



Spire Healthcare

Quality Governance Report

January – June 2019

Looking after you.

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CEO's Statement



Our journey and focus on clinical quality is very much centred on shared learnings. Every day we are trusted to treat patients in 39 different locations across the UK. However, it's important to recognise we are a hospital group not a collection of autonomous sites. Therefore, we have invested time and energy into creating a shared culture and purpose which operates beyond regional boundaries and where all our staff live by this collective vision.

In practical terms around quality and clinical best practice, this means it is vital that when things go well we share examples with other colleagues who can consider adopting changes to their activity. Equally, where we feel that there could be areas of improvements those points are also amplified.

Very recently our hospital in Manchester was rated by the Care Quality Commission (CQC) as Outstanding, which was fantastic recognition of the hard work and dedication of those on the ground.

Elsewhere, our Fylde Coast hospital has been upgraded to Good, which is a fantastic achievement for the team. As an executive team, we examine both those reports in detail to see where there are elements which can be reproduced elsewhere. This now means that 78 per cent of our hospitals are rated either Good or Outstanding and we won't rest until that number is 100.

We did receive the set-back that our Leeds site was downgraded to Requires Improvement but already we are acting with a new leadership team and comprehensive action plan in place. Our aim is to return to Good within a year and lessons are being learned and shared across the Group.

We want our patients to take comfort in the fact that no matter where they are treated they are receiving a high level of quality care. In order to achieve this high benchmark, it is everyone's responsibility to share their experiences and act where necessary.

Justin Ash
Chief Executive Officer

Chief Medical Officer's Statement



The role of the Chief Medical Officer is to ensure strong medical governance 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 by the Care Quality Commission receive a rating of Good or Outstanding and we can only achieve this by working in partnership with doctors through our Medical Advisory Committees (MAC) so that patient safety and high-quality clinical care is our foremost priority.

In the first six months of this year we have created a new formal agreement for the Chairs of our hospital Medical Advisory Committees and, in October, Spire Healthcare will be the first independent hospital group to have this in place for every Chair. Nine Spire hospitals have now been visited by NHS Improvement's 'Getting It Right First Time' programme to review our spinal and orthopaedic surgery services and we are responding promptly to suggestions for practice improvement.

We have invested further to establish our Specialist Advisory Board which now comprises eleven highly experienced medical leaders. The Advisory Board guides Spire's Medical Director in relation to matters of medical governance, ethics and oversight and will meet twice a year. In parallel, we have introduced a new corporate committee dedicated to overseeing investigations relating to medical practice to demonstrate strong assurance in this regard and in particular our emphasis on making sure our patients are treated safely.

The quality of the data submitted by Spire hospitals to the Private Healthcare Information Network (PHIN) continues to improve with a quarter currently achieving the standard necessary to enable the publication of risk adjusted adverse events measures ('milestone 8'). Our goal between now and the end of the year is to enable our remaining hospitals to achieve this standard and we are confident of doing so.

In the second half of this year, we will:

- Release a new Medical Governance & Assurance policy and Consultants Handbook, both of which will provide further support and guidance to the teams that care for our patients;
- Complete the programme of inspection by the GIRFT team;
- Look for at least 90% of our hospitals to achieve milestone 8, as defined by PHIN

Finally, after 14 happy and fulfilling years with Spire Healthcare, I have decided to leave later this year to consider a different challenge outside of this wonderful organisation. It has been my honour to lead a brilliant and passionate team who has always placed the safety and wellbeing of patients at the heart of their work every single day. I move on from Spire confident that patients who choose to attend a Spire hospital will be treated safely and with kindness. I thank them for their generous and unstinting support over the years and wish them all the very best.

Dr Jean-Jacques de Gorter
Chief Medical Officer

Mr David Macdonald
Medical Director

Mr Barry Auld
Medical Lead
Gynaecology

Prof. Amit Bahl
Medical Lead
Oncology

Dr Sass Levi
Medical Lead
Endoscopy

Prof. Peter Lodge
Medical Lead
General Surgery

Dr Ian Doughty
Medical Lead
Paediatrics

Dr Christopher Bouch
Medical Lead
Anaesthetics/Critical Care

Dr Paul Crowe
Medical Lead
Radiology

Dr Hilary Luscombe
Medical Lead
Primary Care

Dr Richard Price
Medical Lead
Plastic Surgery

Mr Harish Parmar
Medical Lead
Orthopaedic Surgery

Prof. Anthony Rowbottom
Medical Lead
Pathology

Group Clinical Director's statement



The last six months have seen ongoing improvement at Spire Healthcare, especially in the fundamentally important areas of clinical quality and patient safety.

