



Spire Healthcare



Spire Healthcare Quality Account 2020 – 2021

Looking after you.

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Who we are

Spire Healthcare is the largest private hospital group by turnover in the United Kingdom. Working in partnership with almost 7,500 experienced Consultants, our hospitals delivered tailored, personalised care to almost 750,000 insured, self-pay and NHS patients in 2020. We provide high-quality diagnostics, inpatient, daycase and outpatient care in our 39 hospitals and eight clinics across England, Wales and Scotland.

Our Purpose

Making a positive difference to our patients' lives through outstanding personalised care.

Our values

- Driving clinical excellence
- Doing the right thing
- Caring is our passion
- Keeping it simple
- Delivering on our promises
- Succeeding and celebrating together

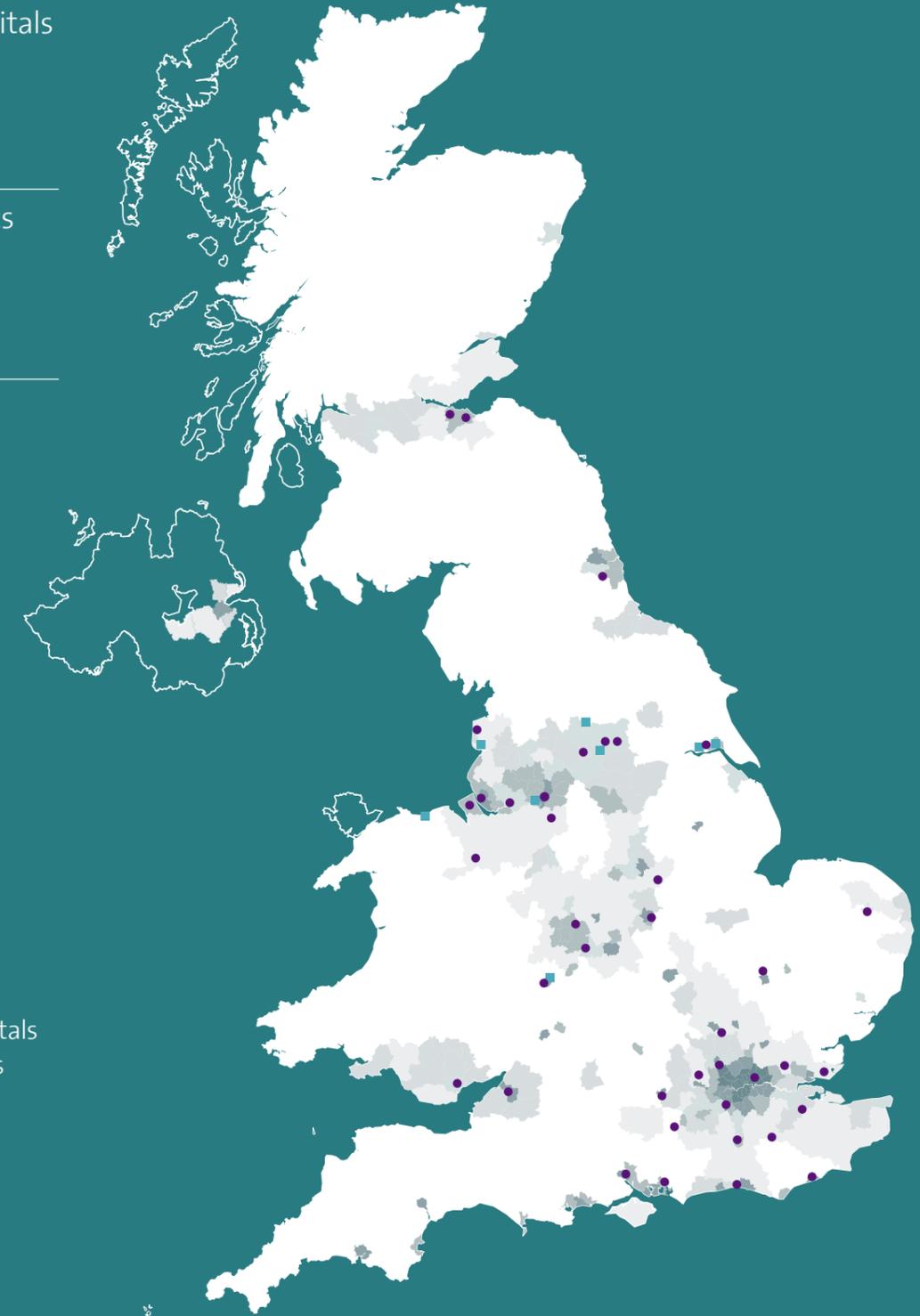
Service coverage where it is needed

Spire Healthcare hospitals

39

Spire Healthcare clinics

8



Justin Ash
Chief Executive Officer



Chief Executive Officer's strategic review

“In common with people and businesses throughout the world, we have faced unprecedented challenges this year. More than most, Spire Healthcare has been at the frontline, supporting public health in the UK, and I couldn't be prouder of the critical role our people have played during the national COVID-19 pandemic.”

Introduction

Spire Healthcare's focus during the year was on supporting NHS colleagues and patients in England, Wales and Scotland, as the UK found itself in the grip of a global pandemic on a scale that was unprecedented in recent generations.

Signed up to help where needed

In March 2020, together with the rest of the independent health sector, we signed a contract with NHS England to make our colleagues, facilities, services and equipment available to the NHS during the pandemic, at cost. Similar agreements commenced with NHS Wales and NHS Scotland in early April 2020. Given the pressures on the NHS and everyone working within it, I have no doubt it was the right thing to do, and I was delighted by the response of our people, whose tremendous efforts helped to make sure that the UK's healthcare infrastructure was sufficient to meet heightened demand and maintain time-critical services for vulnerable patients.

How we supported NHS colleagues and patients

We supported the NHS in a range of ways: delivering cancer and other urgent treatment to over a quarter of a million patients to relieve pressure on local NHS trusts; making a huge amount of equipment available to the NHS, including more than 50 ventilators; supplying PPE from day one; and making our teams available to work in NHS hospitals and the Nightingales.

At Spire Southampton, for instance, we worked with the team at the local Trust to transfer across oncology and haematology services. We also supported time-critical cardiac and lung surgery for vulnerable patients, delivering surgery with high degrees of complexity across our six operating theatres. On average, around 200 NHS patients received care every day at the hospital.

At Spire Hartswood, along with a handful of our other hospitals, we provided rehabilitative care for patients recovering from COVID-19, after they had spent the most acute part of their illness being treated in their local NHS Trust. We carried out cancer treatment for patients in the West Midlands and Hertfordshire, while in Leeds we established a liver unit caring for a range of patients, including the most vulnerable, end-stage patients who came to us from the NHS Trust.

At Spire Nottingham, we treated patients with a variety of cancers, including breast, skin and bowel cancer, as well as providing urgent diagnostics. We also accelerated the development of a critical care unit at the hospital, which is now one of very few in the independent sector outside London, and the unit stands ready for critically-ill patients from the NHS and the private sector.

Other examples of our support are set out on page 16.

Delivering our Purpose

The patient care we provided was underpinned by our collective commitment to our Purpose: 'making a positive difference to our patients' lives through outstanding personalised care.'

I am delighted that our patient feedback shows that we are delivering our Purpose, with 92% saying we delivered outstanding care, 94% feeling their care was personalised and 83% saying we made a positive difference to their lives. We will continue to strive to fulfil our Purpose in 2021.

Investments and partnerships

I am pleased that, during such a challenging period, we were still able to invest further in the future of our business. We have completed a £2.7m theatre suite refurbishment at Spire Liverpool, along with two MRI and CT scanner projects around the country. We also invested £1m in COVID-testing facilities at Spire Bushey, £1.4m in a new mobile operating theatre at Spire Norwich and £350,000 in new X-Ray equipment at Spire Wirral. We also expanded the car parking facilities at Spire Bristol and replaced 716 beds across 28 hospitals.

Alongside these investments, we also took the opportunity to accelerate the use of digital technology in both the delivery of patient care and in our back office systems. We implemented virtual consultations and electronic pre-operative assessments, centralised our call centres, and aligned procurement. We also developed a new pricing system that will allow central control and optimisation of self-pay pricing when rolled out across the Group during 2021.

I am delighted to confirm that we launched a standardised best practice network of 29 one stop breast cancer assessment clinics during the year. The services, a partnership between Bupa UK and Spire Healthcare, provide Bupa members with market-leading speed of access to a comprehensive multi-disciplinary diagnostic and, if required, treatment clinic. We also extended our relationship with GenesisCare to offer patients end-to-end cancer pathways from early diagnosis, through chemo- and radiotherapy, to surgery. This is now operating out of five Spire locations.

We continue to be supporters of our armed forces, their dependants and our veterans. As we emerge from COVID-19 and restore elective services, we will ensure the armed forces family are not unfairly disadvantaged. Work with the Career Transition Partnership, which was put on hold during COVID-19, is being resumed.

