



Spire Healthcare

Quality Governance Report

Jan – Jun 2020

Looking after you.

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CEO's Statement



The first half of 2020 was dominated by the coronavirus pandemic, the worst global health crisis seen across the world for many generations. The scale of the numbers of people who have died, been ill or seen their lives affected by the pandemic is difficult to comprehend. My heart goes out to every family who lost a loved one.

I am proud of the role Spire played in supporting the NHS during the first acute phase of the pandemic. Together with the rest of the independent sector, we put our colleagues, services, equipment and facilities at the disposal of the NHS. We provided cancer and urgent treatment to tens of thousands of NHS patients, who would otherwise have seen their treatment or diagnosis delayed or cancelled. Later in the pandemic, we helped the NHS to restart routine procedures by carrying out elective surgery for NHS patients. Almost 70,000 NHS patients were treated in our hospitals between mid-March and the end of June.

In addition, around 250 of our colleagues transferred to work in their local NHS Trust or one of the Nightingale hospitals. Meanwhile, we made our equipment available to NHS trusts. This included supplying over 50 ventilators, each of which is estimated to save 20 lives – meaning the potential saving of over 1,000 lives.

All of this helped to ensure that the healthcare system as a whole had sufficient capacity to cope with the surge of patients during the peak of the pandemic.

In the months to come, we will play our part, working with others in the health and social care sector, to ensure that lessons are learnt and the system is as prepared as it can be, as the next stages of the pandemic develop, or should we be hit by another epidemic in the years to come.

Early 2020 also saw the publication of the report of the Independent Inquiry into Ian Paterson. We supported the Inquiry's recommendations and took the opportunity to apologise again to Paterson's victims. We have fundamentally overhauled our governance and standards in the almost 10 years since Paterson practised, with an uncompromising focus on patient safety, and are committed to implementing the Inquiry's recommendations.

The fact that our safety culture is well embedded was demonstrated by the six 'Good' ratings we received from the Care Quality Commission during the first half of 2020. This included the upgrading of three hospitals from 'Requires Improvement'. I was particularly pleased that Spire Leeds bounced back to a

CEO's Statement (cont)

'Good' rating, less than a year after being downgraded to 'Requires Improvement' in 2019. 90% of our hospitals are now rated 'Good' or 'Outstanding' by the CQC or their equivalents in Scotland and Wales.

The first half of 2020 has seen our colleagues and our Consultant partners presented with challenges, the like of which they have never seen before. I am proud of the way they have risen to each and every challenge and I want to thank them all for their compassion and dedication, for their commitment to patient safety and above all, for saving lives.

Justin Ash

Chief Executive Officer

Interim Group Medical Director's Statement



The coronavirus pandemic had a profound impact on Spire Healthcare. Details of the contribution we made towards the national effort to tackle the virus are covered elsewhere in this report, but I wanted to place on record my thanks to all our consultant partners for working with us so tirelessly to treat the tens of thousands of NHS patients who received care in our hospitals as a result of the pandemic.

As a result of Spire taking on new services that we had not undertaken before, a number of consultants practised with us for the first time. I am very pleased that we were able to implement arrangements to bring those clinicians on-board rapidly, within safe governance processes, to allow these new services to begin quickly. I would also pay tribute to our own colleagues for adapting at speed to work with these new consultants and for the welcome they gave them.

Our Medical Advisory Committees (MAC) also provided invaluable support and guidance in upholding quality and safety during this most challenging of times, and helped us to develop new systems and pathways to keep our patients and colleagues safe. My Executive Team colleagues and I met our MAC Chairs every week during and after the peak to share our plans and gain their insights.

Though our attention centered on tackling the pandemic during this period, we were determined not to lose our focus on our quality and safety agenda. Work continued on our new medical key performance indicators that will enable us to track our performance even more closely at specialty level, starting with a range of new indicators for orthopaedics. These measures will be piloted in the second half of 2020.

During 2019, we and others in the independent sector had piloted the 'Getting It Right First Time' (GIRFT) programme; this is a programme designed to improve clinical quality and efficiency by addressing variations in service. During the first half of 2020, we received an initial national GIRFT report, and we have developed an action plan in response to the recommendations which we will roll out in the coming months.

Promoting an open and honest culture where colleagues are encouraged to speak up if they see something wrong, is an important element of our governance programme. We have Freedom to Speak Up Guardians in all of our hospitals and non-clinical sites, and we are working with our new Corporate Concerns Officer to put in place Consultant Freedom to Speak Up Ambassadors at every hospital, with whom consultants can speak if they have a concern about a colleague.

Interim Group medical Director's Statement (cont)

We are working closely with the Independent Healthcare Providers Network and other key stakeholders in implementing the recommendations of the Paterson Independent Inquiry and building on the strong governance mechanisms that operate across the sector.

I am sure that our colleagues and consultant partners will look back on the first half of 2020 as one of the most demanding times in their careers. For my part, although I continue to be shocked and saddened by the impact of the pandemic, I am immensely proud of the contribution that all my fellow healthcare professionals have made.

Fergus Macpherson

Interim Group Medical Director

Group Clinical Director's Statement



I would like to start with heartfelt thanks to all of our brave, heroic nursing and other clinical colleagues for the way that they responded to the coronavirus pandemic. None had ever encountered anything like this before and every single colleague did whatever it took to provide the highest quality care and support for our patients.

We operated two models of care to look after NHS patients during the pandemic. In some sites, we took over provision of NHS services. In Norwich, for example, we established a chemotherapy service from scratch, allowing chemotherapy provision in the area to move from the local Trust to Spire, and 60-70 patients a day to be treated. For many colleagues across the country, this meant doing different types of work and providing different types of care from their normal activities, but the versatility of our workforce meant that they were able to adapt and respond quickly.

Elsewhere, we hosted entire NHS services, together with the associated NHS clinicians. In Manchester, for example, the local Trust's cystic fibrosis service, with all of the doctors, nurses and pharmacists who normally work within it, transferred to our hospital providing a safe and dedicated space to continue the care and treatment of this vulnerable patient group.

Meanwhile, many nurses from across the country transferred to work in their local trusts or in the Nightingale hospitals. At Clare Park, in Surrey, almost 50 people, including almost the entire nursing department, moved over to work in the local Trust.

Across the country, we received positive feedback from NHS leaders for the support we provided and we hope that the strong relationships we formed will provide the foundation for a long-lasting partnership with the NHS.