In the first part of the year, we commenced the first of our internal unannounced reviews in our hospitals. There are always learnings and sharing of best practice from these reviews. We believe they are a valuable and vital step in ensuring colleagues at our facilities are always supported in delivering the best patient care, performing to the best of their abilities.

We were delighted at receiving an 'Outstanding' CQC rating at Spire Manchester. This was the outcome of having a strong and stable team being well led by an excellent Hospital Director and Matron. We are also very pleased at Spire Fylde Coast's elevated rating to 'Good', and I'd like to acknowledge the team's dedication and determination in making excellent progress.

I must also mention Spire Leeds which was inspected in December 2018, and was rated 'Requires Improvement' – the first Spire hospital to receive this rating in two years. This was clearly a disappointing outcome but, after a period of learning and with a new Hospital Director in post, the teams are pulling together with fresh enthusiasm. We have taken the rating very seriously, and we are working in partnership with the CQC to make sure we achieve 'Good' overall at the next inspection.

Spire Wellesley and St Anthony's hospitals were featured in the CQC's latest report, 'Driving Improvement', as case studies illustrating how 'Requires Improvement' sites have made the necessary changes to be re-rated as 'Good'. We're extremely proud of the hard work that these hospitals, as well as the central teams, have put in in order to improve the overall ratings.

More broadly, across the Group, we have been working hard this year on developing and defining our 'Purpose' – the meaning of why we do what we do. This was decided by a colleague vote and will be embedded throughout our business by facilitator-run sessions in each and every site to every single colleague. Our first sessions were run at Spire Leeds Hospital and were received extremely well. We firmly believe this collective and collegiate approach will help further embed good practice.

We have also been in the process of designing and developing a digital patient pathway for preoperative assessment. This means our patients who come in for surgery can access their health questionnaire electronically using our intuitive system, leading to an improved patient experience. We are piloting this initiative at Spire Leicester in December and hope to extend to the rest of the Group next year.

Finally, I'd like to finish with a special mention to our many wonderful dedicated nurses and allied healthcare professionals. We are investing more than ever into the future of our clinical network and we have just signed up 32 Student Nurse Apprenticeships who will start with us next year, in partnership with Buckinghamshire New University. Four Nurse Associate Apprenticeships will start before the end of this year, in partnership with the University of Salford and London City University, as well as 28 Outpatient Practitioner Apprenticeships, in partnership with the universities of Bolton and Derby.

We have a wealth of other apprenticeships running across our hospitals in areas such as biomedical science, physiotherapy, ophthalmology, sterile services, laboratory assistants, and 200 healthcare assistants are in the process of completing their apprenticeships.

2020 marks the World Health Organisation's Year of the Nurse and Midwife and we couldn't be more proud of ours along with all our other clinical colleagues.

Alison Dickinson
Group Clinical Director

Regulatory Inspections

In the first six months of 2019, CQC completed four comprehensive inspections of Spire Healthcare hospitals and one focussed service review. In the four reports published to date, one was rated Outstanding (Spire Manchester), two were rated Good (Liverpool and Fylde Coast) and the focussed review was unrated. We anticipate a number of further inspections in the second half of 2019 and look forward to the opportunity to demonstrate considerable improvement in those previously rated Requires Improvement following inspections in 2015/16.

The Outstanding rating at Spire Manchester means Spire Healthcare now has more hospitals rated Outstanding than any other independent provider.

| 1st July 2019 | No. | Overall | Safe | Effective | Caring | Responsive | Well led |
|--------------------|-----|---------|------|-----------|--------|------------|----------|
| NHS | 314 | 56% | 44% | 73% | 98% | 59% | 63% |
| Independent Sector | 173 | 77% | 62% | 85% | 100% | 95% | 76% |
| Spire Healthcare | 37 | 76% | 62% | 86% | 100% | 95% | 78% |

Fig. 1 CQC Inspection Performance - % hospitals rated Good or Outstanding

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

Every Spire Healthcare site has published an action plan in response to the CQC findings on their websites and we have prioritised our central clinical resources to support hospitals with a 'Requires Improvement' rating, with every one undergoing at least one patient safety and quality review inspection in 2019.

We have also further strengthened our central resources with two new Head of Clinical Services roles created for peri-operative services including theatres, endoscopy and pre-operative assessment, and for medical services including leading on our cancer services and medicines management. In addition, two new National Patient Safety Leads

have strengthened our central clinical governance resource to ensure we support hospitals with managing and learning from incidents and sharing great practice.