Relationship with the NHS and Consultants

The collective response to the COVID-19 pandemic has strengthened Spire Healthcare's relationship with the NHS, both at a local and national level, and the Company has received significant positive feedback from Consultants, colleagues and patients. It has meant a significant change in working practices and environment for colleagues across the Group.

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 worked hard to ensure that these vital partners were fully engaged throughout. We increased our regular communications with Consultants, including dedicated town hall meetings, attended by me and other members of Spire Healthcare's Executive team. We also expanded our internal communications team to include a Head of Consultant Communications.

With the agreement of our regulators, we implemented new governance systems with the local NHS trusts to allow us to grant practising privileges to Consultants and other healthcare professionals new to Spire Healthcare on a temporary basis, so that they could work safely in our hospitals during the pandemic, carrying out the same duties as they would normally do within the NHS. This enabled them to care for NHS patients at our hospitals, all benefiting from the high-quality facilities we offer in a clean, COVID-secure environment.

I would like to thank our Medical Advisory Committees and their Chairs for their hard work and diligence during the year. We stayed in frequent communication and their advice and experience has been invaluable.

Supporting our people

We also worked hard to provide practical, social, emotional and financial support for our colleagues, and it was to their immense credit that so many were able to adapt and learn new tasks and functions very quickly. The contract with the NHS protected the employment of all clinical colleagues while, where appropriate, administrative colleagues were retrained and redeployed to perform a range of vital roles. While no more than 39 of our colleagues were furloughed at any point in time, no-one in this situation experienced a reduction in salary, as Spire Healthcare topped up the Government contribution. Later in the year, we committed to repay to the Government the full amount from which Spire Healthcare had benefited under the scheme.

We also took steps to look after the wellbeing and mental health of colleagues through what was an exceptionally challenging year, and awarded an exceptional thank-you payment of £500 to every colleague not already on a bonus scheme. This was not funded by the NHS.

Meanwhile, for three months at the start of the NHS COVID-19 contract, Garry Watts, Jitesh Sodha and I agreed a 20% salary reduction, and an equivalent sum of money was donated to the NHS Charities Together.

I would like to pay tribute to all our Spire Healthcare and NHS colleagues, as well as Consultant partners and other practitioners, who demonstrated such resilience, and worked so hard together to deliver the best possible care throughout the year. I am delighted to see that colleagues are feeling increasingly engaged and confident in the future of the Group, despite the difficult environment we have all faced. This was evidenced by the results of our colleague survey in March 2021, with 84% of all respondents saying that they were proud to work for Spire Healthcare.

Diversity and inclusion

We believe that the success of our organisation depends on us recognising, understanding and respecting the diversity of our colleagues. Following the death of George Floyd, we set up a 'Let's talk' network for our Black colleagues to raise and discuss issues that matter to them, that we can then act upon. 2020 also saw us achieve 50% representation of women on our Executive Committee, following two new appointments (see below).

Tackling climate change

We are determined to play our role and lead the sector in tackling climate change, having reduced our greenhouse gas emissions by over 30% over the last five years. Towards the end of the year, we set a bold target to achieve net zero carbon emissions by 31 December 2030. As a strong first step towards meeting the target, we will, from October 2021, be procuring 100% of our electricity from renewable sources.

Responding to the report of the Independent Inquiry into Ian Paterson

Early in 2020, the Paterson Independent Inquiry report was published. I am determined that we support those patients who suffered at the hands of Ian Paterson. In line with the Inquiry's recommendations, we contacted all known living patients of Paterson in the autumn to offer them assistance or discuss their concerns. A number of patients have taken up our offer of support, and are receiving advice from our team of expert clinicians. We have a dedicated freephone patient helpline and email in place for any former patient of Paterson who would like support.

Gearing up swiftly for private work

The variation to the NHS England contract, announced in August, guaranteed a minimum capacity for private activity in each of the 35 Spire Healthcare hospitals in England, with a rebate due from the amount we are paid by the NHS for private appointments. This allowed us to increase our private work and, in the latter stages of 2020 – 2021, we saw a significant increase in demand, which in turn helped to reduce pressure on NHS waiting lists.

To accommodate this growing demand, we implemented safe patient pathways in each of our hospitals and I am confident these will not materially restrict capacity. The Group is committed to offering elective care to as many patients as possible, both NHS and private, and to supporting our Consultant partners to rebuild their practices as quickly as possible. Total admissions across all Spire Healthcare sites at the end of 2020 were running at 105%¹ of prior year capacity on a monthly basis.

Strengthening our commitment to safety and clinical quality

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 Group Medical Director at the end of 2019 and much of 2020, for all his support during what was a particularly challenging period.

To further strengthen the central medical support we provide to hospitals and Consultants, we have implemented a new regional structure with a Medical Director for each of our three geographical business units (North, Central and South), in

addition to the existing Assistant Medical Director and Responsible Officer. This will provide increased medical governance and representation throughout the business, reinforcing the Group's commitment to patient safety and clinical quality.

The Care Quality Commission (CQC) published reports on four of our English hospitals and Healthcare Inspectorate Wales inspected both of our Welsh hospitals during the year. All were rated 'Good' or the equivalent, and Spire Hartswood and Spire Leeds were upgraded to 'Good' from 'Requires Improvement'. In the case of Spire Leeds, I was particularly pleased that, thanks to the brilliant work of our colleagues, this turnaround was completed within a year. I am delighted to report that 90% of Spire Healthcare sites are now rated 'Good' or 'Outstanding' by the Care Quality Commission, or the equivalent in Scotland and Wales, up from 85% at the end of 2019.

Group General Counsel

We also welcomed Gillian Fairfield, who was appointed Group General Counsel on 1 September. Gillian is a senior lawyer with over 20 years of experience in corporate law, regulatory, finance and governance and has worked with listed companies across a number of sectors.

Proposed acquisition by Ramsay

On 26 May, after the end of the period in review, we announced that we had reached agreement with Ramsay Health Care Limited on the terms of an acquisition of Spire by Ramsay, with the support of both Boards. The transaction will be considered by shareholders at a meeting in July. Subject to shareholder approval, we anticipate that the combined group will come into being later that month, although the two businesses will most likely continue to operate separately while the Competition and Markets Authority consider the transaction. We envisage that it will continue

to be business as usual in the period ahead, and our focus remains on high quality, patient safety and outstanding personalised care to all our patients.

Conclusion

The coronavirus pandemic has been the worst public health crisis 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.

The impact of the pandemic on public health, and also the economy, will continue in the months

and years to come. The partnerships formed between the NHS and the private sector have been extremely productive in ensuring high-quality care for patients, relieving pressure within the NHS and providing value for the taxpayer.

I end as I began, by expressing my pride in the role our colleagues and Consultant partners played during the pandemic and my thanks for their tireless commitment to making a positive difference to our patients' lives through outstanding personalised care.

Justin Ash
Chief Executive Officer

Alison Dickinson
Group Clinical Director



Clinical review

“I cannot praise all my colleagues highly enough for their dedication to patient care in the face of adversity this year. And I think I can speak for all at Spire when I say how humbling it has been to see the outpouring of affection from the public for the NHS and the wider healthcare sector.”

Building on our longstanding partnership with the NHS

Even before the COVID-19 pandemic, around 30% of our patients came from the NHS. So, when we were asked for help in 2020 – the ‘Year of the Nurse’ – 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 their 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 out colleagues under pressure and keep patients safe, as well as a chance to showcase our own clinical abilities and skills.

I am proud of the way colleagues showed real willingness to be part of the nation’s whole healthcare provision. The work we took on for the NHS was wide-ranging, and varied significantly across the country, according to local needs. While we have strong governance systems which ensured that patient safety would not be compromised, we were still reaching into the unknown, with no manual for the action we had to take. To get things right, our colleagues had to be agile; they worked at pace to ensure we were always one step ahead of everything required of us. I pay tribute to the way our teams rose to every challenge, often taking on roles that were different from their normal jobs, at all times

acting with the utmost compassion, providing reassurance to anxious and often vulnerable patients in our hospitals as well as comforting those people in distress and pain who had to have their procedures with us postponed.

I would like to express my personal thanks to Matthew Dryden, who provided expert advisory services relating to infection control and joined every gold command call during the first wave. Matthew is a Consultant at the Hampshire Hospitals NHS Foundation Trust, Winchester, and at the Rare and Imported Pathogens Department at Porton Down.

You can read more about the support we provided in tackling the pandemic and the steps we took to keep patients, colleagues and Consultants safe on page 17.

Outstanding leadership

I would like to thank our Directors of Clinical Services across the Group. Their outstanding leadership has been so important, as has their focus on doing the right thing. I am also incredibly grateful to Jane Proctor, Specialist Clinical Services Director, who returned early from maternity leave, and made an outstanding contribution to supporting our hospitals.

