



Spire Healthcare

Quality Governance Report

Jul-Dec 2020

Looking after you.

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CEO's statement



Chief Executive Officer's introduction

The second half of 2020 was again dominated by COVID-19 and Spire Healthcare continued to play its part in supporting the NHS and the national effort to tackle the pandemic. I have been overwhelmed by the response of our colleagues to all the challenges they have faced and am immensely proud of the critical role they have played.

We provided support in a number of ways during the period. In most areas of the country, we delivered cancer and other urgent treatment to patients to relieve pressure on local NHS Trusts. In others, our colleagues transferred to help out in NHS hospitals. We helped the NHS to restart routine elective surgery, reducing waiting lists and times. And we restarted our services to private patients, which also helped to relieve pressure on waiting lists, as well as being cost effective for the taxpayer.

To make all of this possible, we put in place safe patient pathways and a whole range of other measures to provide a COVID-19-secure environment in which to provide care, so as to keep our patients, colleagues and Consultants safe.

By year end, we had provided care for around 214,000 NHS patients since the start of the pandemic, who would otherwise have seen their treatment or diagnosis delayed or postponed. We had also forged strong partnerships with NHS counterparts, both at local and national level, which I hope we will build on in the years to come.

I am pleased that, during such a challenging period, we were still able to invest further in the future of our business. We completed a £2.7 million theatre suite refurbishment at Spire Liverpool, along with the installation of a new MRI scanner at Spire Leeds and a CT scanner at Spire Norwich. We invested £1 million in COVID-19-testing facilities at Spire Bushey and have replaced 716 beds across 28 hospitals. Alongside these investments, we accelerated the use of digital technology in both the delivery of patient care and in our back office systems, and implemented virtual consultations and electronic pre-assessments.

Helping our colleagues to adapt to extraordinary pressures they faced was a key priority for us during this period, and we worked hard to put practical, social, financial, and crucially health and wellbeing support in place for them. Meanwhile, COVID-19 significantly impacted the Consultants who have practising privileges at Spire Healthcare, with minimal private activity possible during the peaks of the pandemic. We stepped up our communications and engagement with these vital partners to ensure that they felt supported by us.

CEO's statement (cont)

I was pleased to welcome Dr. Catherine (Cathy) Cale to Spire Healthcare as Group Medical Director in October 2020. Cathy has served on Boards as Medical Director in three organisations, each in different parts of the health sector, most recently with Hillingdon Hospitals NHS Foundation Trust in London. I would like to thank Fergus Macpherson, who acted as interim Medical Director during the end of 2019 and much of 2020, for all his support during what was a particularly challenging period.

In early 2021, cases, hospitalisations and deaths from the pandemic remain at high levels and my thoughts are with everyone who has lost a loved one. The impact of the pandemic on public health, and also the economy, will continue in the months and years to come. Overall, however, I am optimistic about the Group's future prospects. The investment we have made in our business and our colleagues means that Spire Healthcare is primed to treat the growing numbers of private and NHS patients needing elective and clinically-urgent care, with our continued focus on outstanding patient care, quality and safety. We emerge from 2020 as a stronger organisation, well positioned for the years ahead.

Justin Ash

Chief Executive Officer

Group Clinical Director's statement



Even before the COVID-19 pandemic, around 30% of our patients came from the NHS. So, when we were asked for help in 2020, it was a natural step for Spire Healthcare to put our people, facilities, equipment and services at the disposal of the NHS in England, Wales and Scotland to support the national effort to fighting the effects of the virus. Local and national relationships with the NHS Trusts were key to the success of our efforts, and it was great to welcome senior NHS people to our sites for the first time. It was an opportunity to help colleagues under pressure and keep patients safe, as well as a chance to showcase our own clinical abilities and skills.

During the second half of 2020, we maintained a relentless focus on infection control, to ensure our hospitals remained clean and secure from COVID-19. We established a system for regular COVID-19 tests for colleagues, including a £1 million investment in testing facilities at Spire Centennial Park in Hertfordshire. We put in red, amber and green pathways for patients coming to our hospitals, to separate those coming in for planned surgery (on the green pathway) from those coming in for out-patient and other appointments (on the red pathway).

We swab tested patients on the green pathway for COVID-19, and required them to self-isolate, prior to surgery. We also temperature-screened everyone entering our hospitals and ensured appropriate PPE was available for all our teams. We took the difficult decision to restrict visiting, to protect patients and colleagues and vaccinated almost 6,200 colleagues against flu. In addition, the introduction of virtual consultations and electronic pre-operative assessments reduced the need for some patients to come into our hospitals physically.

All of this helped our people and patients stay safe and has enabled us to increase capacity for both private and NHS treatments, while minimising any risk to our clinical environment. I am very pleased that during 2020, Spire Healthcare had no in-patient COVID-19 deaths.

We were delighted that Ruth May, the Chief Nurse for England, came on a call to thank our teams for their support during the pandemic. The National Midwifery Council's Executive Director of Professional Practice, Geraldine Walters, who leads the programme of change for education, including the development of new standards of proficiency for future graduate registered nurses and midwives, also made a point of thanking us for our involvement in the response to COVID-19.

Away from the pandemic, attracting and developing nurses and nurse leaders of the future has remained a high priority in 2020. I am delighted that our first ever Nurse Associate, Amy Wilkinson, graduated from Salford University during 2020. Having started with us in September 2018, she will now be working on the day ward at Spire Manchester Hospital. We have five healthcare assistants

Group Clinical Director's statement (cont)

currently enrolled as our first nurse apprentices, who will graduate in 2021. We expect to grow our nursing degree apprenticeship programme during 2021.

At the start of 2020, in recognition of the 'Year of the Nurse', we planned to run a development programme for a group of nurse leaders of the future, to link in with the global Nightingale Challenge, which asks every health employer around the world to provide this type of leadership training for young nurses. Understandably, this was delayed and was finally launched, mostly on a virtual basis, in November 2020, and we were able to open up a limited number of additional spaces and specifically invited delegates from minority groups who were under represented in the initial cohort.

