



Spire Healthcare



Spire Healthcare Quality Account 2021–22

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 around 8,150 experienced Consultants, our hospitals delivered tailored, personalised care to almost 870,000 insured, self-pay and NHS patients in 2021. 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

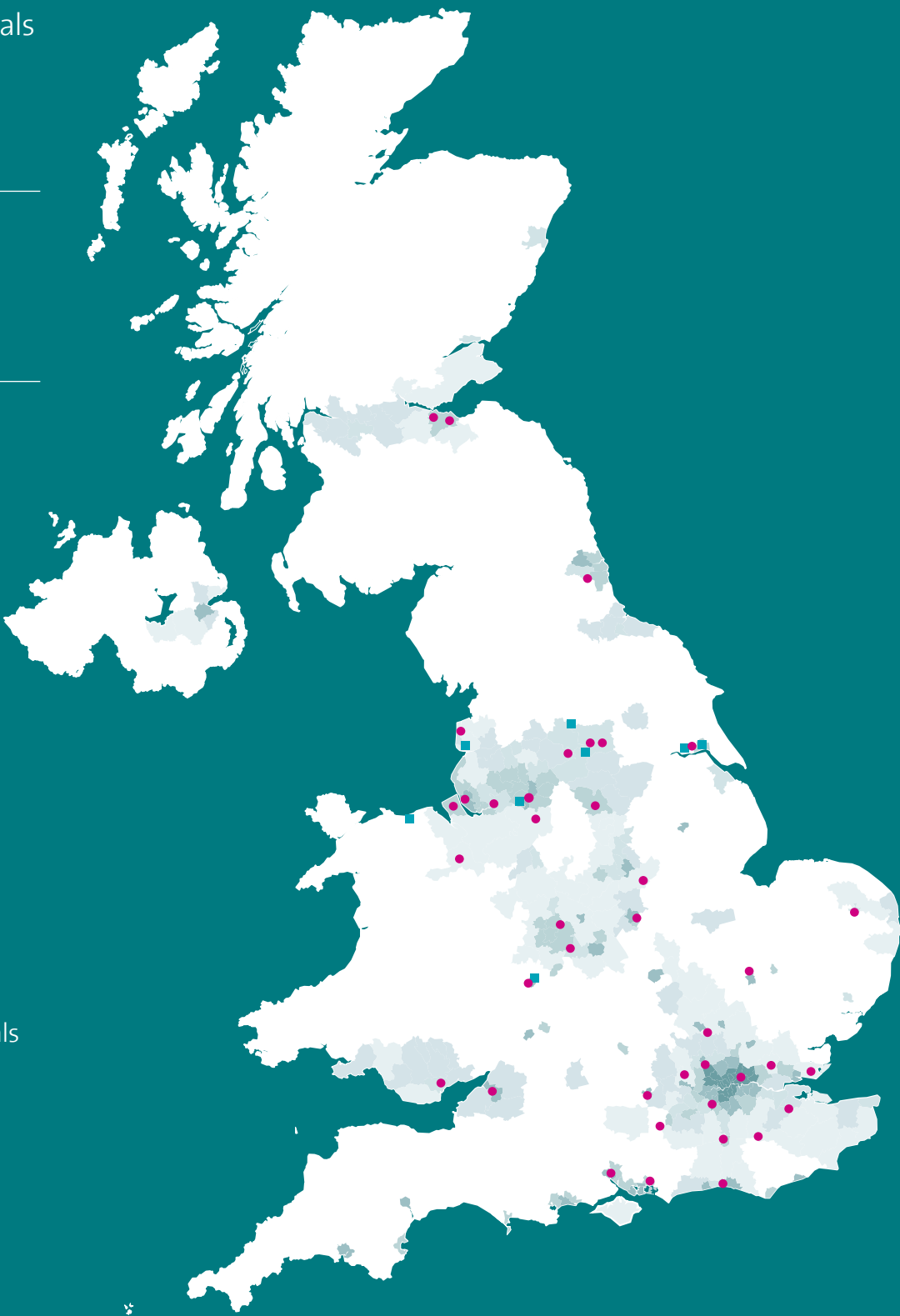
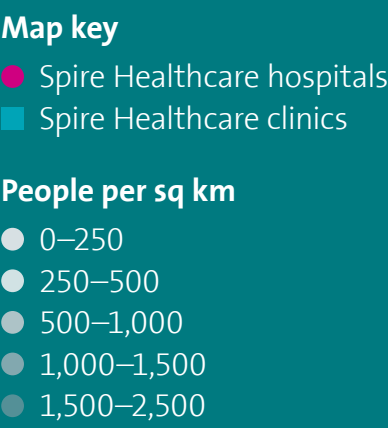
Service coverage where it is needed

Spire Healthcare hospitals

39

Spire Healthcare clinics

8



Justin Ash
Chief Executive Officer



Chief Executive Officer's strategic review

Spire Healthcare delivered a strong performance in 2021–22, a year which was dominated again by the COVID-19 pandemic, its impact and its legacy of rising waiting lists.

Transitioning to a more 'normalised' trading environment

Our management and employees continued to navigate effectively through the challenges presented by the pandemic during the year. I was very proud in June when Spire Healthcare won both the Health Service Journal (HSJ) award for Best Healthcare Provider Partnership with the NHS, and HealthInvestor's award for the Public/Private Partnership of the Year. In November, we were also named winner in the Best Workplace for Learning and Development (Over 1,500 Nursing Staff category) at the Nursing Times Workforce Summit & Awards 2021. This external recognition is a testament to the flexibility, dedication and commitment of our people and our continued investment through a tough period.

These remarkable efforts continued when, having largely returned to private work in the latter part of 2020, we pivoted swiftly in January 2021 to support the NHS through a volume-based contract in the first quarter, before transitioning once again to a more 'normalised' trading environment from April onwards, albeit with significant additional COVID-19 restrictions.

Our strategy to focus on being the first choice for private patients has protected the business from the downturn in NHS commissioning since April 2021. The investments we have made over several years in high quality standards have also played an important part in keeping patients safe, and this is reflected in our patient feedback and underpins the record growth in self-pay business.

This feedback shows that we are continuing to make progress, with 92% saying we delivered outstanding care, 94% feeling their care was personalised and 85% saying we made a positive difference to their lives.

The shift towards a business-to-consumer proposition

The COVID-19 pandemic has encouraged people to reprioritise their health and wellbeing. They have seen the independent sector's support for the NHS over the last year, and this, alongside the record high waiting lists caused by the pandemic, has raised consumer awareness of private healthcare.

I believe the unprecedented growth in self-pay business we have seen this year signals a seismic shift for our business and the market. We are building a true business-to-consumer proposition, and we have invested further in marketing this year. We have seen a step-change in awareness of and interest in private healthcare solutions, probably due to the strains on the NHS, where the waiting lists have gone from 1,600 people waiting longer than a year pre-pandemic to over 300,000, according to the latest NHS figures¹. For Spire, this situation has resulted in a significant increase in our website traffic and phone enquiries.

At the same time we continue to engage proactively with NHS colleagues at all levels to offer support in a sustainable manner.

Throughout the year, we have maintained safe patient pathways to prevent COVID-19 from entering our hospitals, and we have had to manage the disruption caused by both high colleague and Consultant absence as well as late notice patient cancellations.

¹ NHS waiting list times data for March 2022, published May 2022.

A more focused organisation

I believe there are multiple benefits to be gained from moving Spire Healthcare to a 14-hub structure and bringing our central functions and hospitals closer together. This structure will reduce our organisational layers and enable hospitals to share best practices and gain more local market share.

We have put a number of other efficiency programmes in place, both in procurement, where we seek to make savings through new contracts with new or existing suppliers, and in our general operations, by streamlining existing or introducing new, digital processes. With no sacrifice in quality, we have successfully driven down the cost of COVID-19 testing, while our continued investment in digital systems and efficient pathways, along with the re-organisation of the business, is expected to deliver total savings in excess of £15m by the end of 2022.

Safety and quality care

Quality remains an integral part of everything we do, and due to our focus on safe clinical pathways there has been just one probable infection in our hospitals during the pandemic. I was pleased to see the launch of our Quality Improvement Strategy in April 2021. This development of a quality improvement culture, underpinned by a quality improvement methodology, helps us build on the progress on safety and quality we have made in recent years.

We are not complacent. High quality and robust governance are a daily focus for Spire, and over 120 colleagues have been trained as quality improvement practitioners to date. More than 80 quality improvement projects are under way across Spire Healthcare to maintain our ethos of continuous improvements in quality.