Our Medical Advisory Committees (MAC) provided invaluable support and guidance in upholding quality and safety during these challenging times, and helped us to develop new systems and pathways to keep our patients and colleagues safe. We met with our MAC Chairs every week during and after the peak to share plans and gain their insights in the face of rapidly changing regulations.

Recognised for our contribution

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.

Clinical governance improvements

We have stepped up our clinical governance in spite of the additional pressures we faced through the pandemic, and ensured that frequent internal audits of our hospitals continued on a virtual basis.

I was pleased to see a reduction in 'never events' during 2020 – down to eight, compared with 17 in 2019. Tracy Coates, a national specialist, has been driving this improvement, and this was an encouraging outcome, given the pressures we have been under and the fact that we have been working with many different, and some unfamiliar, Consultants with temporary practising privileges at our hospitals.

We are 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 2020, 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.

Serious Incidents

Spire Healthcare hospitals reported 380.4 clinical adverse events/near misses per 1,000 bed days in 2020. The vast majority of reported incidents were graded as resulting in no or low harm. It is important to note that the number of incidents reported is influenced by reporting culture, particularly for near misses and incidents resulting in no harm. Additionally, the increase in reported incidents during this period can be attributed to cancellations, many of which were due to restrictions on elective care (and other restrictions) introduced as a result of the pandemic. Our Central Clinical Services team continues to work with hospitals to improve the reporting of near misses and no harm incidents, to ensure any learning is captured and appropriately shared.

Reported incidents by grade of harm

Grade of harm	Rate per 1,000 bed days
None (no harm caused)	304.4
Low (minimal harm caused)	59.2
Moderate (short term harm caused)	14.9
Severe (permanent or long term harm caused)	0.8
Death	1.2

All reported Incidents Requiring Investigation are reviewed at the weekly national Incident Review Working Group meeting and any incidents identified as meeting the NHS England Serious Incident Framework threshold are escalated to Serious Incident Requiring Investigation (SIRI) status and subject to even more rigorous review.

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 Healthcare's Group Clinical Director to hospital senior management teams within 48 hours of a serious incident report, including information on contributory factors and preventative measures identified from an initial review of the incident

Safety bulletins

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

Freedom to Speak up

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. Our Freedom to Speak Up Guardians in all of our hospitals and non-clinical sites have been readily available for colleagues with any concerns in this difficult year. Our new Corporate Concerns Officer is supporting work to ensure that our Consultant partners are part of our processes to encourage everyone who works in our hospitals to speak up when they have concerns.

Developing our workforce

Attracting and developing nurses and nurse leaders of the future has remained a high priority in 2020 – 2021. Nursing Associates are members of the team who gain a Nursing Associate Foundation Degree after two years of study, and we are delighted that our first ever Nurse Associate, Amy Wilkinson, graduated from Salford University during the year. Having started with us in September 2018, she will now be working

on the day ward at Spire Manchester. We will be looking to develop further colleagues as nurse associates in 2021 – 2022.

Nursing degree apprenticeships enable colleagues to train to become graduate registered nurses through an apprentice route. In 2018, five healthcare assistants enrolled as our first nurse apprentices; they continued their studies during 2020 and will graduate in 2021. We are growing our nursing degree apprenticeship programme during 2021 (read more on page 20).

At the start of 2020, in recognition of the 'Year of the Nurse', we planned to link in with the global Nightingale Challenge, which asks every health employer around the world to provide leadership training for a group of young nurses. Our plan was to run a development programme for a select group of colleagues, encouraging them to take a more active role in the business, giving them access to our Non-Executive Directors via regular mentoring circles, and helping them to become leaders of the future. 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. I look forward to progressing this initiative further in 2021 – 2022, when hopefully we should be able to run it more along the lines originally planned.

Our programme to bring overseas nurses into Spire Healthcare's hospitals from the Philippines has continued despite the challenging conditions. In the first quarter of 2021, around 140 overseas nurses joined us, to add to the 175 nurses who had become part of the team in previous years. We recognise that this is a particularly challenging time for them to be away from their families, so we have supported them by ensuring they each receive the best pastoral care, from booking accommodation and providing a welcome box upon arrival, through to help setting up bank

accounts and getting settled in the UK. The nurses have already made a big impact and have played an important part in bringing our staffing up to the level we need.

Investing in our digital capabilities

We have embraced the use of virtual technology this year to hold consultations with patients and reduce the need for patients to visit the hospital in advance of their treatment – something which has been particularly beneficial for patients and colleagues during the pandemic. We have also used virtual patient safety and quality reviews, using video walk rounds and remote interviews, in response to reduced onsite visits of our governance team.

We have successfully trialled electronic pre-operative assessment (ePoA) at a small number of hospitals, and we will roll this out to the rest of the Group in 2021. We have also introduced AMaT, an electronic audit process that digitises all our audits and clinical scorecards.

Looking ahead

Considering the challenging backdrop, we have made excellent progress this year, but there is always more we can do to improve our clinical

governance and oversight and continually to improve patient safety, building on our patient safety culture and patient safety systems.

With COVID-19 still a potential factor for the foreseeable future, we will seek to further digitise our processes, potentially to include the remote monitoring of patients, electronic prescribing and a virtual management system, taking in appointments and telephone consultations.

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 – 2021 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



Stepping up to support our NHS colleagues

Signed up to help

The independent hospital sector working alongside the NHS is nothing new. In fact, at Spire Healthcare, we have been serving the NHS for many years, helping reduce waiting lists and taking pressure off NHS trusts and the wider healthcare system.

However, in March 2020, as part of the national response to the COVID-19 pandemic, we signed an agreement with NHS England that went much further – making our people, facilities, services and equipment available to support the NHS in the fight against the pandemic. We signed similar agreements with NHS Wales and NHS Scotland in April, with all services and support provided on a cost coverage basis.

Wide variety of support

The work we took on was wide-ranging, varying significantly across the country, according to local need. Our biggest focus was on providing surgery, treatment and diagnosis for patients with cancer and other critical conditions such as cardiac disease, and many of our hospitals took over whole cancer services and chemotherapy from their local trusts. This gave our NHS colleagues time and space to focus on caring for COVID-positive patients on their wards.

Across our hospitals, we cared for more than 260,000 NHS patients between the start of the pandemic and March 2021, who would otherwise have seen their treatment or diagnosis cancelled or postponed. This included almost 32,000 admissions of patients who needed urgent cancer care. In Norwich, we put in place a whole new chemotherapy service, to allow provision to move from the local Trust to our hospital, while we took over the cystic fibrosis service in Manchester, cared for people with acute liver disease in Leeds, and carried out urgent cancer surgery at Spire

Cardiff. We also looked after people recovering from COVID-19 in a small number of our hospitals, after they had spent the most acute part of their illness on an NHS ward.

Responding to urgent requests for help, we loaned a wide variety of equipment to local NHS trusts, including ventilators, thermometers, monitors and diagnostic equipment, as well as making PPE, gowns and scrubs available to NHS colleagues. Around 250 of our own people also volunteered to work in their local Trust or at a Nightingale hospital at the height of the pandemic.

Navigating out of COVID-19's initial peak and surge activity during the second peak

As the focus of the NHS moved towards reducing waiting lists and waiting times, the nature of our work changed so that we could best support the NHS in achieving this aim. We ramped up our diagnostic activity, along with elective work for NHS patients, including orthopaedic care, general surgery and gynaecological treatment. We also relaunched our services for self-paying and insured customers, provided that treating private patients did not conflict with what the NHS needed from us. This made an additional contribution to relieving waiting list pressures in the NHS.

During the second peak in winter 2021, we supported the NHS in managing surges in COVID-19 in certain parts of the country by once again increasing the capacity made available to NHS patients.

As a result of our close cooperation this year, both with the NHS and our own colleagues across the organisation, all Spire Healthcare hospitals are now more fully aligned and working more efficiently as 'One Spire'. We have stronger relationships with Consultants, the NHS at both a national and local level, and GPs; and our colleague engagement remains high.

Keeping patients safe

Providing safe, COVID-secure environments

Our philosophy is that every patient deserves the same quality of care, regardless of whether they are an NHS, insured or self-pay patient. This philosophy made us a natural partner to the NHS during the pandemic, as we made our people and services available to support it.

In line with our Purpose, we made a positive difference to many patients' lives over the course of 2020 – 2021, providing urgent care and treatments for NHS patients that would otherwise have been delayed, at a time when the country's focus was on tackling COVID-19. Crucially, our hospitals have provided safe, COVID-secure environments that were ideal for treating such patients with time-critical requirements.