Our programme to bring overseas nurses into Spire's hospitals from the Philippines has continued despite the challenging conditions. By the end of the year, around 175 nurses had joined us in the UK, and we expect around 150 more to become part of the team in the first quarter of 2021. We recognise that this is a particularly challenging time for them to be away from their families, so we have helped them by ensuring they have each received the best possible support in settling in.

We remain committed to implementing the recommendations of the report of the Independent Inquiry into Ian Paterson, which was published in early 2020. Towards the end of the year, we implemented one of the main recommendations, and wrote to all living patients of Paterson for whom we had records, to make sure that their care had been fully reviewed, that the outcome of the reviews had been fully communicated to them and that, if required, they are getting the support and care that they need. We are determined to minimise the chances of another practitioner like Paterson ever operating in our hospitals again, and our ongoing work to implement the actions and interventions set out in the report, together with the changes we have made in recent years, will help us to do this.

Without doubt, as the healthcare system as a whole begins to recover from the effects of the pandemic, this will bring a range of new challenges. But we can reflect back on 2020 with great pride, and my sincere thanks go out to all my nursing and other colleagues for their hard work, commitment, and enormous contribution to making a positive difference to patients' lives throughout a difficult year.

Alison Dickinson
Group Clinical Director

Thanks to:

Our **Medical Advisory Committees and Consultants**, who made an invaluable contribution, providing support and guidance to reinforce our commitment to quality, safety and governance in the most challenging of times. They continue to help us to develop new systems and pathways to keep our patients and colleagues safe, which is important in encouraging patients who may not feel confident about visiting a hospital to do so.

Matthew Dryden, a Consultant at the Hampshire Hospitals NHS trust, Winchester, and at the Rare and Imported Pathogens Department at Porton Down, who provided expert advisory services relating to infection control and joined every gold command call during the first wave.

Our **Directors of Clinical Services** in each of our hospitals. Their outstanding leadership has been so important, as has their focus on doing the right thing.

Q&A with the Group Medical Director



Dr. Cathy Cale joined Spire as Group Medical Director in October 2020, following a successful 30-year career in the NHS, which spanned clinical, research and leadership roles. She trained in paediatric immunology and immunopathology, and has extensive experience as a Medical Director at three NHS Trusts, including Great Ormond Street Hospital for Children NHS Foundation Trust.

Cathy reflects here on her first few weeks at Spire Healthcare.

COVID-19 has dominated life in 2020, what do you think of Spire's response to the pandemic?

I have been impressed by the way the organisation has responded to the pandemic. There's been a real focus on maintaining patient care safely. All of the systems and processes that have been put in place have been excellent, with safeguards to ensure we keep our sites "green" and infection free. This has enabled us to support the NHS throughout the pandemic, whilst also restarting our private work. What's been very clear for me is the way Spire cares for its people. It has been difficult for people in many ways, and it's tangible how the organisation supports them.

What evidence have you seen of Spire's commitment to patient safety and quality?

From my initial visits to hospitals, what is tangible is the absolute focus on quality – and I wouldn't have joined the organisation if I didn't feel that. Yes, we are a business, but patient safety, quality and care are absolutely paramount.

The commitment I've seen to quality is outstanding, and I can see how much improvement has happened over the last few years. It is evident from the way people talk about it, the way they embrace it, and where I have been able to visit sites, I can see that people are immensely proud of what they've achieved.

Looking ahead, we need to embed new methodologies in the business, make sure we are training everybody on quality improvement (QI), making QI the way of the business. And that, for me, applies to the whole business – not just the clinical side. It's a brilliant mindset and has the ability to really empower colleagues. I have seen that when I've been involved in QI programmes before. So, this drive will start in 2021, developing a cohort of experts in QI and building on the really good work that has already been done.

You are looking at medical governance across Spire – what are your priorities?

Medical governance is all about managing professional standards, and the organisation has done a massive amount on this. There are systems and processes in place, which are well used and well understood by our colleagues.

Q&A with the Group Medical Director (cont)

The pandemic gives us an opportune moment to step back and review everything, with a real focus on making our standards even easier to use. It is important to make sure we know exactly how we can best support Consultants and manage our own people more effectively. That's why we are also strengthening the support we give hospital directors. In early 2021, we'll have new Regional Medical Directors in place – helping hospital directors manage professional standards, improve their organisations, and empower their people.

Consultant engagement is one of your key objectives – how is that going?

Well, COVID-19 has been difficult for Consultants because they haven't been able to practise in the usual way. One positive that has come from the pandemic, though, is that we have really stepped up our communications with Consultants. The hospitals are our conduit to Consultants, and our Medical Advisory Committee Chairs play an especially important role. Their relationships are vital, as I can't engage directly with 7,500 Consultants individually.

Another good thing to come out of this difficult year is that trainee doctors have supported in the delivery of many operations at our hospitals. This has been an especially important area of our support for the NHS, as trainees haven't been able to operate in their own hospitals through much of the pandemic. Spire has been happy to do this – and we would like it to carry on in post-COVID-19 times.

What's ahead for Spire, next year and beyond?

We'll absolutely continue to make sure we work to deliver excellent quality of care to patients and an excellent experience to colleagues and Consultants. Next year will be challenging – for the whole of healthcare. We are resetting, still in the context of a pandemic, which won't have gone away.

When COVID-19 began, we all had to do things and make changes very quickly. Reflecting on those changes, deciding what we keep and what we don't, and moving to a new normal will take longer. My experience in the NHS tells me this, and I don't think that's different at Spire. The pandemic has provided opportunities for hospitals to work together with one another and the NHS, and we have built great relationships. Once again, we'll have to adapt to new situations. To do that, we'll continue to support innovation, do things differently, work closely with Consultants and hospitals, and build on the good work that has been done. Quality remains the key, I am certain that if we get that right, everything else will follow.

