



Spire Healthcare

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

Quality Account 2019–20



Looking after you.

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Who we are

Spire Healthcare is the largest private hospital group by turnover in the United Kingdom. Working in partnership with almost 7,300 experienced Consultants, our hospitals delivered tailored, personalised care to almost 810,000 insured, self-pay and NHS patients in 2019. We provide high-quality diagnostics, in-patient, daycase and out-patient care in our 39 hospitals and eight clinics across England, Wales and Scotland. We also own and operate the sports medicine, physiotherapy and rehabilitation brand, Perform.

Our Purpose

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

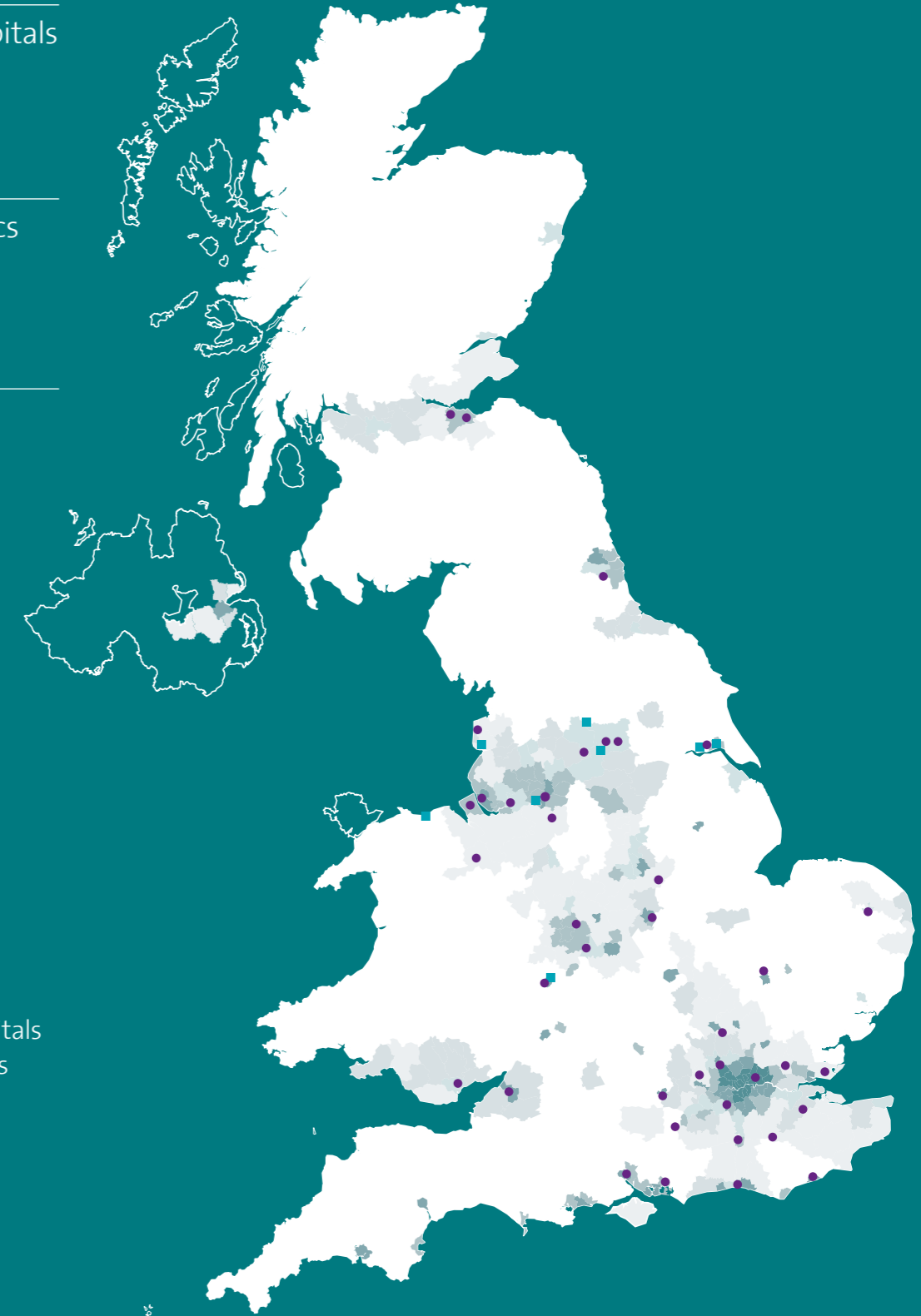
Service coverage where it is needed

Spire Healthcare Hospitals

39

Spire Healthcare Clinics

8



As the majority of the period covered by this report was before the coronavirus pandemic, the people in the photographs are wearing personal protective equipment that was used pre COVID-19.

