



Spire Healthcare

# Quality Governance Report

Jul – Dec 2019

*Looking after you.*



# Table of Contents

Chief Executive Officer’s statement .....	4
Interim Group Medical Director’s statement .....	6
Group Clinical Director’s statement.....	8
Regulatory inspections .....	10
Responsive.....	11
Complaints.....	11
Patient Safety and Quality Review programme.....	12
Priorities for 2019 .....	12
Quality.....	13
Patient Safety .....	13
Serious Incidents Requiring Investigation .....	13
Never Events .....	14
Deaths within 31 days of Surgery.....	16
Public Health England (PHE) Reportable Infections.....	17
Caring.....	18
Patient Satisfaction: The Friends and Family Test.....	18
Effective .....	19
Transfers Out .....	19
Cancer MDT Evidence .....	19
Well-led.....	20
Ward to Board governance .....	21
Medical Governance.....	23
Doctors connecting to Spire for revalidation .....	23
NHS England Quality Assurance Annual Organisational Audit (AOA) – Appraisal .....	23
General Medical Council (GMC) Investigations.....	24
Medical Advisory Committee (MAC).....	25

# CEO's Statement



I write this introduction in June 2020, at a time in which the world feels very different from the second half of 2019, the period under review in this report.

Our work has been transformed by the COVID-19 pandemic, as we have put our staff, services, equipment and facilities at the disposal of the NHS. The type of treatment we provide to patients has changed, as we have been asked to carry out cancer surgery and other procedures for patients needing urgent care, while NHS Trusts focus on treating patients with the virus. We have loaned ventilators and other equipment to NHS Trusts and many of our staff have moved over to work in NHS hospitals or the new Nightingale facilities.

I am proud that we have been able to support the NHS during this unprecedented global health crisis. I am also proud that we have been able to maintain our uncompromising focus on quality and patient safety during this time. But my overriding feeling is of sorrow and sympathy with the families of the tens of thousands of people who have lost their lives as a result of the virus.

The other significant development since the end of 2019 has been the publication of the report of the Independent Inquiry into Ian Paterson, in February 2020. We have apologised again to the victims and are very sorry that they suffered at the hands of Paterson in our hospitals. Spire Healthcare is a changed organisation from the time that Paterson was practising, in the years up to 2011. We have fundamentally overhauled our culture, our governance and our standards so that patient safety now sits at the heart of everything we do. We support the Inquiry's recommendations and have begun to work with the local NHS commissioners and Trust to implement them.

During the second half of 2019 itself, we launched our Purpose to "make a difference to our patients' lives through outstanding personalised care" and made good progress in our drive to put safety and quality at the heart of everything we do. At year end, 85% of our sites were rated 'Good,' 'Outstanding' or the equivalent in Scotland and Wales, by our regulators, up from 71% just two years ago, and at the time of writing, this figure stands at 90%. Recognition from our regulators is matched by satisfaction from our patients, 96% of whom say they would be likely or extremely likely to recommend Spire Healthcare.

Our focus on improving quality is underpinned by an extensive capital investment programme, with £60m funding committed during 2019 as a whole and the second half of the year seeing the construction of a new theatre at Spire Bushey and a new orthopaedic outpatient centre at Spire Manchester among other projects.

# CEO's Statement (cont)

We stand ready to provide whatever support is necessary to aid the national effort to defeat the pandemic in the months ahead. I would like to thank my colleagues and our Consultant partners for their dedication and hard work in recent times, and I know I can count on their support in the months ahead.

**Justin Ash**

Chief Executive Officer

# Interim Group Medical Director's Statement



**Mr David Macdonald**  
Medical Director

**Mr Barry Auld**  
Medical Lead  
Gynaecology

**Prof. Amit Bahl**  
Medical Lead  
Oncology

**Dr Sass Levi**  
(resigned March 2020)  
Medical Lead  
Endoscopy

**Prof. Peter Lodge**  
(resigned January 2020)  
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

This is my first statement in our half-yearly Quality Governance Report, since I took up my position as Interim Group Medical Director at the end of October 2019. I would like to thank our Consultant partners and my colleagues for the warm welcome they have given me.

What I have seen so far has confirmed Spire Healthcare's utmost commitment to clinical and medical governance and putting patient safety first in everything we do. I am pleased with the progress we have made in recent months and look forward to developing that agenda in 2020, working with our Group Clinical Director, Alison Dickinson, and the rest of the executive team.