I am delighted to report that 95% of Spire Healthcare sites are now rated ‘Good’ or ‘Outstanding’ by the Care Quality Commission, or the equivalent in Scotland and Wales.

Enhancing our digital capabilities

Offering patients, Consultants, and others easier ways to deal with us is also important to our ongoing success. For example, this year’s rollout of our new pricing engine allows Consultants to securely post and amend their own independently determined charges, while giving us complete visibility and control over our prices across the estate. It enables patients to obtain clear quotes faster, helping them to make well-informed decisions quickly.

Our digital portals for both our patients and our partners (Consultants and PMI providers) have seen record levels of bookings this year, further highlighting the growing demand for online services. We have also deployed our electronic pre-operative assessment tool (ePOA) across our sites, providing a better patient experience and more consistent quality monitoring, while freeing up nursing time and hospital consulting rooms.

Our investments in the latest diagnostic equipment continued in 2021, including 10 MRI (magnetic resonance imaging) and CT (computed tomography) scanner replacements costing around £16m. We plan to invest a minimum of £375m over the next five years in state-of-the-art facilities, from new MRI and CT scanners to new theatres and car parking, with a predicted capex to income investment ratio of approximately 7%, which compares well with the industry benchmark.

We are also adding to the 18 robots that assist our clinicians in surgery and other procedures and are looking at the potential benefits of Artificial Intelligence and machine learning in our systems and hardware.

Engagement, culture, environment

We are determined to play our part in addressing the shortage of clinical staff across the healthcare sector by recruiting and retraining great colleagues and providing opportunities to develop their skills and experience.

This year we launched the largest nurse apprenticeship programme run by any private organisation in the country, in partnership with the University of Sunderland. The nurse degree apprenticeship is open to applicants at all stages of life and around 5,000 people applied to the programme, with 165 offers made.

In addition to the clinical and non-clinical apprenticeships we already offer, we launched programmes for Operating Department Practitioners and Assistant Practitioners with the University of Derby in September, as well as our ‘GROW’ learning framework, which includes our Step Up and Stretch initiative for future leaders across the business.

We continued our overseas nurse recruitment programme, despite international travel restrictions, and had introduced around 250 clinical colleagues by the end of the year. These new joiners receive considerable on-site training and investment before being fully deployed in our hospitals.

I am delighted that in our 2021 Colleague Engagement Survey, 84% of colleagues said they felt proud to work for Spire Healthcare, up from 80% in our 2020 survey, and we continue to work to further improve the working environment at Spire.

Our success depends on us recognising, understanding and respecting the diversity of all our colleagues. Our ‘Let’s talk’ network now includes an LGBTQ+ Group, as well as our Race Equality Group and Mental Health Group.

Colleague wellbeing remains a high priority and we have continued to recruit and train Mental Health First Aiders across all parts of the business.

Turning to our environmental stewardship, we have an ambition to reach net zero carbon emissions across the business by 2030, and we are working aggressively to meet that goal. As part of a programme of works across our hospital estate, we have installed 78 photovoltaic (PV) solar panels on the roof of Spire Cardiff’s outpatients building, and we expect significant reductions in the hospital’s total carbon output. This and further PV panel installations will take place at other sites in 2022. We launched a company-wide carbon awareness campaign, designating Carbon Champions tasked with identifying energy savings opportunities at their site.

Independent Inquiry into Ian Paterson

We have accepted and implemented the Paterson Inquiry’s recommendations specific to Spire Healthcare, and written to all known living patients inviting them to discuss their treatment. Spire Healthcare has also set up a second compensation fund to deal with any new claims arising out of treatment by Paterson at the company’s hospitals.

We have shared our guidance on conducting patient reviews with the NHS and with the wider independent sector. We will jointly lead a project involving regulators, the NHS and government as part of the response to the Paterson Inquiry. This project will develop a national toolkit for patient reviews and recalls. I remain determined to ensure we offer every one of Paterson’s living victims appropriate support, and we wholeheartedly endorse the recommendations in the Government’s response to the inquiry, issued in December 2021.

Welcoming the Claremont Hospital to the Group

In December we completed the acquisition of a majority stake in the Claremont Private Hospital in Sheffield. The Claremont, which is rated 'Outstanding' by the CQC, is a great fit for Spire Healthcare in an excellent location. Visiting the hospital on the day it joined the Spire family, I was impressed by the highly committed team, and look forward to fully integrating the Claremont into the Group in the months ahead.

Meeting Britain's healthcare challenges

The continuing COVID-19 pandemic means that some uncertainty remains for all healthcare providers. In early January 2022, in response to the pressures on the NHS caused by the Omicron variant, we and others in the independent sector entered into a new national contract with NHS England, under which we would step up our cancer and cardiac support for NHS patients, while continuing to provide care for private patients.

In the months ahead we will focus on maintaining a COVID-secure environment, to ensure that we are able to treat as many patients as possible. As the nation's waiting lists continue to climb, Spire Healthcare will help patients find options for treatment, be that privately or by assisting the NHS.

Healthcare provision is also changing. More digital and home care solutions are becoming available, and diagnostic centres are beginning to appear in non-traditional settings. With our strong heritage of providing care and working with healthcare professionals, we think Spire is well positioned to extend our service this way over time. We will review our plans in this regard and launch some trials by year end.

Given the positive underlying trends and strong demand, especially in self-pay, and our multiple margin improvement projects, I am confident that Spire Healthcare is in a very strong position for success in 2022 and beyond. Certainly, the long-term prospects for the healthcare sector now seem very promising. The public/private partnership should only get stronger and we will continue to play our part in supporting the UK's recovery from the pandemic while meeting the country's future healthcare needs.

Finally, my thanks go to all of our colleagues once again for their dedication and commitment to making a positive difference to patients' lives. I am immensely proud of the way they have continued to support NHS and private patients throughout the recent challenges of the past couple of years.

Justin Ash

Chief Executive Officer



Alison Dickinson
Group Clinical Director



Dr Catherine Cale
Group Medical Director



Delivering outstanding care under extreme pressure

This has been another year in which we have worked hard to balance our commitments to all of our patients, whether NHS or private.

Keeping our hospitals COVID-secure

We maintained strict COVID-19 controls during the year, with safe patient pathways, a restricted visitor policy, and clear testing protocols for our patients, colleagues and Consultants. Our priority has been to keep our hospitals COVID-secure – we have ensured that we followed all NHS, government and UKHSA guidance on COVID-19. We have also supported our staff to ensure high levels of COVID-19 and flu vaccination.

We have maintained the enhanced pandemic governance and assurance processes we established in 2020, and we would like to reiterate our thanks to our Non-Executive Director, Dame Janet Husband, for all her work in overseeing this. We are also grateful for the support and guidance of our Medical Advisory Committees in response to rapidly changing regulations, as our focus remained firmly on upholding the highest quality standards in 2021–22.

Making the best use of our capacity

In the face of heightened demand, in particular from self-pay patients, it has been important to make the best possible use of our capacity, especially when we have had to deal with short notice cancellations. Some patients had to cancel because they were unwell, others preferred to wait until they had received both vaccinations, and – later in the year – their booster. We have worked to become even more efficient, and to streamline our pre-operative assessment processes, so that we have patients prepared for short-notice admissions if and when they may arise.

Our procurement teams have worked hard to avoid the supply shortages that might have caused delays for our patients, including securing sufficient supplies during the national blood bottle shortage. They have successfully supported our front-line services, despite challenges in the supply chain that have proved difficult for the whole sector during 2021–22.

Working with local Integrated Care Systems (ICS)

We are now engaged in the Integrated Care Systems (ICS) that support the healthcare system. The ICSs are partnerships that bring together providers and commissioners of NHS services across a geographical area, and as a result of the relationships we built up with NHS leaders during the pandemic, we have a say in decision making. Another important outcome of working more closely together has been that, following many months of detailed negotiations, we now have access to GPs' summary care records – so from a patient safety perspective we can view critical information that ensures we treat people safely.

Excellent leadership and resourcefulness

Our Directors of Clinical Services have provided excellent leadership during the pandemic and great resourcefulness in the recovery phase. We would like to express our personal thanks to Tracy Coates, our Specialist Clinical Services Director, who has taken on an additional role this year as Patient Safety Specialist, a designated role that all organisations caring for NHS patients must have.