Justin Ash,
Chief Executive Officer



Chief Executive Officer's strategic review

The world has changed significantly since March 2020, the end of the year under review. 2020 has been dominated by the coronavirus pandemic, the worst global health crisis seen across the world for many generations. The scale of the numbers of people who have died, been ill or seen their lives affected by the pandemic is difficult to comprehend. My heart goes out to every family who has lost a loved one.

Supporting the NHS during the pandemic

I am proud of the role Spire has played in supporting the NHS during the pandemic. Together with the rest of the independent sector, we put our colleagues, services, equipment and facilities at the disposal of the NHS. We have provided cancer and urgent treatment to tens of thousands of NHS patients across the UK. More recently, we have helped the NHS in England to restart routine procedures by carrying out elective surgery for NHS patients. At the time of writing, over 200,000 NHS patients have received care in our hospitals; these are people who would otherwise have had their treatment or diagnosis delayed or cancelled.

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

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

In the months to come, we will, where possible, direct our spare capacity to support the recovery of elective waiting times across the country. We will also play our part, working with others in the health and social care sector, to ensure that lessons are learnt and the system is as prepared as it can be, should we be hit by another epidemic in the years to come.

Focus on safety and quality

Turning to 2019–20 itself, this was a year in which we remained uncompromising in our focus on patient safety and quality of care. 11 hospitals were inspected by the Care Quality Commission during the period, and all were rated 'Good'. Five of these were uprated from 'Requires Improvement'. I was particularly pleased that Spire Leeds bounced back to a 'Good' rating, less than a year after being downgraded to 'Requires Improvement'. 2019–20 also saw the publication of the CQC's report on Spire Manchester, one of our newest hospitals, based on an inspection before the start of the year. It was rated 'Outstanding,' taking the Group total to five, more than any other independent acute hospital provider. 90% of our hospitals are now rated 'Good,' 'Outstanding' or the equivalent in Scotland and Wales, up from 79% at the start of 2019–20. I would like to thank all of our teams and Consultant partners for the hard work they have put in to make this possible.

During the pandemic, we have retained our uncompromising focus on quality and safety and continued to strengthen our governance processes. We increased the frequency of our Board Clinical Governance and Safety Sub-Committee, maintained our monthly executive Safety, Quality and Risk Committee, and ensured that frequent internal audits of our hospitals continued on a virtual basis. Non-executive directors paid virtual visits to our hospitals to gain additional assurance on safety and quality. In

addition, I visited every hospital virtually at least once during the first lockdown and have been able to see our safe patient pathways in person in many hospitals during and since the summer.

Investment and new partnerships

2019–20 saw a range of investments and new partnerships, designed to enhance our offer to patients. Our investments included the construction of a new theatre and patient bedrooms at Spire Bushey Hospital and a new orthopaedic out-patient centre at Spire Manchester Hospital. We also embarked upon a £2m programme at Spire Bristol to expand the car park facilities and install a new ultrasound scanner.

We embarked on an exciting new partnership with GenesisCare to create an end-to-end private cancer treatment pathway, initially at Spire Bristol, and then rolled out to other sites after year end. We also announced a partnership with Bupa UK to launch two new Bupa Specialist Centres for breast cancer at Spire Bushey and Spire Little Aston. These will provide Bupa members with market-leading speed of access to a comprehensive multi-disciplinary diagnostic clinic, and if required, treatment. The first customers began to access the service after year end.