Focus on infection control

It took a relentless focus on infection control to ensure our hospitals remained clean and secure from COVID-19. Like all people working in healthcare, many of our colleagues developed symptoms themselves, and around 1,350 were off work self-isolating in the early stages of the pandemic, posing a real challenge to our business. We quickly established a system for regular COVID-19 tests for colleagues, including a £1m 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 outpatient 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 trialling of electronic pre-operative assessments reduced the need for some patients to come into our hospitals physically. 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.

During 2020 – 2021, Spire Healthcare had no inpatient COVID-19 deaths.

Commitment to quality, safety and governance

At Spire Healthcare, we are uncompromising in pursuing the highest quality patient safety and care. During the pandemic, we have retained this focus and continued to strengthen our governance processes. We increased the frequency of our Board Clinical Governance and Safety Sub-Committee, maintained our monthly executive Safety, Quality and Risk Committee, and ensured that frequent internal audits of our hospitals continued on a virtual basis.

Our safety culture is recognised by our patients and healthcare regulators. The CQC published reports on four of our English hospitals and Healthcare Inspectorate Wales published reports on our two hospitals in Wales. All received a 'Good' rating or the equivalent. This means that 90% of all our hospitals are now rated 'Good', 'Outstanding' or the equivalent.

This was an important factor in building trust with our NHS partners and developing the relationships needed to secure the best outcomes for patients during the pandemic. Our Medical Advisory Committees and Consultants also provided 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.



Resources and relationships

Investing in our colleagues

We depend on our people – our nurses, theatre teams, allied health professionals, non-clinical support teams and bank colleagues – to deliver on our Purpose of making a positive difference to patients' lives through outstanding personalised care, and to build on Spire Healthcare's strong reputation in the market.

In everything we do, we seek to create a culture that is characterised by openness, inclusion, respect, collaborative working, a focus on clinical safety and continuous improvement. This seeks to translate our Purpose and values into action and provide the best possible working environment for our colleagues. We monitor our effectiveness in delivering this culture through our progress in diversity and inclusion, colleague feedback through engagement surveys, our 'Let's talk' colleague networks initiative and our Enabling Excellence appraisal process, which is built on Spire Healthcare values and individual objectives.

Engaging with colleagues

We use a range of two-way communications channels to communicate and engage with colleagues, and listen to their feedback. During the pandemic, with an urgent need for teams to be clear on exactly what's expected of them, it has been more important than ever for our people to feel fully informed and engaged. At the same time, restrictions on travel and a significant increase in home-working have meant that many face-to-face communications and events have inevitably had to be replaced by virtual ones.

As important as providing information to help colleagues do their job, is gaining feedback from them and acting on it. We run a programme of listening sessions, facilitated by members of the Executive Committee and the non-executive directors, with different groups of colleagues invited to attend on an optional basis. The calls

have provided invaluable first-hand insight and an opportunity for colleagues to speak freely and honestly about factors impacting them in their role. This has helped us to improve the information and guidance we provide new starters, strengthen our wellbeing activities which has seen the launch of wellbeing one-to-ones, and increase our support for all colleagues working remotely.

We continue to survey our colleagues to gain feedback. Our most recent engagement survey of all colleagues took place in March 2021 and saw improvements in 23 out of 24 core survey questions with a response rate of 77%. 84% of colleagues said that they are proud to work for Spire Healthcare, 87% of colleagues said they were happy with the standard of care in Spire Healthcare if a relative or friend needed treatment and 75% of colleagues said they would recommend Spire Healthcare as a place to work. Our Board and Executive Committee are committed to addressing the key focus areas highlighted from the survey which include supporting our colleagues to develop and grow, and regular praise and recognition. Our next survey is planned for September 2021.

Our virtual communications and engagement tools have worked better than we would ever have imagined possible. We have nearly 9,000 colleagues signed up to our colleague app which has been opened by colleagues more than two million times and there have been five million scrolls through our dedicated newsfeed.

Diversity and inclusion

We are passionate about diversity and inclusivity within the organisation, including supporting women to become leaders within the business and improving the diversity of our workforce.

As detailed in our Workforce Race Equality Standard report and action plan, we now hold

ethnicity data on 86.8% of all colleagues, and 13.7% of those colleagues who disclose their ethnicity report being BAME. We can also report on ethnicity among our job applicants: 16.2% of all shortlisted candidates are from BAME backgrounds. We now have 41% female and 6% BAME representation on our Board and Executive Committee combined.

We continue to make solid progress with the development of our Diversity and Inclusion strategy, of which the central principle is that recognising, understanding, respecting and including our diverse workforce will make us a more successful and effective organisation.

We now have 'Let's talk' colleague networks for Race Equality, mental health and LGBTQ+ with each group chaired by a colleague with a particular interest in the subject. Sessions are open to all colleagues to attend. We have seen high levels of participation rates in all of the 'Let's talk' networks launched so far and are making progress on a number of actions following feedback highlighted during the respective sessions

Developing the next generation of healthcare professionals

The work we are doing to develop the professional skills our colleagues need to further their career remains at the centre of our investments in people.

We continue to develop our apprenticeship programmes and are proud to be one of the few independent sector providers with nurse apprentices undertaking degree programmes. In July 2021 we will launch our first national nurse apprenticeship programme. Our strategy of internal development will enable us to create a more robust infrastructure and build a pipeline of nurses over the next four years. The apprenticeship scheme opens up a broad and likely more retainable group of clinical colleagues,

as it will allow us to recruit individuals directly into training roles who have little or no previous healthcare experience.

We operate apprenticeship programmes for other clinical specialities, including biomedical science, physiotherapy, medical laboratory technicians and operating department practice. We have also been developing an assistant practitioner foundation degree apprenticeship programme with the University of Derby. We know of only one other provider currently offering this programme, which will offer a route for colleagues seeking a career in radiology and in theatres.

We offer a number of other apprenticeships for our non-clinical colleagues in disciplines such as marketing, human resources, engineering and business administration.

We also launched our unique leadership development apprenticeship programme, LEAP, to help our developing talent to grow into great leaders at Spire Healthcare. The programme attracted record numbers of internal candidates, and the unique way the programme is designed allows participants to gain all the benefit of an externally recognised qualification-based programme without the unnecessary pressure on them to complete long academic essay-based work. The start of LEAP was delayed due to the pandemic, but we were able to launch the programme at the end of 2020 with an additional 128 places. This followed a detailed redesign to allow for much of the course to be completed virtually in line with Government standards.

A destination employer

Making Spire Healthcare a destination employer remains a priority and is aligned to our goal of recruiting and retaining quality colleagues who feel valued, rewarded and have clearly defined career paths. We are continuing to improve the competitiveness of our total reward package and

continue our journey towards a diverse workforce for whom Spire Healthcare is an employer of choice and one which our colleagues are proud to work for.

We have further strengthened our People Team with the appointment of a Group Head of HR Transformation. Our dedicated Resourcing Team are working closely with our recruitment partners to attract talent to our teams and improve selection outcomes, and overseas recruitment remains a key part of our resourcing strategy.

Valuing and rewarding colleagues

Our reward and recognition framework can be used across all roles and functions to provide consistency and fairness.

Our recognition scheme – Inspiring People Awards – has made awards to more than 16,000 colleagues since 2018, including 7,500 in 2020. This forms part of our Spire for You platform which enables colleagues to recognise each other, benefit from discounted products from a range of outlets,

and access the dedicated wellbeing portal which includes a wide range of resources across four pillars of wellbeing: physical, mental, financial and diet.

We have made every effort to ensure that none of our people suffer any financial detriment as a result of the pandemic, including providing full pay for all COVID-19 related absences, but in order to support those colleagues whose wider families were impacted, we took swift action to introduce payment holidays and temporary reductions in salary sacrifice pension contributions, our Save as You Earn scheme and other payments to make life a little easier. We also awarded an exceptional thank-you payment of £500 to every colleague not already on a bonus scheme, to thank them for their extraordinary efforts during the pandemic.

Looking after the environment

We recognise that we have a duty of care to the environment as well as to our patients. We are passionate about treating patients and looking after people more broadly, and this includes contributing to a healthy environment.

Our new 10-year carbon reduction target

We are committed to doing everything we can to reduce the harmful impact on our planet of climate change. In December 2020, the Board approved a robust decarbonisation strategy, designed to achieve net zero carbon emissions by 31 December 2030. We believe we are the first independent sector provider to make such a commitment. £16.0m of investment over the next 10 years has been ring-fenced to help achieve this aim.

As a strong first step towards meeting the target, we will, from October 2021, be procuring 100% of our electricity from renewable sources.

As well as the environmental benefits of our strategy, we believe our new approach will drive operational improvements and cost savings across the business, while enhancing our reputation within the private healthcare sector and attracting new environmentally conscious investors.

Energy targets vs performance in 2020

Our previous five-year energy reduction target, set in 2016, was to reduce CO2e (carbon dioxide equivalent emissions from electricity and natural gas) by 15% per pound of revenue by 2020 from the baseline year of 2015.