Healthcare Inspectorate Wales completed an unannounced inspection at Spire Cardiff Hospital in April 2019. Whilst no ratings are currently applied by the Welsh regulator, the report was very positive and states "Overall we found that Spire Cardiff Hospital provided a high standard of care to their patients that was safe and effective. Patients were treated with dignity and respect and we saw positive interactions between staff and patients".

| Ratings | Overall | Safe | Effective | Caring | Responsive | Well led |
|----------------------|---------|------|-----------|--------|------------|----------|
| All | 37 | 37 | 36* | 36* | 37 | 37 |
| Outstanding | 5 | 0 | 2 | 4 | 5 | 5 |
| Good | 23 | 23 | 29 | 32 | 30 | 24 |
| Requires Improvement | 9 | 14 | 5 | 0 | 2 | 7 |
| Inadequate | 0 | 0 | 0 | 0 | 0 | 1 |

Fig. 2 CQC Ratings by Domain for Spire registered locations – July 2019

* Spire Windsor Clinic did not receive a rating for the "effective" or "Caring" domains following their inspection by the CQC.

**Tables do not include ratings for Spire Fylde Coast Hospital inspection report, which was published in September, 2019.

Responsive

Complaints

Spire 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 the following 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 1376 Stage 1 complaints in the first half of 2019 (January to June), a rate of 1.05 per 100 discharges which is a slight increase on the 2018 rate of 1.03. 81% of these complaints were concluded within 20 working days which is a good improvement on the 78% rate in 2018.

Whilst we want all patients to have a positive experience, we use complaints and patient feedback to learn and improve our services. In 2019, there is a focus on learning from complaints and sharing this learning across sites, particularly from level 2 complaints. We are planning to undertake a full review of Spire's first stage complaints process in H2 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, 55 (4%) escalated for independent internal review (Stage 2) in the first half of 2019. We are working with our hospitals to help improve the consistency of complaints management at Stage 1 to reduce the likelihood of escalation. Our new competency framework for complaints managers is being supplemented in 2019 through a training programme in complaints.

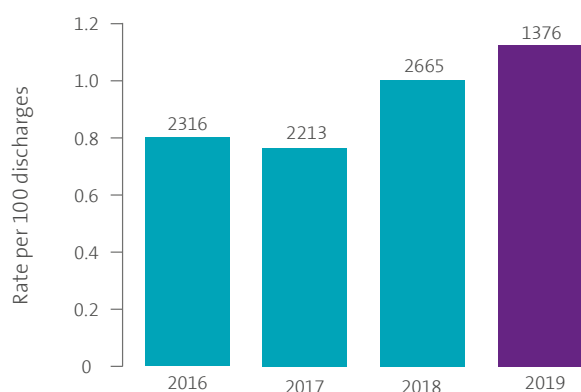


Fig. 3 Stage 1 Complaints data

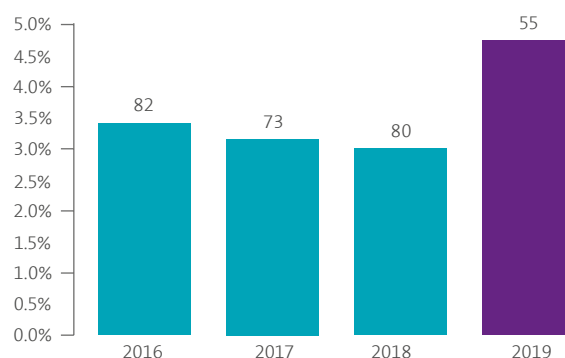


Fig. 4 Stage 2 Complaints data

*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

Patient Safety and Quality Review programme

As a key component of our internal assurance process, every Spire hospital (and clinic) undergoes a regular Patient Safety and Quality Review – a rigorous on-site inspection completed by Spire's central Clinical Services team. As far as possible, this follows the inspection framework and methodology 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.

These reviews provide rich information on hospital performance allowing sharing of good practice across the group and where concerns are identified, these can be swiftly rectified and learning shared with other sites to prevent recurrence elsewhere.

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?

Priorities for 2019

We have set ourselves some challenging objectives for 2019 to ensure we remain vigilant and continue to improve in order to achieve our ambition of being famous for clinical quality and care. Our priorities for the first half of 2019 were as follows:

- **Maintaining a relentless focus on patient safety with continuing investment in clinical staffing and quality systems**

Our patient safety and quality reviews have been strengthened to ensure a rigorous safety check is completed at all sites by a team of national clinical specialists. Additional resource has been added to the central team to provide onsite support for hospitals with key vacancies and we continue to invest in our clinical staffing at hospital level.

