



Spire Healthcare

H1 2021 quality governance report

Looking after you.

Contents

CEO's statement	4
Statement from the Group Clinical Director and Group Medical Director	6
Congratulations to	9
Regulatory inspections	10
Safe care and treatment	11
Public Health England (PHE) reportable infections	16
Transfers out	17
Supporting our people	18
Protection from abuse	22
Assurance processes, monitoring and risk management	23
Medical professional standards	25
Patient satisfaction: the friends and family test	27
Complaints	29

CEO's Statement



Like the healthcare sector as a whole, 2021 so far has been dominated by the COVID-19 pandemic and the gradual recovery from it. As we had done during most of 2020, we put our services, facilities, colleagues and equipment at the disposal of the NHS during the first three months of the year, under a contract, which we signed, along with the rest of the independent sector. This period saw the NHS at its most stretched, as it responded to the peak in COVID cases and hospitalisations. We were able to provide diagnoses and treatment for NHS patients, many of them requiring cancer, cardiac and urgent care, helping to relieve pressure on NHS hospitals, and allowing them to focus on treating COVID patients.

In total, between the start of the NHS contract in March 2020 and the end of March 2021, we cared for more than 260,000 NHS patients across the country. This included almost 32,000 admissions of cancer patients. At the end of June, we were very proud to be named Best Healthcare Provider Partnership with the NHS, in the HSJ Partnership Awards, a tribute to all the work our teams had done, together with NHS colleagues, during the pandemic.

During the spring, our attention turned towards helping to address rising waiting lists and waiting times, both by continuing to treat and diagnose NHS patients, and by ramping up our services for insured and self-paying patients. We also devoted considerable attention to maximising capacity in our hospitals, so that we could treat as many patients as possible.

It will take many months if not years, for the healthcare sector to recover from the impact of the pandemic, and the final waiting list figures published in H1 showed that there were over 5.1million patients waiting for NHS treatment. We are determined to continue to play a full role in helping the sector to recover, and providing waiting patients with the care they need. I am immensely proud of the contribution our colleagues have made during the pandemic, and I know they will continue to do everything that is asked of them, in the months ahead.

Away from the pandemic, we continued our programme of investing in our estate and in the highest quality equipment and facilities. We unveiled new MRI and CT scanners at our Cambridge, Hartswood and Leicester hospitals among others, installed a new, mobile operating theatre at Spire Norwich, enabling us to increase capacity, and expanded our car park at Spire Bristol. £90 – 95m capital investment is planned for 2021.

Another priority during the period was investing in our colleagues. We dedicated significant effort to looking after colleagues' health and wellbeing at a time when people had been working flat out for many months to care for patients.

Meanwhile, our series of colleague networks and engagement survey helped us stay close to the things that matter most to our people. In our March 2021 survey, 84% of colleagues said they were proud to work for Spire Healthcare, up from 80% in July 2020. We also continued to develop our leadership and apprenticeship programmes, including launching a major new nursing apprenticeship scheme (see more on pages 19 – 20).

Finally, I should note that the first half of 2021 saw a bid by Ramsay Health Care to acquire Spire Healthcare. Although our Board supported the proposed transaction with Ramsay and had a duty to put it to shareholders, we also stated throughout the process that we continue to be well-positioned for success as a standalone business. Ultimately, our shareholders voted not to accept Ramsay's offer. This period of uncertainty is now behind us, and we remain focused on our Purpose of making a positive difference to our patients' lives through outstanding personalised care.

Justin Ash

Chief Executive Officer

Statement from the Group Clinical Director and Group Medical Director



This introduction is a joint statement from us both, as Medical Director and Clinical Director, underlying our shared commitment to ensuring that quality underpins everything we do.

The first quarter saw us continue to support the NHS in its pandemic response, under the national contract between the independent sector and the NHS. This period saw the second major peak of the pandemic, and our colleagues, having already delivered outstanding care during the first ten months of COVID, performed superlatively under extraordinary stresses and pressures. We also supported Consultants who came to work with us, both those who have practising privileges with us and those who came over to provide services to NHS patients in our hospitals.



The second quarter saw a move back towards our normal business, but we continued to face challenges and pressures, together with the rest of the sector, in our efforts to address the backlog in treatment resulting from the pandemic. During this quarter, our focus was on supporting our colleagues and Consultant partners and upholding the highest quality standards.

Throughout the period as a whole, we maintained all of the measures we had put in place in 2020 to keep our sites COVID-secure and our colleagues, Consultants and patients safe, including safe patient pathways, restrictions on visitors and regular testing of colleagues and Consultants. We also maintained the enhanced pandemic governance and assurance processes we had put in place during 2020 and we would like to record our thanks to our non-executive Director, Dame Janet Husband, for all her work in overseeing this, as well as to our Medical Advisory Committees, for their support and guidance.

One positive consequence of the pandemic is that we developed positive working partnerships with the NHS across the country, both at local level, where often there was a limited relationship and understanding of our capabilities beforehand, and at national level, where we now have close contact with the Chief Nurse for England and other senior leaders. These relationships will be invaluable in helping to tackle the backlog. We were delighted that our partnership with the NHS was recognised by the HSJ in awarding us the Best Provider Partnership with the NHS award at their Partnership Awards in June.

Another benefit arising from the pandemic was that we reached an agreement with the NHS to welcome surgeons and anaesthetists in training to undertake placements in our hospitals. Several hundred doctors in training worked in our hospitals in 2020 and the first quarter of 2021, and we want to build on this foundation and provide further training opportunities in the future, as requested by NHS partners.

Aside from the pandemic, one key focus during the period was the launch of our Quality Improvement Strategy in April (see page 24). This is designed to build on the progress on safety and quality made in recent years, and introduce quality improvement methodology throughout the business to create a quality improvement culture. Almost 100 colleagues have been trained as quality improvement practitioners to date, and almost 50 quality improvement projects are under way. We carried out a colleague consultation to decide on our quality priority for the year, and 'Improving patient experience' was chosen from a list of 10. There are three elements to this: improving the admissions process, improving the discharge process and ensuring we listen to patient feedback and engagement, including complaints, concerns and compliments.