We use the intensity metric of carbon emissions per £ revenue, which increases in proportion to the growth in our business. Our values are based on providing excellence in clinical quality and innovation to our patients. As a consequence of continuing to meet these values, we will continue to grow, treat more patients, provide more treatments and offer the latest technology.

We achieved our energy reduction target ahead of schedule, as demonstrated in the graph below. Further detail on greenhouse gas emissions is set out later in this section.

Carbon reduction



This reduction has been achieved through:

- Monitoring and targeting utility benchmarking reports which are issued monthly to our sites
- Investment in low carbon infrastructure, including LED lighting technology across the estate and modern, more efficient technology plant to replace end of life engineering plant

Energy monitoring

Our hospitals receive monthly energy reports detailing utilities consumption and benchmarking them against similar-sized hospitals within the Group. The reports include dashboards at site and Group level detailing year-on-year performance. Our Regional Engineering Team audits and monitors our hospitals' carbon reduction action plans as part of our annual compliance auditing programme.

Capital investment in low carbon infrastructure findings

We continue to invest in our estate and engineering infrastructure to improve energy efficiencies. Key projects this year included investment in areas such as lighting, mechanical ventilation, building controls, heating and domestic hot water services.

Legislation

Since becoming a publicly listed company in 2014, Spire Healthcare has discharged its responsibilities under the Government's CRC Energy Efficiency Scheme and we will continue to report on our energy consumption in line with the requirements of the upcoming Streamlined Energy and Carbon Reporting legislation.

Spire Healthcare was invited to participate in the CDP (formerly Carbon Disclosure Project) again in 2020. We made our sixth submission to the CDP this year and have received a 'C' grading, placing Spire Healthcare above the market sector average of 'D', and demonstrating our knowledge and understanding of our impact on climate change issues.



Greenhouse gas emissions in 2020

This section provides the emissions data and supporting information required by the Companies Act 2006 (Strategic Report and Directors' Report) Regulations 2013 and the Companies (Directors' Report) and Limited

Liability Partnerships (Energy and Carbon Report) Regulations 2018.

Total greenhouse gas (GHG) emissions for Spire Healthcare for January to December 2020 were 31,384 tCO₂e. The table below shows this, broken down by emissions source.

	2014	2015	2016	2017	2018	2019	2020	Share	YoY %
Emissions source	(tCO ₂ e)	(%)	Change						
Fuel combustion: stationary	10,360	11,150	10,488	10,842	12,917	12,098	11,590	37%	-4%
Fuel combustion: mobile	1,124	1,112	952	1,314	1,145	1,209	1,447	5%	20%
Fugitive emissions	6,543	7,152	8,288	6,128	6,936	5,895	5,018	16%	-15%
Purchased electricity	27,027	25,868	23,792	21,145	17,151	15,193	13,330	42%	-12%
Total emissions	45,054	45,282	43,520	39,429	38,149	34,395	31,384	100%	-9%
Revenue (£m)	856	884	926	932	931.1	980.8	919.9		
Intensity: tCO₂e per £m	52.6	51.2	47.0	42.3	41.0	35.1	34.1		

Notes to the table:

a) Footprint boundary

An operational control approach has been used to define the GHG emissions boundary, as defined in the Department for Environment, Food and Rural Affairs' latest environmental reporting guidelines: "Your organisation has operational control over an operation if it, or one of its subsidiaries, has the full authority to introduce and implement its operating policies at the operation."

For Spire Healthcare, this captures emissions associated with the operation of all our hospitals and other buildings such as clinics, offices and our National Distribution Centre, plus Company-owned and leased transport. As Spire Healthcare has no overseas operations, all emissions refer to UK operations only.

b) Emission sources

All material Scope 1 and Scope 2 emissions are included, plus Scope 3 electricity transmission and distribution losses. These include emissions associated with:

- Fuel combustion: stationary (natural gas and red diesel for backup generators) and mobile (vehicle fuel)
- Purchased electricity
- Fugitive emissions (refrigerants, medical gases)

c) Methodology and emissions factors

This information was collected and reported in line with the methodology set out in the UK Government's Environmental Reporting Guidelines, 2019. Emissions factors are taken from the Department for Business, Energy and Industrial Strategy emissions factor update published in 2019. There are no notable omissions from the mandatory scope 1 and 2 emissions. Approximately 11.7% of emissions are based on estimated data.

d) Fugitive emissions

These are attributable to the use of medical gases; carbon dioxide and nitrous oxide, (3,654 tCO₂e), and leakage of refrigerant gases (1,364 tCO₂e).

How we performed

Priorities for improvement 2020 – 2021

In our last Quality Account, Spire Healthcare set out the following three priorities for improvement during 2020 – 2021:

- Every Spire Healthcare hospital and clinic inspected by the CQC in 2020 to be rated at least 'Good';
- Take forward an action plan incorporating GIRFT's recommendations for Spire Healthcare, following their review of orthopaedic and spinal surgery;
- All hospitals to review their compliance with the Medical Practitioners Assurance Framework (MPAF)

1. Every Spire Healthcare hospital and clinic inspected by the CQC to be rated at least 'Good'

Our ambition is for 100% of our sites to be rated 'Good' or 'Outstanding' by the CQC and its equivalents in Wales and Scotland. We continue to welcome opportunities to improve that are identified by the CQC and ensure these are acted upon immediately. Whilst the majority of our hospitals previously rated 'Requires Improvement' have improved their ratings, we still have four hospitals with this rating following inspections completed in 2015 – 2016.

The CQC completed only two comprehensive inspections of Spire Healthcare hospitals in 2020, at Hartwood and Leeds.

- Hartwood (inspection completed in January /February 2020): rated 'Good' overall and in all domains;
- Leeds (inspection completed in March 2020): rated 'Good' overall and in all domains

Routine inspection activity was paused due to the COVID-19 pandemic and instead, CQC focused attention on more regular virtual monitoring activity and building local relationships. Spire Healthcare 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 – 2022.

Our hospitals also engaged in the new Transitional Monitoring Approach, a virtual process with standardised key questions that the CQC has introduced as an interim measure for inspection. This has continued in the early part of 2021.

During the year, our internal assurance processes continued 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. These are designed to help ensure we can achieve our ambition of 100% of our sites being rated 'Good' or 'Outstanding,' when routine inspection activity by the CQC and its equivalents in Scotland and Wales resumes.

2. Take forward an action plan incorporating GIRFT's recommendations for Spire Healthcare, following their review of orthopaedic and spinal surgery

Getting It Right First Time (GIRFT) is a national programme designed to improve the quality of care within the NHS by reducing unwarranted variations. Delivered in partnership with the Royal National Orthopaedic Hospital NHS Trust and NHS England and NHS Improvement, the GIRFT team visit every trust carrying out the specialties they are reviewing, to investigate the data included in a bespoke data pack and to incorporate recommendations into action plans.

During 2018, the Independent Healthcare Providers Network (IHPN) and GIRFT worked together to

develop a framework and implementation plan for GIRFT activity in the independent sector and Spire Healthcare was selected to participate in a pilot of the programme.

In the early part of 2020, the GIRFT review team completed their planned visits to our hospitals in England, with one exception, which was postponed due to COVID-19 restrictions. Their visits focused on orthopaedic and spinal surgery and in the second half of 2020 – 2021, we took a number of steps to start building GIRFT’s recommendations into our continuous improvement programme.

These include:

- Developing a new specialty dashboard for orthopaedics as part of our plans to improve our ability to demonstrate excellence, review trends and share learning;
- Preparing for further analysis of patient reported outcomes (PROMs) for hip and knee replacement;
- Expanding the range of cases submitted to the British Spine Registry;
- Introducing new criteria to support the safer delivery of anterior lumbar spinal surgery

We will continue to take GIRFT’s recommendations forward throughout the rest of 2021 and look forward to working with the review team in the future as the pilot expands into other specialties.

3. All hospitals to review their compliance with the Medical Practitioners Assurance Framework (MPAF)

MPAF was launched by in October 2019 as the first independent sector-wide medical governance framework and recognises that good governance for the medical profession can only be delivered with the support of effective clinical governance systems.

Commissioned by the Independent Healthcare Providers Network (IHPN) and developed through an expert advisory group chaired by Professor Sir Bruce Keogh in consultation with other stakeholders, the framework is a response in part to issues identified by the CQC as areas for improvement in the sector. MPAF’s principles are designed so providers can apply them in the way that best suits their organisation. MPAF does not require existing structures to be replaced, but instead providers should be able to demonstrate how their individual systems and processes meet its expectations.