During the second half of 2019, we continued with our programme of enhancing our systems for medical governance and oversight. Of particular note is our new National Medical Governance Committee, chaired by our Chief Operating Officer, John Forrest, and attended by other senior colleagues, including Alison Dickinson and me. Bringing our operational and clinical colleagues together through this committee enhances our oversight of our consultant partners to ensure they are practising to the highest standard at all times and to take prompt action, should any issues be raised.

Our medical advisory committees (MACs) play an invaluable role in maintaining strong relationships between our consultant partners and hospital management, and in ensuring strong medical governance. In October, we became the first independent hospital group to have a formal agreement in place with every MAC Chair. We continue to meet them all twice a year and a key focus at each of these meetings is how we work with them to maintain the highest standards of patient safety and quality across the Group.

Over recent months, we have supported the Independent Healthcare Providers Network (IHPN) in developing the new Medical Practitioners Assurance Framework (MPAF), a framework to support improvement and consistency in the oversight of medical practitioners in the independent acute sector. We have measured ourselves against the recommendations of the framework and are confident we comply with its principles. We will continue to work closely with IHPN and other partners, including the NHS, to embed this framework and help to raise standards across the medical sector.

Other highlights of recent months have included:

- Working with other providers to complete the pilot of the 'Getting It Right First Time' (GIRFT) review approach in the independent sector. GIRFT is used widely within the NHS and is a programme of expert-led reviews of specialities which are designed to generate improvements

# Interim Group medical Director's Statement (cont)

- Submitting data to national registries, in order to monitor performance and demonstrate quality
- Completing the process of gaining UKAS accreditation for all of our pathology laboratories

We have maintained our commitment to upholding strong governance throughout the coronavirus pandemic, with which we have been contending since year end. We have put in place new governance structures to oversee the granting of emergency practising privileges for Consultants and other doctors who have needed to practise in our hospitals for the first time, due to the pandemic. Our MACs have provided guidance in upholding quality and safety and are helping us to develop new systems and pathways to keep our patients and colleagues safe. In addition, our key governance committees, including the National Medical Governance Committee, have continued to meet, in a virtual format.

I look forward to building on our recent steps forward as we enter a new decade.

**Fergus Macpherson**

Interim Group Medical Director

# Group Clinical Director's statement



I am directly accountable for our clinical standards and quality, and the safety of our patients at every stage of their pathway is always my primary concern.

During the second half of 2019, we have stepped up our focus on quality at the pre-operative stage to ensure all patients are fully prepared for their intervention. I am pleased to say that we have seen increased reporting of incidents, including the reporting of near misses, and it is important that we continue to learn and improve. We have improved the quality of our data so it can be used more effectively and established consistent procurement practices to ensure that we are using the same consumables at all sites that meet all the necessary safety criteria.

Our ambition is for 100% of our sites to be rated 'Good' or 'Outstanding' by the Care Quality Commission and its equivalents in Wales and Scotland, and I am delighted that at year end, 85% were rated 'Good' or 'Outstanding.' I would like to congratulate Spire Parkway Hospital, which saw its rating move from 'Requires Improvement' to 'Good,' overall, with 'Outstanding' for Caring, a tribute to all the hard work colleagues have put in there to learn lessons from the well-documented issues of the past.

Our commitment to compassionate care is second to none, and I am very proud that we maintain a 'Good' or 'Outstanding' rating for all our hospitals in the CQC's Caring domain.

I am passionate about creating an atmosphere where colleagues feel free to raise any concerns, so that they can be properly investigated without repercussions. I am pleased that we have introduced Freedom to Speak Up Guardians at all our non-clinical sites in recent months, having established them at clinical sites last year. This means that we are the first independent provider to have these Guardians at all our sites.

Another key focus in recent months has been work with the Patients Association on patient engagement. They are developing a survey to help us determine whether patients feel they have received the best care in line with our Purpose of "making a positive difference to their lives through outstanding personalised care." The Patients Association is also helping us to improve our complaints management process.

Since year end, our focus has been on supporting the NHS in responding to the pandemic. Despite the fast-paced environment in which we have been operating, we have maintained our comprehensive systems of oversight, to ensure that quality standards are not compromised. Our internal audits have continued, our systems of reporting incidents have been maintained and we continue to produce a full suite of information and data so that performance can be monitored from ward to board.

# Group Clinical Director's Statement (cont)

2020 is the “year of the nurse and midwife”, and we have linked into the Nightingale Challenge, which celebrates nurses and aims to equip and empower the next generation of nurses and midwives as leaders, practitioners and advocates in health. We have identified more than 20 young nurses across the Group to take part in a leadership programme during the year, with senior nurse mentors, including our non-executive Director Dame Janet Husband. This is planned to take place once the pandemic has eased.