Maintaining the highest quality of infection control was absolutely crucial in guaranteeing the safety of colleagues and patients in our hospitals during the pandemic. We followed government guidance at every stage in relation to personal protective equipment and supported our teams with additional training to help them adapt to new roles. We introduced temperature testing for everyone arriving at our hospitals and took the difficult decision to restrict visiting, to protect patients and colleagues.

As we restarted elective care, we instigated red, amber and green patient pathways, to separate those coming in for urgent treatment from those who were coming in for a routine procedure and who had self-isolated for 14 days before their visit to our hospital. We also introduced regular testing for our colleagues.

Group Clinical Director's Statement (cont)

I would like to thank Carrie Godfrey, our National Clinical Specialist for Infection Prevention and Control, for her invaluable support in keeping us all safe during the pandemic.

We have stepped up our clinical governance in recent years, and continued our focus on this, to ensure that our standards remained high, in spite of the additional pressures we faced through the pandemic. We increased the frequency of our Board Clinical Governance and Safety Sub-Committee during the pandemic and maintained and our monthly executive Safety, Quality and Risk Committee, and ensured that frequent internal audits of our hospitals continued on a virtual basis.

I am delighted that our focus on safety resulted in our six 'Good' ratings from the Care Quality Commission during this period. I would like to pay tribute to the team at Leeds who rose to the challenge of turning around the hospital after receiving a 'Requires Improvement' rating in 2019. They overhauled their entire culture, re-energised our colleagues and closed the hospital for a 10-day period to get to the bottom of what was not working well. I am delighted that this was rewarded with a 'Good' rating in June.

Our teams have risen to the challenge of finding new ways of working to continue to meet the needs of our patients and to ensure patient safety remains a key focus across the group. We have embraced the use of virtual technology to support continuance of our consultations with patients and pre-operative assessment discussions to reduce the need for our patients to visit the hospital in advance of their treatment, and have continued our relentless focus on quality with virtual patient safety and quality reviews, using video walkrounds and interviews remotely to support reduced onsite visits of our governance team.

Finally, during this period, we commissioned our first ever Well-Led review from AQuA (Advancing Quality Alliance), an expert organisation who have worked with a number of providers. These reviews must be carried out annually in NHS Trusts, but are voluntary in the independent sector. As a learning organisation, we wanted to undertake our own review, to explore how we could continue to improve the way we run our business. I am very pleased that the review was complimentary about our leadership and culture. We will repeat the exercise in 2021 and following years.

The first half of 2020 has been tough but rewarding. We look forward to playing our part as the UK and the healthcare system recovers in the second half of the year.

Alison Dickinson
Group Clinical Director

Group Clinical Director's Statement (cont)

Extracts from Spire Healthcare's Well-Led Developmental Review, conducted by AQuA

Overall, the emergence of a stable, diverse and effective team has had significant impact across the organisation.

There is an open culture reflected in a focus on learning from incident reporting, listening to patients and sharing best practice.

Leaders at every level encountered throughout the review lived the vision and the shared values.

There is a strong emphasis on safe care that is compliant with regulatory requirements and national best practice.

Spire Healthcare has demonstrated a commitment to learn from others and to address recommendations and best practice guidance eg from Royal Colleges, NICE and GIRFT.

Feedback from NHS leaders on Spire Healthcare's support for the NHS during the pandemic

Our mission is to care for our patients, whether they have Covid-19 or other urgent care needs which are unrelated to the pandemic. The support we have received from Spire has been tremendous and we are delighted to be working in partnership to benefit the local community at this difficult time.

Sam Higginson, Chief Executive, Norwich and Norfolk NHS University Hospitals NHS Foundation Trust, Trust, 20 April 2020

Great to meet @MattAllenODP81 and some of his colleagues in ITU today – so grateful to him & rest of the @spirehealthcare team for coming to @FrimleyHealth to support response to the Covid-19 virus – brilliant partnership working for the benefit of patients – thank you!!!

Tweet from Neil Dardis, Chief Executive, Frimley Health NHS Foundation Trust about the nursing team who had moved over from Spire Clare Park to support the Trust, 29 April 2020

We're sad to say goodbye to our 5 staff (2 ODPs and 3 Nurses) from @spirehealthcare today. They were redeployed to us from their normal roles at the Spire Wellesley Hospital for 7 weeks! They've been such a pleasure to work with during #COVID19. Thank you for all your help.

Tweet from Critical Care Outreach Team, Southend Hospital, 5 June 2020

During this challenging time we have continued to provide care for those with life-threatening illnesses along with patients who have cancer and other urgent conditions.

"This partnership with Spire Little Aston has really helped our efforts to do so and given cancer patients an additional level of reassurance as many have been, understandably, anxious about coming into hospital during the pandemic.

Richard Beeken, Chief Executive, Walsall Healthcare NHS Trust, 8 June 2020

COVID-19 is the most significant challenge the health sector has faced for generations. However, we must remember that people still require access to treatment for other diseases and health conditions. Our partnership with Spire Cardiff Hospital has meant that we are able to deliver these non-COVID services to patients with the most urgent need in a safe and timely way.

I am grateful for this joined up approach across sectors which has allowed many people the best treatment available during these unprecedented circumstances.

Len Richards, Chief Executive, Cardiff and Vale University Health Board, 15 June 2020

Thanks to

Carrie Godfrey is Spire Healthcare's National Clinical Specialist for Infection Prevention and Control and spearheaded the work to keep our hospitals safe during the pandemic. Carrie has been in this role for around 18 months, but has been at Spire for 14 years in total, working previously in theatres as an operating department practitioner and a local infection control lead.

Welcome to

Jane Proctor was appointed as Deputy Group Clinical Director in May 2020. Previously, she was Spire's Specialist Clinical Services Director and prior to that she was Deputy Nurse Director at Sheffield Teaching Hospitals NHS Trust.

Liz Monaghan joined as Spire's Corporate Concerns Officer in May 2020, overseeing our whistleblowing and Freedom to Speak Up programmes. Liz joined us from BMI Healthcare where she was a Director of Clinical Services for five years, following 16 years working in a variety of NHS roles.

Regulatory Inspections

The Care Quality Commission (CQC) completed two comprehensive inspections of Spire Healthcare hospitals in 2020. Reports have been published for both of these and for those hospitals that were inspected towards the end of 2019 and all six reports (Hartwood, Leeds, London East, St Antony's, Thames Valley and Washington) have been rated Good, with London East achieving an Outstanding rating for the Caring domain.

We were pleased to have had the opportunity to demonstrate considerable improvement, including an improvement in overall rating in those previously rated Requires Improvement (Hartwood, London East and Leeds) and to maintain our Good ratings elsewhere. As noted above, we were particularly proud of the swift improvement made at Spire Leeds following the Requires Improvement rating published in July 2019, and grateful for the CQC's support with engagement activities during the period following the report being issued.