Regulatory inspections

The Care Quality Commission (CQC) completed only two comprehensive inspections of Spire Healthcare hospitals in 2020, at Hartswood and Leeds. Routine inspection activity was paused due to the COVID-19 pandemic and instead, CQC focussed attention on more regular virtual monitoring activity and building local relationships. Spire have engaged with launch events of the new CQC strategy through the latter half of the year and are looking forward to being part of the new ways of working in 2021.

Our hospitals are engaging in the new Transitional Monitoring Approach CQC have introduced as an interim measure for inspection, a virtual process with standardised key questions, and this will continue into 2021.

Healthcare Improvement Scotland inspected Spire Murrayfield Hospital November 2020. We were delighted with the result of the inspection with the regulator confirming that all previous actions had been addressed, and improving the rating for the hospital to ‘Exceptional’ in both quality standards inspected – Leadership of improvement and change and Safe delivery of care. There were no recommendations for improvements or actions reported.

Healthcare Inspectorate Wales completed virtual inspections at both Spire hospitals in Wales in the latter half of 2020, Cardiff and Yale both report excellent standards and processes with no actions or recommendations.

“Staff told us of the systems in place to ensure infection prevention and control measures are effective and up to date. In addition to following the latest Spire and national infection prevention control policies and guidelines, they are supported by the corporate team to keep up to date with the rapidly changing guidance” (from Spire Cardiff report).

“Despite the challenges of the COVID-19 situation, staff told us that they had received excellent support from the Spire executive team. Throughout this period daily updates, clinical support, full PPE provision and staff support enabled the service to continue and provide care and treatment to patients” (from Spire Yale report).

“Strong leadership and assurance structures were in place for leading and supporting staff and patients during the current COVID-19 pandemic. The risks from COVID-19 had been thoroughly considered and clear actions were being taken to minimise the risk of transmission” (from Edinburgh Murrayfield report).

Regulatory inspections (cont)

89% of Spire CQC registered services are rated Good or Outstanding. We are looking forward to CQC’s more agile strategy on rating reviews to be able to demonstrate improvement in the 4 remaining Spire hospitals with a Requires Improvement rating. These hospitals were last rated in 2015/2016 and considerable improvement has been made which we are keen to demonstrate once inspections restart, as we have with our

recent inspections of Hartswood, London East and Leeds.

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. 1 CQC Ratings by Domain for Spire CQC registered locations – Inspections completed to 31 December 2020.

Safe care and treatment

Safe patient pathways

As the COVID-19 pandemic continued during the second half of 2020, Spire Healthcare developed safer patient/colleague clinical and operational pathways across all Hospitals in line with national guidance. We invested in equipment and signage to help make the different pathway routes throughout our hospitals clear and easy to understand.

Three pathways were developed; red, amber and green to help minimise the potential risk of COVID-19 in our hospitals, improve patient outcomes and keep everyone safe.

The red pathway was developed to support patients attending outpatients, imaging and physiotherapy appointments. Patients on this pathway are not under a period of self-isolation prior to their appointment, do not require a COVID-19 swab before arriving but will be temperature checked and screened to ensure that they are not suffering with any COVID-19 symptoms.

The amber pathway supports patients who are self-isolating prior to surgery / procedures and may need to attend the hospital for key tests or investigations. Patients who are receiving chemotherapy treatment at our hospitals are also managed on the amber pathway. Our chemotherapy patients all undergo regular COVID-19 testing as part of their individual treatment plan.

The green pathway was developed to support patients who are coming into hospital for planned surgery or a procedure. These patients will have undergone a period of self-isolation prior to their admission, have a negative COVID-19 swab taken 72 hours ahead of admission and be temperature checked and screened on arrival.

Operationally to support the red, amber and green pathways a vast majority of our colleagues work within a designated pathway. All patients, colleagues and visitors are screened on arrival to ensure no symptoms or exposure to COVID-19, temperature checked and issued with a mask prior to entering the hospital. All colleagues are part of a 7 day polymerase chain reaction (PCR) testing programme.

Infection prevention and control

During the second part of 2020 Spire Healthcare continued to implement and adhere to Public Health England (PHE) guidance with regards to the prevention and management of COVID 19 infection. As part of the safe patient pathways all hospitals completed an IPC assurance framework to demonstrate adherence to PHE guidance and policy in all aspects of the patient pathway from triage to discharge. The assurance framework also provides assurance around social distancing measures, hand hygiene practices, audit, appropriate use and training for PPE, ventilation, work environments and the cleaning frequencies and requirements outlined by PHE.

Spire Healthcare has also implemented a colleague swabbing programme to ensure the safety of our patients, colleagues and visitors.

This year, Spire Healthcare celebrated and recognised International Infection Prevention Week (IIPW) 18 – 24 Oct where we paid respect to all the world's healthcare professionals that are working tirelessly to combat the COVID-19 pandemic. It was a timely opportunity for Spire Healthcare to celebrate everyone who works in IPC and thank them for the relentless work they are doing to raise awareness and keep everyone safe.

Good progress continues to be made against the Spire Healthcare IPC Strategy regardless of the

Safe care and treatment (cont)

COVID 19 pandemic which is driving continuous improvement in Infection Prevention and control to 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, Regional Medical Directors 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 are subject to even more rigorous review.

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

Examples of a serious incident include*:

- Acts and/or omissions in care that result in:
 - Unexpected or avoidable death of one or more people;

- Unexpected or avoidable injury to one or more people that has resulted in serious harm;
- Unexpected or avoidable injury to one or more people that requires further treatment by a healthcare professional in order to prevent the death of the service user; or serious harm;
- Never Events;
- An incident (or series of incidents) that prevents, or threatens to prevent, an organisation’s ability to continue to deliver an acceptable quality of healthcare services

Our hospitals reported 71 incidents that were classified as meeting the serious incident framework* threshold between July and December 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, 96% incidents reported by Spire hospitals result in no or low harm to patients.