Although there is always more we can do to learn and improve, my overriding view is that 2019 has been a very successful year for Spire Healthcare. I would like to thank all of the excellent nurses, allied health professionals, healthcare assistants and other colleagues who do so much, every day, to deliver outstanding care to our patients.

**Alison Dickinson**

Group Clinical Director

# Regulatory Inspections

The Care Quality Commission (CQC) completed ten comprehensive inspections of Spire Healthcare hospitals and one focussed service review in 2019. Reports have now been published for all of these inspections, one was rated Outstanding (Spire Manchester), and all others were rated Good (Liverpool, Fylde Coast, Little Aston, London East, Washington, St Anthony's, Parkway, Thames Valley and Southampton) and the focussed review was unrated. We were pleased to have the opportunity to demonstrate considerable improvement, including an improvement in overall rating, in

those previously rated Requires Improvement following inspections in 2015/16 (Fylde Coast, London East and Parkway) and to maintain our Good ratings elsewhere.

The Outstanding rating at Spire Manchester means Spire Healthcare now has a higher proportion of its facilities rated Outstanding than any other independent acute provider, and at the time of publishing, this was the only hospital in this sector to achieve an Outstanding rating from the CQC in 2019.

	No.	Overall	Safe	Effective	Caring	Responsive	Well led
NHS (31/12/2019)	311	58%	44%	76%	98%	59%	64%
Independent Sector	171	82%	71%	91%	100%	96%	80%
Spire Healthcare	36	85%	75%	89%	100%	97%	86%

**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 Specialist Clinical Services Director 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, a new Clinical Quality

Director has been appointed and national clinical specialists for critical care and blood transfusion have further enhanced the support we provide to our hospitals to deliver our purpose.

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	36	36	36	36	36	36
Outstanding	5	0	2	6	5	4
Good	25	27	30	30	30	27
Requires Improvement	6	9	4	0	1	4
Inadequate	0	0	0	0	0	1

**Fig. 2 CQC Ratings by Domain for Spire registered locations – Inspections completed to 31 December 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 2742 Stage 1 complaints in 2019 a rate of 1.05 per 100 discharges which is a slight increase on the 2018 rate of 1.03. 89% of these complaints were concluded within 20 working days which is a significant improvement on the 78% achieved 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 was a focus on capturing learning from complaints and sharing this learning across our hospitals, particularly from stage 2 complaints. We also continued to review how well learning and sharing of outcomes from stage 1 complaints is managed locally during our patient safety and quality (PSQ) reviews.

## Stage 2 complaints received

Of the complaints received at Stage 1, 94 (3.4%) escalated for independent internal review (Stage 2) in 2019. We are working with our hospitals to help improve the consistency of complaints management at Stage 1 to reduce the likelihood of escalation. We have previously introduced a competency framework for complaints managers, and we've now held the first meeting of a new Complaints Focus Group who will continue to meet throughout 2020 to focus on findings from PSQ reviews and key themes arising from complaints.

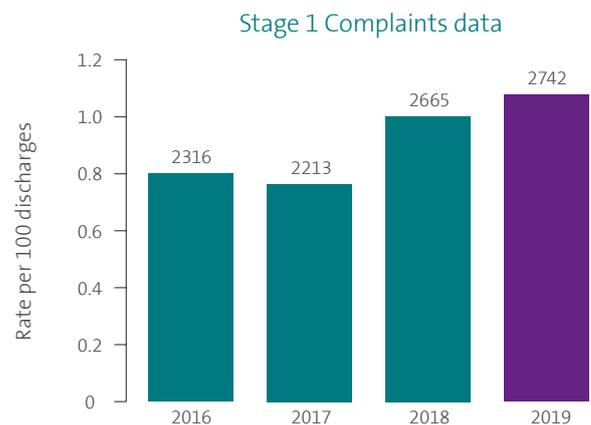


Fig. 3 Stage 1 Complaints data

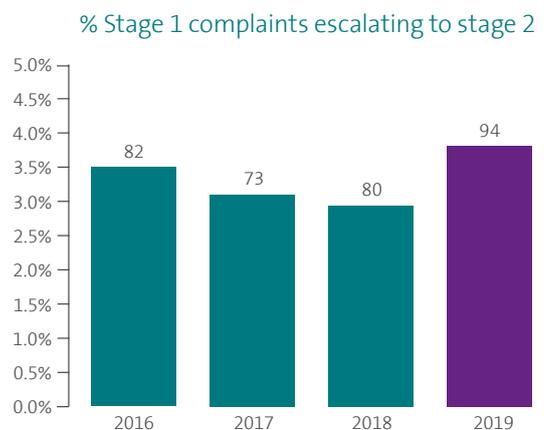


Fig. 4 Stage 2 Complaints data

\*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. In 2019, 46 reviews were completed across 36 different Spire hospitals and clinics.