The first half of 2021 saw us continue our work to implement the recommendations of the Independent Inquiry into Ian Paterson, which reported in early 2020. We continued to provide advice to those who took up our offer of support, and where appropriate, follow-up treatment.

In recent years, we have had to review the practice of a number of doctors, including Ian Paterson, contacting patients and speaking to them about their care. There is no national best practice standard for undertaking these reviews and communicating with patients, and we have been developing our own guidance on how to carry these out, based on our own experiences. We have worked with the Patients Association to hear and understand patients' insights and ensure that these are reflected as we develop the guidance. We have shared our guidance with the NHS and with the wider independent sector, and over the coming months, we will be jointly leading a piece of work involving regulators, the NHS and government as part of the response to the Paterson Inquiry to develop a national toolkit for patient reviews and recalls.

Spire Healthcare is determined to play its part in addressing the shortage of clinical staff across the healthcare sector by recruiting and retraining great colleagues and providing opportunities for clinical leaders of the future to develop themselves. In the spring, we launched a major new nurse degree apprenticeship programme in our hospitals in England, in partnership with the University of Sunderland. The nurse degree apprenticeship is open to applicants at all stages of life, including school leavers, university graduates and people looking to retrain. The programme combines university study and workplace learning and apprentices obtain a BSc degree at the end. Around 5,000 people initially applied to the programme, with around 175 offers being made. 15% of the successful candidates were colleagues already working at Spire.

During the period, we also launched a new development programme for theatre managers and our Step Up and Stretch initiative for future leaders across the business.

Other developments during the first half of 2021 included:

- Piloting of electronic pre-operative assessment in three pilot sites, following initial pilots in 2020, and full rollout in four of our sites. We anticipate completing a full rollout across all of our hospitals by the end of the year
- A continued pause on regular inspections by the CQC, although they did carry out one focused visit to Spire Bushey in January 2021, which resulted in valuable learning for the hospital

- Continued good use, by colleagues, of our Freedom to Speak Up Guardians. Reports produced by the Guardians are collated, with key themes shared with the Board to allow learning and follow-up actions. Our thanks go to all the Guardians across the country for their dedication and hard work during the period
- A restart following the peaks of the pandemic, in a virtual format, to our national conferences, which bring together key colleagues to share best practice and learning. We held conferences for our pharmacy managers, physiotherapy managers and sterile services department leads

Our priority for the second half of the year is the development of an integrated quality assurance and governance framework, with new key performance indicators. This will build on progress made in recent years and will provide a further improved mechanism for the Board and senior management to oversee performance and quality.

Finally, we would like to place on record our thanks and admiration to all our colleagues and Consultants for their unstinting commitment and compassion during the pandemic; a time that, for many, has been the most challenging and stressful period in their working lives.

Alison Dickinson
Group Clinical Director

Dr Catherine Cale
Group Medical Director

Congratulations to



Tracy Coates
Specialist Clinical Services Director

Tracy Coates, our Specialist Clinical Services Director, who has taken on an additional role as patient safety specialist, a designated role which all organisations caring for NHS patients must have. Tracy's focus is on ensuring that we are a learning organisation in everything we do. Tracy also represents independent healthcare organisations on the national Perioperative Care Collaborative, which aims to enhance perioperative patients' experience through sharing best practice and guidance.



Andrea O'Connell
Quality Governance Director

Andrea O'Connell, who has taken up the role of Quality Governance Director. Andrea has advised on various patient notification exercises within Spire over the past two years, and previously, she worked in the NHS, including a spell as Director of Quality and Nursing at a large CCG. Since taking up her new role, she has overseen the development of the new quality assurance framework and other priorities include reviewing incident reporting procedures.



Dr Suzy Lishman CBE
Medical Examiner, Spire Healthcare

We have also embedded, throughout the business, of the role of our Medical Examiner, Dr Suzy Lishman, following her appointment in 2020 – the first such examiner to be appointed in the sector. Suzy's role is to investigate all patient deaths and she has received positive feedback for her work from bereaved relatives and our own teams. Suzy has commented that It has been a pleasure to work with colleagues at Spire over the last year to review deaths, identify areas for improvement and see changes made rapidly for the benefit of future patients.

Regulatory inspections

With regulatory inspections mostly on hold for the first half 2021 due to the pandemic, Spire saw only one focussed onsite inspection at Spire Bushey Hospital in the period. All of our registered hospitals in England had a virtual review as part of the Care Quality Commission's (CQC) Transitional Monitoring Approach (TMA), which was an effective way to continue to regulate during this challenging time. We welcome these reviews continuing as part of the CQC's new framework for inspection, as they have allowed us to work more in partnership with the regulators than was previously possible.

There has been no change to hospital overall ratings across the Spire group to date in 2021, with 89% of Spire CQC registered services currently rated 'Good' or 'Outstanding', and only four hospitals rated Requires Improvement.

We welcome CQC's inspection programme restarting from 1 July, and particularly for those sites who have a historic Requires Improvement rating from 2015 – 2016 and who have not had the opportunity to demonstrate the many improvements made to safety systems, processes, environments and culture. CQC have committed to inspecting all sites with this rating in this inspection year, which concludes in March 2022.

Following the very positive report from Healthcare Improvement Scotland (HIS) of their inspection at Spire Murrayfield Hospital, Edinburgh in November, whereby the hospital was rated Exceptional, and the two positive virtual reviews completed by Healthcare Inspectorate Wales (HIW) at Spire Cardiff and Yale in 2020, we are looking forward to both regulators restarting their inspection programmes from 1 July also.

CQC published its new strategy in May 2021, which focusses on four main areas – People and communities, Smarter regulation, Safety through learning and Accelerating improvement. Spire had an opportunity to contribute to the development of this through a wide public and provider consultation process. CQC's strategy is built on two key objectives – assessing local systems and tackling inequalities in health and care.

The new smarter regulation framework will mean more agile inspecting that is focussed on key areas, and a greater opportunity for ratings to be published more regularly based on a blended approach to regulating. This will mean the public have an up to date view of the care they are likely to receive, and ratings will reflect improvement in real time.

The greater focus on regulation driven by people's needs and experiences with a focus on what's important to people and communities aligns to Spire's Purpose which is to make a positive difference to our patients' lives through outstanding personalised care and our national Quality Improvement initiative of improving patient experience. We are constantly striving to collaborate and involve patients more closely in our decision-making through a wide range of initiatives and we welcome new platforms CQC are developing to support this work.