- **Preparing and supporting our hospital for inspections by the CQC**

We had five CQC inspections in the first half of 2019, and central support was provided to all to ensure colleagues were confident to show off their good practice, and to help collate evidence to share with the CQC in advance, during and after inspections. We also had one unannounced inspection by Healthcare Inspectorate Wales which was very positive.

- **Continuing our improvement programme for patient pre-operative assessment services**

Our pre-operative service has further developed in 2019, with the introduction of new pre-operative pathways, investment in increasing our pre-operative clinical teams and in the environment to deliver the service. New technology is being explored to further strengthen this service in 2019/2020.

- **Reviewing and updating our clinical scorecard, our internal mechanism for monitoring and measuring clinical audits and performance, and for benchmarking results**

Our internal scorecard includes a number of new safety measures for 2019 including imaging turnaround times, safe management of medicines, timely responses to national safety alerts and clinical staff recruitment and retention. In addition to the children's and cancer service dashboards already in place, we are also developing new service specific dashboards to ensure we can demonstrate our services are highly effective in absence of national benchmarking opportunities for the independent sector.

- **Sign off and roll out of our Patient Engagement Strategy**

Our patient engagement strategy has been signed off and roll-out continues into the second half of 2019. Our hospitals are establishing local patient forums to ensure patients are involved in development and improvement of our services and ensuring they continue to meet patient needs.

For the second half of 2019, our priorities with regards patient safety and quality are as follows:

- Reinforce our open culture, continue to learn from our incident reporting, our patients and through sharing best practice
- Review critical care standards, embed pre-assessment processes and infection prevention control standards
- Finalise our staff competency framework through the use of new technology

- Procure and pilot our new patient information library and consent documentation – We are working with a third-party provider to arrange access to over 200 new patient information leaflets, covering over 400 procedures (80%+ of the procedures typically undertaken in the independent sector). Our aim is to complete the procurement process by the end of September, with the new patient information available from the start of next year, supplemented by a revised consent form which will allow consultants to record a more extensive list of risks and benefits.

- Complete the programme of hospital visits by NHS Improvement's 'Getting It Right First Time' team – We are participating in GIRFT's independent sector pilot, focussing on orthopaedic and spinal surgery. GIRFT visited nine Spire hospitals in the first half of the year, and we are on track to complete the programme of visits (involving all Spire Healthcare hospitals in England) by the end of the year.

- Achieve level 8 data maturity to enable publication of a range of clinical indicators by the Private Healthcare Information Network (PHIN) – Our aim is for 90% of Spire Healthcare hospitals to achieve level 8 data maturity by the end of the year – currently 10 Spire hospitals achieve this milestone. We've completed a number of actions to improve the quality of data we submit to PHIN, and our key priority is to work with our hospitals to help ensure summary care records produce better information for clinical coding (particularly diagnosis coding)

- Undertake our annual intervention ratio analysis of Consultant practice – this was completed and submitted to the Safety, Quality and Risk Committee in March, 2019.

- Host the biannual Specialist Advisory Board meetings – The second meeting was 29th May 2019, held at Dorset Rise, and the next meeting is on 27th Nov 2019.

- Develop a Royal College of Surgeons Masterclass for Cosmetic Surgery – We are working with the Royal College of Surgeons to hold a 'professional behaviours' masterclass for cosmetic surgeons with practising privileges at Spire to be held in 2020.

- Explore credentialing for Consultants wishing to undertake cosmetic surgery at a Spire facility. Spire's Consultants' Handbook – which includes the standards for granting and maintaining practising privileges – confirms that "Consultants applying for practising privileges to undertake Cosmetic Surgery will be expected to work towards obtaining certification with the Royal College of Surgeons' Certification scheme for Cosmetic Surgery within two years of such practising privileges being granted".

- Pilot the electronic and remote issue of blood products at two Spire hospitals – The new blood transfusion analysers have been successfully installed in the laboratories at Spire Manchester and Gatwick Park hospitals, and the process of Electronic Issue (fully automated testing and resulting) has now been signed off and is live at both sites. In June, Spire Manchester Hospital went live with remote issue of blood products, and will be followed by Spire Murrayfield Hospital (Wirral).

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.

Patient Safety

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 a member of our Legal (Regulatory) team. Any incidents identified as meeting the NHS England Serious Incident Framework threshold are escalated to Serious Incidents Requiring Investigation (SIRI) status and are subject to even more rigorous review.

In broad terms, serious incidents are defined as “events in healthcare where the potential for learning is so great, or the consequences to patients, families and carers, staff or organisations 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 user; 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 40 incidents that met the serious incident framework threshold between January to June 2019 and 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 hospitals (96.2%) result in no or low harm to patients.

Learning from investigations into serious incidents is reviewed by Spire Healthcare’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 Group Clinical Director to hospital senior management teams within 48 hours of a serious incident. The report includes 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).