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

Patient safety (cont)

Serious incident indicator	Incident description	Number (Jul – Dec 2020)
Never event	Never event	5
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 in significant harm	2
	Consultant treatment plan	6
	Medication incident	0
	Surgery complications	44
	Anaesthetic complication	2
Actual or alleged abuse	Skin integrity/diathermy burn	7
	Alleged abuse	0

Fig. 2 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’.

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, national safety alerts, updates to national clinical guidelines e.g. NICE and clinical regulations, and shared learning (a more detailed description of learning and action taken following a specific incident or complaint).

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 policies 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

Patient safety (cont)

team de-brief (at the end of every theatre list)
The five steps documentation has been subject to update in format and language in collaboration with clinicians and the available evidence for improvement of the five step process.

In the second half of 2020 (July to December 2020) our hospitals reported five Never Event incidents. These were 2 orthopaedic retained objects (drill/pin) 2 wrong side blocks and 1 wrong site surgery (in Outpatients setting).

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 wider 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.

Spire produced a video of a perioperative team's experience and learnings after being involved in a wrong site block that has been shortlisted for a national patient safety award being judged spring 2021.

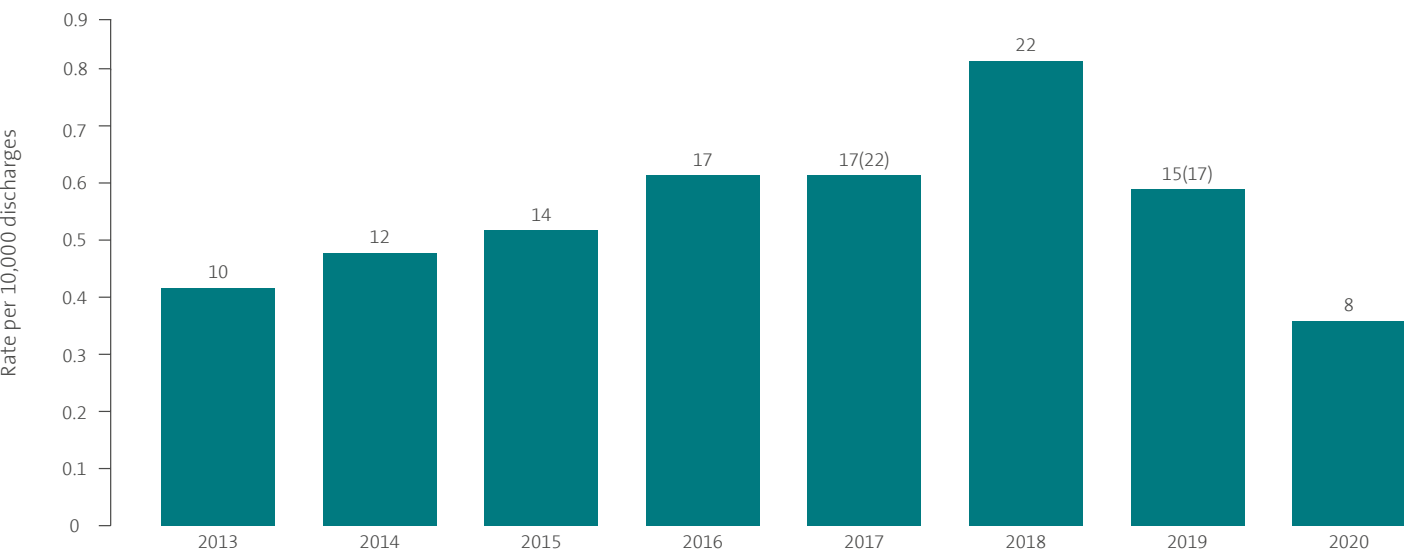


Fig. 3 Never Events 2013 – 2020 (bracketed numbers include historical never events)

Deaths within 31 days of surgery

The Medical Examiner role came into non-statutory force in April 2019 for England and Wales. The Medical Examiner is an independent senior doctor whose role is to enhance the governance and regulatory systems by scrutinising the deaths of patients not under review or inquest by the coroner. The purpose of the medical examiner system is to:

- Provide greater safeguards for the public by ensuring proper scrutiny of all non-coronial deaths
- Ensure the appropriate direction of deaths to the coroner
- Provide a better service for the bereaved and an opportunity for them to raise any concerns to a doctor not involved in the care of the deceased

Patient safety (cont)

- Improve the quality of death certification
- Improve the quality of mortality data

Dr Suzy Lishman joined Spire Healthcare on 1 April 2020 as the Lead Medical Examiner. The Medical Examiner undertakes a scrutiny of the patient's care, liaising with responsible consultants and other Healthcare providers and where appropriate the relatives of the deceased of all deaths that occur on site and where a patient dies within 31 days of surgery.

The Medical Examiner has three primary aims:

- To establish the medical cause of death and ensure that this is accurately coded in the Medical Certification of the Cause of Death (MCCD)
- To detect significant problems in treatment or care and, where necessary, report the death to the coroner or to governance systems
- To increase transparency for the bereaved and listen to their concerns, and where necessary, explain the cause of death

Following a death within 31 days of surgery, the case is referred to the Medical Examiner to provide an analysis of the care that the patient received and make local or national recommendations. 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.

Hospitals reported 15 patient deaths within 31 days of surgery in the second half of 2020. Post-operative mortality within 31 days of surgery rose to 36 individual deaths, compared with 28 in 2019. This was largely due to the Group undertaking a higher volume of more complex treatment for patients than in previous years, as a consequence of the NHS contract.