Our internal assurance processes continue and we have a team of clinical specialists supporting improvement throughout the organisation both onsite and virtually through regular patient safety and quality reviews.

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 30 June 2021

Safe care and treatment

Safer patient and colleague pathways

As the COVID-19 pandemic continued into 2021, our safer patient/colleague clinical and operational red, amber and green pathways have remained in place across all Hospitals in line with national guidance.

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 screened on arrival 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 systemic anticancer therapy (SACT) at our hospitals, are also managed on the amber pathway. Our SACT 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 ahead of admission and be screened on arrival.

Operationally to support the red, amber and green pathways a vast majority of our colleagues work within a designated pathway. All colleagues are part of a rigorous COVID 19 testing programme. Our colleagues have had access to COVID 19 vaccinations and uptake across hospital and central functions colleagues has been very high.

Infection Prevention and Control (IPC)

Infection prevention and control standards continued to remain a priority during the first part of 2021 to ensure that our patients, colleagues and visitors were safe. As the pandemic continued

into 2021, we continued to implement and adhere to Public Health England (PHE) guidance with regards to the prevention and management of COVID-19 infection. The COVID-19 IPC assurance framework was updated to align with changes made by PHE and all hospitals were required to complete 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.

Our strict adherence to IPC guidance, implementation of government guidelines and high IPC standards and practices has ensured that we have not had any cases of hospital acquired COVID-19 infections across all our hospitals during the first six months of 2021.

In January, our annual IPC programme was released which aims to reduce avoidable infections through the provision of safe and effective care delivered by skilled and competent staff in a clean, safe environment in line with the requirements of the Health and Social Care Act 2008: A code of practice for the prevention and control of infection 2015. The programme not only addresses national and local priorities but also includes national IPC quality improvement standards alongside other national guidance, policy documents and regulatory standards. Embedding quality standards contributes to improvements in rate reduction and avoidable harm from infection.

Our hospital IPC Nurses play a key role in ensuring we maintain the highest standards of infection prevention and control and throughout the pandemic, they have not only supported their hospital but also other hospitals and our national lead. They have ensured our hospitals are COVID – secure and we cannot thank them enough for everything they have done.

During April, Spire Healthcare launched the NHS ‘Every Action Counts’ campaign designed to provide information, resources, and ideas to hospitals to address the barriers to behavioral compliance with IPC measures. It included

resources and tools targeting compliance and awareness, leadership, morale and wellbeing, training, operational interventions and further embeds the role of IPC champions in our hospitals.

On 5 May 2021, we celebrated the WHO World Hand Hygiene Day and incorporated it with ‘gloves off’ week, this was a timely opportunity for us to raise awareness of the importance of good hand hygiene and the correct use of gloves.

Patient safety – serious incidents requiring investigation

All reported Serious Incidents Requiring Investigation (SIRI’s) are reviewed at the weekly national Incident Review Working Group (IRWG) meeting, which is chaired by the Quality Governance Director, and attendees include the Medical Governance Director, Specialist Clinical Directors, Regional Director of Clinical Services and Regional Medical Directors. All SIRI’s submitted the previous week are reviewed at the meeting and a decision is made on the level of investigation required and including the need for specialist input. The IRWG have oversight that the appropriate statutory duty of candour triggers have been considered and applied.

Any incidents identified as meeting the NHS England Serious Incident Framework threshold have a root cause analysis undertaken and specialist advice is sought when required.

NHS England serious incident framework

In total for the first half of 2021, we reported 63 incidents that were classified as meeting the serious incident framework threshold. All of these

incidents were investigated thoroughly to ensure that we identified any learning that may help prevent future occurrences and improve patient safety. Overall, 93% of clinical incidents reported by our hospitals resulted in no or low harm to patients.

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”.

According to the NHS England guidance, 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 use; 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

We analyse the learning from patient safety incidents on a monthly and quarterly basis and present our findings to the Safety, Quality and Risk Committee (Executive) and the Clinical Governance

Serious incident indicator	Incident description	Number (Jul – Dec 2020)
Never event	Never event	6
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 use or serious harm	Delayed diagnosis	4
	Consultant treatment plan	7
	Surgery complications	35
	Anaesthetic complication	2
	Procedure complication (not surgical)	1
	Skin integrity/diathermy burn	5
Actual or alleged abuse	Alleged abuse	1
Death	Death within 31 days of surgery	2

Fig. 2 Serious Incidents Breakdown (as per NHSE Definition)

and Safety Committee (PLC Board). We have a number of ways to cascade learning from patient safety incidents and these include training and education, updating policies, 48 hour flash reports and monthly safety bulletins, as well as regular communications with our Medical Advisory Committee chairs and consultant partners.

From January to June 2021 there were 56, 48 hour flash reports and 6 Safety bulletins.

Examples of 48 flash reports in 2021 were:

- 48 Hour Flash 333: Safe storage of patient’s own medication (February 2021)
- 48 Hour Flash 346: learning from never event – retained foreign object (March 2021)
- 48 Hour Flash 351: learning from never event – wrong implant (April 2021)
- 48 Hour Flash 363: expired emergency theatre drugs (June 2021)

Examples of Safety bulletins in 2021 are:

- EL(21)A/10: Ennogen Pharma Ltd Trimethoprim 200mg tablets PL-40147/003 (April 2021)

48 hour flash reports

Circulated by our 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, eg NICE and clinical regulations, and shared learning (a more detailed description of learning and action taken following a specific incident or complaint).

- MDS-20-3801: recall of BD Venflon Pro Safety IV cannula (May 2021)
- Good Practice Flash 88: two prevented never events of wrong orthopaedic implants (May 2021)
- NatPSA/2021/003/MHRA: eliminating risk of inadvertent connection to medical air via flowmeter (June 2021)

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.

We have 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 and focus’ on the five steps to safer surgery:

- Theatre team safety brief (before the start of every operating theatre list);
- Sign-in, time-out and sign-out (for every individual operation) and
- Team de-brief (at the end of every theatre list)

The 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 first half of 2021, our hospitals reported six Never Events. There were two defined as wrong implants, one retention of foreign body and three

wrong site/side surgery. Four of these never events occurred in the operating theatre, one in Radiology and one in the out-patients department.