	No.	Overall	Safe	Effective	Caring	Responsive	Well led
NHS (30/06/2020)	310	62%	49%	79%	98%	64%	67%
Independent Sector	171	82%	72%	92%	100%	96%	81%
Spire Healthcare	36	89%	81%	94%	100%	97%	92%

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/about-us/transparency/using-cqc-data>

During the Covid-19 pandemic, our regulators have suspended all scheduled and routine inspections to reduce the pressure on health and social care services. Instead, we have seen an increase in the number of engagement calls and emails from the CQC and some flexible arrangements put in place to enable Spire Healthcare to support the NHS without delay. The focus of these virtual meetings is on supporting services, on how Spire are collaborating with other providers and with ensuring our patients and colleagues are protected from risk with enhanced infection control processes, and risk assessments.

We have not seen any inspection activity in our hospitals regulated by Healthcare Improvement Scotland and Healthcare Inspectorate Wales in 2020, though as with the Care Quality Commission our regulators remain supportive of our efforts and are seeking regular assurance that services are being adapted and delivered safely and effectively.

Our internal assurance processes continue with new ways of working, and virtual patient safety and quality reviews, with regular calls between central and hospital teams to support improvements and new systems.

Ratings	Overall	Safe	Effective	Caring	Responsive	Well led
All	36	36	36	36	36	36
Outstanding	5	0	2	6	5	4
Good	27	29	32	30	30	29
Requires Improvement	4	7	2	0	1	3
Inadequate	0	0	0	0	0	0

Fig.2 CQC Ratings by Domain for Spire registered locations – Inspections completed to 30 June 2020

Safe Care and Treatment

Infection Prevention and Control

During January 2020, Public Health England (PHE) notified the public of a global outbreak of Coronavirus (COVID – 19) originating from Wuhan, China.

Spire Healthcare were quick to respond to the quickly evolving pandemic and implemented PHE Guidance. Throughout the COVID 19 Pandemic our priority has been to keep our colleagues, patients and visitors safe and at all times we have adhered to the guidance issued by PHE.

Effective systems were quickly put in place so that information and guidelines were communicated in a timely fashion to all hospitals and to ensure that all hospitals had access to specialist advice when needed. Twice daily calls were set up from the start to discuss incidents and any processes that needed to be implemented to protect colleagues and patients.

Risk assessments were established and set up at all hospitals to identify potential carriers of COVID 19 and government information was displayed in hospitals and on hospital websites to inform colleagues, patients and visitors of symptoms, travel advice and who to contact if symptoms developed.

Ensuring our hospitals are clean has been a priority throughout the pandemic and cleaning frequencies have been increased at all hospitals in line with PHE guidance. Cleanliness is monitored daily to provide assurance that this is of the highest standard.

Infection Prevention and Control audits around hand hygiene, PPE and cleanliness continue to be carried out to ensure IPC standards are met and to drive improvement.

The safety of our teams is very important and making sure they have access to the correct PPE and relevant training has been a priority including a fit testing programme to ensure all frontline clinical

colleagues were enabled to wear the correct PPE (FFP3 respirators) which was rolled out nationally and completed within 7 days.

All hospitals have completed an Infection Prevention and Control assurance framework that demonstrates compliance in adherence to PHE Infection Prevention and Control guidance. A national infection Prevention and Control assurance framework has also been completed to assure the board that the organisation meets all the requirements of the guidance.

During March/April Spire Healthcare entered into heads of terms with the NHS which enabled us to work in partnership with them to help combat COVID 19 and ease the stress on the NHS which saw many of our sites house services such as oncology, endoscopy and urgent surgery also lending vital equipment such as ventilators to intensive care units across the country. This has also seen NHS staff working in our hospitals and vice versa and Spire Healthcare are very proud to be able to work alongside the NHS and continue to assist.

In April COVID 19 swabbing was made available nationally which enabled Spire Healthcare to test our patients for COVID 19 prior to admission and some of our hospitals also housed the swabbing service for their local NHS providing vital services to ensure patient safety.

As the government eases lockdown Spire Healthcare have implemented safe patient pathways to enable our hospitals to resume some services. These pathways are in line with national guidance for all patient groups to minimise risk to patients, visitors and colleagues.

As part of Spire Healthcare's safe patient pathways and to ensure that Spire provide an appropriate pathway for patients who are vulnerable or shielding (amber) and those that are being electively admitted, Spire have introduced

COVID-19 screening tests for colleagues and consultants that will be working in these areas and these teams will be tested every 7 – 14 days.

Our hospitals have effectively separated patients who are deemed COVID free from patients whose COVID status is unknown, and pathways have been colour coded to ensure clear separation of these pathways. Colleagues have also been separated and are designated to specific pathways as part of our infection control measures.

All hospitals have been set up to be able to adhere to the 2m social distancing rule, additional hand hygiene and PPE stations have been installed and clear colour coded signage is present in the hospitals and carparks directing patients to the correct entrance and department. Swabbing stations have been erected and all patients, visitors and colleagues are screened and temperature checked on entry to the hospital. In preparation for admission to our hospitals patients are required to have a negative COVID test, have self-isolated prior to admission, and be asymptomatic and a patient

information leaflet has been produced which provides clear guidance for patients on how to effectively self-isolate.

All patients, visitors and colleagues are required to wear a surgical mask on entry to the hospital in line with PHE guidance.

Spire National Infection Prevention and Control 3 Year Strategy

To drive improvement and ensure that Infection Prevention remains on Spire Healthcare's agenda, a 3 year strategy has been published. This outlines strategic objectives for continuous improvement in Infection Prevention and Control within Spire Healthcare and will ensure that the structures, objective setting, monitoring arrangements, governance arrangements and resources are in place to ensure effective practices for the prevention and reduction of Health Care Associated Infections across Spire Healthcare.

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 Clinical Governance Director, Deputy Medical Director and a member of 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 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 53 incidents that met the serious incident framework threshold between January and June 2020. We continue to ensure our reporting standards are aligned with the NHS England Serious Incident Framework which 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%) result in no or low harm to patients which is comparable with the NHS rate of 96% for the same reporting period.

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

Serious incident indicator	Incident description	Number (Jan-Jun 2020)
Never Event	Never Event	2
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	4
	Fall resulting significant harm	1
	Consultant treatment plan	11
	Medication incident	0
	Surgery complications	33
	Anaesthetic complication	1
Safeguarding Event	Safeguarding Event	1

Fig.3 Serious Incidents Requiring Investigation

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’.