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

## 2019 Priorities

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

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

We have set ourselves some challenging objectives for 2020 to ensure we remain vigilant and continue to improve in order to demonstrate outstanding clinical care and uncompromising patient safety. Our priorities for the first half of 2020 are as follows:

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

- Support Centres and Hospitals to deliver safe effective care ensuring they remain CQC inspection ready
- Commence a programme of Safe and Effective Hospital support reviews
- Review the IPC structure and requirements within Hospital sites
- Launch the “Never Again” event (lens implant) call to action
- Develop peri-operative and endoscopy pathways
- Introduce an automated system to manage clinical audit, reporting and facilitate review of NICE guidance
- Launch Spire’s National audit programme.
- Introduce a new medicines management dashboard
- Pilot electronic pre-operative assessment
- Pilot electronic pathways for inpatient surgical pathways
- Launch Nightingale challenge as part of the Year of the nurse

# 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, Group Medical Director and a member of Legal (Regulatory). 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 healthcare 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 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.

**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).

Our hospitals reported 52 incidents that met the serious incident framework threshold between July to December 2019 — 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’.

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

Serious incident indicator	Incident description	Number (Jul–Dec 2019)
Never Event	Never Event	9
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	1
	Consultant treatment plan	6
	Medication incident	3
	Surgery complications	29
	Anaesthetic complication	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 side anaesthetic blocks, wrong implants, wrong site surgery and retained items used in surgical procedures.

Spire Healthcare adopted a revised version of the World Health Organisation’s Surgical Safety Checklist and work within the Five Steps to Safer Surgery process. We undertake regular audits of our compliance and respond to feedback, encompassing a dynamic approach on learning from previous incidents and improving 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).

- The second half of 2019 (July to December 2019) saw the majority of reported never events. Our hospitals reported nine incidents. These included:
  - 4 cases of wrong site surgery one of which was wrong-site anaesthetic block
  - 5 of incorrect implant/prosthesis (including three intra ocular lens)

## Never Events (cont)

The total number of Never Events reported having occurred during 2019 was 15. Two additional reported incidents were historical and were investigated fully to extract any learning.

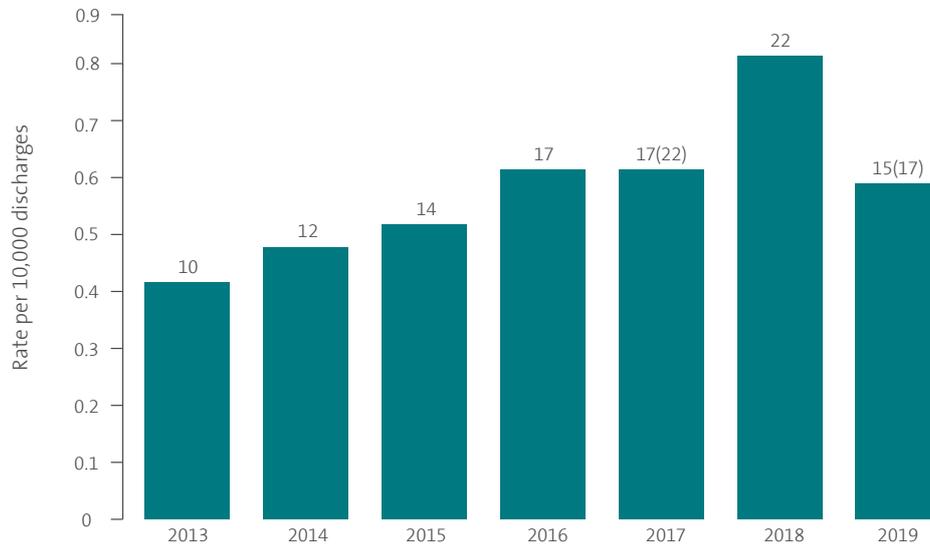
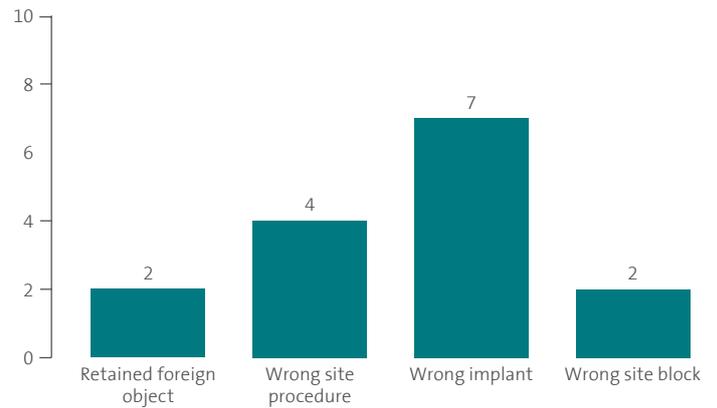