*<https://www.england.nhs.uk/wp-content/uploads/2015/04/serious-incident-framework-upd.pdf>

| Serious incident indicator | Incident description | Number (Jan-Jun 2019) |
|---|---------------------------------|-----------------------|
| Never Event | Never Event | 7 |
| 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 user or serious harm | Delayed diagnosis | 3 |
| | Fall resulting significant harm | 10 |
| | Incorrect diagnosis | 1 |
| | Medication incident | 1 |
| | Pathology incident | 1 |
| | Surgery complications | 16 |
| Actual or alleged abuse | Alleged sexual abuse | 1 |

Fig. 5 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 site 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. We undertake regular audits of our compliance and respond to feedback to improve our working documents. Our framework is described in our clinical policy focussing 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 seven Never Events in the first half of 2019:

- Two cases of wrong site surgery or wrong-site anaesthetic blocks
- Two cases of incorrect implant/prosthesis
- Three cases of a retained foreign object (one historical from surgery performed in 2016)

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 hospital.

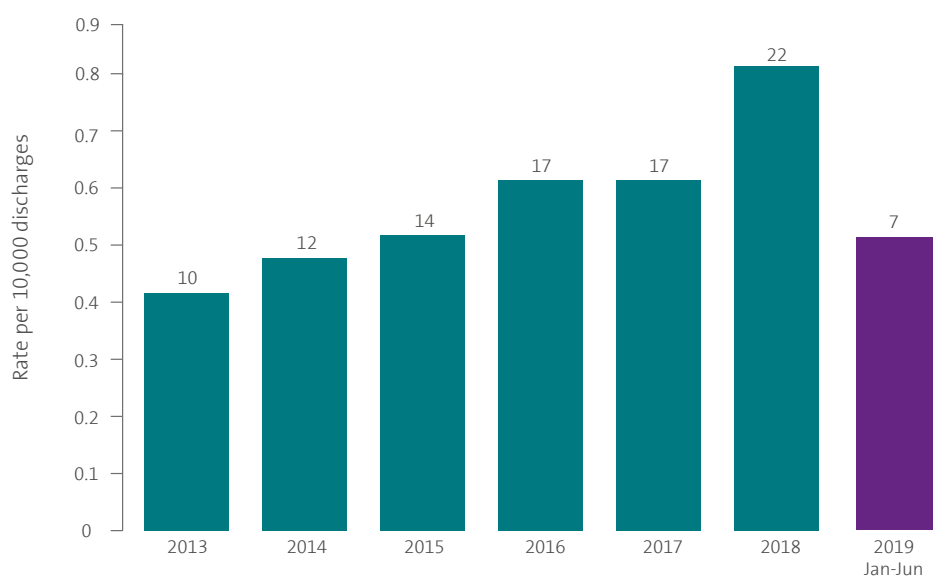


Fig. 6 Never events

Never Events (con.)

| Never Event category | Number reported H1 2019 |
|---|----------------------------|
| Wrong site surgery including nerve block for pain relief | 2 |
| Wrong implant/prosthesis | 2 |
| Retained foreign object post-procedure | 3 |
| 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. 7 Never Events Jan-Jun 2019

Public Health England (PHE) Reportable Infections

Public Health England (PHE) carries out mandatory enhanced surveillance for Methicillin Resistant *Staphylococcus aureus* (MRSA) bacteraemia, Methicillin Susceptible *Staphylococcus aureus* (MSSA) bacteraemia and 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).

Cases of infection caused by these organisms are reported by Spire Healthcare to PHE (as well as Health Protection Scotland and Public Health Wales) when they are identified by our laboratories in line with their surveillance protocol even if the patient received their treatment elsewhere. Infection rates at Spire Healthcare hospitals are very low. We reported nine infections to the PHE in the first half of 2019.

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.

| | 2019 – number of reported cases | Rate per 10,000 bed days | Spire 2018 (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 | 0.08 | 0.07 | 0.06 | 0.06 | 0 | 0.08 |
| MSSA bacteraemia | 0 | 0.00 | 0.00 | 0.13 | 0.12 | 0 | 0.9 |
| E-coli bacteraemia | 4 | 0.30 | 0.41 | 0.32 | 0.73 | 0.36 | 2.22 |
| C. difficile | 4 | 0.30 | 0.14 | 0.13 | 0.55 | 0.6 | 1.4 |
| Klebsiella bacteraemia | 0 | 0.00 | 0.07 | | | | |
| Pseudomonas Aeruginosa bacteraemia | 0 | 0.00 | 0.00 | | | | |

Fig. 8 PHE, HPS and PHW 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 Healthcare’s FFT score in the first six months of 2019 was **96%** - identical to the score reported in the second half of 2018. We have seen a small, but important, change in the proportion of those stating they are ‘Extremely likely’ to recommend, which has risen by one percentage point to 80%.