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 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 debrief (at the end of every theatre list).

- In the first half of 2020 (January to June 2020) our hospitals reported two incidents. These were both incorrect implant/prosthesis:

In 2019 the NHS reported a total of 474 never events. In 2020 the NHS have reported 133 (data for March 2020 has not been published).

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 colleague from another Spire hospital.

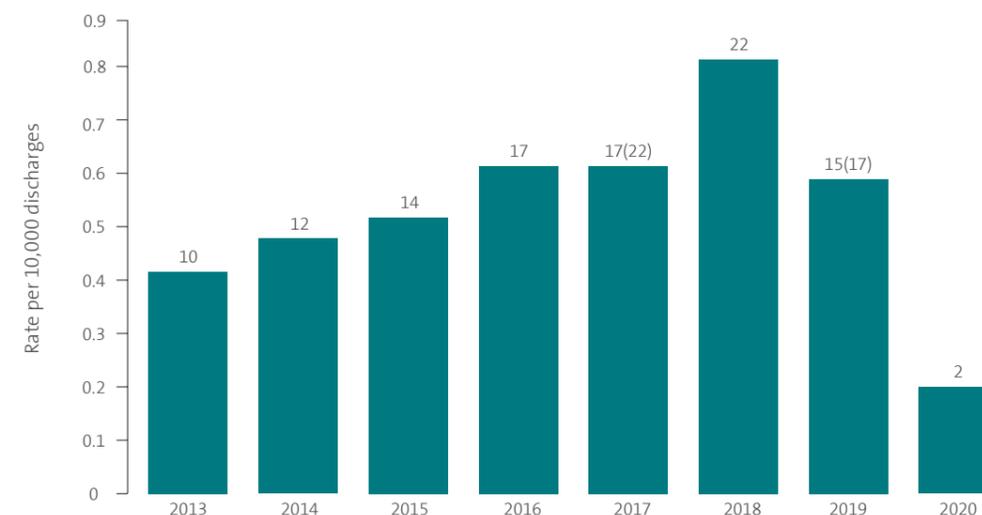


Fig.4 Never Events 2013-2020 (bracketed numbers include historical never events)

Deaths Within 31 days of Surgery

Hospitals reported 21 patient deaths within 31 days of surgery in the first half of 2020.

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 a 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.

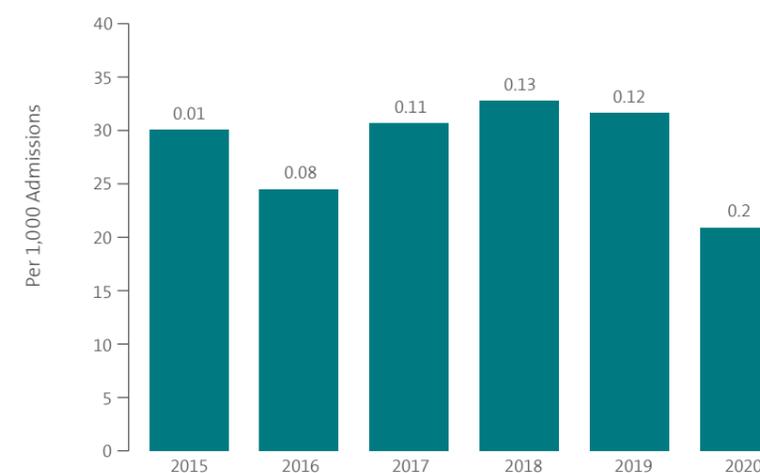


Fig.5 Deaths within 31 days of surgery 2015 – 2020

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) which includes reporting of infections diagnosed in hospital that were acquired in the community.

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 12 infections to the PHE between January and June 2020 nationally.

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.

	H1 2020 – number of reported cases	Rate per 10,000 bed days	Spire 2019 (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)	NHS average (2017/18; rate per 10,000 bed days)
MRSA bacteraemia	1	0.09	0.03	0.07	0.06	0.06	0.08
MSSA bacteraemia	1	0.09	0.07	0.00	0.13	0.12	0.9
E-coli bacteraemia	5	0.54	0.22	0.41	0.32	0.73	2.22
C. difficile	2	0.21	0.38	0.14	0.13	0.55	1.4
Klebsiella bacteraemia	3	0.32	0.07	0.07			
Pseudomonas Aeruginosa bacteraemia	0	0.00	0.00	0.00			

Fig.6 PHE, HPS and PHW Reportable Infections. The reduced number of patients in hospitals due to Covid-19 which has affected the reporting rate

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 signed and in-date 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 242 patients to alternative care facilities. Of those, 45 patients (0.04%) were transferred to a higher level of care (level 2/3) facility.

Where Hospitals were supporting the NHS during the peak of the pandemic, caring for vulnerable groups of patients, these patients were routinely transferred back to their NHS Trust when their capacity allowed and have been included in the transfer numbers. All inpatient and relevant outpatient transfers are investigated and critically reviewed and any lessons are captured and appropriately shared. Patient safety is always the priority when considering whether it is necessary to transfer a patient to another facility.

A review of these patient transfers demonstrated that where patients became unwell there was early escalation for expert review by the nursing teams and that the significant changes to pre-operative assessment during 2019 were embedded.

Services for Children and Young People

Care of Children and Young People (CYP) is delivered across 33 of our Hospitals offering a wide variety of specialisms. We have developed a hub and spoke operational model with Hub sites offering full elective medical and surgical services, interventional radiology, physio and outpatient (OPD) services and spoke sites offering non interventional OPD services, radiology and physio services.

Although our CYP patient activity has been significantly reduced during the COVID-19 Pandemic, excellent progress has been made against our CYP 2020 strategy.

The three main objectives for our CYP 2020 Strategy are:

Safe and excellent patient outcomes

Empower our workforce to deliver, measure and sustain safe standards of patient care in environments appropriate for Children and Young People.

Sector leading patient experience, all the time

Foster a collaborative, open and listening culture with individualised patient care at the heart of our decision making.

Innovation and quality improvement

Actively seek to improve our care, services and the environment and develop our workforce to enable the delivery of evidence based cutting edge care.

Cancer Services

We delivered our annual CYP national conference in March which was well attended by our CYP leads and was an excellent opportunity to reflect, learn and identify where improvements were needed.