All reported Never Events generate a 48 hour Flash report from our Group Clinical Director. This 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. A face-to-face debrief with the team involved, will be held to encompass any immediate learning. We also hold reflective discussions of the event to ensure we capture wider learning.

Investigations into reported Never Events are undertaken independently from the hospital, generally by a member of the national Clinical Services team or a senior member of staff from another Spire Healthcare hospital.

We also produced a video of a perioperative team’s experience and learnings after being involved in a wrong site block. This was shortlisted for a national patient safety award in 2021.

Deaths within 31 days of surgery

The Medical Examiner role came into nonstatutory 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. 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
- 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 each 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. The Medical Examiner will identify whether a Root Cause Analysis investigation is needed. The Hospital maintains contact with family members throughout the process.

Every Quarter, there is a Learning from Death’s report presented to the Safety, Quality and Risk Committee and the Clinical Governance and Safety Committee, this includes any improvements required across the Spire Healthcare Group.

Our hospitals reported 12 patient deaths within 31 days of surgery in the first six months of 2021 (January to June).

Deaths within 31 days of surgery – annual comparison

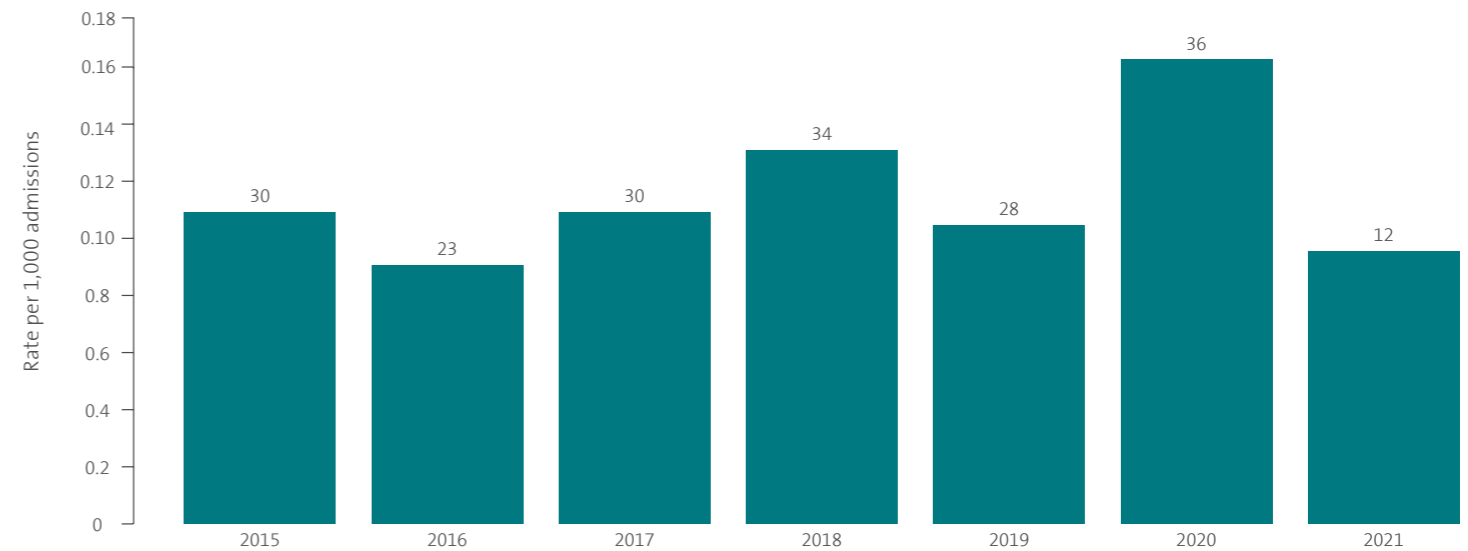


Fig. 3 Deaths within 31 days of surgery – annual comparison

A patient death is not always escalated as an NHS England Serious Incident. The reason for this is that the NHS England definition in respect of patient death is: an unexpected or avoidable death caused or contributed to by weaknesses in care/service delivery (including lapses/acts and/or omission). Some patients death may be as a result of the natural course of a patient’s illness or another underlying condition

Public Health England (PHE) reportable infections

Public Health England (PHE) carries out mandatory enhanced surveillance for blood stream infections (BSI) caused by Methicillin Resistant Staphylococcus Aureus (MRSA), Methicillin Susceptible Staphylococcus Aureus (MSSA) and blood stream infections caused by Gram-negative organisms; Escherichia coli (E-coli), Klebsiella species and Pseudomonas Aeruginosa.

PHE also carries out mandatory enhanced surveillance for Clostridioides 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 low. Nine infections were reported to PHE between January and June 2021 nationally.

PHE, HPS and PHW Reportable Infections H1 2021;

- 2 x Pseudomonas Aeruginosa BSI
- 2 x Clostridioides Difficile infection (CDI)
- 2 x Klebsiella species BSI
- 2 x Escherichia Coli BSI
- 1 x Methicillin Susceptible Staphylococcus Aureus (MSSA) BSI
- 0 Hospital acquired Covid 19 infections

	H1 2021 – number of reported cases	H1 2021 (Rate per 10,000 bed days)	Spire 2020 (Rate per 10,000 bed days)	Spire 2019 (Rate per 10,000 bed days)
MRSA bacteraemia	0	0	0.1	0.07
MSSA bacteraemia	1	0.15	0.3	0.14
E-coli bacteraemia	2	0.31	0.7	0.42
C. difficile	2	0.31	0.3	0.42
Klebsiella bacteraemia	2	0.31	0.3	0.14
Pseudomonas Aeruginosa bacteraemia	2	0.31	0	0
COVID-19	0	0	0.1	

Fig. 5 PHE, HPS and PHW Reportable Infections H1 2021

Transfers out

Transfers are seen across all care providers, 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 first half of the year, we 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. The remaining patients were transferred out for a number of reasons including patients becoming unwell in outpatients and requiring acute support and accessibility to specialties and investigations not available at the local hospital such as cardiology and neurology.