Special thanks are also due to Carrie Godfrey, National Infection Control lead, for supporting all sites in mainlining the infection prevention and control standards, and Jake Botfield, National Critical Care Lead, who has been busy this year upskilling nursing staff to care for patients with higher acuity conditions.

Treating higher acuity conditions

Increasing our ability to treat patients with higher acuity conditions is an important aspect of the progress we are making across the Group. Greater capacity to carry out more complex operations in our hospitals opens up new areas of care we can provide, and makes Spire Healthcare more self-supporting, by ensuring that we need to do fewer transfers out where critical care needs arise.

We ensure that our sites are assessed against the Intensive Care Society standards for care, and have worked through 2021 to re-align care to the standards published in March 2021. We already had five sites with level 2/3 critical care capability. We have an ongoing programme to increase the level of care provided by sites, with a further 10 sites able to provide level 1 care (enhanced care including arterial and central venous pressure lines) by early 2022.

We continue to validate our quality standards, and have earned JAG accreditation, which is awarded by the Royal College of Physicians' Joint Advisory Group on Gastrointestinal Endoscopy, for our endoscopy services at 10 sites. We are working towards similar accreditation at other sites in 2022. In addition, we are proud to say that 15 of our 17 chemotherapy sites are now Macmillan Quality Environment Mark (MQEM) accredited. MQEM is the first award of its kind in the UK and has been designed in collaboration with people living with cancer. It champions cancer environments that go above and beyond to create welcoming and friendly spaces for patients.

Quality Improvement (QI)

A key focus this year has been on the development and implementation of our Quality Improvement (QI) Strategy, and we were delighted to welcome Michele Millard to the role of National QI lead to take this forward. Launched in April, the strategy is designed to build on the progress on safety

and quality we have made in recent years, and to introduce a standard QI methodology across the business that will further enhance our quality improvement culture.

We also carried out a colleague consultation to decide on our quality priority for the year, and our teams chose 'Improving patient experience' from a list of 10 options. 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.

Investing in our digital capabilities and wider initiatives

We continued to expand the use of technology this year, increasing the number of virtual consultations with patients, which reduce the need for patients to visit the hospital in advance of their treatment. These digital pathways remain very important given the ongoing challenges of the pandemic, and following a pilot in 2020, we rolled out electronic pre-operative assessment (ePOA) across our hospitals during the year

Among our many initiatives this year, we set up a new Resuscitation Quality Improvement (RQI) programme, with specialist devices at each of our hospitals. We were the first in the independent sector to launch RQI, which provides a high-reliability platform for simulation-based learning that measures and verifies competence in CPR, to help our people maintain their life-saving skills.

Spire GP demand

We have experienced a significant increase in the demand for Spire GP appointments. This is likely to have been driven by difficulty either perceived or actually experienced in accessing NHS primary care since the start of the pandemic. In 2021 there were almost 23,000 appointments with Spire GPs, almost twice as many as in 2020.

Welcoming doctors in training

The initial wave of the pandemic restricted opportunities for many doctors in training to work in a hospital environment. We recognise that training the Consultants of the future is very important, so we reached an agreement with the NHS that allowed surgeons and anaesthetists in training to undertake placements in our hospitals. Several hundred doctors in training worked in our hospitals in 2020 and in the first quarter of 2021, and we are open to providing further training opportunities in the future, when requested by our NHS partners.

Developing our people

Within Spire Healthcare, attracting and developing nurses and nurse leaders of the future remains a high priority. We are determined to play our part in addressing the shortage of clinical staff across the healthcare sector by recruiting and retraining great colleagues, while providing opportunities for clinical leaders of the future to develop their skills and experience. You can read more on this in the 'Investing in our colleagues' section.

We were able to restart our national conferences in 2021, albeit in a virtual format – holding more than 20 conferences for our pharmacy managers, physiotherapy managers and sterile services department leads, housekeeping heads, diagnostic imaging managers, endoscopy leads, and many others. These events bring together key colleagues to share best practice and learning.

Last year's plan to run a development programme in conjunction with the global Nightingale Challenge was delayed until November 2020, and this has continued throughout 2021–22 – again, primarily in a virtual format. The programme has offered young nurses the chance to take a more active role in the business, develop their leadership skills, and given them access to our Non-Executive Directors via regular mentoring circles.

Quality assurance and governance framework

We have continued to develop our reporting processes on quality to streamline and improve the Ward-to-Board assurance of quality. During the year we have developed an integrated quality assurance and governance framework, with a refined suite of key performance indicators that will start reporting Board-to-Ward during the course of 2022. Our Quality Assurance Framework is based on the NHS National Quality Board framework, with KPIs grouped under safe, effective, experience, well led, and money and people. We have also completely reviewed and reissued our policies on clinical governance, making them easier to follow and putting the focus on demonstrating excellence in everything we do.

We have also significantly strengthened our team this year by employing three regionally-based associate medical directors, who are there to both support our hospitals and work with us centrally on national projects. They are Christopher Bouch, a Consultant in anaesthesia and intensive care medicine, Anne Foster, a paediatric orthopaedic surgeon, and Richard Price, a cosmetic surgeon. Our new medical structure will further support excellent medical professional standards and ensure we provide excellent outcomes for patients.

Serious incidents

Spire Healthcare hospitals reported 352 clinical adverse events/near misses per 1,000 bed days in 2021. 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. 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)	264.5
Low (minimal harm caused)	72.3
Moderate (short term harm caused)	13.2
Severe (permanent or long term harm caused)	0.6
Death	1.1

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)

Numbers of reported clinical incidents and incident trends, including incidence of severe harm and reported deaths are monitored via our monthly Integrated Quality & Safety Scorecard. Introduced in 2021, and building on our previous clinical scorecard and associated dashboards, this is available at hospital level across the Group to enable Ward-to-Board reporting and monitoring of key clinical quality and safety indicators. A Board level report also includes a summary of our key metrics, including analysis of the data presented and outcomes of focused reviews and workstreams undertaken by our hospitals and central teams.

Independent Inquiry into Ian Paterson

In 2021–22 we continued to implement the recommendations of the Independent Inquiry into Ian Paterson, which reported in early 2020, and we have provided advice to those who took up our offer of support, and where appropriate, follow-up treatment. In December 2021, the Government issued its response to the inquiry report. We were pleased that the response noted our progress in contacting all known living patients of Paterson, and are reviewing the care of over two-thirds of the patients concerned.

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 the Government’s response to the Paterson inquiry report highlighted the work we have done in developing this.

We are committed now to working with the National Quality Board, which will be responsible for building on the work that we and others have

done, to create a national framework for actions that organisations will need to take in the event of a patient recall.

Looking ahead

Whilst the Omicron wave is abating, as a hospital provider we must remain vigilant as COVID-19 can have negative outcomes for patients’ long-term recovery. To deal with this effectively, it will be important for us to remain flexible, maximise our activity, continue to build our capabilities and leadership skills, support colleagues at every level of the organisation, and to make it easier for patients, Consultants and others to work and interact with us.

Our biggest priorities for the year ahead will be to make better use of the data we have – to focus on excellence in outcomes and to make sure this leads to the best possible patient experience. Following great work by our teams over the last few years, we now have lots of data reported in many different places. We need to ensure that data informs everything we do, and supports the fantastic job done by everyone at Spire Healthcare, and the approximately 8,150 Consultants we work with.

The information we have does not just help us manage medical professional standards, which is extremely important, it also supports our Consultants by demonstrating that they provide excellent care for patients. It links to our Quality Improvement priorities, and helps us track our progress against them. Ultimately, it enables Spire Healthcare to deliver an excellent patient experience and fulfil our core purpose as an organisation.

We will also look to strengthen the use of Multi-Disciplinary Team (MDT) meetings. We already have well established MDTs for all of our cancer patients, and we recognise that for other patients with complex conditions, we need to use the same approach. We are supporting our Consultants to develop appropriate MDTs in these areas, in line with both National Institute for

Health and Care Excellence (NICE) guidance and the recommendations of the Paterson Inquiry.

Finally, we would like to place on record once again 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. Their enormous contribution has made a positive difference to patients’ lives throughout another difficult year.

“I would like to thank our Consultant partners who have faced another year of very challenging circumstances due to the pandemic. Particular thanks go to our Medical Advisory Committee Chairs, who have worked with us to support our Consultant partners through the year, and helped them to maintain and strengthen their practices with us.”