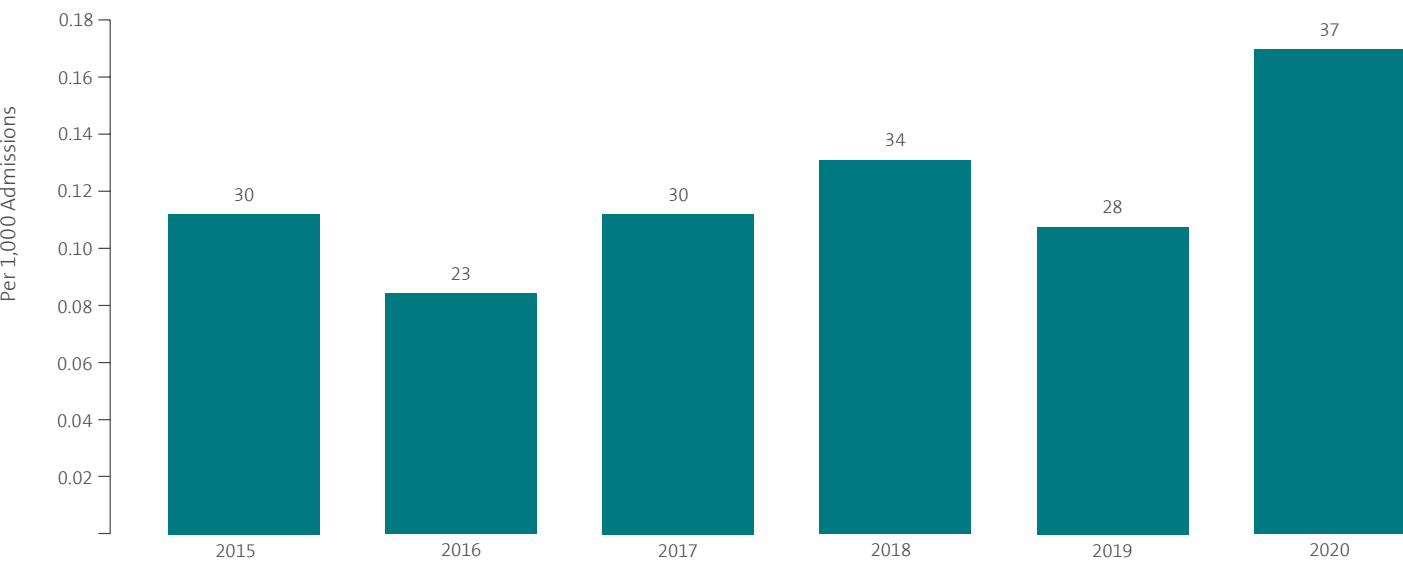


Fig. 4 Deaths within 31 days of surgery – annual comparison 2015 – 2020

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 and Gram-negative Escherichia coli (E-coli) bacteraemia. Monitoring of Klebsiella species bacteraemia and Pseudomonas Aeruginosa bacteraemia was added to the process in April 2017 with the aim of reducing Gram-negative infections by 50% by 2021. PHE also carries out mandatory enhanced surveillance for Clostridium difficile infection (CDI) 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. Five infections were reported to the PHE between July and December 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.

	H2 2020 – number of reported cases	Spire 2020 (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)
MRSA bacteraemia	0	0.1	0.07	0.07	0.06	0.06
MSSA bacteraemia	2	0.3	0.14	0.00	0.13	0.12
E-coli bacteraemia	2	0.7	0.42	0.41	0.32	0.73
C. difficile	1	0.3	0.42	0.14	0.13	0.55
Klebsiella bacteraemia	0	0.3	0.14	0.07		
Pseudomonas Aeruginosa bacteraemia	0	0.0	0.00	0.00		
COVID-19	0	0.1				

Fig. 5 PHE, HPS and PHW Reportable Infections

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.

In the second half of the year, Spire transferred 319 patients to alternative care facilities. Of those, 59 patients (0.04% of all patients) were transferred to

a higher level of care (level 2/3) facility. 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.

Cancer services

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. Our hospitals have continued to care for patients with cancer across their treatment pathway including access to diagnostics, surgical intervention and the administration of chemotherapy.

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

- An induction programme and SACT passport for oncology pharmacists
- Centralised training and competency registers for chemotherapy nurses and pharmacists

- Comprehensive intranet pages with a range of up to date information sources
- Integrated systems for prescribing and ordering of chemotherapy
- Collaborative working between clinical and commercial teams to produce an optimum operational framework for cancer care

The COVID-19 pandemic has presented a wide range of challenges to traditional ways of working, but with this, new opportunities have arisen and we look to the future with a sense of purpose and positivity in 2021.

Staffing arrangements

We can only put quality at the heart of everything we do if we have the right resources in place and have outstanding relationships both within and external to our business.

Well-led

Doing The Right Thing, Delivering on our promises, succeeding and celebrating together.

The Spire Healthcare values are at the heart of how we support our colleagues, leaders and teams. Doing the right thing and delivering on our promises are key to how we faced the challenges of 2020, which were over and above anything experienced before and we were able to face only by remaining consistent in our approach to the care, support and reassurance of our people. We introduced innovative solutions to situations which developed during the year, including additional pressures on introducing and resourcing COVID-19 testing across all sites and managing fluctuating activity in our hospitals.

Our longer-term relationship in support of the NHS whilst continuing excellent care for our private patients has been realised by the continuous development of new ways of working which protect our patients, colleagues and business. By adopting a flexible approach to working patterns, home working arrangements, redeployment/repurposing and support for colleagues whilst ensuring safe working practices are in place, have encouraged changes in many areas to ways of working.

Whilst continuing our support for colleagues affected by COVID-19, we extended arrangements to our bank colleagues with pay for booked shifts during isolation and offered contracts with enhanced payments and full colleague benefits, which resulted in 400+ appointments to our permanent workforce.