Our focus on safety and quality, aligned to our adult pathway, has demonstrated positive patient outcomes both from our patient experience and incident data. There have been no significant incidents relating to the care and treatment of children and young people during Jan-Jun 2020 and there are many examples of outstanding practice within the CYP service, for example: how we engage with the local population and schools. Additionally we have made progress with our safeguarding procedures in how we have gained access to local authority health records. Good practice flash reports also continue to raise the profile of topical areas within the sphere of child health such as, use of chaperones, processes for 'was not brought', and clinical holding.

We are also actively working towards ensuring that our WiFi is WiFi safe for Children and Young People. This is a Spire Healthcare initiative using a friendly WiFi symbol informing parents and patients that the WiFi service meets minimum filtering standards-particularly in areas where children are present. The initiative is due for launch in Q4 2020.

All specialties have had to adapt to new ways of working during the COVID-19 pandemic. More recently a significant change in practice for our CYP service is pre-operative assessment which has taken place virtually over Zoom. We have developed clear guidance for our teams to support this change and are auditing this virtual process,

gaining feedback from our families and young people. Wider feedback from our children, young people and families enable us to develop our services and positive and constructive feedback was yielded from the 15 Steps challenge at a number of our sites with Young People and families who were specifically positive during their visit about the environment and facilities for CYP and families. We shared the detailed findings at our 2020 CYP Conference and these are available on our Spire Intranet for all colleagues. "Tops and Pants" is one method for collecting feedback during admission which is displayed on our Children's Wards.



Fig.7 Example of Top feedback

Cancer services are provided across our full network, with 17 hospitals providing a full service incorporating delivery of Systemic Anti-Cancer Treatment (SACT) into the pathway.

Due to the increased vulnerability of cancer patients to COVID-19, there have been significant changes to our services and environment as a result of the pandemic. This has included the implementation of safe patient pathways, pre-chemotherapy covid swabbing, and a wide range of updated guidance to support both our teams and patients throughout the pandemic.

Due to many colleagues (both centrally and locally within hospitals) self-isolating or shielding, and a need to protect our most vulnerable patients, remote solutions have been a huge focus and a big challenge, but through the implementation of a range of innovative methods such as,

- Using technology for safe remote SACT verification and checking by oncology pharmacists,
- Additional training and competencies for new second nurse checkers
- Guidance on remote consent and pre-assessment
- Virtual training for new processes

We have continued to treat our patients safely and effectively, while minimising unnecessary risk.

With the NHS contract, we have also seen collaboration in many Spire chemotherapy units, with large numbers of NHS patients now receiving

their treatment within Spire hospitals, and some hospitals devoting their full resources to the delivery of the cancer treatment pathway. This has presented both a challenge and an opportunity with a forward focus being on growing those relationships and looking to collaborate further in the future with the NHS.

While COVID-19 has presented a significant challenge across all areas of the cancer pathway, we have continued our focus on the improvement of patient safety and wellbeing.

In addition to our focus on these core values and goals, we have implemented and continue to develop a range of new initiatives, including:

- Induction programme and SACT passport for oncology pharmacists
- iQemo library developments and protocol guidance
- Centres of excellence initiatives
- Cancer specific RCA templates

This year has presented a wide range of challenges to traditional ways of working, but with this, new opportunities have arisen. We look to the future with a sense of purpose and positivity in 2020.

Our People

Well-Led

Our Hospitals all strive towards achieving an excellent CQC rating in the “Well Led” domain and this is an intrinsic aspect of how we work with our teams. Aligned to our Purpose to “make a positive difference to our patient’s lives through outstanding personalised care” we believe this can only be achieved by affording the same principles of care, support and reassurance to our people as we do to our patients.

We always strive to be innovative in the creation of people solutions and the management of complex issues. This was never more so critical than during the early months of 2020 and the pandemic with very little frame of reference with which to measure performance or proactively prepare for an ever changing clinical and people landscape.

Communication

Building on the success of our Purpose launch in 2019 we entered the pandemic period with a clear objective to communicate with our people in as structured, focussed and transparent a manner as possible. We modified our leadership structure to reflect the Gold, Silver and Bronze Command networks used by the NHS which gave everyone a clear chain of communication and was designed to reassure our colleagues that there we were able to face and deal with the issues that came our way.

Within a landscape of sometimes complex Government advice, regular, clear communication and guidance has been critical to reducing anxiety and keeping our people motivated and informed. We have widely published and signposted support initiatives for all colleagues and accelerated the launch of our Ryalto Communications App to give Spire a new level of access to and feedback from our teams. This platform also provided an opportunity to gauge employee engagement and now links in excess of 8,000 colleagues,

consultants and non-exec members, with all hospitals keenly using the app for their own content.

We invested in providing support via leadership and colleague sessions, daily videos on motivation and resilience and online content for colleagues and their families via Spire for You. Rewards via this network were also used for colleagues and highlighted the Freedom to Speak Up network to all colleagues, enhanced by the appointment of a dedicated Corporate Concerns Lead, with training, support and reinforcement.

Working Together – Policies and Financial Support

The wellbeing of our colleagues was supported by generous provision for those who needed to self-isolate or protect themselves and others within the national guidance to contain the virus. We also adjusted our policies to enhance time off for childcare, emergencies, shielding and paid or unpaid leave if colleagues chose not to work, supporting and reassuring those affected. Flexible working arrangements for anyone who could work from home became widespread and we invested in technology to enable this.

We undertook a comprehensive review of our TOIL (time off in lieu) processes and in recognition of the burden this might create, we reduced the limits for “repaying” TOIL accrued due to Covid-19. Further, our annual leave year has been changed to enable colleagues to arrange holidays more flexibly and use any time accrued over a 2-year window. We have also improved our compassionate leave arrangements to reflect the needs of our colleagues should they be in the sad position where this support is needed.

To help our colleagues to support their families, we moved quickly to introduce payment holidays and temporary reductions in salary sacrifice, pension contributions and other payments to

make life a little easier for our colleagues who were sometimes anxious and worried about the evolving pandemic situation.

At the start of the contract the clear Government advice was that organisations being publicly funded would not be expected to put furlough arrangements into place for employees who work clinically, which we adhered to. In respect of our Central Services, we made arrangements for the majority to work from home but a small number (38 out of 121) Finance colleagues who were unable to work from home had furlough arrangements in place. We made provision for our Bank colleagues to be able to continue to enjoy the flexibility they tell us is important for their working arrangements whilst offering alternatives to ensure that no individual was financially disadvantaged. Later, to add further resilience to our workforce, we invited all bank colleagues who had worked regularly with us a permanent position based on their pre-Covid working patterns. Over 400 accepted, and we have further financially enhanced these colleagues in recognition of their ongoing support and the positive impact on the resilience of our hospitals as we continue to support the NHS.