The four principles are:

Creating an effective clinical governance structure for medical practitioners

Ward to board governance, standard approach to key aspects of granting and maintaining practising privileges, defined role for the Medical Advisory Committee with respect to clinical governance

Monitoring patient safety, clinical quality and encouraging continuous improvement

Submission of data to relevant national registries, participation in quality improvement activities, formalised approach to multi-disciplinary team review

Supporting whole practice appraisal

System to share relevant governance information with other providers; appraisal outputs inform the review of practising privileges

Raising and responding to concerns

Transparent clinical governance framework, processes to support ‘speaking up’

In the early part of 2020, we completed an assessment at Group level and believe we are in a good position to demonstrate compliance with these principles. In line with our aim for 2020 – 2021, we have now incorporated an assessment framework for hospitals into our Patient Safety

and Quality Review (PSQR) programme and shared this with hospitals so they can review their local compliance. This will to help identify the next steps in building on the systems and processes we have in place. Further peer review will also be provided as on-site PSQRs recommence at our hospitals in 2021.

Additionally, whilst MPAF is not a regulation, we believe this assessment will help hospitals to prepare for any future regulatory reviews of the ‘Well-Led’ domain by the CQC.



Our plans

Priorities for improvement 2021 – 2022

In the latter part of 2020, Spire Healthcare engaged with colleagues across the group to help select our quality priorities for the year ahead. The longlist from which priorities were selected was as follows:

Improve medication safety: a programme to review and improve safety systems that ensure that patients receive the right medication and dose at the right time, and to improve the quality and standardisation of reporting of medicine-related incidents.

Improve patients' pain management: a programme to review pain management systems and protocols to ensure patients receive the outstanding personalised care we are aiming for, and ensure we do everything we can to control their pain.

Ensure safe care of deteriorating patients: a programme to build on our work to improve the way we complete and calculate NEWS scores and use NEWS and other methods to identify and rapidly manage deterioration in a patient's condition.

Improve surgical safety systems: a programme to build on our significant progress in the reduction of never events in 2020, through wider review of safety systems, colleague training, and establishing a "safety II" culture of sharing learning from positive experiences of what goes well.

Improving patient experience: a programme to enable us better to understand the needs of our patients by involving them more widely in our decision-making processes and quality processes, taking into account different patient groups and their individual needs.

Improve our complaints processes: a programme to review and improve our complaints management systems, in particular ensuring we learn from complaints and share this learning widely across the Group to enhance patient experience.

Reduce the number of cancelled operations: a programme to review how we can improve our planning and pre-operative assessment processes to prevent operations and clinics being cancelled.

Improve the process of theatre starve/fasting times: a programme to review systems and processes to ensure all patients undergoing a surgical procedure are fasted and hydrated for optimal outcomes; this would entail reviewing admission and scheduling processes and patient information.

Clinical effectiveness – further roll out of multi-disciplinary team (MDT) patient processes: a programme to implement MDT review processes for a wider cohort of patients beyond that in place for cancer services.

In light of the continuing impact of the COVID-19 pandemic in the first three months of 2021, Spire's senior leadership took the decision to concentrate on the top quality priority identified by our colleagues: **improving patient experience**¹. Once this choice was confirmed, two patient focus groups were held to explore this topic in greater detail and a quality priority programme board and task and finish group has been established. Those involved in the programme will be adopting quality improvement methodology and we have further refined our plans to focus on three key areas of patient experience:

1. Discharge was organised and efficient
2. Admission and patient information: being informed/ everything is straight forward
3. Patient feedback and engagement

1. Discharge was organised and efficient

Why is this priority important?

Planning for discharge is as important as planning for admission, and patient satisfaction with discharge is a key indicator of overall patient experience. Organised and efficient discharge supports continuity of care and helps ensure patients know who to contact in the event of potential problems. Traditionally, satisfaction with discharge lags behind other measures of patient satisfaction used by healthcare providers.

Our aim/goals

The project team is assessing a number of potential change ideas including:

- Moving away from the using the phrase "10.00 discharge" to "mid-morning discharge" to help reduce any feelings of being rushed or ill-prepared;
- Adapting the new discharge pathway to add a two night stay, in addition to the day-case and one night stay discharge pathways;
- Designing a new standard discharge information booklet which can be personalised by each location, rather than every hospital maintaining their own

How will progress to achieve this priority be monitored by Spire Healthcare?

Based on responses to our patient survey between January and March 2021, 70% of respondents strongly agreed their discharge was organised and efficient. We will be using this benchmark to assess the impact of change initiatives in this area with progress reported through to the Quality Improvement Programme Board.

2. Admission and patient information: being informed/ everything is straight forward

Why is this priority important?

The admission process is a key part of the patient journey and another key indicator of overall patient experience. It is natural to feel anxious before hospital treatment but straightforward processes and knowing what to expect can help. Planning for admission and planning for discharge are also closely linked and can reduce the risk of potential problems during the patient's stay.

Our aim/goals

The project team is assessing a number of potential change ideas, including:

- Standard customer care training for colleagues who work 'front of house;'
- Improving communication with patients if their position on the operating list changes, which is a common cause of anxiety;
- Streamlining the written information patients are sent ahead of their admission

How will progress to achieve this priority be monitored by Spire Healthcare?

Based on responses to our patient survey between January and March 2021, 87% of respondents rated their admission experience 9 or 10 (out of 10). We will be using this benchmark to assess the impact of change initiatives in this area with progress reported through to the Quality Improvement Programme Board.

¹ This is in addition to nearly 50 other local quality improvement projects being undertaken by hospitals as part of our Quality Improvement programme.

3. Patient feedback and engagement

Why is this priority important?

We recognise that there are times when things go wrong and when this happens we want to respond to concerns and complaints swiftly and, where we can, try to put things right. We also believe it is important to ensure the insights we obtain through patient feedback result in actions to improve the patient experience, with learning shared across all our hospitals.

Our aim/goals

After reviewing the issues in this area, the project team is now evaluating a number of ideas to identify two or three practical changes to support hospitals in this area. There is a particular focus

on developing a consistent approach to managing concerns and complaints, which will ultimately lead to measurable improvements in patient experience. These ideas include a new induction/ refresher training module on responding to concerns; improving how feedback is recorded to ensure meaningful insights; and a standard framework for sharing learning.

How will progress to achieve this priority be monitored by Spire Healthcare?

The project team is also considering potential measures to demonstrate progress in this area, which will also be monitored by the Quality Improvement Programme Board.

Review and assurance

Data quality

2020 – 2021 was heavily disrupted as a result of the pandemic. During this time, Spire Healthcare hospitals focused a great deal of effort and resources on supporting the NHS, rather than undertaking our business-as-usual activities.

As a result, the volumes reported through Secondary Uses Service (SUS) were significantly below our usual annual levels. Our data quality, however, was maintained at the high levels that we have seen historically, at a time when we also successfully delivered against the additional reporting requirements in place during the pandemic.

Our overall data quality measures continued to exceed the required national standards, and our hospitals and central NHS management information team continued to deliver on the core areas we see as underpinning our strategy:

- National data set reporting;
- SUS (Commissioning Data Set); and
- UNIFY submissions and clinical coding to support Payment by Results

As we emerge from the disruption of the pandemic, we will continue to refine and develop our monthly reporting packs for our commissioners as we seek to ensure that we provide clear, timely and consistent performance and Key Performance Indicator information.

The tables below show Spire Healthcare’s Secondary Uses Services data quality performance for April 2020 to March 2021 as issued by NHS Digital in April 2021. We are pleased again to report that we have market-leading data quality. Against each element, Spire Healthcare is highly rated, continues to equal or exceed the required standard and is significantly ahead of the national average.

Secondary Uses Service data for April 2020 to March 2021, as issued by NHS Digital in April 2021

Spire Healthcare outpatient data, based upon 290,260 activities

Data item	% valid
NHS number	100
Patient pathway	100
Treatment function	100
Main specialty	100
Registered GP practice	99.8
Postcode	100
Organisation of residence	99.2
Commissioner	100
First attendance	100
Attendance indicator	100
Referral source	100
Referral received date	100
Attendance outcome	100
Priority type	100
OP primary procedure	100
Operation status	100
Ethnic category	100
Site of treatment	100
HRG4	100

Spire Healthcare admitted patient data, based upon 37,602 activities

Data item	% valid
NHS number	100
Patient pathway	100
Treatment function	100
Main specialty	100
Registered GP practice	99.3
Postcode	100
Organisation of residence	100
Commissioner	100
Ethnic category	100
Primary diagnosis	100
Primary procedure	100
Site of treatment	100
HRG4	100



Clinical coding

Our in-house clinical coding team of three, led by our Head of Clinical Coding and Audit Assurance, continues to achieve high accuracy levels with their rolling programme of audit and reviews of our inpatient and daycase activity. The team, who are all NHS Digital Approved Clinical Coding Auditors, strive to identify areas in need of improvement and work closely with the hospital sites and the external clinical coding team to ensure that regular support and feedback is given to protect our high accuracy levels. Additional coding education is delivered to Consultants and hospital colleagues, and clinician validation documents are regularly reviewed and updated when new guidance is published.