Patient feedback is overwhelmingly positive:

- The staff are fantastic, the level of care is brilliant and facilities are really good. Food was lovely too. I had a fantastic set of nurses and healthcare assistants
- Efficient, friendly service in modern surroundings. Consultant and nursing staff first class.
- Very professional attention throughout my original enquiry, pre-treatment and finally the operation. Without exception, all your staff at all levels - admin, cleaning and medical seemed genuinely to care for me, and what they were doing

Comments taken from the Patient discharge survey, Jan-Jun 2019

The Private Health Information Network (PHIN) continues to publish a ‘patient feedback’ score which indicates the percentage of patients who felt their needs were met. This 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.

Spire Healthcare monitors and benchmarks this measure through the quarterly clinical scorecard and in the first half of 2019, **86%** of respondents to our survey indicated their needs were met following treatment at a Spire hospital.

Spire’s Insight team continues to review the key themes arising from patient feedback in order to help us continually improve the service we offer and achieve our ambition of leading our sector in customer care. The latest analysis suggests that our key strengths remain:

- Attentive staff;
- Patients felt they were in safe hands;
- Nurses provided excellent care;
- Patient experience with their treatment;
- The admission experience.

The Insight and Clinical teams are adding the finishing touches to our patient engagement strategy for roll-out later this year. It has been 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 making a positive difference to our patient’s lives by delivering outstanding, personalised care. This patient engagement framework is designed to support us in achieving this goal.

The Friend and Family Test

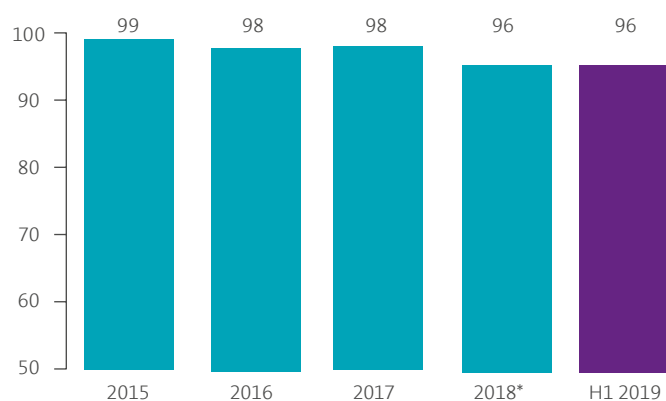


Fig 9. Friends and Family Test

Effective

Transfers Out

In some cases, it is necessary to transfer patients to an alternative care site better suited to their needs, if they require a specialist scan or a higher level of care, for example. 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.

Every one of our 39 hospitals has a transfer agreement (SLA) with a local NHS Trust to ensure that when the need for a transfer arises, they happen as quickly and smoothly as possible.

In the first half of the year, Spire transferred 232 patients to alternative care facilities. Of these, 50 patients (0.04% of all admissions) were transferred to a higher level of care (level 2/3) facility.

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.

Patient Transfers

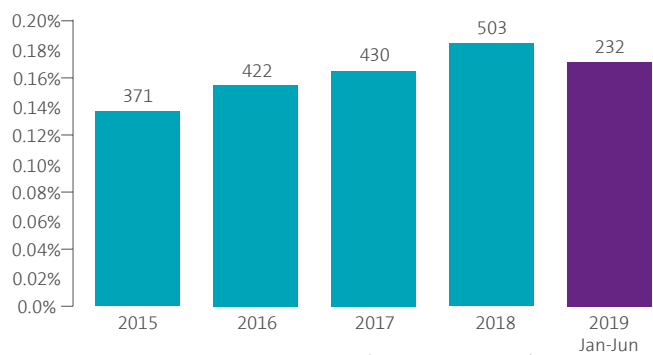


Fig 10. Transfers out (2015 onwards)



Well-led

Employee engagement is extremely important to Spire, and our workforce is our key strength. It's vital that our colleagues care about their work, our patients and our company, and that they are on-board with the Group's goals.

In January, we conducted our annual colleague survey, which gave us excellent insight on how our workforce is feeling across the business. The results showed a lot of positives but, naturally, also highlighted areas which we needed to improve. Since the results were published, we have been working hard to analyse the feedback and agreed action plans, and we are continuing to act on these to drive improvements. Later in the year, our mini employee survey (formerly temperature check) will take place to measure our progress since January and highlight any priority areas. This survey is far shorter than the full survey completed in January with just 11 questions including our engagement index questions which is our key measure.

