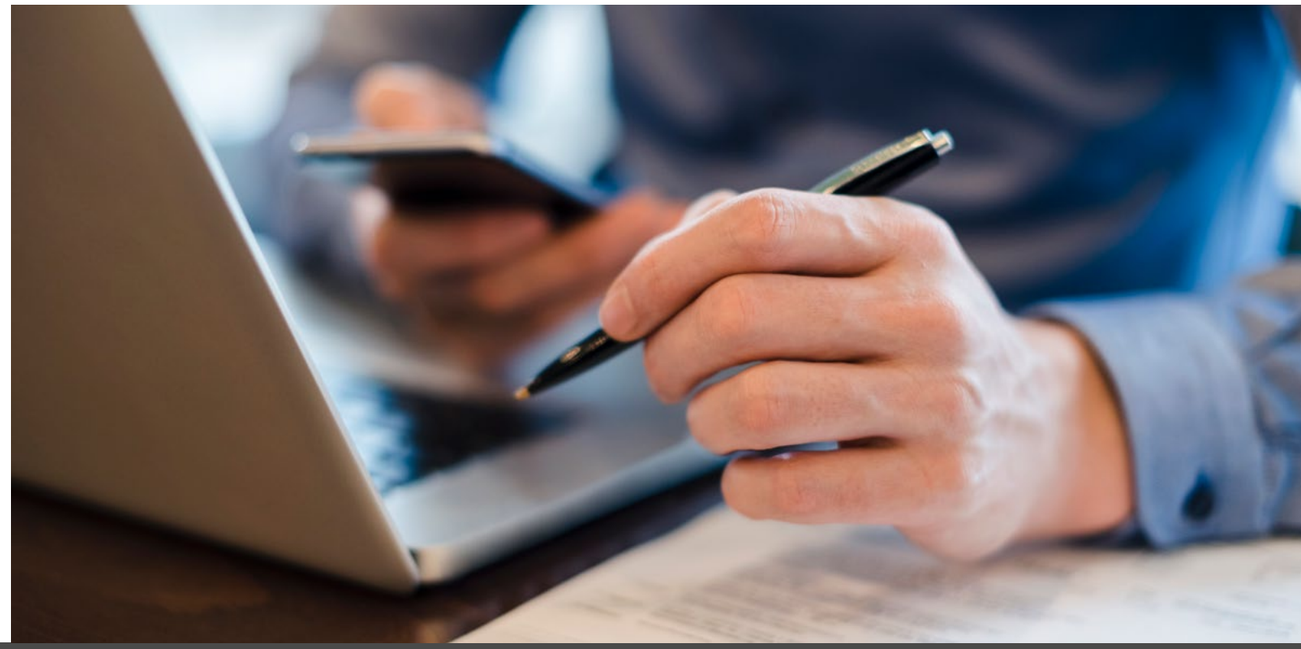
Freedom to Speak Up - Unsafe Staffing Example

Detail of the concern: Colleagues have raised a concern about staffing levels on the ward particularly over a weekend. Difficult to organise breaks. Can be a problem responding to patient calls in a timely manner.

Desired outcome: Colleagues have raised the concern with ward manager previously but feel that despite her support there are still occasions when they feel there is a need for more staff.

Action taken:

- Meeting has taken place with HD, ward manager and FTSU guardian. We looked at ways of addressing concerns
- It was identified that ward staff have not been completing the safe staffing tool or allocating breaks to colleagues during the daily huddle.
- We will start by addressing the two points above with the ward manager monitoring closely
- On speaking with some colleagues it became evident that they were choosing not to take their breaks. This has been addressed.
- Ensured safe staffing compliance was in line with current requirements
- FTSU guardian has spoken to HD



Medical Governance

Spire Healthcare has an established Practising Privileges Register to help maintain accurate records relating to Consultants on hospital Medical Societies including monitoring compliance with the following mandatory documentation necessary to maintain practising privileges:

- Evidence of appropriate medical indemnity cover
- Evidence of satisfactory annual appraisal
- Completed Disclosure and Barring service checks
- Hepatitis B immunisation status
- Completed biennial review — this is a review completed by the hospital which focuses on scope of practice, reported incidents and complaints over a two year period and feedback from colleagues.