Clinical coding accuracy

Spire Healthcare undertakes comprehensive internal audits across the Group, following the NHS Digital clinical coding audit methodology v15.0. This provides assurance that coding error rates and HRG errors are being maintained at acceptable levels. Due to COVID-19, and the way that NHS activity was clinically coded during the pandemic, our external audit for activity during 2020 – 2021 was postponed until mid-2021. Previous results gave an overall HRG error rate for 2019 – 2020 of 4.5%, which was the same as 2018 – 2019. Benchmarked against the 2013 – 2014 national results, the coding at Spire Healthcare hospitals in 2019 – 2020 was still in the best performing 25% of NHS providers (<=5.2%). Primary procedure recording remained the same in 2019 – 2020 as 2018 – 2019 at 97%, as did primary diagnosis accuracy at 96% and secondary procedure at 95%. Secondary diagnosis coding accuracy improved by 1% in 2019 – 2020 to 97% resulting in the overall coding accuracy for 2019 – 2020 achieving DPST ‘advisory’ level (previously known as IGT level 3).

Counter fraud

We continue to work on our fraud risk assessment with TIAA, our retained external advisers, with whom we have been working for six years, and are working through our three-year rolling strategic work plan. The plan, which cross-references both the risk assessment and NHS Counter Fraud Authority standards, allows for adjustment as any specific risk areas are identified from year to year. The work plan also allows for proactive exercises in areas known to be of general risk. During 2020 – 2021, TIAA continued to provide briefing notes on ‘fraud hot topics’ which have been disseminated to relevant areas of the business, and they undertook a thematic review of our fraud risk and controls in light of the COVID-19 crisis. There were no major deficiencies noted.

We submitted our sixth counter fraud self-assessment tool return to the NHS Counter Fraud Authority in May 2021. Our submission is stable against the prior year, except for the new areas included in the return that are applicable from 1 April 2021; these are a) fraud risk assessments in line with the Government Counter Fraud Profession methodology and b) annual outcome-based metrics to evidence improvement. The Group Financial Controller is our nominated Fraud Champion. In total, against the 13 standards, seven were fully met, three partially met and three not met. The three not met are the two new areas set out above, and the use of the NHS case management system for investigations; the latter was not met because Spire Healthcare did not have any investigations carried out by its Counter Fraud Specialists in 2020 – 2021.

Clinical audit

Whilst participation and data entry was not mandated in 2020 during the COVID-19 pandemic, five national clinical audits covered the NHS services that Spire Healthcare provides. During that period, Spire Healthcare participated in 100% of the national clinical audits and national confidential enquiries in which it was eligible to participate.

The national clinical audits in which Spire Healthcare was eligible to participate during 2020 are as follows:

- National elective surgery: PROMs: patients undergoing hip replacement and knee replacement in England;
- National Joint Registry (NJR): hip and knee replacement;
- Adult cardiac surgery: coronary artery bypass graft (CABG) and valvular surgery;
- Heart: coronary angioplasty (percutaneous coronary interventions);
- National Heart Rhythm Management Audit.

The national clinical audits that Spire Healthcare participated in during 2020 are as follows:

- National elective surgery: PROMs: patients undergoing hip replacement and knee replacement in England;
- NJR: hip and knee replacement;
- Adult cardiac surgery: CABG and valvular surgery;
- Heart: coronary angioplasty (percutaneous coronary interventions);
- National Heart Rhythm Management Audit

The national clinical audits in which Spire Healthcare participated, and for which data collection was completed during 2020, are listed as follows, alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry:

- National elective surgery PROMs: patients undergoing hip replacement and knee replacement in England – 95% based on participation rates for 2019 – 2020, published by NHS Digital in August 2020;
- NJR: hip and knee replacement – information unavailable (the cases submitted include a mix of both privately funded and NHS patients);
- Adult cardiac surgery: CABG and valvular surgery information unavailable (the cases submitted include a mix of both privately funded and NHS patients);
- Heart: coronary angioplasty (percutaneous coronary interventions) – information unavailable (the cases submitted include a mix of both privately funded and NHS patients);
- National Heart Rhythm Management Audit – information unavailable (the cases submitted include a mix of both privately funded and NHS patients)

As a result of these audits, Spire Healthcare intends to take the following actions to improve the quality of healthcare provided:

- Whilst our PROMs participation rates remained high in 2019 – 2020, we did see a fall in responses after March 2020, due to the pause of some routine activities to focus on the response to the COVID-19 pandemic. We will be working with our PROMs partner (My Clinical Outcomes) and Consultants undertaking hip and knee replacement procedures to help return completion rates to the levels seen prior to the COVID-19 pandemic. We will also be undertaking a wider review of patient report outcomes reported over a three-year period to help identify any key themes and shared learning;
- Spire Healthcare hospitals moved to the NJR’s new online platform to complete the data quality audits for 2018 – 2019 and 2019 – 2020 and we will undertake the retrospective audit for 2020 – 2021 in the coming months. We will also continue to review data outliers in line with the

process defined in our medical governance and assurance policy, when notified by the NJR;

- Spire Healthcare is also participating in a pilot coordinated by IHPN and Health Quality Improvement Partnership, which is seeking to establish a framework to extend the range of national audits open to participation from independent sector hospitals. This was set to focus on two audits initially but was placed on hold due to the pandemic. We anticipate that this will recommence later in 2021

Research

A number of patients receiving NHS services provided or subcontracted by Spire Healthcare in 2020 – 2021 were recruited during the year to participate in research approved by a research ethics committee. In the majority of these cases, Spire Healthcare provided an ancillary service (eg scans or investigations) to support primary research undertaken elsewhere (eg by a contract research organisation or NHS Trust).

CQC inspections

A list on the CQC ratings of each of our hospital, together with the date of their most recent inspection and report, is shown below.

Hospital	Inspection date	Publication date	Overall rating
Spire Alexandra	19-Dec-16	06-Sep-17	Requires Improvement
Spire Bristol	14-Sep-16	12-Apr-17	Good
Spire Bushey	12-Jan-21	19-Mar-21	Good
Spire Cambridge Lea	06-Jun-16	05-Dec-16	Good
Spire Cheshire	18-Oct-16	17-May-17	Outstanding
Spire Clare Park	30-May-18	16-Aug-18	Good
Spire Dunedin	12-Apr-16	03-Oct-16	Good
Spire Elland	09-Aug-16	21-Mar-17	Good
Spire Fylde Coast	08-Apr-19	02-Sep-19	Good
Spire Gatwick Park	09-Jun-15	04-Jan-16	Requires Improvement
Spire Harpenden	12-Apr-16	09-Jan-17	Good
Spire Hartswood	21-Jan-20	27-Apr-20	Good
Spire Hessewood Clinic	18-Sep-18	22-Nov-18	Good
Spire Hull and East Riding	18-Sep-18	15-Nov-18	Good
Spire Leeds	02-Mar-20	01-Jun-20	Good
Spire Leicester	11-Aug-15	19-Feb-16	Good
Spire Little Aston	11-Jun-19	18-Nov-19	Good
Spire Liverpool	23-Apr-19	01-Aug-19	Good
Spire London East	05-Nov-19	11-Feb-20	Good
Spire Manchester	05-Feb-19	24-Jun-19	Outstanding
Spire Methley Park	01-Nov-16	29-Mar-17	Good
Montefiore	23-Jan-17	05-Jun-17	Outstanding
Spire Murrayfield Wirral	20-Sep-16	07-Apr-17	Requires Improvement
Spire Norwich	13-Apr-16	30-Aug-16	Good
Spire Nottingham	05-Feb-18	01-Jun-18	Outstanding
Spire Parkway	17-Sep-19	09-Dec-19	Good
Spire Portsmouth	13-Apr-16	07-Sep-16	Good
Spire Regency	11-Oct-16	16-Feb-17	Good
Spire South Bank	16-Aug-16	22-Feb-17	Requires Improvement
Spire Southampton	16-Jul-19	26-Nov-19	Good
Spire St Anthony's	29-Oct-19	28-Apr-20	Good
Spire Sussex	19-Dec-16	13-Apr-17	Outstanding
Spire Thames Valley	06-Nov-19	03-Feb-20	Good
Spire Tunbridge Wells	26-Jul-16	17-Nov-16	Good
Spire Washington	04-Dec-19	08-May-20	Good
Spire Wellesley	19-Jun-18	12-Sep-18	Good