Dr Catherine Cale
Group Medical Director

“Our teams have continued their strenuous efforts to maintain all of the measures we put in place in 2020 to keep our sites COVID-secure, including safe patient pathways, and regular screening/testing of colleagues and Consultants. We also owe a massive thank you to our Infection Control leads and housekeeping teams, who have done a fantastic job maintaining the level of Infection prevention standards required at each site.”

Alison Dickinson
Group Clinical Director

Investing in our colleagues

We are hugely proud of the contribution our colleagues make to the nation's healthcare, and this has never been more true than during the ongoing pandemic. Caring for patients in highly challenging but COVID-secure environments has become the norm across all areas of our work, backed up by the unrelenting focus on quality and safety that Spire Healthcare is renowned for.

Looking after our colleagues

Our Purpose and culture

Whether they are nurses, theatre teams, allied health professionals, non-clinical support teams or bank colleagues, we rely on our colleagues to deliver our Purpose. They make a positive difference to patients' lives through outstanding personalised care, and this ensures we are able to build on Spire Healthcare's strong reputation in the market.

At Spire Healthcare, our culture is characterised by openness, inclusion, respect, collaborative working, a focus on clinical safety and continuous improvement. That's how we translate our Purpose and values into action and provide a great working environment for all our colleagues. We measure our effectiveness in delivering this culture through our progress in diversity and inclusion, our colleague engagement surveys, our 'Let's talk' initiative and our 'Enabling Excellence' appraisal process, which is built on Spire Healthcare values and individual objectives.

Wellbeing – a top priority

We recognise the toll that the pressure of the past two years has taken on people across the UK's healthcare sector, and supporting our colleagues' own health and wellbeing is a top priority. We have built on the wide range of practical and emotional support we put in place in 2020, including adding to the number of mental health first aiders we

have across the business, and launching wellbeing one-to-one sessions for line managers to check in with team members when needed.

We continue to look for new and innovative ways of sustaining the morale and motivation of colleagues. For example, when we returned to a broader catering option in our hospitals this year, having cut down on handling food by offering a 'grab and go' service at the peak of the pandemic, we ran a campaign on our Ryalto communications app for colleagues to submit recipes. Not only were the winning entries incorporated into our catering offer, but they were also included in a special Spire Healthcare cook book.

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, much of this engagement has been through virtual communications and engagement tools that have proved to be highly effective.

In fact, our hospitals have each built their own communities using our Ryalto communications tool, and our mental health community sessions have also made excellent use of this platform. Our Chief Executive, Justin Ash, and members of the Executive Committee also continue to issue a new video to colleagues every month on Ryalto, and they regularly visit our hospitals to meet colleagues in person.

Colleague survey

While everyone is extremely busy across the organisation, we continue to see a very good response to our colleague surveys and Pulse questions on our Ryalto app. The overall response rate to our full annual survey in 2021 was 77%, and we recorded an engagement score of 84%, showing that pride in working for Spire Healthcare

is strong across all our functions. Our hospitals and central departments all get involved each year in action plans to make improvements based on the survey results.

Compared to last year, we have made progress in most areas, with trust in our hospital and function leadership teams at 80% (+12% on 2020) and excitement about the future of Spire Healthcare at 73% (+11%). 63% of colleagues said that they feel they receive praise or recognition for doing good work (+10%), and 71% agreed that we treat people as equals regardless of differences (+7%).

Following this year's results we will focus on new insights on harassment, equality, diversity and inclusion, on how we can further improve the employee voice and career development at Spire Healthcare, and on reviewing our systems and processes to keep improving the patient experience.

Diversity and inclusion

An inclusive workforce

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.

We hold ethnicity data on 87% of all colleagues, and 16.5% of those colleagues who disclose their ethnicity report having a black, Asian and minority ethnic (BAME) background. We can also report on ethnicity among our job applicants: 19.3% of all shortlisted candidates are black, Asian and minority ethnic people.

Our Board and Executive Committee combined now have 40% female and 7% BAME representation.

We have continued to develop our Diversity and Inclusion strategy in 2021–22, the central principle of which is that by recognising, understanding, respecting and including our diverse workforce, we will become an even more successful and effective organisation.



'Let's talk' colleague networks

Our 'Let's talk' colleague networks are voluntary groups, each chaired by a colleague rather than a member of the Executive Team. The first group was launched around Black Lives Matter in 2020, and is now known as the Race Equality group. Later in 2020, we launched two new 'Let's talk' networks – mental health and LGBTQ+ – based on colleagues' feedback on the most appropriate topics.

The 'Let's talk' group on mental health has been very active during 2021–22, and Spire Healthcare is now working towards a Mental Health at Work Commitment.

This is based on a simple framework that builds on pledges that are part of the 'Thriving at Work' standards published by the Department for Work and Pensions and the Department of Health and Social Care.

Highlights during the year in the other groups were two inspirational talks by guest speakers. British-American psychologist, consultant and former professional basketball player, John Amaechi, spoke to the Race Equality group, while Nathaniel Hall, an HIV activist and actor who appeared in Russell T Davies' 'It's a Sin' drama on Channel 4, addressed the LGBTQ+ group.

Valuing, rewarding and empowering colleagues

At the start of 2021 we launched our new recruitment branding 'Be your brilliant self' based around authenticity, personal culture and a personable employment experience. This is aligned to our goal of recruiting and retaining quality colleagues who feel valued, rewarded and motivated by clearly defined career paths with us.

In recognition of the tireless dedication and hard work of colleagues, the Company made an exceptional financial COVID-19 gift of £100 to all colleagues not on a bonus scheme, to thank them for their contribution during the year.

Resourcing remains a challenge in the current health market, and our dedicated Resourcing Team works closely with national and local recruitment partners to address our resourcing needs. These partners help us attract talented people to our teams, but we are also actively recruiting people to new roles from within Spire Healthcare.

From April 2021, the IR35 legislation, which relates to a contractor's employment status, has affected the availability of agency nurses. We are working with our agency suppliers to ensure we have access to the reliable, safe and cost-effective flexible resources we need. We are also moving to a digitised bank and agency platform which will streamline the process for both users and managers.

Developing the next generation of healthcare professionals

Investing in our talented people has again been a major focus in 2021–22. Alongside a range of training opportunities, we have several key initiatives in place to help new and existing colleagues develop the professional and leadership skills they need to further their career, including:

- A major new nurse degree apprenticeship programme in England, launched in partnership with the University of Sunderland. Read more about this programme on page 19
- LEAP, our unique leadership development apprenticeship programme
- Our Step Up Leadership Programme, which provides a 12 month virtual leadership journey for our talented future leaders
- Our Stretch Leadership Programme, which is an advanced two-year programme for senior leaders in our business; and a new Theatre Managers Leadership Programme that offers bespoke leadership training

At the end of 2021, we had 544 apprentices in training, of which 346 were in clinical roles.

2021–22 saw a major expansion of our nurse degree apprenticeship programme in England. Faced with a national shortage of nursing staff, exacerbated by many people leaving the profession as a result of the pandemic, we wanted to play our part in developing the pipeline of nurses for the future. In past years we consistently took on nurse apprentices, but in 2021, we expanded our intake to 165 new nurses, making ours one of the largest, if not the largest, nurse apprenticeship programme run by a single organisation in England.

The programme is run in partnership with the University of Sunderland, and combines study and assessments with on-site placements to gain practical knowledge. The apprenticeship lasts between two and five years, depending on the individual's prior experience, and apprentices gain a BSc degree on completion. It is open to applicants at all stages of life, including school leavers, university graduates, working parents and part-qualified nurse associates.

More than 5,000 people initially applied to the programme, and of those offered roles, 15% of them already worked at Spire Healthcare.

These new recruits will benefit the entire healthcare system as they could go on to work in the NHS, either at the end of their apprenticeship or a later part of their career.

Making full use of the government's apprenticeship levy, we also launched a new development programme for Operating Department Practitioners and Assistant Practitioners with the University of Derby in September. With around 500 apprentices across the business, we offer apprenticeships in a wide

range of clinical areas, such as biomedical science, physiotherapy, medical laboratory technicians. We also offer a number of other apprenticeships for our non-clinical colleagues in disciplines such as marketing, human resources, engineering and business administration.

"The nurse degree apprentices have been with Spire now for almost a year and in that time have already become invaluable Spire colleagues. Our partnership with University of Sunderland has meant that the apprentices are receiving first class academic learning combined with real hands on experience within our hospitals. Their enthusiasm and appetite for learning is a joy to witness and it is a pleasure to watch them grow on their journey to become Spire Healthcare nurses of the future."