Fig. 6 Never Events



All reported Never Events generate a 48 hour Flash report from the Group Clinical Director which is circulated to all Hospital Directors, Director of Clinical Services, Governance Leads and relevant key senior post holders across the Spire Healthcare Group, with details of the incident and a debrief will be held to encompass any immediate learning and a reflective discussion of the event to ensure a wide potential for 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.

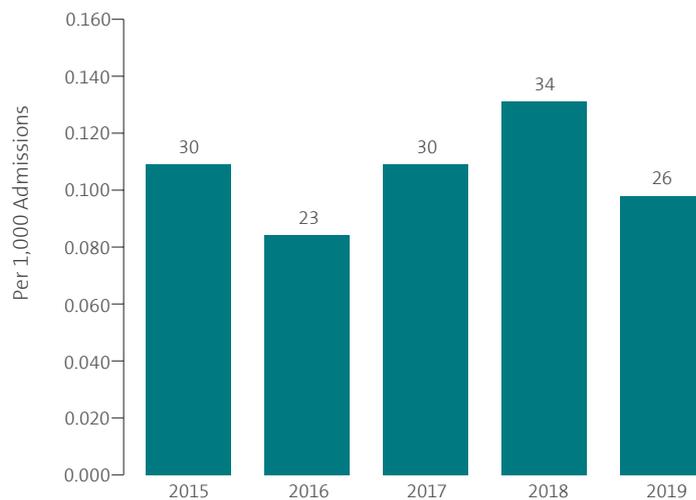


**Fig. 7 Never Events during 2019**

### Deaths Within 31 Days of Surgery

Hospitals reported 17 patient deaths within 31 days of surgery in the second half of 2019.

Following a death within 31 days of surgery a 72 hour review is undertaken to identify any immediate care and service delivery factors. A Root Cause Analysis investigation is then undertaken by the National Clinical Services Team. Investigation findings are collated in Learning from Death report which is reviewed by the Safety, Quality and Risk Committee and the Clinical Governance and Safety Committee and shared across the Spire Healthcare Group.



**Fig. 8 Deaths within 31 days of surgery 2015–2019**

# 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, 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 (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 21 infections to the PHE in 2019.

	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	0.07	0.07	0.06	0.06	0	0.08
MSSA bacteraemia	2	0.14	0.00	0.13	0.12	0	0.9
E-coli bacteraemia	6	0.43	0.41	0.32	0.73	0.36	2.22
C. difficile	10*	0.79	0.14	0.13	0.55	0.6	1.4
Klebsiella bacteraemia	2	0.07	0.07				
Pseudomonas Aeruginosa bacteraemia	0	0.00	0.00				

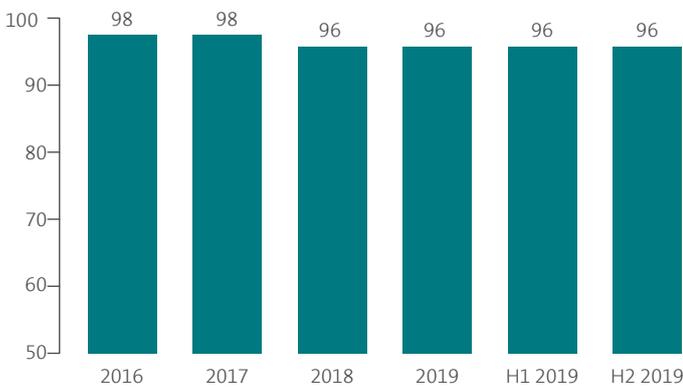
\*number includes 4 community acquired C.diff diagnosed in hospital