Hospital performance data

Hospital	Unplanned return to theatre per 100 theatre episodes	Unplanned readmission per 100 inpatient/daycase admissions	Critical care transfers per 100 inpatient/daycase admissions	Surgical site infection following hip and knee replacement per 100 cases	MRSA bacteraemia per 10,000 bed days	MSSA bacteraemia per 10,000 bed days	E-coli bacteraemia per 10,000 bed days	Clostridium Difficile Infection per 10,000 bed days	Inpatient falls per 1,000 bed days	The Friends and Family Test
Alexandra	0.08	0.23	0.00	0.00	0.00	0.00	0.00	0.00	3.39	96
Bristol	0.17	0.16	0.07	0.00	0.00	0.00	0.00	0.00	1.26	96
Bushey	0.13	0.17	0.10	0.20	0.00	0.00	0.00	1.99	2.39	91
Cambridge Lea	0.04	0.02	0.00	0.00	0.00	0.00	0.00	0.00	2.06	97
Cardiff	0.20	0.14	0.07	0.00	0.00	0.00	0.00	0.00	1.46	97
Cheshire	0.06	0.11	0.04	0.00	0.00	0.00	0.00	0.00	1.41	94
Clare Park	0.15	0.09	0.05	0.00	0.00	0.00	0.00	0.00	5.39	95
Dunedin	0.14	0.12	0.00	0.00	0.00	0.00	0.00	0.00	2.43	94
Edinburgh	0.15	0.21	0.08	0.00	0.00	0.00	0.00	0.00	2.87	96
Elland	0.09	0.13	0.00	0.00	0.00	0.00	0.00	0.00	6.20	98
Fylde Coast	0.03	0.10	0.12	0.00	0.00	0.00	0.00	0.00	5.94	97
Gatwick Park	0.21	0.04	0.07	0.00	0.00	0.00	0.00	0.00	1.47	95
Harpenden	0.10	0.17	0.01	0.00	0.00	0.00	4.11	0.00	2.06	97
Hartwood	0.13	0.05	0.03	0.40	0.00	0.00	10.08	0.00	4.03	97
Hull	0.14	0.12	0.02	0.00	0.00	0.00	3.15	0.00	2.20	95
Leeds	0.04	0.16	0.03	0.00	0.00	0.00	0.00	0.00	4.08	95
Leicester	0.18	0.08	0.08	0.32	4.81	0.00	0.00	4.81	0.48	98
Little Aston	0.09	0.05	0.05	0.20	0.00	0.00	0.00	0.00	2.95	97
Liverpool	0.02	0.16	0.00	0.51	0.00	0.00	0.00	0.00	1.00	98
London East	0.00	0.14	0.02	0.00	0.00	0.00	10.52	0.00	3.15	93
Manchester	0.23	0.48	0.07	0.35	0.00	0.00	0.00	0.00	1.67	94
Methley Park	0.08	0.07	0.00	0.00	0.00	0.00	0.00	0.00	2.90	97
Montefiore	0.20	0.07	0.09	0.25	0.00	4.37	0.00	0.00	4.37	94
Norwich	0.13	0.09	0.05	0.00	0.00	0.00	1.74	0.00	2.78	97
Nottingham	0.14	0.09	0.07	0.00	0.00	0.00	0.00	0.00	1.82	95
Parkway	0.14	0.29	0.05	0.40	0.00	0.00	0.00	0.00	1.38	97
Portsmouth	0.07	0.05	0.04	0.00	0.00	0.00	0.00	0.00	4.17	97
Regency	0.11	0.00	0.07	0.22	0.00	0.00	0.00	0.00	0.85	94
South Bank	0.19	0.07	0.07	0.00	0.00	0.00	0.00	0.00	2.28	98
Southampton	0.23	0.12	0.03	0.21	0.00	0.00	0.00	0.00	1.67	95
St. Anthony's	0.21	0.19	0.15	0.00	0.00	2.88	0.00	0.00	3.45	93
Sussex	0.00	0.04	0.00	0.00	0.00	0.00	0.00	0.00	3.42	95
Thames Valley	0.07	0.09	0.06	0.36	0.00	0.00	0.00	0.00	3.29	95
Tunbridge Wells	0.14	0.31	0.04	0.00	0.00	0.00	0.00	0.00	1.32	97
Washington	0.00	0.09	0.02	0.00	0.00	0.00	0.00	0.00	1.42	96
Wellesley	0.14	0.15	0.00	0.26	0.00	0.00	0.00	0.00	1.37	96
Wirral	0.03	0.12	0.03	0.00	0.00	0.00	0.00	0.00	1.48	95
Yale	0.05	0.15	0.03	0.00	0.00	0.00	0.00	0.00	5.13	96

Clinical indicator data refer to calendar year 2020 and include both NHS and privately-funded patients admitted for treatment to Spire Healthcare hospitals in England.

Data is not adjusted for case mix so direct comparisons between hospitals of different sizes and with differences in case mix complexity may not be appropriate.

Bed day calculations are based on inpatient total length of stay and exclude daycase admissions.

Because independent sector organisations admit a higher proportion of daycases than the NHS, rates published for MRSA, MSSA and E-coli bacteraemia and Clostridium Difficile infection may appear high for hospitals that admit smaller numbers of inpatients.

Friends and Family Test ratings are based on the percentage of patients responding “very good” or “good” to overall hospital experience.

CCG statement

NHS Liverpool Clinical Commissioning Group Quality Account Statement 2020 – 2021 Spire Healthcare

NHS Liverpool CCG welcomes the opportunity to comment on the Draft Quality Account for Spire Healthcare for 2020 – 2021. It is acknowledged that the Account reflects the national picture of Spire Healthcare. We welcome a copy of the final version.

Spire has had an unprecedented year with the onset of the COVID-19 pandemic. We would like to take this opportunity to thank Spire and its staff for the work it has undertaken through the different waves of the pandemic to adapt, deliver care and offer mutual aid in unprecedented times.

We have worked closely with Spire throughout 2020 – 2021, at our quarterly contract and quality review meetings and other forums, to gain assurances that the services it delivered were safe, effective, and personalised to service users. The CCG shares the fundamental aims of Spire and supports its strategy to deliver high quality, harm-free care. The Account reflects very good progress on indicators.

This Account indicates Spire's commitment to improving the quality of the services it provides and supports the key priorities for improvement of quality, identifying three priorities for 2020 – 2021:

- Every Spire Healthcare hospital and clinic inspected by the CQC in 2020 to be rated at least 'Good';
- Take forward an action plan incorporating Getting it Right First Time's (GIRFT's) recommendations for Spire Healthcare, following their review of orthopaedic and spinal surgery;
- All hospitals to review their compliance with the Medical Practitioners Assurance Framework (MPAF)

This is a comprehensive report, which is honest, reflective, and clearly demonstrates progress and ambition within Spire. It identifies where

the organisation has done well, where further improvement is required and what actions are needed to achieve these goals.

Through this Quality Account and on-going quality assurance process, Spire clearly demonstrates its commitment and ambition to improving the quality of care and services delivered, including ongoing associated research, audit, and innovation.

Spire places significant emphasis on its safety agenda, demonstrating commitment to continuous evidence-based quality improvement and promotion of a fair and just culture. This is reflected in the work Spire has undertaken with its staff to select quality priorities for the coming year, including: improve medication safety, ensure safe care of deteriorating patients and improve surgical safety systems.

The work that Spire has undertaken to improve outcomes on the following workstreams are of particular note:

- Offering mutual aid to NHS Trusts, including diagnostics and surgery;
- Supporting staff wellbeing and mental health throughout the pandemic;
- No COVID-19 related deaths in 2020 – 2021;
- Adapting to virtual consultations, by investing in digital capabilities;
- £2.7m investment in Spire Liverpool theatre suite refurbishment;
- Reduction in Never Events from 17 to 8;
- 48 hours flash reports, to share serious incidents with senior managers across the organisation;
- Safety bulletins to embed a safety culture;
- Freedom to Speak Up, culture and supporting mechanisms;
- Virtual patient safety and quality reviews;
- Electronic pre-operative assessments (EPoA);
- A 10-year carbon reduction plan

The CCG acknowledges Spire's work with commissioners and the continued involvement of patients and carers in developing options for the future, based on strong clinical evidence and the most rigorous standards of quality. It acknowledges the work that is taking place to improve the complaints processes and improve patient experience.

The CCG further acknowledges the work that is being undertaken to continue to take forward the GIRFT recommendations and the incorporation of MPAF into the patient safety and quality review programme.

Commissioners are aspiring, through strategic objectives and five-year plans, to develop an NHS that delivers great outcomes, now and for future generations. This means reflecting the government's objectives for the NHS set out in their mandate to us, adding our own stretching ambitions for improving health and delivering better services to go even further to tailor care to the local health economy. Providing high quality care and achieving excellent outcomes for our patients is the central focus of our work and is paramount to our success.

It is felt that the priorities for improvement identified for the coming year are reflective of the current issues across the health economy. We therefore commend Spire in taking account of opportunities to further improve the delivery of excellent, compassionate, and safe care for every patient, every time.



Jane Lunt
Chief Nurse
NHS Liverpool CCG



(Signed on behalf of the Chief Nurses for Liverpool, South Sefton, Southport and Formby and Knowsley CCGs)

Contact us

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