Alys Reeves

Apprenticeship Manager

"Spire is supportive with anything we need. Everyone in the hospital knows us. All of the people on the team are happy to stop what they're doing and explain things fully when you ask a question. I learn something new every day. I really do – every single day."

Rumour Bedden

Portsmouth Nurse Apprentice

Overseas nurse recruitment

An initiative that is showing great promise is our recruitment of overseas nurses. This has proven highly beneficial to Spire Healthcare in terms of adding extra colleagues and capacity, but also broadening the cultures of our clinical colleagues. It has also proved popular with our nurses joining from other countries, with many commenting on the welcoming experience of working with our clinicians in our hospitals. By the end of 2021, we had welcomed 250 new clinical colleagues, with over 140 already established in our hospitals.

Our overseas colleagues are initially placed into a WhatsApp group so they can talk with others making the journey. Each new colleague goes for Objective Standard Clinical Examination (OSCE) training and is individually welcomed. They have access to support teams 24/7.

With the aging demographics of the UK’s clinical professionals set to exacerbate the shortfall of clinicians to meet the country’s healthcare demands, the international programme is a welcome injection of excellent motivated and skilled talent into Spire Healthcare.

Whistleblowing and Freedom to Speak Up

We want colleagues to feel confident and empowered to raise any issues or concerns they may have, and we have a robust whistleblowing policy in place. We are developing a healthy culture in which identifying concerns and speaking up is not only encouraged, but also embedded fully across all areas of the business.

We recruited a new Corporate Concerns Officer to coordinate all of our whistleblowing and Freedom to Speak Up (FTSU) activity in 2020, and we now have a strong Corporate Concerns Office. This is helping us triage and manage colleagues’ concerns faster, even where the interactions with people have to be handled virtually.

Our whistleblowing helpline is managed by a third-party provider, enabling colleagues to raise any concerns they may have about issues of safety or wrongdoing anonymously. All concerns received through the helpline are raised with the Corporate Concerns Officer for review, to ensure that they are appropriately investigated and concluded.

We have Freedom to Speak Up Guardians at all of our hospitals and non-clinical sites, and they continue to provide confidential support to colleagues where needed. During the year, we invested further in our FTSU Guardian network – building the team, running additional training for our Guardians, and creating a new Consultant FTSU Guardian position. Two-thirds of our hospitals now have a Consultant FTSU Guardian.

During a dedicated FTSU month in October we provided further support and training, raised the profile of the Guardians in our hospitals, and ensured they had special pin badges to help identify them, and make them more available to colleagues when needed. Awareness of our whistleblowing policy and Freedom to Speak Up Guardians among colleagues remains high.

In the survey carried out in 2021, 91% of colleagues said they knew how to raise concerns through the whistleblowing helpline and 90% of people knew about the Freedom to Speak Up Guardians.



Respecting the environment

We have a duty of care to the environment around us, as well as to our patients. We want to make sure we look after people more broadly, and this includes our commitment to the environment.

Our 10-year carbon reduction target

We are working to reduce the harmful impact on our planet of climate change through a robust decarbonisation strategy that is designed to achieve net zero carbon emissions by 31 December 2030. We were the first large independent sector hospital provider to make such a commitment, and we have budgeted £16.0m of investment over the next 10 years to help achieve this aim.

Our strategy prioritises a targeted approach to reduction from the greatest carbon emission sources.

As well as the environmental benefits of our strategy, we are driving operational improvements and cost savings across the business. We have appointed Carbon Champions at each of our hospitals who are tasked to carry out local audits and implement action plans. These will ensure we deliver the improvements and efficiencies

that we hope will enhance our reputation within the healthcare sector and attract new environmentally conscious investors.

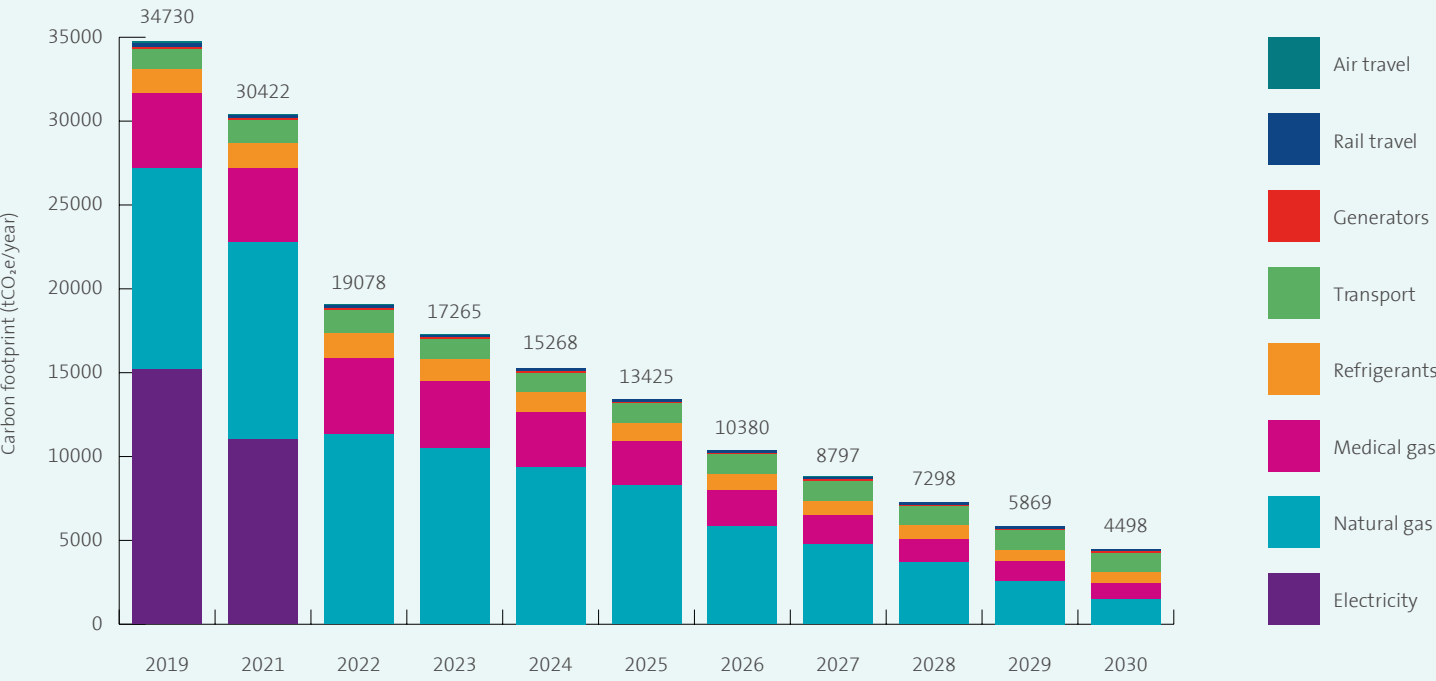
Measuring our performance

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.

Our carbon reduction roadmap

In the diagram below, we have mapped out our carbon reduction plans to net zero in 2030, using 2019 as our reference base year. The reduction to date 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

Business utility and sustainability consultancy Inenco produce quarterly performance reports that chart our results against our carbon reduction targets. We also separately monitor our hospitals on a monthly basis, and issue energy reports detailing their 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

We continue to invest in our estate and engineering infrastructure to improve our energy efficiencies. Key projects this year included:

- Replacing gas-powered primary steam boilers with more efficient electrically powered equipment at Spire Southampton and Spire Gatwick Park
- Introducing high efficiency heating, cooling and ventilation – through the replacement of boilers at Spire Norwich, critical ventilation systems at Spire Hull, Spire Cambridge and Spire Leeds, and new chillers with heat recovery systems at Spire Parkway
- Replacing the remaining older lighting across the estate with LED lights that are 50% to 60% more energy efficient
- Installing photo-voltaic (PV) solar panels on the roof of the outpatient building at Spire Cardiff, generating 24kw of free electricity, with similar installations to follow across the estate

- Increasing the use of electric vehicles as part of our fleet, alongside commencing EV charging point installations at our sites
- Improving insulation in our buildings at Spire Cardiff following the renewal of the roof to Glamorgan House, as well as new double glazing installations at Spire Hartswood, Spire Harpenden and Spire Thames Valley

Alongside these investments, all of our Carbon Champions have received training and guidance to help them produce local action plans and identify opportunities for operational improvements and efficiencies. These actions plans will be reviewed twice yearly to monitor and track progress.