We recognised the difficulties our workforce face in managing dependent care and have improved our support with two weeks' dependent leave plus full pay for COVID-19 absences and

adjustments to our sickness absence processes. In recognition of difficulties the pandemic has put on our colleagues' well-being and mental health, we have introduced a number of initiatives;

- Significant improvements to our Care First Employee Assist programme
- Regular support and local engagement activities
- The introduction of a "Nightcap Club" for colleagues who may be alone at home during the evening. Our Freedom to Speak Guardians and SLT members also support this initiative and the weekly calls have proved a popular offering

Modifying our communications channels and approach to meet the needs of the organisation and colleagues have developed through the various stages of the pandemic. Regular Senior Leadership engagement continues, as do Senior Leadership Team and Operational Updates. Engagement has expanded into a "Let's Talk" initiative which has been well received and attended, open to all colleagues. Topics within this forum have included Black Lives Matter, LGBTQ and Mental Health First Aid and colleagues have contributed immeasurably to the success of these forums. One example was a number of competitions highlighting our colleagues' culinary skills which led to the launch of a very popular cookery book and contributions to online hints and tips.

We have further enhanced our online support offering via investment in the Spire Intranet as the year progressed and now have a dedicated resource for COVID-19 materials available to all, which has advice on a wide range of topics and has been developed in response to questions our people have told us they need support with.

Staffing arrangements (cont)

Ryalto also continues to be a popular means of sharing advice and news and with almost 9,000 registered users, is a popular platform attracting a high level of positive feedback.

Within the learning and development framework, by developing our well led initiatives we continue to challenge our leaders and are currently strengthening LEAP (Lead, Engage, Apply, and Perform) which has given us the opportunity to set nearly 200 leaders on the path to ensuring that we are Well led in all areas of operation. This led to us being short-listed as a finalist for Excellence in Training in the Laing Bussion Awards 2020.

Developing the next generation of Healthcare professionals

Apprentice Schemes are costly in terms of energy and investment but the long term benefits are considerable. The government has now introduced a new initiative called 'The Apprenticeship Employer Support Package' which is available to the NHS (England only) and other healthcare providers and provides employers with financial encouragement and assistance to take on more clinical apprentices. The programme has been launched by the Government in direct response to the number of nurses planning to leave the profession according to the NHSE most recent NHS colleague survey.

Our Nurse Associate programme and bespoke Assistant Practitioner programme – delivered via distance learning with a theatre learning pathway embedded – will continue in the new year, as will our Sterile Services, Medical Laboratory Assistant, Biomedical Science and Physiotherapy Apprenticeships. We are strong in our belief that providing clear routes to clinical excellence is the pathway to developing a new generation of Healthcare Professionals.

Non-clinical apprenticeships continue to be developed, providing colleagues with recognised qualifications in human resources, housekeeping, accountancy, business administration, catering and marketing.

Making Spire Healthcare a destination employer

Our continued priority is to recruit and retain quality colleagues who we value, reward and support with clearly defined career paths. We believe we have a competitive total reward package and continue to work towards a diverse workforce our colleagues are proud to work for.

We continue to leverage the support our recruitment partners Cielo bring to our teams and the undoubted challenges that competing for scarce skills linked to increased pandemic pressures faced in the Healthcare sector will bring.

The appointment of a Group Head of Talent Acquisition to lead the attraction strategy has proved very successful and during the last six months we have:

- Reduced direct sourcing spend considerably whilst attracting talent to our leadership teams
- Strengthened our dedicated people and clinical groups which focus on how we can attract, recruit and in a number of clinical fields where competition is fierce
- Initiated a national Bank campaign to recruit people into geographical clusters to increase numbers
- Developed robust plans for our materials and processes around the hiring pipeline from candidate attraction
- Increased bank worker numbers, reducing agency usage and more closely managing exit interviews to support the indicators for activity this information provides

Staffing arrangements (cont)

Overseas recruitment remains part of our strategy. Our plans to introduce over 200 new clinical colleagues by the end of 2020, was reduced slightly due to travel restrictions but will be an ongoing feature of our resourcing strategy with further new colleagues joining in early 2021.

Reward and recognition

Our 'continuous recognition' process Spire for You was well utilised during 2020 and there were many opportunities to recognise the "above and beyond" efforts of our colleagues. We made 7,105 Inspiring People and Instant Awards during the year with a value of £471,475 as a result of increased funding to enable hospitals to recognise colleagues locally. This reward gateway also provides a discount portal and has been expanded to include a well-being module with information, reading, videos and resources across four pillars of well-being; Physical, Mental, Financial and Diet.

Feedback on enhancements for our total reward offering has been good and is a positive part of our recruitment toolkit. Proactive support on managing absence and enhancements to our private health benefit in 2019 have been features which ensure more colleagues are able to access and benefit from the scheme and positively affect health and wellbeing. Further enhancements to our Care First employee assist scheme are planned for early 2021.

In addition to the annual salary review process which recognised all colleagues outside management bonus schemes with across the board salary increases and the continuing development of our reward framework, Spire Healthcare also provided a "Thank You Gift" of £500 paid over December and January to all colleagues, in recognition of their outstanding efforts and contribution to Spire Healthcare during an unprecedented and challenging year.

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.