Health and Wellbeing

Spire Healthcare has provided many health and wellbeing support mechanisms to enable new ways of working for our colleagues able to work from home, and those who were working so hard across all our sites. These included:

- Spire for You which is our Reward and Recognition platform. Each hospital has the ability to recognise colleagues directly and the benefit also has discount programmes and self-help information on a wide variety of topics
- Access to our Employee Assistance Programme, available 24/7 and via the new app

- Accelerating the launch of our new Well-being Hub and the training of Mental Health First Aiders in all of our hospitals;
- Designing and distributing new support materials via Ryalto, the Spire Healthcare intranet and via our local HR teams, with easy access to advice on
 - Coping with anxiety
 - Supporting the elderly and each other
 - Financial factsheets (for our colleagues and our consultants)
 - A guide to working remotely (for colleagues and leaders)
 - Signposting additional services for Employee Assist and Mental Wellbeing
 - Healthy eating and exercise
- Our hospitals have worked hard to adapt; we introduced 24-hour hot food operations along with a take-away option allowing colleagues to book and take home pre-prepared food to lessen the early impact on availability of groceries. In addition, colleague shops were introduced for essential food and toiletry options
- Catering arrangements have since evolved to include a “Grab and Go” offering which means that social distancing can be observed whilst still providing nutritional resources for our colleagues
- At the height of the pandemic several colleagues selflessly chose to stay away from home in order to protect their families and continue working. We facilitated hotel accommodation on request to enable this and lessen the impact on our hospitals
- We initiated an in-house testing programme in July which is supported by our Pathology teams and set up a regular programme to both manage the spread of the virus but also reassure our colleagues

The physical health of all colleagues is of paramount importance to us. We introduced a thorough risk assessment programme, comprising of an Individual Risk assessment to be completed by every individual, and then those that were identified to be high risk (for a variety of reasons including significant medical conditions and BAME colleagues) a more detailed Vulnerable Colleague Risk Assessment was completed in conjunction with their line manager, to ensure that their place of work was as safe as possible. This was also extended to our consultants.

Engagement

Our leaders recognise the importance of maintaining team engagement and we have taken the approach to utilise some existing means whilst adapting to the changing times we are experiencing.

On the theme of recognition, Gold Command meetings recognised colleagues via “shout-outs” in order to celebrate our successes but also to highlight the importance of our work in supporting the NHS and the extraordinary lengths that colleagues have gone to to care for our patients and each other. These messages are also communicated via the resilience packs and Ryalto, as are the important changes that all colleagues need to know about. These calls are recorded and circulated for ease of access.

Our colleague survey takes place in August and results will be shared with all colleagues and the detail will enable local action planning to support our business plans and Purpose for the remainder of the year and into the future.

Recruitment and Workforce

Our workforce of 13,500 colleagues is made up of approximately 10,500 permanent and 3,000 bank workers, with a female to male ratio of 80/20%. We measure the “Rookie Ratio” of colleagues with less than 12 months’ service, in order to ensure our new hires are recruited and inducted into the business effectively, in order to reduce turnover and improve stability. Our Clinical team has a rookie ratio of 21% whilst the Senior Leadership team is at 14%.

Our workforce turnover average is 10% p.a. and we work closely with our recruitment partners Cielo on clinical and non-clinical hiring, with up to 250 active roles at a time. We also use our own and Cielo’s detailed management information to help identify trends and activity which will help us compete effectively in the highly competitive healthcare sector. Part of our ongoing management development offering includes recruitment training for our front-line managers and will form part of our Learning and Development offering later this year.

We pay almost 70% of our permanent and bank colleagues more than the National Living rate of £9.30 per hour. The majority of colleagues will be positively impacted by September salary reviews and our longer-term Reward Strategy.

Protection from Abuse

One of the most important principles of safeguarding is that it is everyone’s responsibility. Here at Spire Healthcare we must do everything we can to ensure that adults or children and young people are protected from abuse, harm and neglect. To support our colleagues in identifying signs and symptoms of abuse, harm and neglect we have level 2, 3 and 4 adult safeguarding in place:

- Level 2 training - all of our colleagues across all roles have a minimum of level 2 Safeguarding for adults and children and young people
- Level 3 training - all registered health care colleagues who are directly involved in the care of adults and children and young people
- Level 4 training - the Hospital nominated Safeguarding Leads for adults and children and young people

Across our Hospitals between January and June 2020 there were 48 incidents reported where there were possible safeguarding concerns highlighted. All of these incidents were managed appropriately and referred to the relevant internal and/or external departments.

To ensure we meet the new intercollegiate guidelines for adult safeguarding, we had a number of onsite training sessions planned for the first half of 2020 to enhance our current safeguarding adults training provision. This was put on hold due to travel restrictions, but we have secured a bespoke virtual programme for the remainder of 2020, which will see an additional 750 of our colleagues trained to level 3 standard, with further sessions planned for 2021.

Safeguarding Children and Young People remains a significant focus across the group, despite the decline in numbers of children and young people consultations and admissions during the Pandemic. Our numbers of CYP are increasing as we progress through the second part of the year.

We know from Government data, that cases of domestic abuse have increased, which inherently puts children and young people at risk of abuse. We have designed new posters for our sites to guide colleagues, patients and visitors to support services for victims of domestic abuse.

There has not been an increase in Safeguarding reported incidents across the group for either adults or children, but we have raised the profile of Safeguarding with our people and the importance of vigilance and reporting processes to ensure swift action is taken to support our colleagues where they have concerns about safeguarding issues in the home.

At the start of the year, it was recognised that “was not brought”, a potential safeguarding concern, was not widely understood throughout the group. To improve our level of knowledge, we developed a good practice flash and teaching slide pack for our colleagues to improve their understanding of the importance of children who were not brought for their appointment at our Hospitals. We also presented this at our CYP conference in March this year.

We circulated literature to our CYP leads from significant charities and organisations around the incidence and management of Safeguarding during the Pandemic. This included Modern Slavery and Human Trafficking from the NHS, advice to parents and carers on keeping children safe from abuse and harm from the UK Government, and Standing together against domestic abuse from the Charity, Standing Together. Furthermore, we discussed and shared amongst our CYP leads feedback from Child Line, what children are saying about Corona Virus and the concerns they were raising with callers.

We also circulated links to support Children and Young People and a poster for parents about how to support Children’s Mental Health and Well-being during the coronavirus pandemic.

We will continue to monitor the level of Safeguarding incidents given the known national increase in incidence since the start of the pandemic and ensure appropriate action is taken to safeguard the welfare of children treated at Spire.