Overall the volume of NHS admitted cases was broadly in line with the previous year. We did, however, see some changes in our case mix as we expanded the range of services offered across many of our hospitals. For example, before the onset of the pandemic, we continued the trend in recent years of providing more complex surgery for NHS patients. In Manchester, we developed a successful partnership with the local Trust to provide thoracic surgery for NHS patients to meet the demand created by an increase in screening and early diagnosis of lung cancer in the city. This

focus on complex surgery stood us in good stead at the onset of the pandemic, when we were required to look after patients requiring the most critical care. We also saw an increase in complex spinal surgery across many of our hospitals.

Spire Healthcare also remain committed supporters of our armed forces, their dependants and our veterans. In addition to providing clinical care to those requiring elective surgery, work is underway with the Career Transition Partnership to make Spire Healthcare an employer of choice for those leaving the Services.

Driving efficiencies

We have complemented our investment programme with a focus on driving efficiencies. We have identified and implemented savings in procurement, for example through a standardised menu in our hospitals, and rationalised suppliers of items such as hip and knee prostheses. We have streamlined our local and regional non-clinical teams and standardised our approach to handling patient records. Our digital strategy is key to delivering these efficiency improvements and we stepped up work to bring greater automation to our processes and systems. We have identified further opportunities for efficiencies which we will continue to pursue in the period ahead.

Paterson Inquiry report

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

Moving forward with a renewed sense of purpose

Colleagues, patients and Consultant partners across the country worked together with our Senior Leadership Team and Medical Advisory Committee Chairs over the course of the year to define Spire Healthcare's Purpose – 'making a positive difference to our patients' lives through outstanding personalised care'. This is helping us to bring our strategy to life by aligning our teams and partners around a common goal.

Our Purpose is also about making a positive difference to all our colleagues, instilling a culture of respect, inclusion and collaboration across the business. I am very pleased that colleague engagement has remained high, with an engagement score of 81% in our autumn 2019 colleague survey, and 80% saying they are proud to work for Spire Healthcare recorded in a more recent survey, after the period in review.

Group Medical Director

Dr Jean-Jacques (JJ) de Gorter left us during 2019 after many years as Group Medical Director. Dr Fergus Macpherson, previously Regional Business Unit Director for our North Region, replaced JJ as Medical Director on an interim basis while we recruited a permanent postholder. Dr Catherine

(Cathy) Cale joined us as permanent Group Medical Director after the end of the period in review, in October 2020, having served on Boards as Medical Director in three organisations, each in different parts of the health sector, most recently with Hillingdon Hospitals NHS Foundation Trust in London.

I would like to thank JJ for his significant contribution and service to Spire Healthcare and Fergus for all his support during what was a particularly challenging period, as well as welcoming Cathy Cale to Spire.

Conclusion

The pandemic, which took hold at the end of the year covered in this review, has seen our colleagues and our Consultant partners presented with challenges, the like of which they have never seen before. I am proud of the way they have risen to each and every challenge and I want to thank them all for their compassion and dedication, for their commitment to patient safety and above all, for saving lives.

Justin Ash
Chief Executive Officer
December 2020

Alison Dickinson,
Group Clinical Director



Clinical review

Our dedication to providing safe, high-quality care

We continued with our very strong record of achieving ‘Good’ or ‘Outstanding’ ratings for our hospitals inspected by the Care Quality Commission (CQC) in 2019-20. 11 hospitals were inspected during the year, with all rated ‘Good’. Spire Manchester Hospital received an ‘Outstanding’ rating during the period, based on an inspection earlier in 2019.

90% of our hospitals are now rated ‘Good,’ ‘Outstanding’ or the equivalent in Scotland and Wales. With the exception of an inspection at Spire Leeds Hospital in 2018, every one of our 19 sites inspected since the start of 2017 has received a rating of at least ‘Good’ by the CQC and its equivalents in Scotland and Wales, with five of our hospitals now rated ‘Outstanding’. This reflects the strength and understanding of our Purpose across the Group, the dedication of our colleagues to delivering safe, high-quality care and the important work we are doing to strengthen our partnership with the doctors and other practitioners that work with us.

During 2019-20, we continued to deliver a rigorous internal programme of patient safety and quality reviews of all hospitals and clinics. We also ran ‘The Perfect Week’ in the last quarter – a practice used in the NHS – where we had a daily call with our sites to discuss cancellations on the day, agency spend and how we can work better as a Group. This really helped our clinical teams and operational teams come together and support each other.