Spire Healthcare monitors compliance levels with these five documents and a report is shared with hospital senior management teams every week.

From the beginning of 2018, we have tracked a "composite measure" based on compliance with all five mandatory documents — the % of consultants for whom the hospital holds all five required pieces of information. Hospitals reporting less than full compliance every month are followed up by our Medical Director to ensure that actions are being taken in a timely manner.

In the second half of 2018, 107 Consultants had their Practising Privileges suspended due to failure to provide the mandatory documentation within the required timeframe.

Doctors connecting to Spire for revalidation

The majority of doctors working in the United Kingdom typically have a prescribed connection with a Designated Body to provide them with regular appraisals and support for revalidation, the process designed to ensure that licensed doctors are up-to-date and fit to practise.

There are clear rules to determine the Designated Body for each doctor. As at the end of 2018, 312 doctors held a prescribed connection with Spire Healthcare, typically those in wholly private practice where the majority of that practice is with Spire.

Every Designated Body has a Responsible Officer who makes a revalidation recommendation to the General Medical Council (GMC) for doctors with a prescribed connection usually once every five years.

Spire's Responsible Officer completed 55 revalidation recommendations in 2018.

2018	
Total Recommendations	**55**
Positive Recommendations – that the doctor is up- to-date and fit to practise.	50
Deferrals – Request to submit the recommendation at a later date, due to insufficient information to make a positive recommendation.	5
Non-engagement recommendations – that the doctor concerned is not engaging with the processes that underpin revalidation	0

Fig. 12 Revalidation recommendations

NHS England Quality Assurance Annual Organisational Audit (AOA) – Appraisal

Our Annual Organisational Audit Summary for 2017/18 was submitted to NHS England in May 2018. This annual audit is required as part of the Framework of Quality Assurance for Responsible Officers and is designed to help ensure that there is sufficient support and resources available for them to undertake their duties and to monitor annual appraisal rates.

	Prescribed Connections	Completed Appraisal (1a)	Completed Appraisal (1b)	Approved Incomplete or Missed Appraisal (2)	Unapproved Incomplete or Missed Appraisal (3)
Doctors with practising privileges	303	114	167	21	1
Other doctors with a prescribed connection to this designated body	14	2	10	2	0
TOTAL	**317**	**116**	**177**	**23**	**1**

Fig. 13 Annual Organisational Audit

General Medical Council (GMC) Investigations

We received 72 requests for information from the GMC to support their investigations into doctors in 2018. Spire's Medical Director has referred three doctors to the GMC; one after a complaint was raised by a patient, one following a reported Never Event and one further for non-compliance with PRC proceedings and Spire's complaints policy.

We commenced internal investigations into a number of doctors in line with our policy on managing performance concerns, typically for breaches of our practising privileges policy — the Consultants' Handbook.

	2018	2017
New requests from the GMC	**72**	**45**
Number relating to patients treated by Spire	17	10
Referrals to the GMC by the Group Medical Director	**3**	**5**

Fig. 14 GMC Investigations

Medical Advisory Committee (MAC)

The role of the MAC and in particular the MAC Chair is key to supporting strong medical governance at our hospitals. MAC chairs will typically meet with the Hospital Director and Matron every week, and the Group Medical Director meets with MAC Chairs twice a year to update them on matters of relevance as well as to received and explore feedback.