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 2021. We made our seventh annual submission to the CDP and received a ‘B’ 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 2021

The tables below provide the emissions data and supporting information required by the Companies Act 2006 (Strategic Report and Directors’ Report), Regulations 2013, 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 2021 were 28,805 tCO₂e. The first table below shows this, broken down by emissions source.

	2017	2018	2019	2020	2021	Share	YoY %
Emissions source	(tCO ₂ e)	(tCO ₂ e)	(tCO ₂ e)	(tCO ₂ e)	(tCO ₂ e)	(%)	Change
Fuel combustion: stationary	10,842	12,917	12,098	11,590	12,539	44%	7%
Fuel combustion: mobile	1,314	1,145	1,209	1,447	1,325	5%	-2%
Fugitive emissions	6,128	6,936	5,895	5,018	5,139	18%	2%
Purchased electricity	21,145	17,151	15,193	13,330	9,802 ^a	34%	-26%
Total emissions	39,429	38,148	34,395	31,384	28,805	100%	-8%
Revenue (£m)	932	931.1	980.8	919.9	1,106.2		9.8%
Intensity (tCO ₂ e per £m)	42.3	41	35.1	34.1	26.0		-31.1

		2018	2019	2020	2021	Share	YoY %
Energy consumption by year		(MWh)	(MWh)	(MWh)	(MWh)	(%)	Change
Natural gas for heating		69,462	65,285	63,032	67,766	53%	8%
Electricity		55,829	54,788	52,647	54,704	43%	4%
Transport fuel		4,622	4,883	5,386	5,363	4%	0%
Gas oil for backup generation		503	374	369	384	0%	4%
Total		130,416	125,330	121,434	128,217		6%

Notes to the emissions source table:

a) Scope 2/purchased electricity emissions reporting

The figure for emissions from purchased electricity above reflects our investment in a zero-carbon electricity tariff across all of our sites from October 2021. We have calculated emissions for the period January to October following the location-based method and for October to December following the market-based method (to reflect our zero-carbon tariff). If we apply the location-based method across the year, our emissions from purchased electricity were 12,662 tCO₂e. If we apply the market-based method across the year, our emissions from purchased electricity were 13,824 tCO₂e.

b) 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.

c) 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)

d) 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 2021. There are no notable omissions from the mandatory scope 1 and 2 emissions. Approximately 9.4% of emissions are based on estimated data.

e) Fugitive emissions

These are attributable to the use of medical gases; carbon dioxide and nitrous oxide, (3,482 tCO₂e), and leakage of refrigerant gases (1,656 tCO₂e).

Looking ahead

Our sustainability strategy, due to be developed and communicated across the Group in 2022, will set out our aspirations around our environmental impact for the coming years.

In the year ahead we will continue to prioritise our approach to carbon reduction and energy saving, including but not limited to the following:

- Replacement of the remaining gas-powered primary steam boilers serving SSD with more efficient electrically powered equipment
- Removal of nitrous oxide across the estate
- Continuing LED replacements
- Further PV installations and thermal upgrades as part of roofing replacements
- Completion of the EV charging point roll out across the estate
- Look at feasibility of all-electric buildings at Spire Reading
- There will also be further feasibility surveys to determine where we can utilise other innovative technologies across the estate

How we performed

Priorities for improvement 2021–22

In our last Quality Account, Spire Healthcare set out the following three priorities for improvement during 2021–22:

- Discharge was organised and efficient
- Admission and patient information: being informed / everything is straight forward
- Patient feedback and engagement

These were selected after a period of engagement with colleagues across the group to help select our quality improvement priorities for the year ahead. Improving patient experience was the identified as the top priority by our colleagues and this was refined into these three key areas by our Quality Improvement Programme Board, following two patient focus groups to explore this topic in more detail.

1. Discharge was organised and efficient

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 and based on responses to our patient survey between January and March 2021, 70% of respondents strongly agreed that their discharge was organised and efficient.

At the time of writing last year’s Quality Account (spring 2021), the project team were 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 daycase 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

Following a review of these ideas, the team decided to concentrate on an admission and discharge information booklet and a revised discharge checklist which will be incorporated into our care pathways as they are updated. This will be completed by summer 2022.

The booklet, titled ‘Your guide to having a procedure with Spire Healthcare’, was introduced in April 2022 and is available in both digital and print formats. It brings together essential patient information in one place (and is supplemented by procedure-specific information) including:

- What you need to do prior to admission
- The pre-operative process
- Infection prevention
- Preparing for your admission
- On the day of your admission
- Going to theatre
- After you go home
- Discharge and after
- Your discharge information
- Preparing to leave and next steps
- Caring for surgical wounds
- Reducing the risk of deep vein thrombosis
- Returning to normal activity
- Listening to your views
- Frequently asked questions

In the first quarter of 2022, the percentage of respondents to our survey strongly agreeing that their discharge was organised and efficient was 67%, similar to the Q1 2021 figure. However, the steps taken by the project team should help to improve the level of information provided to our patients and the consistency of the discharge experience. We will continue to take this forward as a priority for improvement in 2022.

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

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.

At the time of writing last year’s Quality Account, the project team were 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 that patients are sent ahead of their admission

Once these ideas had been reviewed, it was apparent that there was significant overlap between this and the work on the efficient discharge priority set out above. Consequently, information for patients on admission was incorporated into the ‘Your guide to having a procedure with Spire Healthcare’ booklet referred to above.

Additionally, towards the end of 2021, a wider project commenced focusing on auto-communication which will standardise the

information received by our patients before admission, with the majority shared digitally. The team are working on providing this information in different formats such as video with British Sign Language translation which will ensure accessibility for a wide variety of people.

3. Patient feedback and engagement

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.

After reviewing the issues in this area, our project team chose to concentrate on two or three practical changes to support hospitals in this area. During 2021 we reviewed the categories available to report complaints on Datix (our complaints reporting system) and updated them in early 2022 to help improve the insights available from patient experience. Following a review and update of our policy to reflect changes to the Independent Sector Complaints Adjudication Service code of practice for managing complaints, we also updated our guidance on the ten essential steps in managing complaints and held three training workshops to explore these. We also incorporated complaints reporting into our monthly Integrated Quality & Safety Scorecard which will help improve the way learning from complaints is shared across the group.

We will be building on the steps taken so far during 2022 with further best practice complaints workshops planned for the first half of the year and a review of our competency framework for complaints managers.

Our plans

Priorities for improvement 2022 – 23

- As part of our Quality Improvement Programme, we have selected the following priorities for improvement:
1. Improving patient experience (with a focus on discharge)
 2. Improving participation in patient reported outcome measures (PROMs – hip and knee replacements)
 3. Reducing avoidable cancellations

1. Improving patient experience (discharge was organised and efficient)

Why is this priority important?

We are retaining improving patient experience (discharge was organised and efficient), as described in the previous section, as a priority for improvement this year. Satisfaction with discharge is a key indicator of overall patient experience and effective discharge planning can help recovery and reduce the risk of readmission. NHS England also suggest that unnecessary delays in being discharged from hospital are a problem that too many people experience.²

Our aim/goals

Now we have introduced our new patient booklet ‘Your guide to having a procedure with Spire Healthcare,’ providing information on admission and discharge, our focus is changing to supporting specific task and finish groups at each of our hospitals to tackle local issues with discharge. The plans for each group are being developed using feedback from our patient survey, including textual analysis of verbatim feedback provided by our patients.

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

We will continue to track the percentage of respondents to our patient survey who agree that their discharge was organised and efficient as a key indicator, but we will also be monitoring local targets set for each of our hospitals. The impact of Quality Improvement projects in this area will be reported through to the Quality Improvement Programme Board and the Safety, Quality and Risk Committee, which is a sub-committee of the Group’s Executive Committee.

2. Improving participation in patient reported outcome measures (PROMs – hip and knee replacement)

Why is this priority important?

A key focus for the year ahead is to make better use of the data we have – to focus on excellence in outcomes and to make sure this leads to the best possible patient experience. One of the measures available to us is Patient Recorded Outcome Measures (PROMs), which compare the response from patients to the same questions before and after treatment. PROMs generate three key metrics:

- Health gain: the difference between the pre-operative and post-operative survey scores provides an indication of how much patients’ symptoms have improved after treatment;
- Follow-up: the post-operative score provides an indication of how close patients are being to symptom-free;
- The percentage of patients reporting an improvement in symptoms.

This data is not only important to help track the progress of patients after treatment, it also supports our Consultants to demonstrate that they provide excellent care for patients.