Our leadership conference was held in June, where over 200 of our leaders from across our hospital network and central functions met for a day of interactive presentations and workshops. This was a chance for colleagues to spend time with each other and fully engage in what is happening both across the business and at a corporate level.

At the conference, the idea of a Spire 'purpose' was introduced – a statement which would be embedded within the Group and be representative of what we, as a collective, stand for. Colleagues were given the opportunity to vote for their preferred 'purpose', with the winning statement taking 70% of the vote. Dedicated workshops have been developed to launch our purpose to all our colleagues throughout the business and are now being held.

This year, we started a piece of work which looks at how 'well led' we are as a Group – both in hospitals and at a Group-wide level. The starting point for the review is an assessment of the leadership and governance at Board and executive team-level. As part of this we are also looking at a number of things at an organisational level including our overall vision and strategy (supported by our purpose), governance, management and improvement, culture and levels of engagement. Where there are areas for improvement we will be working hard to address these, ensuring changes are maintained and sustained.



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.

At its core, Spire Healthcare’s minimum governance standards require each hospital to have a basic governance structure; Hospital Director, Senior Management Team and Medical Advisory Committee, and operate a mandatory suite of committees which meet at specified intervals, with a mandated agenda and whose business is formally minuted.

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 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. The MAC considers information relating to clinical quality, patient safety, regulatory compliance and developments in medical practice and advises the hospital management team on maintaining high clinical standards and ensuring continuous improvement in the quality of clinical care.

Areas of concern identified by the hospital Clinical Governance or MAC Committees can also be escalated directly to Spire’s

Group Clinical Director (GCD), Group Medical Director (GMD) or relevant Operations Director by the Hospital Director.

At a national level, the Chief Medical Officer reports 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. 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.

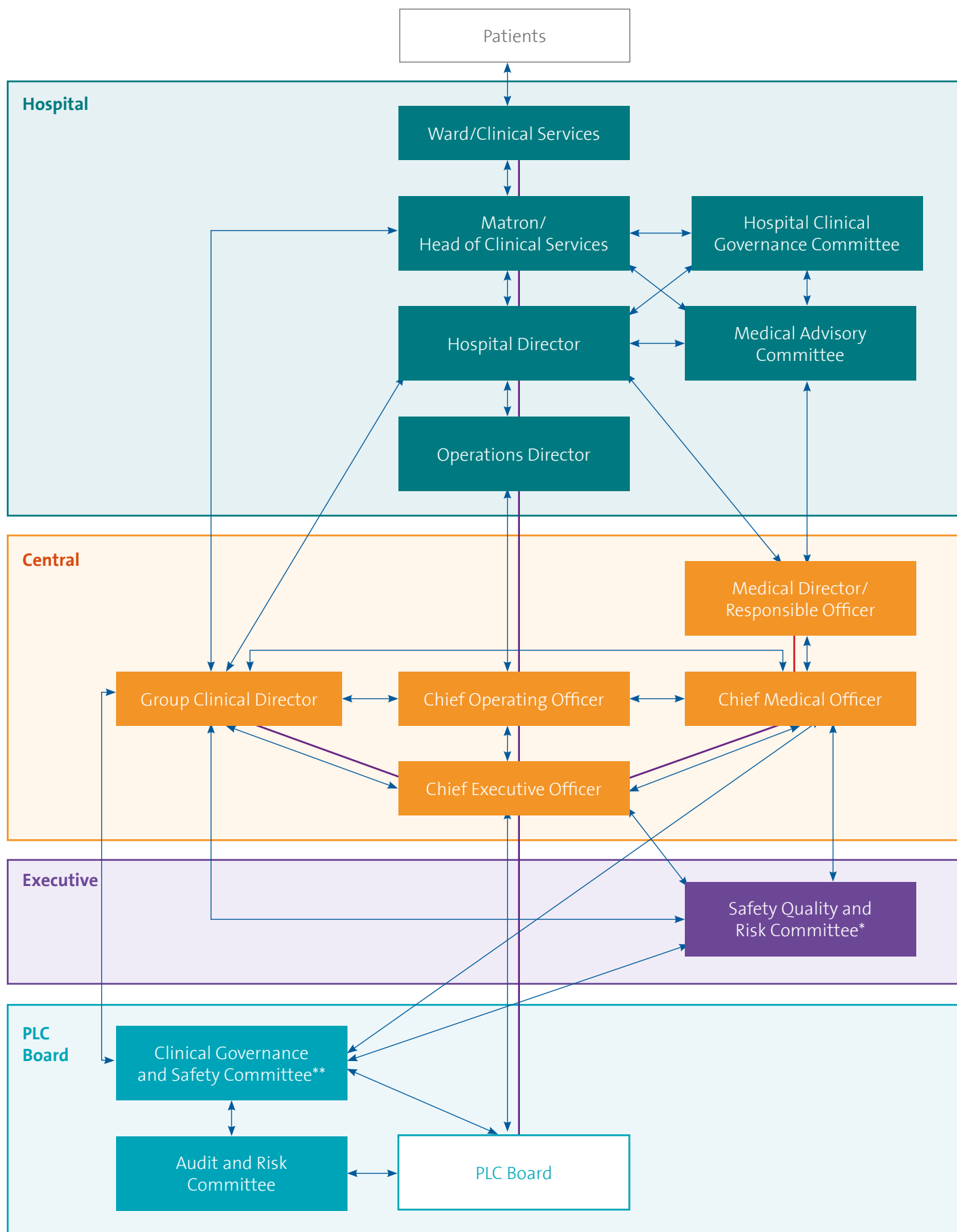
The Clinical Governance and Safety committee is chaired by a Non-Executive Director —Professor Dame Janet Husband, past President of the Royal College of Radiologists— and is responsible for assuring the Spire Healthcare Board in relation to clinical governance, non-financial risk and quality. The committee usually meets six times per year and receives reports on clinical governance, clinical risk, professional and non-professional regulation and health and safety. These committee meetings are held both at head office in London and also at various Spire 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 staff.