All non-contractual inpatient and relevant outpatient transfers are investigated and critically reviewed and any lessons learnt 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 care

As the COVID-19 pandemic continued into 2021, we have continued our focus on the improvement

of patient safety and wellbeing. Our hospitals have continued to care for patients with cancer across the whole treatment pathway including access to diagnostics, surgical intervention and the administration of systemic anti-cancer therapy (SACT).

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

- Development of an integrated system to support the prescribing and ordering of SACT
- Launch of a Clinical Nurse Specialist (CNS) Working Group to support the development of CNS's across the Group
- Spire Bristol was accredited as a BUPA Centre of Excellence for breast cancer care
- Spire Murrayfield, Edinburgh, Little Aston, Leeds, Southampton, Harpenden and Montefiore all achieved reaccreditation of the Macmillan Quality Environment Mark' (MQEM) by Macmillan Cancer Support
- Biosimilar adoption of Trastuzumab for cancer treatment across Spire
- Adoption of the Independent Sector Cancer Network (ISCN) Cancer standards
- Extensive practice based training programme with Consultant colleagues

Supporting our people

Well-led

With the Spire Healthcare values at the heart of how we support our colleagues and manage our business, in part, the first half of 2021 was a continuation and extension of some of the activities and solutions developed and introduced last year as we aim to **“Doing the right thing and Delivering on our promises”**.

In response to the ongoing pandemic and evolving public advice impacting all aspects of everyday life, we remained focused on caring for, supporting and providing reassurance and wellbeing advice for our colleagues. Throughout the first half of the year we worked hard to alleviate some of the pressures on our hospital teams by making positive changes as we strived to keep them, and our patients safe. For example, essential colleague COVID-19 testing transitioned to a home testing process managed by our Pathology Team which helped to alleviate some of the pressure on colleagues and hospitals alike.

We continued to support our colleagues by regularly reviewing and adjusting the policies in place to enable flexible working measures and ensuring we had suitable absence terms including appropriate payments in place for colleagues in different circumstances. We surveyed our colleagues in late March, achieving a 77% response rate and positive improvements across the vast majority of our core survey questions since our previous survey in July 2020 and a four-point improvement in our key indicator measure of being proud to work for Spire Healthcare. Over 800 bank colleagues also completed the survey, with 87% indicating that they are proud to work for Spire Healthcare. We also re-introduced a number of demographic questions which provided greater understanding on how different aspects impact on how colleagues feel about working at Spire.

As the needs of the organisation and colleagues developed throughout the various stages of the pandemic, regular senior leadership engagement sessions and organisational updates continued including ‘All hands call’ and video messages from members of our Executive team.

Our colleague communications and engagement app now has over 10,000 colleagues signed up. In the first half of the year, it reached its one year anniversary since launch, during which time there have been 4,500 news articles and 4.5 million scrolls as it continues to keep colleagues up to date with a wide range of company and hospital-specific news.

The Wellbeing Centre

Tips and tricks on your mental, physical, financial and nutritional wellbeing.



Employee assistance programme

Confidential and impartial support 24/7



Colleague wellbeing has remained a high priority, including mental health which has understandably been impacted throughout the pandemic. We have continued to recruit and train Mental Health First Aiders across all parts of the business, and raise awareness of the support available to colleagues. These are in addition to our Freedom to Speak Up Guardians network whom colleagues can raise any concerns with.

Our colleague Wellbeing Hub on our Spire for You external platform continues to be well-utilised. The

Hub covers a range of wellbeing areas including activities to aid colleagues with techniques to train the mind and body, along with healthy eating tips and financial advice, with practical guidance videos and links to support organisations across all aspects of wellbeing.

In addition to our Employee Assistance Programme, early in the year we launched a free, dedicated colleague support line which is available at all times to provide help and advice from counsellors and information specialists.

Let's Talk programme



As part of our colleague Let's talk networks launched in 2020 which cover important topics including race equality, LGBTQ+ and mental health, during the first half of 2021, we held a number of sessions with guest speakers. These included an inspiring session with highly regarded Organisational Psychologist John Amaechi OBE, who shared his knowledge and passion about race, diversity and inclusion.



Another session which received excellent feedback was with actor and HIV activist Nathaniel Hall who spoke honestly about dispelling the myths and stigma of living with HIV.

Developing the next generation of healthcare professionals

By utilising 'The Employer Support Package' Government initiative, we launched the recruitment for our pioneering national nurse apprenticeship degree programme in the first half of the year. Working with the University of Sunderland, we attracted more than 5,000 applicants and following an online recruitment process and partnering with Raw Talent to assess and interview internal and external candidates,

around 175 nurse apprentices joined the programme in August. They will start a learning pathway based on their previous experience and qualifications ahead of becoming fully qualified Registered Nurses. Our Group Clinical Director is supporting the programme having taken up a Principal Honorary Lecturer post at the University of Sunderland. We are committed to improving our offering to colleagues from a development perspective, providing a clear route to clinical and business excellence and “growing our own” for

future resilience in the healthcare sector. We have strengthened our Learning and Development team with the recruitment of a new Head of Learning and Development, as well as additional roles to support professional development and apprenticeships. In addition to the clinical and non-clinical apprenticeships we already offer, we are now able to launch programmes for Operating Department Practitioners and Assistant Practitioners, in conjunction with the University of Derby, starting in September 2021.

As we develop our leaders of the future, in the first half of 2021 we also launched our 'GROW' learning framework which includes the future leaders programme Step Up and Stretch". This programme is designed to help high-potential individuals build on the foundation of essential skills and develop extra capability to become healthcare's future leaders.

Our LEAP apprenticeship programme is a leadership development initiative funded through our apprenticeship levy and is aimed at first level managers. The programme continued in the first half of 2021 and more than 60 managers across the business are now engaged with our external partners Always Consult and Success Factory on structured journeys to aid development and skills in key leadership competencies.

In partnership with the 2020 World Healthcare employer's Nightingale Challenge initiative, Spire Healthcare is proud to be part of an important movement to inspire the next generation of nurses as future leaders in healthcare. We launched the initiative late in 2020 with 27 of our most talented nurses enjoying the exciting opportunity to take part in our very first programme which began in February 2021. This programme is a completely different learning experience sponsored at the very highest level in our business.