² <https://www.england.nhs.uk/urgent-emergency-care/improving-hospital-discharge/>



As part of the NHS PROMs programme, we invite patients to complete the Oxford Hip and Knee Score questionnaire for hip and knee replacement procedures respectively. Like many providers we saw participation from patients fall during the first part of the COVID-19 pandemic; 55%³ of eligible patients completed the pre-operative survey in 2020 – 21, compared to the national average of 66% and the 88% that our hospitals achieved the previous year.

Our aim/goals

High levels of participation help generate more robust outcome data so we will be working to achieve participation levels above the national average for PROMs.

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

The impact of Quality Improvement projects in this area will be reported through to the Quality Improvement Programme Board and the Safety, Quality and Risk Committee.

³ Based on data published by NHS Digital in February 2022; <https://digital.nhs.uk/data-and-information/publications/statistical/patient-reported-outcome-measures-proms/finalised-hip-and-knee-replacement-procedures-april-2020-to-march-2021>
⁴ <https://www.england.nhs.uk/wp-content/uploads/2021/12/qsir-reducing-cancelled-operations.pdf>

3. Reducing avoidable cancellations

Why is this priority important?

In keeping with other healthcare providers, the COVID-19 pandemic increased the number of cancelled procedures and appointments, many of which were due to restrictions on elective care (and other restrictions) or due to staff or patient sickness. However, some cancellations are avoidable and are caused by process failures including unavailability or late return of blood results, equipment not arriving in time or other issues such as overrunning operating or clinic lists. Not only are cancelled operations distressing and inconvenient for patients, but they are also a waste of time and resources.⁴

Our aim/goals

To reduce incidence of avoidable cancellations for surgical episodes by 20% during 2022.

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

The impact of Quality Improvement projects in this area will be reported through to the Quality Improvement Programme Board and the Safety, Quality and Risk Committee.

Review and assurance

Data quality

Maintaining the excellent foundation provided by our efficient systems and processes to support the collection and reporting of NHS data, we are pleased to report that our overall data quality measures have been sustained through this year and continue to exceed the required national standards. Our hospitals and central NHS management information team remain focused on the core areas we see as underpinning our strategy:

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

We 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 KPI information. Commissioner feedback remains positive and there is ongoing evidence from our local contract management meetings that these have supported improved contract management, governance and activity monitoring, and data validation conversations.

The tables below show Spire Healthcare’s Secondary Uses Services data quality performance for April 2021 to March 2022 as issued by NHS Digital in April 2022. We are pleased to again 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 2021 to March 2022, as issued by NHS Digital in April 2022

Spire Healthcare outpatient data, based upon 426,477 activities

Data item	% valid
NHS number	100
Patient pathway	100
Treatment function	100
Main specialty	100
Registered GP practice	99.7
Postcode	100
Organisation of residence	99.9
Commissioner	99.9
First attendance	100
Attendance indicator	100
Referral source	100
Referral received date	100
Attendance outcome	98.7
Priority type	100
Outpatient primary procedure	100
Operation status	100
Ethnic category	99.9
Site of treatment	100
HRG4	100

Spire Healthcare admitted patient data, based upon 58,347 activities

Data item	% valid
NHS number	100
Patient pathway	100
Treatment function	100
Main specialty	100
Registered GP practice	99.9
Postcode	100
Organisation of residence	99.9
Commissioner	99.9
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 in-patient and day-case 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. The challenges presented by COVID-19 presented an opportunity for the team to launch a new remote audit service to our hospitals, which has resulted in all hospitals being able to have more activity reviewed on a frequent basis. This gives us greater confidence that issues and errors are being identified at the earliest opportunity, corrected and training guidance given. Additional coding education is delivered to Consultants and hospital staff 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 – 21 was postponed until mid-2021. Once completed, the results of what was a much smaller than usual audit, gave an overall HRG error rate of 4.2% with the following accuracy results: Primary diagnosis 96%, secondary diagnosis 97%, primary procedure 97%, and secondary procedure 97%.

Financial year 2021–22 audits have been completed as normal, giving an overall HRG error rate of 4.8%, which is an increase on previous years. Primary procedure recording has remained the same since 2017 at 97%. Primary diagnosis accuracy stands at 95%, secondary diagnosis at 96% and secondary procedure at 96%, meaning that each of these three areas have dropped slightly by 1 percentage point since the last full year audit. The overall coding accuracy result for 2021–22 achieved the Data Security and Protection Toolkit (DSPT) ‘standards exceeded’ 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 eight 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 2021–22, TIAA continued to provide briefing notes on ‘fraud hot topics’ which have been disseminated to relevant areas of the business. TIAA has supported us on reviewing our fraud risk assessment in line with the new standard in line with the Government Counter Fraud Profession methodology required by the NHS Counter Fraud Authority.

The Group Financial Controller is our nominated Fraud Champion.

We submitted our seventh counter fraud self-assessment tool return to the NHS Counter Fraud Authority in June 2022. Our submission is stable against the prior year. In total, against the 13 standards, 7 were fully met, 6 partially met and none not met.

Clinical audit

During 2021, 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 2021 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 2021 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 2021, 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 – 55%⁵ based on finalised data for 2020 – 21 compared to the national average of 66%. However, the average linkage rate⁶ across all Spire Healthcare hospitals was 62%, above the national average of 59%.
- 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);

⁵ Based on data published by NHS Digital in February 2022; <https://digital.nhs.uk/data-and-information/publications/statistical/patient-reported-outcome-measures-proms/finalised-hip-and-knee-replacement-procedures-april-2020-to-march-2021>
⁶ Linkage rate is the proportion of submitted PROMs surveys that can be linked by NHS Digital to an eligible episode in the NHS' Hospital Episode Statistics.

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

- Improving PROMs participation and returning it towards pre-pandemic levels has been identified as a priority for improvement this year. Additionally, after testing a dashboard of key measures for Orthopaedic Surgery (including PROMs in 2021) we will be refining that in the coming year to help our hospitals and Consultant partners demonstrate excellent outcomes.
- Based on the NJR annual data quality audit, the following Spire Healthcare hospitals achieved 'Quality Data Provider' status:
 - Spire Alexandra Hospital
 - Spire Bristol Hospital
 - Spire Bushey Hospital
 - Spire Cardiff Hospital
 - Spire Cambridge Lea Hospital
 - Spire Cheshire Hospital
 - Spire Clare Park Hospital
 - Spire Dunedin Hospital
 - Spire Fylde Coast Hospital
 - Spire Gatwick Park Hospital
 - Spire Harpenden Hospital
 - Spire Hartswood Hospital
 - Spire Hull and East Riding Hospital
 - Spire Leeds Hospital
 - Spire Leicester Hospital
 - Spire Little Aston Hospital
 - Spire Liverpool Hospital
 - Spire London East Hospital
 - Spire Manchester Hospital

- Spire Methley Park Hospital
- Spire Murrayfield Hospital, Wirral
- Spire Norwich Hospital
- Spire St Anthony's Hospital
- Spire South Bank Hospital
- Spire Parkway Hospital
- Spire Regency Hospital
- Spire Southampton Hospital
- Spire Sussex Hospital
- Spire Tunbridge Wells Hospital
- Spire Washington Hospital
- Spire Wellesley Hospital
- Spire Yale Hospital

We will be working with the small number of hospitals that did not meet the data quality target in the coming year and 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.

Research

A number of patients receiving NHS services provided or subcontracted by Spire Healthcare in 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 (for example, scans or investigations) to support primary research undertaken elsewhere, such as by a contract research organisation or NHS Trust.