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 so far this year include Never Events (including the learnings from Never Events and the actions that have been taken to reduce them) and Datix, the company’s incident reporting platform (including the actions that have been taken to improve the platform).

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.

Fig. 12 Ward to Board Governance Structure

Medical Governance

Spire Healthcare has an established Practising Privileges Register to help maintain accurate records relating to Consultants on hospital Medical Societies. This register monitors 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 and clinical outcome data over a two year period as well as feedback from staff.

Spire 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 percentage 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 Chief Medical Officer to ensure that actions are being taken in a timely manner.

Doctors connecting to Spire for revalidation

The majority of doctors working in the UK typically have a prescribed connection with a Designated Body. This arrangement provides consultants 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 30 June 2019, 307 doctors held a prescribed connection with Spire Healthcare. These doctors are typically in wholly private practice where the majority of that practice is with Spire Healthcare.

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

Spire’s Responsible Officer completed 73 revalidation recommendations in the first half of 2019.

| H1 2019 | |
|--|-----------|
| Total Recommendations | 73 |
| Positive Recommendations —that the doctor is up- to-date and fit to practise. | 66 |
| Deferral —Request to submit the recommendation at a later date, due to insufficient information to make a positive recommendation. | 5 |
| Deferral - Request to submit the recommendation at a later date, as the doctor is subject to an on-going process. | 1 |
| Non-engagement recommendations —that the doctor concerned is not engaging with the processes that underpin revalidation | 1 |

Fig. 13 Revalidation recommendations

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

Our Organisational Audit Summary for 2018/19 was submitted to NHS England in on 31 May, 2019. 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 (1) | Completed Appraisal (2) | Unapproved Incomplete or Missed Appraisal (3) |
|--|------------------------|-------------------------|-------------------------|---|
| Doctors with practising privileges | 298 | 277 | 16 | 5 |
| Other doctors with a prescribed connection to this designated body | 14 | 12 | 2 | 0 |
| TOTAL | 312 | 289 | 18 | 5 |

Fig. 14 Annual Organisational Audit

General Medical Council (GMC) Investigations

We received 22 requests for information from the GMC to support their investigations into doctors in the first half of 2019. Spire's Chief Medical Officer has referred three doctors to the GMC in the first half of 2019; one for working outside of their scope of practice, one for issues relating to consent and duty of candour and one for failing to apply professional and statutory duties of candour to patients.

A fourth doctor was referred to the GMC by the Head of Clinical Services at Spire Bushey Hospital for failing to perform RMO duties to the required standard.

| | 1 st half 2019 | 2018 |
|---|------------------------------|-----------|
| New requests from the GMC | 22 | 72 |
| Number relating to patients treated by Spire | 2 | 17 |
| Referrals to the GMC by the Group Medical Director | 3 | 3 |

Fig. 15 GMC Investigations

We also 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.

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 Chief Medical Officer meets with MAC Chairs twice a year to update them on matters of relevance as well as to receive 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.

In the first six months of this year we have created a new formal agreement for the Chairs of our hospital Medical Advisory Committees and, in October, this will be in place for every Chair.

Notes

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