Spire Healthcare has an appointed a Non-Executive Director Lead for Safeguarding, Jenny Kay, and all hospitals have designated Safeguarding Leads for children and adults who support employees and patients with all safeguarding matters and ensure safeguarding policies are implemented and adhered to. All Spire Healthcare employees must:

- Be alert to the possibility of abuse and neglect
- Participate in relevant training on safeguarding children and adults
- Be familiar with Spire Healthcare safeguarding policies
- Report any concerns about the safety or welfare of a child or adult using Spire hospital protocols

To support our colleagues in identifying signs and symptoms of abuse, harm and neglect we have level 2, 3 and 4 safeguarding training 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 (CYP)

- Level 3 training – all registered health care colleagues who are directly involved in the care of adults and CYP
- Level 4 training – the Hospital nominated Safeguarding Leads for adults and CYP

This year has seen us complete the first wave of Safeguarding Adults training in accordance with Spire Safeguarding Adults, Children and Young People Training Strategy 2020 – 23 and Adults Safeguarding Roles and Competencies for Health Care Staff Intercollegiate document 2018/19. This is a bespoke virtual programme, which saw 610 of our colleagues trained to level 3 standard, with further sessions planned for 2021.

We have also aligned our Safeguarding work with Local Authority Safeguarding Boards. Spire Healthcare is kept abreast of changes in Children and Adults Safeguarding arrangements. Board membership enables Spire Healthcare to play a role in the strategic development of Adults and Children safeguarding locally while maintaining and developing strong multi agency partnerships.

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 standardised 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 (DOCS) and Designated Medical Advisory Consultant (DMAC) 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) and Spire’s Group Clinical Director (GCD) or relevant Business Unit Director (BUD) by the Hospital Director.

At a national level, the Group Medical Director and Spire’s 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 performance and assurance report produced for this meeting is shared with Hospital Directors and Directors of Clinical Services to ensure a two-way flow of information from Board to Ward.

The Clinical Governance and Safety Committee 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. Prior to COVID-19 pandemic, these committee meetings were usually held both at head office in London and also at various Spire hospitals across the UK. This provided an opportunity for Board members to tour individual hospitals and to meet Hospital Directors, Directors of Clinical Services and other members of the senior management team as well as frontline staff. However, as a result of the COVID-19 pandemic, the Committee met

Assurance processes, monitoring and risk management (cont)

virtually on a monthly basis to focus on Spire’s response to the pandemic.

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

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 colleagues

Safety, Quality and Risk (Executive Committee)	4
Clinical Governance and Safety Committee	2

Fig. 6 National Governance meetings H2 2020

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.

During the year, 336 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 31 December 2020, 320 doctors held a prescribed connection with Spire Healthcare. These doctors are typically in wholly private practice and 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 52 revalidation recommendations in 2020.

2020	
Total recommendations	52
Positive recommendations – that the doctor is up-to-date and fit to practise	51
Deferral – request to submit the recommendation at a later date, due to insufficient information to make a positive recommendation	1
Deferral – request to submit the recommendation at a later date, as the doctor subject to an on-going process.	0

Fig. 7 Revalidation recommendations 2020

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 cancelled the 2019/2020 Annual Organisation Audit, which was due in the first half of the year.

General Medical Council (GMC) investigations

We received 40 requests for information from the GMC to support their investigations into doctors in 2020. We have commenced internal investigations into a number of doctors in-line with our policy on managing performance concerns, typically for breaches of our practising privileges policy — the Consultants’ Handbook.

	2020
New requests from the GMC	40
Number relating to patients treated by Spire	7
Referrals to the GMC by the Group Medical Director	0

Fig. 8 Requests for Information from GMC in 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 face to face meetings with the Group Medical Director did not take place in 2020 due to COVID-19 restrictions, 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.

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 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

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 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 second half of 2020 was **96%**. Please note that surveying was suspended throughout a vast majority of Q2 due to the pandemic and as such a very limited number of completions were obtained in Q2. For comparisons sake, in Q1 2020 we collected 9,295 interviews), in Q2 2020 we collected 837 interviews. The survey was run as usual in the second half of the year.

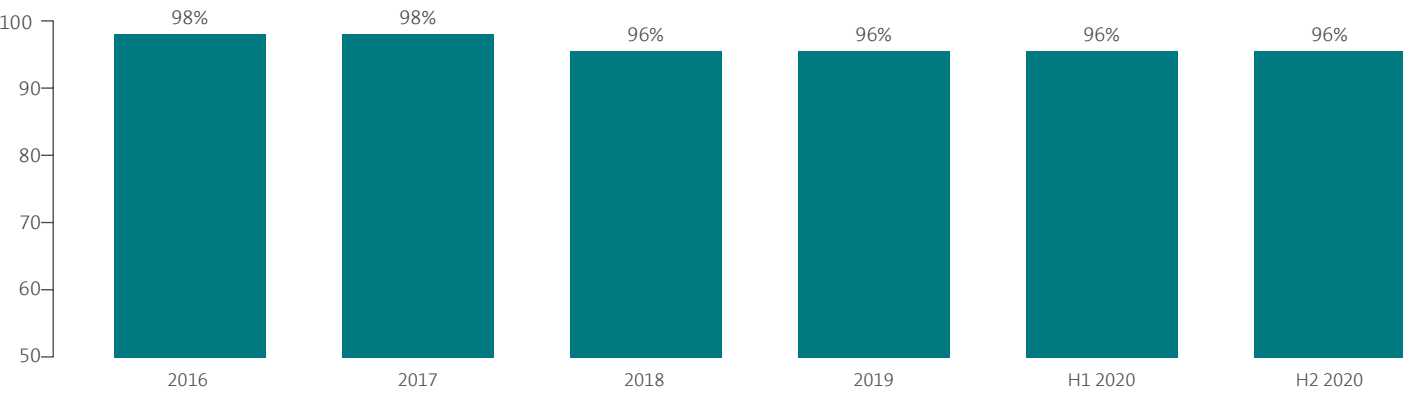


Fig. 9 Friends and family test score over time

Selection of patient comments

I was very nervous due to the virus and found I had no need to be as the care taken in contact was excellent in this difficult time. Only a minor operation, but was admitted and discharged in four hours, with all the care and attention that is needed. Thank you, Spire.

From start to finish, the care I had was exceptional. These are very tough times with the virus and feeling safe, but everybody, from reception to surgeon, was amazing and I always felt like I was in safe hands and being cared for. They are all an integral part of the hospital and care, and I cannot thank them all enough.