CQC inspections

A list of the CQC ratings of each of our hospitals, 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	28-Sep-21	02-Dec-21	Good
Spire Cambridge Lea	06-Jun-16	05-Dec-16	Good
Spire Cheshire	18-Oct-16	17-May-17	Outstanding
Claremont Hospital	20-Feb-17	08-Aug-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	26-Oct-21	17-Jan-22	Good
Spire Harpenden	12-Apr-16	09-Jan-17	Good
Spire Hartswood	01-Dec-21	22-Mar-22	Good
Spire Hull & 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	23-Nov-21	11-Feb-22	Good
Spire South Bank	02-Dec-21	10-Feb-22	Good
Spire Southampton	08-Jul-21	13-Sep-21	Good
Spire St Anthony's	29-Oct-19	28-Apr-20	Good
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
Spire Bushey Diagnostic Centre	28-Sep-21	02-Dec-21	Good
Spire Hesslewood Clinic	18-Sep-18	22-Nov-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
Alexandra	0.08	0.20	0.08	0.00	0.00	0.00
Bristol	0.16	0.23	0.07	0.24	0.00	0.00
Bushey	0.09	0.15	0.03	0.00	0.00	0.00
Cambridge Lea	0.11	0.16	0.05	0.57	0.00	0.00
Cheshire	0.14	0.13	0.04	0.13	0.00	0.00
Clare Park	0.13	0.29	0.00	0.00	0.00	0.00
Dunedin	0.08	0.15	0.03	0.00	0.00	0.00
Elland	0.05	0.28	0.00	0.00	0.00	0.00
Fylde Coast	0.15	0.11	0.02	0.11	0.00	0.00
Gatwick Park	0.19	0.18	0.00	0.00	0.00	0.00
Harpenden	0.08	0.13	0.00	0.00	0.00	0.00
Hartswood	0.07	0.13	0.02	0.00	0.00	0.00
Hull	0.11	0.27	0.01	0.00	0.00	0.00
Leeds	0.15	0.20	0.01	0.00	0.00	0.00
Leicester	0.07	0.17	0.00	0.12	0.00	0.00
Little Aston	0.25	0.06	0.03	0.00	0.00	0.00
Liverpool	0.02	0.19	0.00	0.00	0.00	0.00
London East	0.08	0.09	0.00	0.00	0.00	0.00
Manchester	0.24	0.51	0.01	0.00	0.00	0.00
Methley Park	0.20	0.73	0.00	0.00	0.00	0.00
Montefiore	0.11	0.10	0.09	0.17	0.00	0.00
Norwich	0.23	0.36	0.10	0.00	0.00	0.00
Nottingham	0.17	0.15	0.13	0.00	0.00	0.00
Parkway	0.21	0.43	0.00	0.13	0.00	0.00
Portsmouth	0.10	0.21	0.02	0.00	0.00	0.00
Regency	0.04	0.14	0.07	0.00	0.00	0.00
South Bank	0.13	0.13	0.06	0.00	0.00	0.00
Southampton	0.27	0.24	0.04	0.13	0.00	0.00
St. Anthony's	0.34	0.54	0.11	0.00	0.00	0.00
Sussex	0.00	0.41	0.10	0.00	0.00	0.00
Thames Valley	0.08	0.13	0.00	0.00	0.00	0.00
Tunbridge Wells	0.00	0.41	0.00	0.00	0.00	0.00
Washington	0.07	0.28	0.00	0.00	0.00	0.00
Wellesley	0.08	0.24	0.00	0.00	0.00	0.00
Wirral	0.08	0.00	0.00	0.00	0.00	0.00

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
0.00	0.00	2.53	95%
1.05	0.00	1.68	97%
0.00	0.00	1.41	94%
0.00	0.00	2.64	96%
0.00	0.00	1.86	97%
0.00	0.00	0.46	94%
0.00	0.00	0.33	95%
0.00	0.00	1.67	96%
0.00	0.00	1.81	98%
0.00	0.00	2.79	96%
0.00	0.00	0.82	97%
0.00	0.00	1.25	97%
0.00	0.00	1.91	95%
1.36	0.00	2.04	96%
0.00	0.00	2.09	97%
0.00	0.00	1.91	96%
0.00	0.00	1.68	96%
0.00	0.00	0.52	95%
0.00	0.00	1.63	95%
0.00	0.00	3.57	96%
0.00	0.00	1.41	94%
0.00	0.00	2.03	96%
0.00	0.00	1.08	96%
0.00	0.00	1.19	97%
0.00	0.00	0.55	96%
0.00	0.00	0.98	97%
2.42	0.00	2.18	98%
0.00	0.00	1.53	96%
0.00	0.00	1.73	94%
0.00	0.00	2.52	97%
0.00	0.00	0.69	94%
0.00	0.00	1.85	97%
0.00	0.00	2.04	96%
0.00	0.00	1.95	93%
0.00	0.00	2.01	94%

Clinical indicator data refer to calendar year 2021 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 in-patient 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

NHS Liverpool Clinical Commissioning Group

Quality Account Statement 2021–22

Spire Healthcare

NHS Liverpool CCG welcomes the opportunity to comment on the Draft Quality Account for Spire Healthcare for 2021–22. It is acknowledged that the Account reflects the national picture of Spire Healthcare and we welcome a copy of the final version of the Account.

Spire continued to have challenges due to the legacy of COVID-19 and the impact on waiting lists, however Spire was able to secure environments enabling them to continue treating patients and delivering care during Omicron. We would like to take this opportunity to thank Spire and its staff for the work it has undertaken once again to support the NHS and acute NHS providers with the delivery of essential healthcare at a time of continued pressure.

We have worked closely with Spire throughout 2021–22 at quarterly Contract Review Meetings to gain assurances that the services they delivered were safe, effective, of a high quality, and delivering personalised care to service users. The CCG shares the fundamental aims of Spire of delivering high quality, harm-free care, and their Purpose, in ‘making a positive difference to our patients’ lives through outstanding personalised care,’ is to be commended. The Account is clear, comprehensive, honest and reflects very good progress on priorities, outlining the achievements, aspirations, and challenges of the organisation.

This Account indicates Spire’s commitment to improving the quality of their services, and it provides an update of the key priorities for improvement of quality in 2021–22:

- Discharge was organised and efficient
- Admission and patient information: being informed / everything is straightforward
- Patient feedback and engagement

The work undertaken on the discharge / admission booklet will undoubtedly prepare patients for their visit to Spire. It was particularly reassuring that Spire are working on providing admission information in different formats such as video with British Sign Language translation which will ensure accessibility for the wider population.

The 2022 – 23 priorities further reflect their ongoing commitment to patient experience and outcomes, which include:

- Improving patient experience (with a focus on discharge)
- Improving participation in patient reported outcome measures (PROMs – hip and knee replacements)
- Reducing avoidable cancellations

Furthermore, their patient feedback reflects a high level of patient satisfaction, 92% say Spire delivered outstanding care, 94% feel the care was personalised and 85% say it made a positive difference to their lives.

Spire places significant emphasis on its safety agenda; demonstrating commitment to continuous evidence-based quality, which is further reflected in the statistic of 0.6 incidents of severe harm per 1,000 bed days. Spire are embedding a culture of learning from incidents through their National Incident Review Committee to ensure lessons are captured and shared by 48hr flash reports and monthly safety bulletins.

Spire continues to build on their Freedom to Speak Up infrastructure and have appointed a corporate officer to oversee process and have a whistleblowing helpline managed by a third party to allow anonymity, 91% of staff say they know how to raise a concern. They have also appointed mental health first aiders to support staff and mental health community sessions, focusing on staff wellbeing. 84% of staff take pride in their work at Spire.

Through this Quality Account, Spire clearly demonstrate their commitment and ambition to improving the quality of care and services delivered, including ongoing associated research, audit, and innovation.

Spire should be commended for the following awards:

- Health Service Journal Award: Best Healthcare Provider Partnership with the NHS
- HealthInvestor Award: Award for Public/private partnership of the year
- Nursing Times Workforce Summit: Best Workplace for Learning & Development

Particular work to note throughout the year which Spire has implemented, include:

- Efficiency savings of in excess of £15 million
- Launch of the Quality Improvement Strategy
- Quality improvement culture with 120 trained quality improvement practitioners
- Spire has 18 robots that assist clinicians in surgery and they are looking at AI
- The nurse apprenticeship programme in partnership with the University of Sunderland
- Implementation of recommendations in relation to the Paterson Inquiry
- The alignment of their Integrated Assurance & Governance Framework to the NHS National Quality Board Framework
- Building further on their green agenda and 10 year carbon reduction target
- Employment of three regionally based Associate Medical Directors, to support hospitals and work on projects
- Adapting to digital and homecare solutions, reducing face to face appointments

Going forward, one of Spire’s biggest priorities and challenges is making better use of data, to influence better outcomes and patient experience. There is a need to ensure the data is stratified to inform and influence decisions for the future.

The CCG acknowledge 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.

Commissioners are aspiring, through strategic objectives, to develop an NHS that delivers great outcomes, now and for future generations, adding our own stretch ambitions for improving health, and delivering better services 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.

The priorities for improvement identified for 2022 – 23 continue to build on patient experience and outcomes, striving for excellent, compassionate, and safe care for every patient, every time.



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Contact us

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