Making Spire Healthcare a destination employer

2021 has proved to be a difficult market so far in attracting quality candidates who we can reward, support and develop to meet the healthcare challenges of the future. Our newly up-weighted Resourcing Team, in partnership with Cielo, has been developed to support our hospital leaders deal with the challenges of a difficult market and create innovative solutions to help us hire the very best talent and to alleviate hospital workloads.

We have worked hard to continue our overseas recruitment programme despite international travel restrictions and we are delighted by the success of our programme so far. We are currently on track to introduce 250 new clinical colleagues to our hospitals by the end of 2021 with over 140 already established in our hospitals.

In order to fully support our hospitals and mitigate the risk of the new IR35 regulations on our agency labour supply, a project which led to a number of agency workers becoming permanent employees was successfully deployed which included incentivisations for the individuals.

Reward and recognition

We continually review and develop the support needed to ensure we attract and retain our valued colleagues who will deliver our Purpose each day. This includes ensuring we have a competitive total reward package and a workforce that reflects the communities we live and work in.

We believe our total reward packages are competitive and annually review and monitor our performance in relation to National Minimum Wage levels, benchmarking salaries in line with our reward framework and market forces in some areas. Our Gender Pay Gap report for 2020

published in May 2021 identified an overall median pay gap of 6.6%, considerably lower than the ONS national average of 15.5%. The gap reduced by 2.4% year on year which is a further improvement to the 1.3% drop in 2019. The report also detailed the positive steps we have taken to improve the gap and ensure the fair and consistent treatment of women across the business.

We continue to encourage colleagues and new hires to identify their ethnicity and enable accurate Workforce Race Equality Standard (WRES) reporting. The 2021 submission identified that we have 15% of our colleagues identifying as non-white, with BAME colleagues making up 11% of our workforce. Our reporting earlier this year also outlined a number of actions we are introducing to ensure everyone is treated as equals regardless of their background.

Our Spire for You platform is widely used as a recognition and reward platform by all parts of the business with monetary Inspiring People

Awards and non-financial praise to celebrate success. Our Executive Committee continue to sponsor and champion regular recognition with a drumbeat of "Shout Outs" to celebrate the contribution by individuals and teams who go above and beyond in delivering outstanding personalised care to our patients.

Oracle HRM

Since the introduction of an Oracle HR Management system in 2020, we have strengthened the Oracle solution across all areas and employed a new Colleague Experience Director to lead ongoing development and improvements. The Payroll and HR Shared Services processes and teams have been stabilised and we have deployed the first stage of the Employee Self-Service (ESS) module for our colleagues. This places colleague personal information in their own hands and reduces the burden on line managers and administrative teams.

Protection from abuse

Safeguarding means protecting children, young people, looked after children and adults with care and support needs from abuse and neglect.

One of the most important principles of safeguarding is that it is the responsibility of everyone. We are committed to promoting safeguarding and making safeguarding personal across all our hospitals. We are committed to treating all patients fairly, with accessible information, advice and support to help them stay safe and maintain control of their lives.

Our Safeguarding policy and procedures

We have a range of safeguarding policies and procedures in place in order to fulfil statutory responsibility for safeguarding. Each policy provides guidance and support for colleagues who have a responsibility for the care, support and protection of adults and children. We have also aligned our safeguarding work with 39 local authorities and each hospital is now a member of their local safeguarding board. This membership enables us to keep abreast of changes in children and adults safeguarding while further developing professional relationships with statutory organisations and other agencies.

Safeguarding training

Safeguarding training is a mandatory requirement under The Children Act 2004 and for adults safeguarding under The Care Act 2014. We aim to deliver high quality safeguarding training that caters for differing levels of experience and in ways that meet the varied needs of colleagues. Training helps build skills, knowledge, values and confidence when working with children or adults. This ensures that colleagues are both competent and compliant

in meeting their statutory duties of safeguarding and can spot the signs of abuse and know how to act to safeguard. Safeguarding Titles:

- Safeguarding Level 4 adults and children
- Safeguarding Level 3 adults
- Mental Capacity Act
- Domestic abuse
- Female genital
- Financial abuse
- Prevent (safeguarding individuals from being drawn into terrorism)

This year has seen over 2000 of our colleagues trained to level 3 standard in accordance with the Adults Intercollegiate document 2018 and Spire Safeguarding Training Strategy 2020 – 2023.

We are continuing to identify further opportunities where we can train and support our colleagues in safeguarding and provide assurance they have the appropriate knowledge and skills to respond to a safeguarding concern.

Opportunities include:

- Out of hours training
- Lunch and learn webinars
- Safeguarding eLearning
- Webinar's training

We have made huge progress in upskilling our workforces and responding to national safeguarding trends in response to the COVID-19 pandemic. We are now co-ordinating an implementation plan for the introduction of the Liberty Protection Safeguards (LPS), which is a new piece of Safeguarding legislation and will affect all England and Scotland Spire Healthcare hospitals in April 2022.

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. We have a 'Ward to Board' governance structure, which is set out within our Spire Healthcare standards for hospital governance. At its core, there are minimum governance, personnel and structures required in each hospital, which includes a Hospital Director, Senior Management Team, Clinical Governance Committee and Medical Advisory Committee. There are also a number of mandatory committees, which meet at specified intervals, with a mandated agenda, and are all formally minuted.

The local hospital Clinical Governance Committee meetings are attended by the Hospital Director, Director of Clinical Services and Designated Medical Advisory Consultant representative for clinical governance. The meeting is usually held at least every three months. Every 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 this 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) comprises Consultants from the main clinical specialities with practising privileges, and 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 Healthcare's Group Medical Director and Group Clinical Director or relevant regional Business Unit Director by the Hospital Director.

At a national level, the Group Medical Director and Group Clinical Director report directly to the Chief Executive Officer. The Executive Committee meets monthly to consider matters of clinical governance and quality at the dedicated Safety, Quality and Risk Committee. 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 (CGS) is a Board committee chaired by a Non-Executive Director, Professor Dame Janet Husband, who is a past President of the Royal College of Radiologists. The CGS Committee is responsible for assuring the PLC 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 Healthcare 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 has met virtually during H1 but as soon as they are able members will visit hospitals again.