We are committed to ever greater transparency, and being accountable to all our stakeholders for driving up standards. We publish our half-yearly Quality Governance Report online to demonstrate our performance and progress against 10 key indicators, including Serious Incidents Requiring Investigation (SIRIs), Never Events, learning from deaths and complaints. We openly share this

information, along with details of our regulatory inspection results, developments in clinical and medical governance and our commitments to the Freedom to Speak Up initiative to ensure our patients and other stakeholders are as informed as possible.

Serious incidents

Spire Healthcare hospitals reported 250 clinical adverse events/near misses per 1,000 bed days in 2019. The vast majority of reported incidents were graded as resulting in no or low harm. It is important to note that the numbers 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)	206.2
Low (minimal harm caused)	32.9
Moderate (short term harm caused)	10.5
Severe (permanent or long term harm caused)	0.4
Death	0.2

All reported Incidents requiring investigation are reviewed at the weekly national Incident Review Working Group meeting which is attended by the Group Head of Clinical Governance, Group Medical Director and a member of the Legal team.

Any incidents identified as meeting the NHS England Serious Incident Framework threshold are escalated to SRI status and subject to even more rigorous review.

Learning from investigations into serious incidents is reviewed by Spire'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)

It is very important that colleagues are free to raise any concerns, so that they can be properly investigated without repercussions. We want speaking up to be 'business as usual' at Spire Healthcare and we introduced Freedom to Speak Up Guardians in 2018. This is in line with the National Guardian's Office, which is sponsored by the CQC, NHS England and NHS Improvement.

We extended the programme by introducing Freedom to Speak Up Guardians at our non-clinical sites in 2019, including our head office. Around 350 concerns were raised and handled successfully during 2019. We also brought in Surgical Safety Guardians in 2018.

We have invested in training for all our clinical colleagues, as well as the focused development of our Matrons and other leaders. During the year we ran a bespoke leadership programme with our Matrons, and we changed their job title to Director of Clinical Services, in recognition of the complexity and seniority of their role.

Developing our medical governance and oversight

As a responsible healthcare provider, an important component of our robust medical oversight and governance is to review continuously the practice of our 7,300 Consultants across 39 hospitals. During 2019–20, we continued with the programme to enhance the systems which enable us to do this. Of particular note was the establishment of our new National Medical Governance Committee, chaired by our Chief Operating Officer, John Forrest, and attended by executive team members and other senior colleagues.

Bringing our operational and clinical colleagues together through this committee enhances our oversight of our Consultant partners so we can ensure they are practising to the highest standard at all times and take prompt action should any concerns be raised. To that end, through 2020–21, we are developing a dashboard of metrics around our Consultant partners to help us to compare performance across the Group and identify any possible concerns.

In 2019, we released a new Medical Governance and Assurance Policy, bringing together, in one place, a number of policies including those that support in situations where we have concerns around the performance of practitioners working with us under Practising Privileges. This includes clearly setting out the standards expected of those to whom we grant Practising Privileges, and the sanctions for failing to meet them. We have invested in, and further developed, our hospital governance systems, specifically the Medical Advisory Committees (MAC) in each hospital and

our national Specialist Advisory Panel. The role of the Panel is to advise us on medical standards, governance, oversight and ethics as they relate to individual specialisms. We have also better defined and enhanced the role of the MAC Chairs. They now work under contract with us, are remunerated, and are interviewed by the Group Clinical and Medical Directors prior to their appointment.

Throughout 2019–20 we supported the Independent Healthcare Providers Network (IHPN), the representative body for independent sector healthcare providers, in developing the new Medical Practitioners Assurance Framework (MPAF). MPAF is a framework to support improvement and consistency in the oversight of medical practitioners in the independent acute sector in four key areas:

- Creating an effective clinical governance structure for medical practitioners
- Monitoring patient safety, clinical quality and encouraging continuous improvement
- Supporting whole practice appraisal; and
- Raising and responding to concerns

We have measured ourselves against the recommendations of the framework and are confident we comply with its principles. We will continue to work closely with IHPN and other partners, including the NHS, in developing this framework and helping to raise standards.