**Fig. 9 PHE, HPS and PHW Reportable Infections**

# Caring

## Patient Satisfaction: The Friends and Family Test

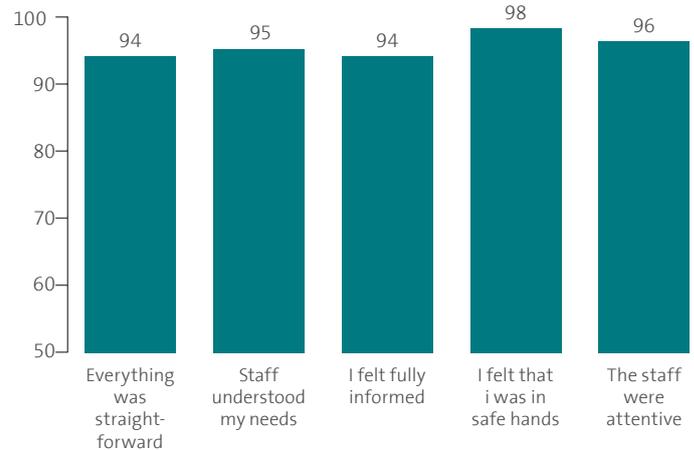
The Friends and Family Test (FFT) was created to help service providers and commissioners understand how satisfied their patients were with the service they received, and where improvements are required. It is currently based on the question “How likely are you to recommend our service to friends and family if they needed similar care or treatment?” but as of April 2020 the question has been updated to “Overall, how was your experience of our service?”. 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 second half of 2019 was 96% – identical to the score reported in the first half of 2019. 81% of the patients responding stated they were ‘extremely likely’ to recommend the Spire hospital they had visited.



**Fig. 10 Friends and Family Test Score over time**

All staff were very friendly, efficient and nothing was too much trouble. Patients are treated with respect at all times, regardless of paying private or through NHS. Nothing is too much trouble for the nurses. The staff were all so kind and caring, I was so frightened but they took their time to look after me and make me feel safe and secure. First class care in a friendly and caring atmosphere.

### Selection of patient comments



**Fig. 11 Key drivers of the Spire purpose, H2 2019 (% shows proportion of patients agreeing)**

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

Spire Healthcare monitors and benchmarks this measure through the quarterly clinical scorecard and in the second half of 2019, 87% of respondents indicated their needs were met following treatment at a Spire hospital.

# 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.

Transfer arrangements are in place with local NHS Trust's to ensure that when the need for a transfer arises, they happen as quickly and smoothly as possible.

In the second half of the year, Spire transferred 274 patients to alternative care facilities. Of those, 64 patients (0.04%) 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 safety is always the priority when considering transferring to another facility and will only be done so when patients have a need to receive expert care that is not immediately available.

### Transfers Out to Level 2/3 Care

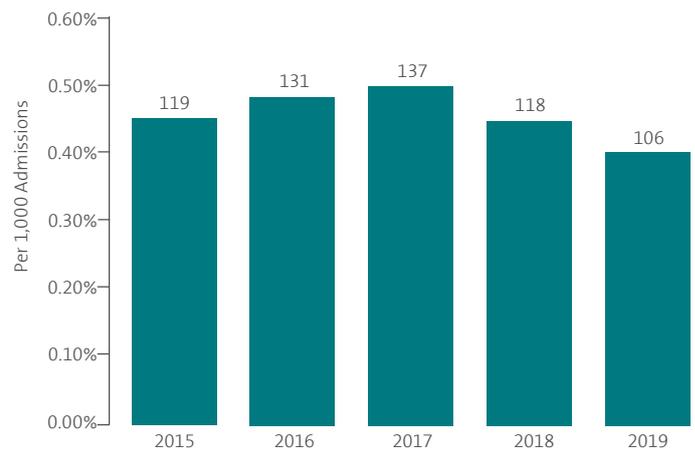


Fig.12. Transfer out to level 2/3 care 2015–2019

## Cancer MDT Evidence

Cancer Multidisciplinary Team (MDT) meetings are a key element of the cancer care pathway with the aim being to ensure that all the available treatment options have been considered for the each individual patient. 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 Director of Clinical Services may approve treatment to proceed providing that evidence of MDT discussion is submitted and incorporated into the medical records within 45 days.

We continue to monitor compliance with our cancer standard being audited every month and reported to the Executive and Board Committees. The audit results demonstrate significant improvement in compliance – from 75% in 2015 to 98% compliance in 2019.