The MAC Chair is appointed for a fixed-term of up to four years. In addition to their membership of the MAC, the Chair has further specific responsibilities:

- Frequent, close liaison with the Hospital Director and Matron/ Head of Clinical Services.
- Active involvement in the management of alleged poor performance or unsatisfactory personal conduct by Consultants, including chairing of Professional Review Committees when requested to do so.
- Notifying the Hospital Director of any potential performance concerns that may come to their attention during the course of their work.
- Acting as the official voice of the MAC and taking action on behalf of it where appropriate.
- Attendance at national MAC Chairmen's meetings to represent the views of the local Medical Society and to advise Spire Healthcare executive management on local and national issues.
- Involvement in senior clinical and medical staff appointments as appropriate.
- Liaison with relevant NHS Medical Directors.

To complement Spire's "Guide for Medical Advisory Committee (MAC) Chairs and Specialty Representatives", we have introduced a formal annual assessment process for MAC Chairs and a more rigorous assessment at the end of their four-year term to assess whether a further four-year appointment is warranted. This includes a self-assessment completed by the Chair themselves, an assessment by both the Matron and Hospital Director every year, and a formal assessment by all MAC representatives at the end of their term.

Specialist Advisory Board

We have established a new national Specialist Advisory Board (SAB) to advise Spire's Chief Medical Officer and Medical Director / Responsible Officer about aspects of medical care, governance and professional oversight in order to improve patient safety, clinical effectiveness and patient experience across Spire.

The board is made up of representatives from a range of specialties including Anaesthetics, Endoscopy, General Practice, General Surgery, Gynaecology, Health Screening, Oncology, Orthopaedics, Paediatrics and Radiology. The first meeting of the national panel was held in November 2018, with the next meeting planned for May 2019.

Specialist Advisory Board – Members

- Medical Director/Responsible Officer – Mr David Macdonald (Chair)
- Anaesthetics – Dr Christopher Bouch
- Endoscopy – Dr Sass Levi
- General Practice – Dr Hilary Luscombe
- General Surgery – Prof. Peter Lodge
- Gynaecology – Mr Barry Auld
- Health Screening – Dr Andrew Li
- Oncology – Prof. Amit Bahl
- Paediatrics – Dr Ian Doughty
- Radiology – Dr Paul Crowe

Specialist Advisory Board – standard agenda

- Biennial review process and Scope of Practice monitoring
- MAC Chairs agreement from MAC Chairs meeting March 2019.
- Intervention Ratios report
- Transfer out report from Anaesthetic advisor
- Advice to Spire Healthcare on national guidance from NICE and MHRA on recalls and restrictions of practice

Priorities for the first half of 2019

Whilst we believe we have made significant progress in 2018, we recognise that we must remain vigilant and continue to improve if we are to achieve our ambition of being famous for clinical quality and care. Our priorities for the first half of 2019 include:

- Maintaining a relentless focus on patient safety with continuing investment in clinical staffing and quality systems
- Preparing and supporting our hospital for inspections by the CQC
- Continuing our improvement programme for patient pre-operative assessment services
- Further strengthening our Pre-operative Assessment processes to ensure safe admissions and a reduction in avoidable cancellations
- Reviewing and updating our clinical scorecard, our internal mechanism for monitoring and measuring clinical audits and performance, and for benchmarking results
- Sign-off and roll out of our Patient Engagement Strategy
- A review of our clinical care pathways
- Procuring and Piloting our new patient information library and consent documentation
- Completing the programme of hospital visits by NHS Improvement's 'Getting It Right First Time' team
- Achieving level 8 data maturity to enable publication of a range of clinical indicators by the Private Healthcare Information Network (PHIN)
- Undertaking our annual intervention ratio analysis of Consultant practice
- Hosting biannual conferences for Medical Advisory Committee chairs
- Hosting a Royal College of Surgeons Masterclass for Cosmetic Surgery
- Exploring credentialing for Consultants wishing to undertake cosmetic surgery at a Spire facility
- Piloting the electronic and remote issue of blood products at two Spire hospitals

Notes

Spire Healthcare

Looking after you.