There have been six Safety, Quality and Risk Committee meetings and two Clinical Governance and Safety Committees during the period.

Quality Improvement (QI)

In April 2021, Spire Healthcare’s Quality Improvement (QI) Strategy was launched marking an important step forward for our organisation. The strategy outlines our quality improvement journey and plan for the next four years, enabling us to deliver the highest standards of safety and care, with integrity and compassion to all patients.

Alongside our strategy, we have set up a QI Academy whereby we aim to train all our staff in QI methodology. We will provide five levels of training as detailed below.

Between January and May 2021, we trained almost 100 QI practitioners, who undertook 48 different QI projects focussed on safe and effective care and improving patient experience. Our Board have also received training on QI as well as our MAC Chairs.

We have chosen improving patient experience as our group wide quality improvement project and we will be focussing on improving the admissions process, discharge process and ensuring we listen to patient feedback and engagement (complaints, concerns and compliments).

The five different levels of training



Fig. 6 The five different levels of training

Medical professional standards

Spire Healthcare has an established Practising Privileges Register to help maintain accurate records relating to Consultants on hospital medical societies. This register monitors compliance with the following mandatory documentation necessary to maintain practising privileges:

- Evidence of appropriate medical indemnity cover
- Evidence of satisfactory annual appraisal
- Completed Disclosure and Barring service checks
- Hepatitis B immunisation status
- Completed biennial review – this is a review completed by the hospital which focuses on scope of practice, reported incidents and complaints over a two year period and feedback from staff

Since the beginning of 2018, we have a ‘composite measure’ based on compliance with all five mandatory documents, which tracks the percentage of Consultants for whom each 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.

Doctors connecting to Spire for revalidation

All doctors working in the UK must have a prescribed connection to 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 30 June 2021, 313 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 Healthcare’s Responsible Officer completed 25 revalidation recommendations in the first half of 2021.

2021 H1	
Total recommendations	25
Positive recommendations – that the doctor is up-to-date and fit to practise	21
Deferral – request to submit the recommendation at a later date, due to insufficient information to make a positive recommendation	4
Deferral – request to submit the recommendation at a later date, as the doctor subject to an on-going process	0
Non-engagement - The medical practitioner has not engaged in appraisal or other activities to support a recommendation to revalidate, or the level of engagement is insufficient to support a recommendation to revalidate	0

Fig. 7 Doctors connecting to Spire for revalidation

General Medical Council (GMC) Investigations

We received 40 requests for information from the GMC to support their investigations into doctors in the first half of 2021. 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.

	2021 H1
New GMC fitness to practice investigations	16
New provisional enquires*	3
Notification of a complaint received (which has not met the threshold for investigation)	1
Number of new requests pertaining to events within Spire	2
Referrals to GMC by Spire	1

*A provisional enquiry is a limited, initial enquiry at the first stage of the fitness to practise process, which helps the GMC to decide whether to open an investigation in response to concerns raised.

Fig. 8 General Medical Council (GMC) Investigations

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 face-to-face meetings with the Group Medical Director did not take place in 2020 – 2021 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 and other quality initiatives.

Each 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 Chairman'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. We ask patients "Overall, how was your experience of our service?"

Patients 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.

Despite the challenges posed by COVID, Spire Healthcare's FFT score in the H1 2021 remained at 96%. This score is based on 23,742 completed surveys.

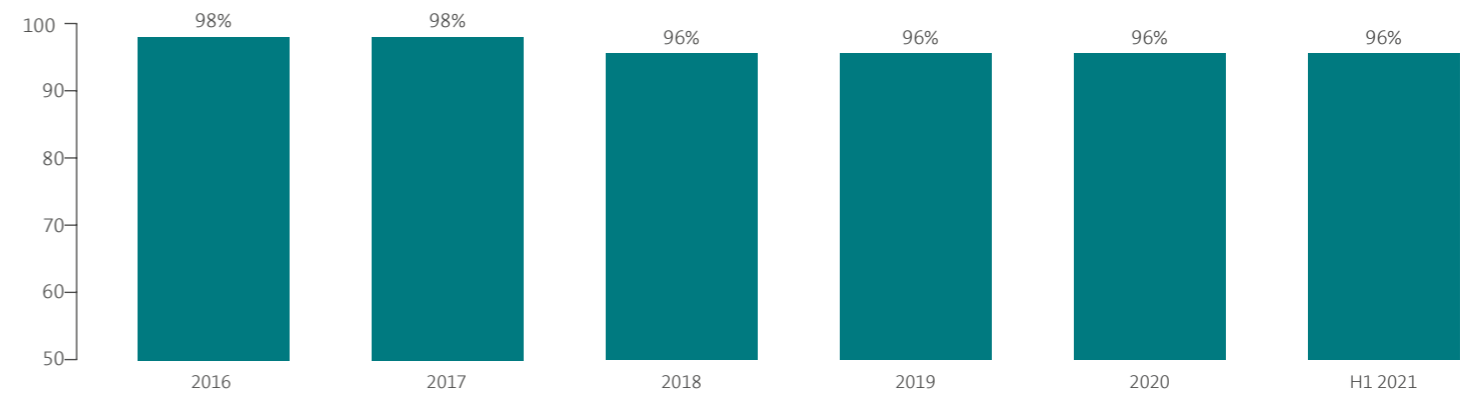


Fig. 9 Patient satisfaction: the friends and family test

Everyone was so pleasant on my arrival which is so warming, I was given details of what, how and when my operation would take place. There was no rushing around or any panic issues I noticed. It was a real delight to have attended your hospital.

From the person who met me and took me to the room, the nursing staff, health care assistants, porters, theatre staff and hospitality, everyone I had contact with was happy, helpful and very caring. I was nervous but put at ease by everyone. Everything was virus safe and the consultant and anaesthetist were amazing.

From the moment it was decided to go ahead with a knee replacement, the whole process has been very smooth. Letters arrived on time, phone appointments were reassuring and helpful. Pre-op check and COVID test went well, and I felt safe which is very important at the moment. Staff were welcoming when I arrived for my operation and I knew exactly what to expect. I can't praise nursing staff involved in my care highly enough. They were superb. I knew I was in good hands with my consultant. His whole team were excellent. Everyone involved in my care was calm, friendly and cheerful, and nothing seemed too much trouble. I've already had a follow up phone call from a physio, so I have no doubts that everything will continue at a high standard. Thank you.