Getting It Right First Time

Along with others from the sector and with the support of IHPN, during 2019-20 we piloted the 'Getting It Right First Time' (GIRFT) review programme in the independent sector, working with GIRFT's Chair, Professor Tim Briggs CBE. GIRFT is a programme designed to improve clinical quality and efficiency within the NHS by addressing variations in service. 31 of our 35 English hospitals underwent an expert-led review of their orthopaedic work and spinal surgery during 2019, with a further two following in early

2020, and the reports will drive improvement actions across the Group. We will continue to engage with the programme as it extends into other major specialities.

Well-Led review

Towards the end of 2019-20, we commissioned our first ever Well-Led review from AQUA (Advancing Quality Alliance), an expert organisation that has worked with a number of providers, and the review was completed later in 2020. These reviews must be carried out annually in NHS trusts, but are voluntary in the independent sector. As a learning organisation, we wanted to undertake our own review, to explore how we could continue to improve the way we run our business. We are very pleased that the review was complimentary about our leadership and culture and we will repeat the exercise in 2021 and following years.

Conclusion

Looking ahead, a key area of focus will be on the further development of MPAF and monitoring to ensure it is fully embedded across the Group. We intend to extend our participation in national registries, including greater involvement in the British Spinal Registry, and we will be taking action on the recommendations of the GIRFT review. Together with skilled Consultants and general practitioners across the country, we will continue on our journey towards ever higher medical and clinical governance standards for the benefit of all our patients.

Finally, since year end, our focus has been on supporting the NHS with the response to the COVID-19 pandemic and we want to place on record our thanks to all our colleagues and Consultant partners for the way that they responded. None had ever encountered anything like this before and every single one did whatever it took to provide the highest quality care and support for our patients.

Resources and relationships

We can only put quality at the heart of everything we do if we have the right leadership, care and guidance in place to support our colleagues in everything they do.

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

Our Values:

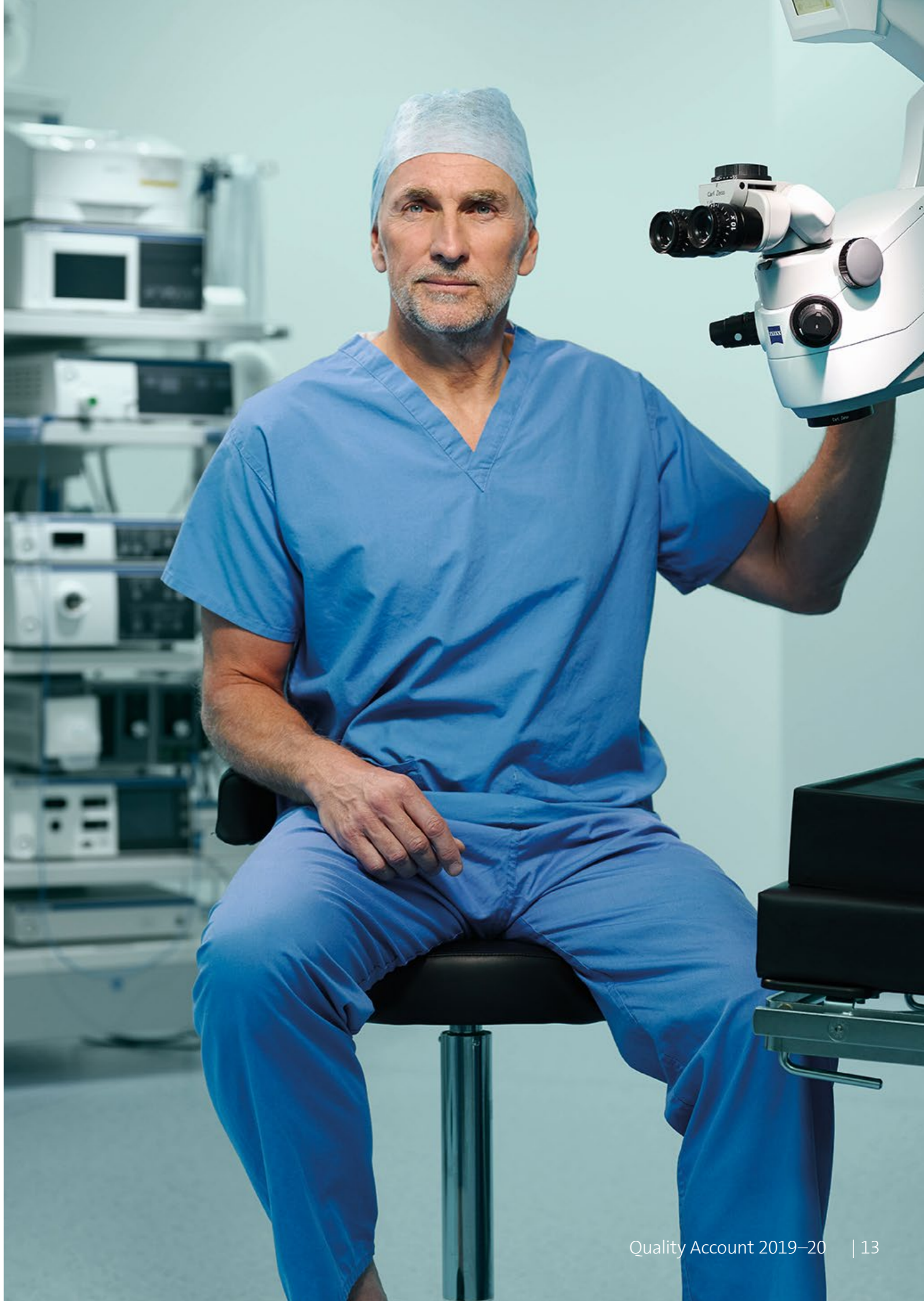
- Driving clinical excellence
- Doing the right thing
- Caring is our passion
- Keeping it simple
- Delivering on our promises
- Succeeding and celebrating together