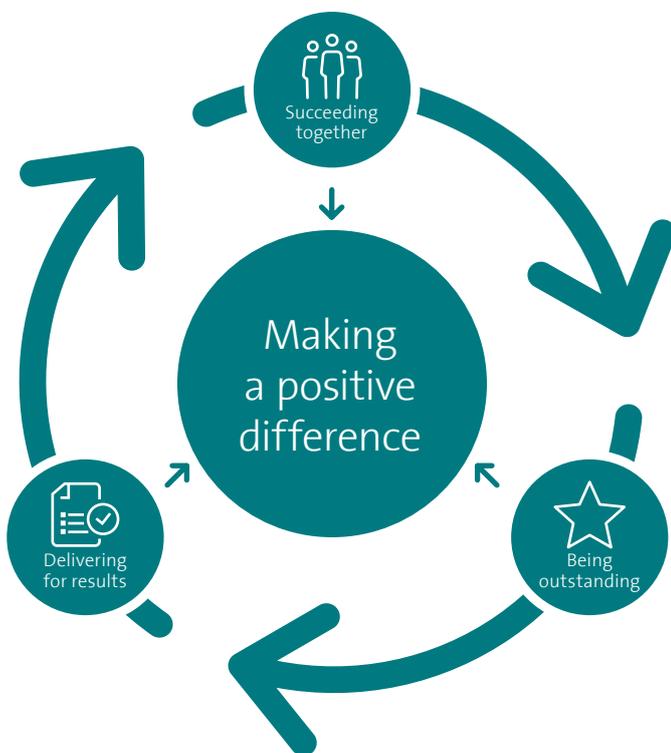
# Well-led

In 2019 we developed our purpose to make a positive difference to our patients through outstanding personalised care. Our people were invited to attend interactive workshops to explore our purpose and why it is crucial to our success. Colleagues heard the history of our purpose, why purpose is important and were given the opportunity to confirm their commitment to it.

The importance of employee engagement cannot be overstated. As a Healthcare organisation our patients are at the heart of everything we do. If our people are truly engaged they will live our purpose of making a positive difference to our patients lives through outstanding personalised care. Research has shown that engaged workforce will enviably create a safer working environment with better clinical outcomes (Kings Fund 2012). Our Purpose allows our people to connect to our business and understand clearly the link between our purpose and their roles.

In order to understand engagement across our business we asked our people a series of questions to understand how we support our people to deliver our purpose and where we could improve. This has given us the opportunity to fine tune what we do and build our people strategy into 2020.

We have developed a Well Led behavioural framework which gives our people clarity about what it is to be a Well Led organisation. We have committed to a number of development programmes to support our people to lead Well in Spire Healthcare. In 2020 we intend to launch the first of a number of leadership development programmes to support our Well Led framework.



## Succeeding Together

We work together, learn from each other and celebrate success, sharing and rewarding best practice, we encourage others to succeed.

## Delivering for Results

We stretch ourselves to deliver fantastic results.

## Being Outstanding

We bring our brilliant selves to work everyday.

## Making a Positive Difference

We make a positive difference to our patients and colleagues everyday, making a positive difference to our patients lives through outstanding personalised care.

# 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), Director of Clinical Services and Designated Medical Advisory Consultant (MAC) 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 Medical Director (GMD) or relevant Operations Director by the Hospital Director.

At a national level, the Group Medical Director 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 Director of Clinical Services to ensure a two-way flow of information from Board to Ward.