Assurance Processes, Monitoring and Risk Management

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 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 (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 Medical Director (GMD), Group Clinical Director or relevant Business Unit Director by the Hospital Director and would be reviewed at the National Incident Review Committee or the National Medical Governance Committee which report into the Safety, Quality and Risk Committee.

Our internal assurance systems, such as patient safety and quality reviews and clinical audit systems, regularly assess the effectiveness of hospital governance systems, and performance improvement and support is provided to ensure these remain consistently of the highest standard.

At a national level, the Group Medical Director and Group Clinical Director report directly to the Chief Executive Officer. The Executive Committee meets monthly to consider matters of clinical governance and quality at the dedicated Safety, Quality and Risk meeting. 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.

Clinical Governance and Safety is a Board committee 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 four times per year and receives reports on clinical governance, clinical risk, professional and non-professional regulation and health and safety. These committee meetings are usually 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 colleagues. However, as a result of the Covid-19 pandemic, the Committee met virtually on a monthly basis to focus on Spire’s response to the pandemic.

Non-Executive Directors have attended virtual meetings with each hospital to offer support to the hospital senior management team during COVID.

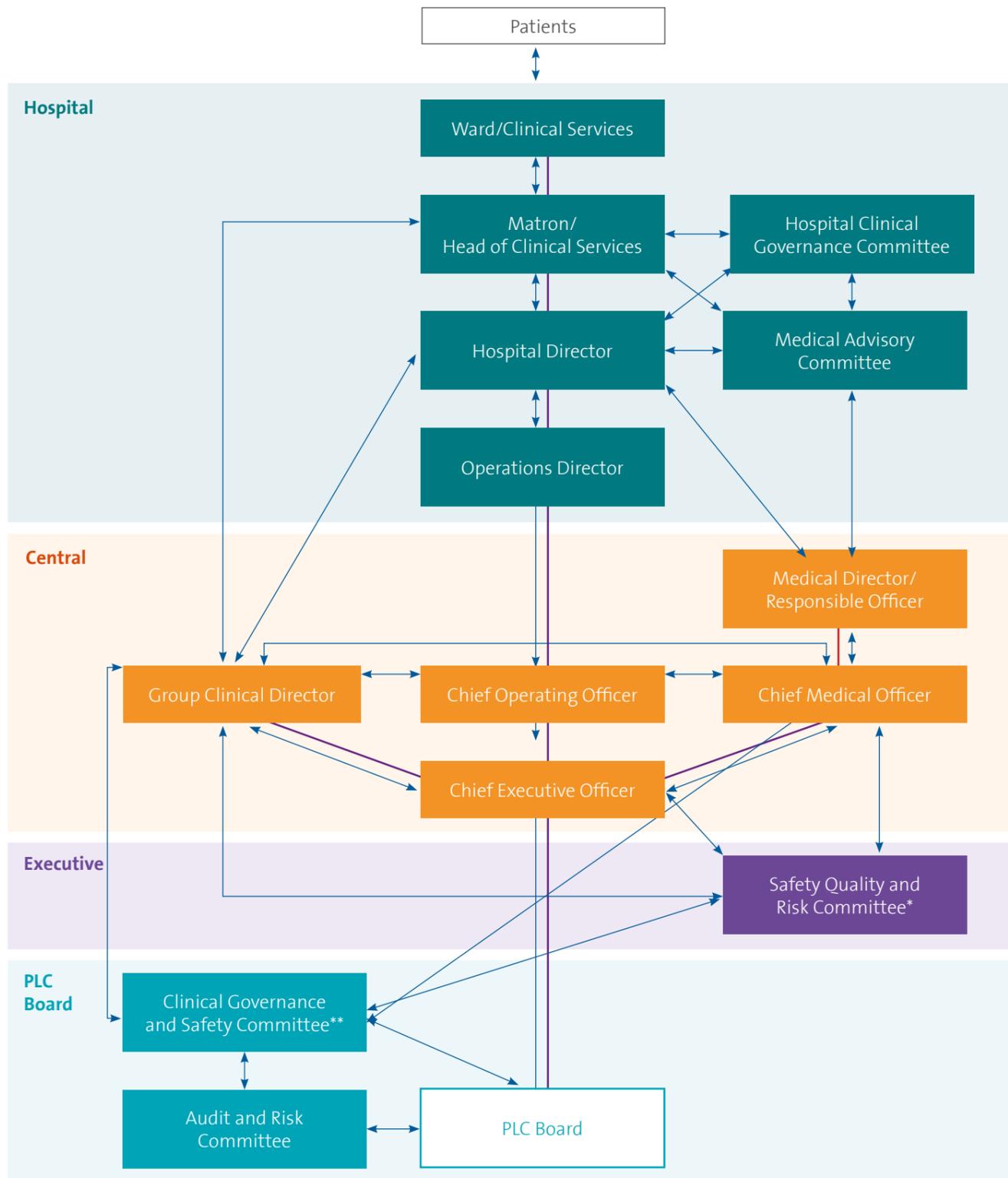
The Committee also undertakes regular themed reviews focused on specialist service areas to monitor the quality of care we provide and identify areas for improvement. Reviews undertaken so far this year include Consultant Suspension and Patient Notification Exercises and a review of Cosmetic Surgery provision.

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)	6
Clinical Governance and Safety Committee	4

Fig.8 National Governance meetings H1 2020

Assurance Processes, Monitoring and Risk Management (cont)



*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.9 Ward to Board Governance

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 our colleagues

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 the first half of the year, 204 Consultants had their Practising Privileges suspended due to failure to provide their 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 and 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 30th June 2020, 341 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 29 revalidation recommendations in the first six months of 2020.

H1 2020	
Total Recommendations	29
Positive Recommendations —that the doctor is up-to-date and fit to practice.	28
Deferral —Request to submit the recommendation at a later date, due to insufficient information to make a positive recommendation.	0
Deferral — Request to submit the recommendation at a later date, as the doctor subject to an on-going process.	1

Fig.10 Revalidation recommendations H1 2020

Assurance Processes, Monitoring and Risk Management (cont)

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

In an attempt to minimise non-direct quality improvement activities during the Covid-19 outbreak, NHS England decided to cancel the 2019/2020 Annual Organisation Audit, which was due in the first half of the year.

General Medical Council (GMC) Investigations

We received 14 requests for information from the GMC to support their investigations into doctors in H1 2020. Additionally, Spire did not refer any doctors to the GMC in 2020. We have commenced internal investigations into a number of doctors in-line with our policy on managing performance concerns, typically for breaches our practising privileges policy—the Consultants’ Handbook.