From the first moment I arrived at the hospital, the welcome was very warm. All the way through my stay the staff were extremely polite, caring and knowledgeable. I was kept in the picture all the way through my stay and when I eventually left, the staff nurse involved was particularly keen on making sure I had everything in place and organised.

Patient satisfaction: the friends and family test

We have previously undertaken work to understand, from patients themselves, which areas of care they felt were most important in receiving a great experience. The chart below shows patient scores in each of the 5 areas highlighted for H2 2020:

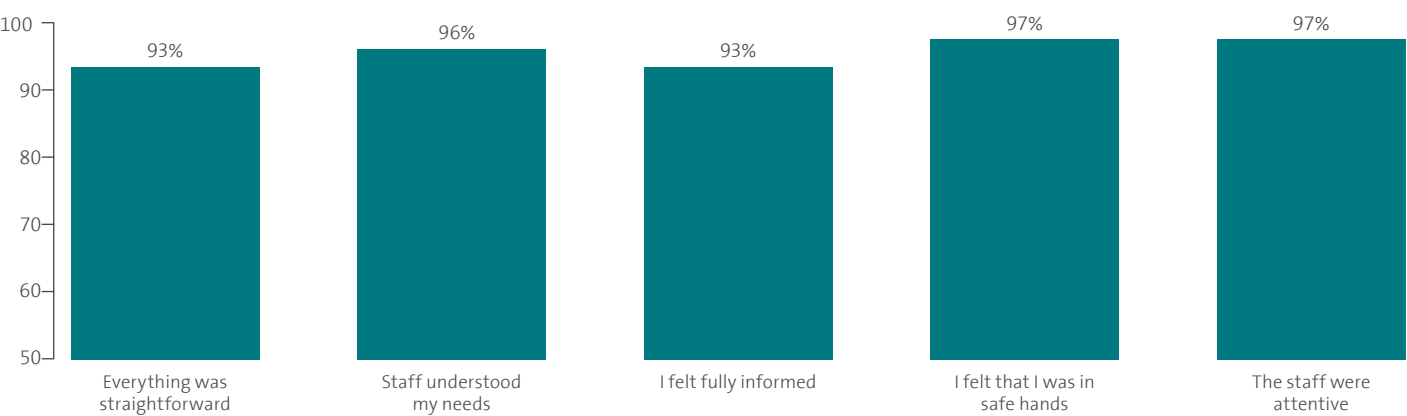


Fig. 10 Key drivers of the Spire purpose, H2 2020 (n=20,124) (% shows proportion of patients agreeing with the statement)

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 second half of 2020 the score remained consistent with H1 with **87%** of respondents indicating their needs were met following treatment at a Spire hospital.

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 2280 Stage 1 complaints in 2020, a rate of 1.04 per 100 discharges which is

consistent with the complaints rate in 2019 (1.05). 81% of these complaints were concluded within 20 working days, slightly ahead of our target of 80% which is set to reflect that some more time is required to resolve more complex complaints.

Stage 2 complaints received
Of the complaints received at Stage 1, 49 (2.1%) escalated for independent internal review (Stage 2) during this time period. Whilst we want all patients to have a positive experience, we use complaints and patient feedback to learn and improve our services and we’re reviewing our systems to support shared learning from complaints across the Group.

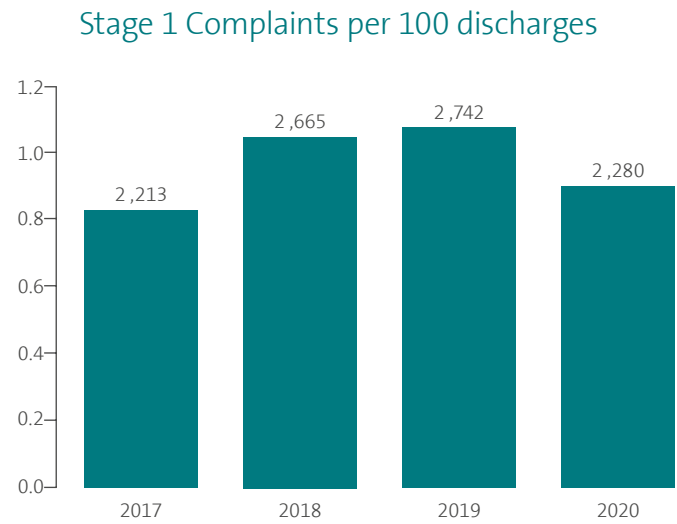


Fig. 11 Stage 1 complaints data

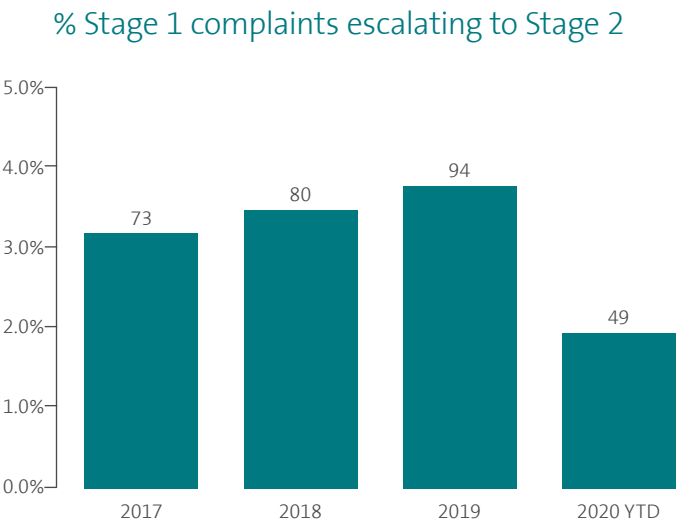


Fig. 12 Stage 2 complaints data

* 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