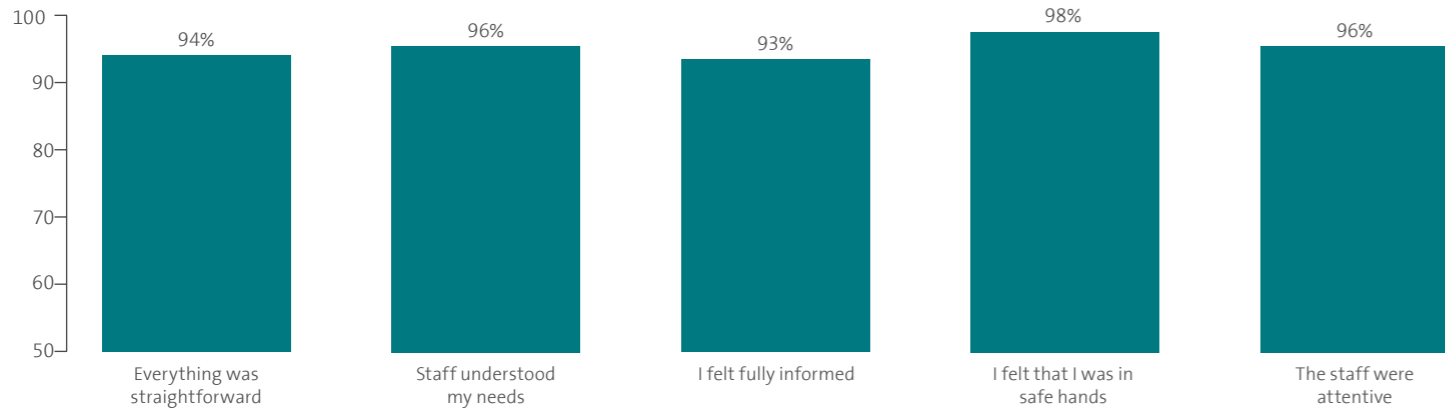


Fig. 10 Key drivers of the Spire purpose, H1 2021 (n=23,742) % shows proportion of patients agreeing with the statement

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 above shows patient scores in each of the five areas highlighted for H1 2021.

The Private Health Information Network (PHIN) publishes a 'patient feedback' score which indicates the percentage of patients who felt their needs were met. This is calculated by taking the average of positive responses for six key questions:

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

- Patients felt they were told who to contact if they were worried about their condition or treatment
- Patients felt they were treated with respect and dignity

Spire Healthcare monitors and benchmarks this measure through the quarterly clinical scorecard. In the first half of 2021 the score increased slightly by a single point, **88%** of respondents now indicate their needs were met following treatment at a Spire Healthcare hospital.

Complaints

Spire Healthcare 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 1,488 Stage 1 complaints in the first half of 2021, a rate of 1.17 per 100 discharges compared with the rate in 2020 of 1.04. 86% of these complaints were concluded within 20 working days, slightly ahead of our target of 80% which is set to reflect that more time is required to resolve more complex complaints.

Stage 2 complaints received

Of the complaints received at Stage 1, 34 (2.3%) were escalated for independent internal review (Stage 2) during this time period. We use complaints and patient feedback to learn and improve our services and as part of this year's focus on improving patient experience we are continuing to review our systems to support

shared learning from complaints across the Group. In the second half of the year, we'll be introducing revised complaint categories to help improve the information available to us on trends and themes arising from complaints, particularly those relating to communication issues which was a common theme in the complaints we received between January and June 2021.

Stage 1 complaints per 100 discharges

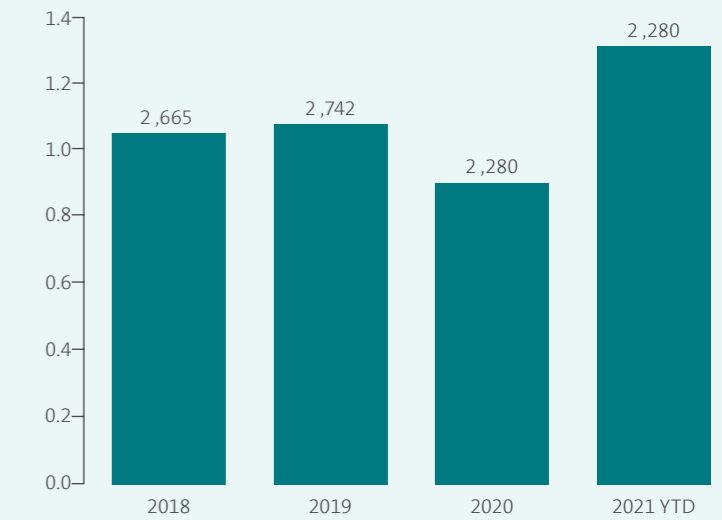


Fig. 11 Stage 1 complaints data

% Stage 1 complaints escalating to stage 2

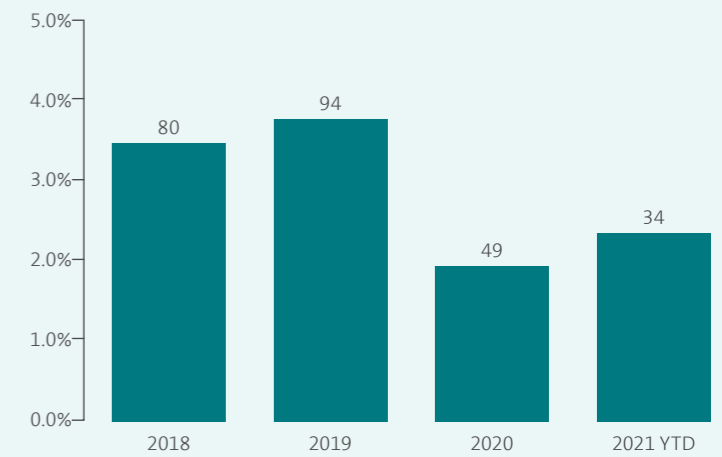


Fig. 12 Stage 2 complaints data

*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.



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