	2020
New requests from the GMC	14
Number relating to patients treated by Spire	2
Referrals to the GMC by Spire Healthcare	0
Total number of investigations	14

Fig.11 Requests for Information from GMC in H1 2020

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. Whilst the two on-site meetings with the Group Medical Director will not take place in 2020 due to the Covid-19 restrictions, During the first six months of this year we introduced a regular conference call for our MAC Chairs to ensure they were closely involved in our response to the Covid-19 outbreak, supporting hospital senior management teams and helping us to interpret new national guidelines in a rapidly evolving situation.

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

Getting it Right First Time (GIRFT)

In the early part of the year, GIRFT completed their planned visits to our hospitals in England as part of the pilot of their methodology in the independent sector (with one exception, which was postponed due to Covid-19 restrictions). GIRFT is used widely within the NHS and is a programme of expert-led reviews of specialities that are designed to generate improvements. Their visits to Spire focused on orthopaedic and spinal surgery, providing valuable insight and in the second half of the year Spire will be taking a number of steps as part of an action plan in response to GIRFT’s recommendations. These include monitoring new clinical indicators as part of an orthopaedic dashboard of key measures, further analysis of patient reported outcomes (PROMs) and expanding the range of cases submitted to the British Spine Registry.

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. Prior to April 2020 it was measured using the following question “How likely are you to recommend our service to friends and family if they needed similar care or treatment?” As of April 2020 the question has been updated and now asks “Overall, how was your experience of our service?”

Patients now rank their overall satisfaction using a scale ranging from ‘Very good’ to ‘Very poor’ and it is the proportion who respond with either ‘Very good’ or ‘Good’ that contribute to the FFT score.

Spire Healthcare’s FFT score in the first half of 2020 was 96%. Please note that the number of people completing the survey differed from Q1 2020 (9,295 interviews) to Q2 2020 (837 interviews) due to the coronavirus situation.

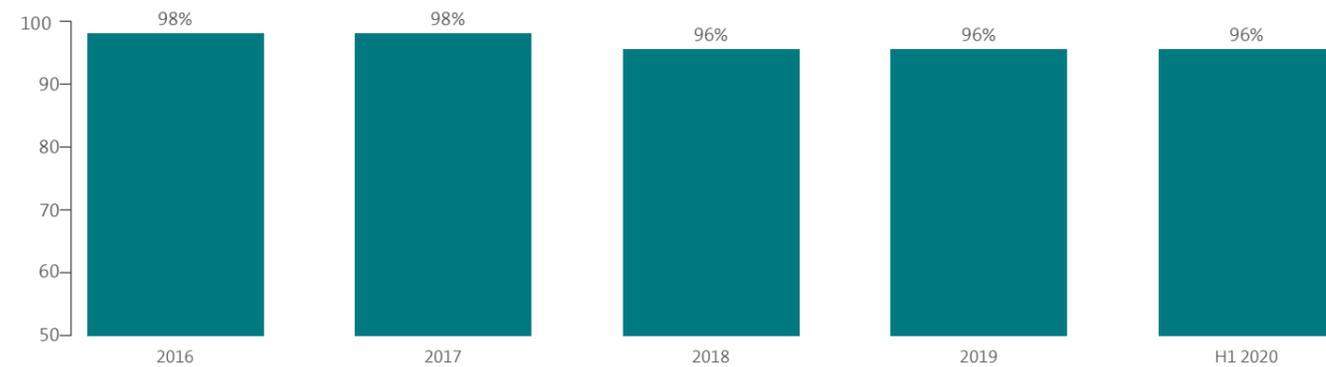


Fig.12 Friends and Family Test Score over time

Selection of Patient Comments

Everyone, from the front desk, concierge, ward nurses, surgical nurses and consultant were so friendly, informative and professional from the moment I arrived until I left.

I was deeply moved by the personal kindness and care shown to me throughout my time there. The professional care combined with the warmth with which it was provided 24/7 was exemplary. In addition, the food was beautifully prepared and presented. I am most grateful and have no hesitation in commending this hospital to others.

The level of care from start to finish was just amazing. Great communication. You got the impression everyone loved working there and loved their job. When you’re in hospital and feeling vulnerable, you need good communication and that feeling that they care for you, and Spire gave that plus more. Thank you very much for exceeding my expectations.

We have recently added a question to our patient discharge survey to measure how well patients feel we are delivering against the Spire purpose, in lieu of that information for this period, you can see below the ratings patients have given us in a number of the most important elements when it comes to delivering a high quality patient experience:

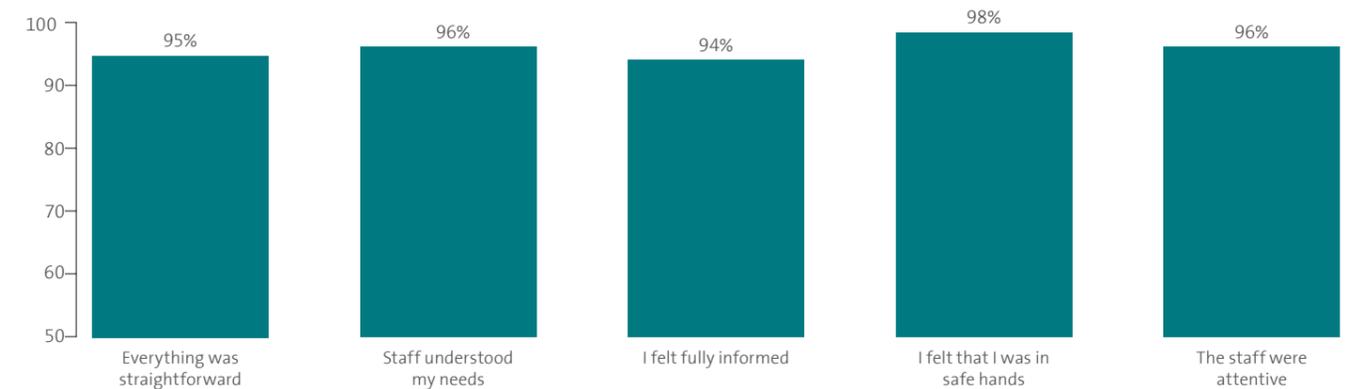


Fig.13 Key drivers of the Spire purpose, H1 2020 (n=10,132) (% shows proportion of patients agreeing)

The Private Health Information Network (PHIN) publishes 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. In the first half of 2020, **87%** of respondents indicated their needs were met following treatment at a Spire hospital.



Spire Healthcare

Looking after you.