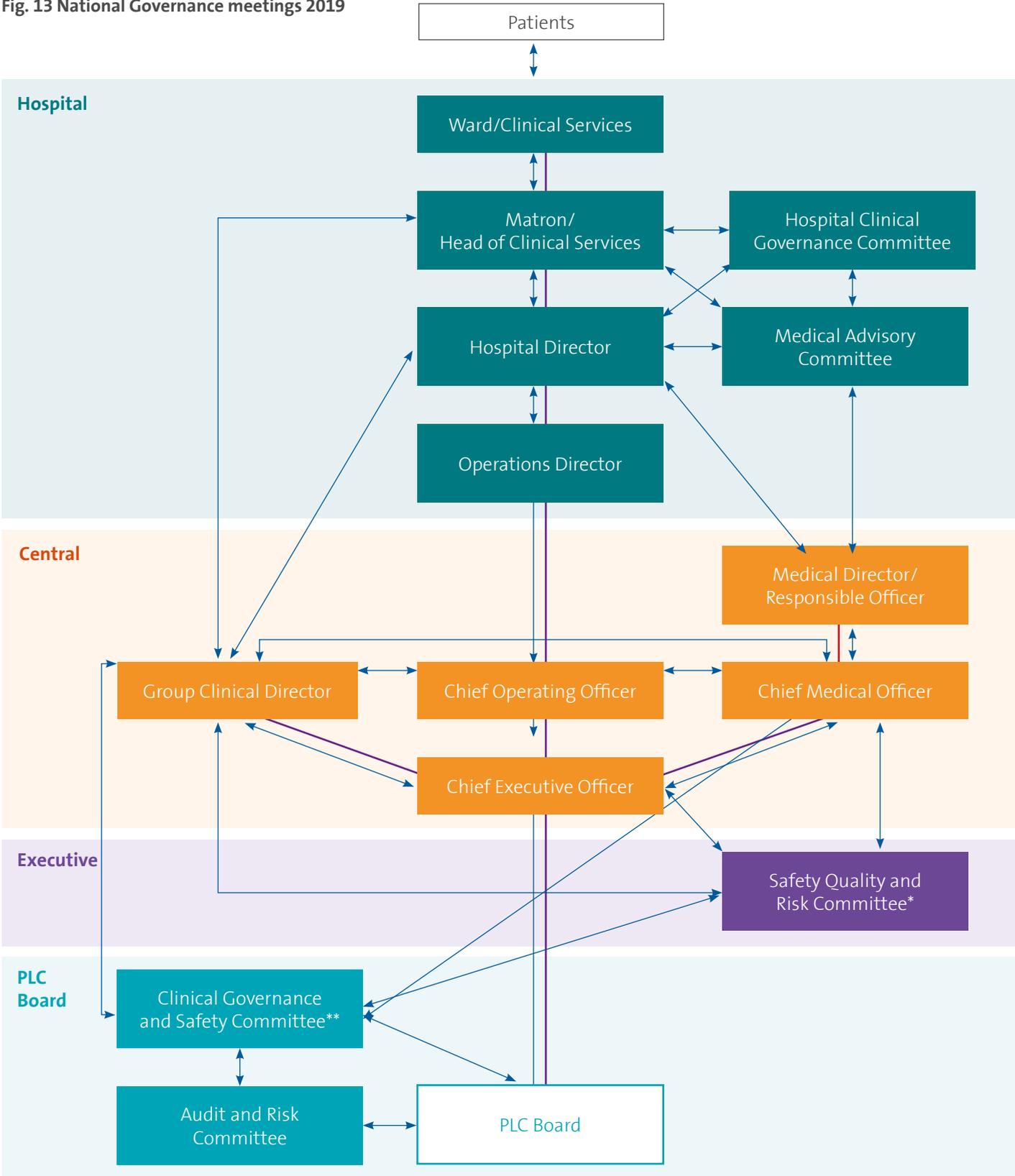
The Clinical Governance and Safety committee is chaired by a Non-Executive Director – Professor Dame Janet Husband, past President of the Royal College of Radiologists – and is responsible for assuring the Spire Healthcare Board in relation to clinical governance, non-financial risk and quality. The 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, Director of Clinical Services 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)	10
Clinical Governance and Safety Committee	5

Fig. 13 National Governance meetings 2019



\*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

Fig. 14 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 over a two year period and 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 Group Medical Director to ensure that actions are being taken in a timely manner.

In 2019, 260 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 UK typically have a prescribed connection with a Designated Body. This provides consultants with regular appraisals and support for revalidation, the process is 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 31 December 2019, 336 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 128 revalidation recommendations in 2019.

H1 2019	
Total Recommendations	128
Positive Recommendations —that the doctor is up- to-date and fit to practise.	111
Deferral —Request to submit the recommendation at a later date, due to insufficient information to make a positive recommendation.	14
Deferral — Request to submit the recommendation at a later date, as the doctor subject to an on-going process.	1

**Fig. 15 Revalidation recommendation**

## 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	Completed Appraisal (1a)	Completed Appraisal (1b)	Approved Incomplete or Missed Appraisal (2)	Unapproved Incomplete or Missed Appraisal (3)
Doctors with practising privileges	298	277	16	5	298
Other doctors with a prescribed connection to this designated body	14	12	2	0	14
Total	312	289	18	5	312

**Fig. 16. Annual Organisational Audit**

### General Medical Council (GMC) Investigations

We received 53 requests for information from the GMC to support their investigations into doctors in 2019. Spire's Responsible Officer referred eight doctors to the GMC 2019.

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

	2019
New requests from the GMC	53
Number relating to patients treated by Spire	9
Referrals to the GMC by the Group Medical Director	8
Total number of investigations	61

**All 8 referrals made by Spire Healthcare are being investigated by the GMC.**

## 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 Director of Clinical Services 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 receive and explore feedback.

In the first six months of this year we created a new formal agreement for the Chairs of our hospital Medical Advisory Committees, with the majority of agreements in place by October 2019.

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/Director 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







Spire Healthcare

*Looking after you.*