Leadership

Spire Healthcare's Purpose and Values are central to how we work and behave. This has never been more evident than during the COVID-19 pandemic, when our leaders and teams were challenged and stretched in a way never experienced before.

Our Purpose is 'making a positive difference to our patients' lives through outstanding personalised care'. We believe that we can only achieve this by affording the same care, support and reassurance to our people. At every stage during the pandemic, we have sought to provide guidance, support and clear direction to our colleagues. This has helped our people to rise to every challenge they have faced, and we are immensely proud of how they have lived our Purpose every day.

More broadly, the success of our organisation is based on effective leadership and translating this to the way our colleagues work and develop, in order to make the care we provide as effective as possible. We have established our Well-Led framework to strengthen our leadership development offering, under which we set objectives for our leaders in terms of Being Outstanding, Succeeding Together and Delivering on Our Promises. We have also introduced a new leadership development programme called LEAP (Lead, Engage, Apply, and Perform), which has helped to set nearly 200 leaders from across the organisation on the path to ensuring that we are well-led in everything we do. We are very proud to have been shortlisted as a finalist for Excellence in Training in the annual LaingBuisson Awards.



Developing the next generation of healthcare professionals

Since its inception in 2017, over 400 colleagues have enrolled on the Spire Healthcare apprenticeship programme as a step towards a clinical degree pathway. We are proud to be one of the first independent sector providers with nurse apprentices and operating department practitioners undertaking degree programmes and we believe that the development of our future workforce is an important contribution that we can play in addressing the national shortfall of healthcare professionals.

In 2021, we will introduce a nurse associate programme and a bespoke assistant practitioner programme delivered via distance learning with a theatre learning component. These are designed to provide a high skills base for non-registered practitioners in our business. Work is also under way for a radiology degree apprenticeship. Together with our existing sterile services, medical laboratory assistant, biomedical science and physiotherapy apprenticeships, these new programmes will provide clear routes to clinical excellence and help to develop our next generation of healthcare professionals.

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

Diversity and inclusion

We have a comprehensive diversity and inclusion strategy, and are passionate about diversity and inclusivity within the organisation, and in particular supporting women to become leaders within the business. We have 37% female and 5% BME representation on our Board and Executive Committee combined, and can highlight real progress this year on our reporting for the 2019 Workforce Race Equality Standard. The submission

shows that we now hold ethnicity data on 95.9% of all colleagues – up from 83% in 2018. This increase in data has resulted in an increase in the percentage of colleagues reporting as BME from 8.2% last year to 20.2% this year. For the first time, we have been able to report this year on ethnicity of our job applicants and 16.8% of all shortlisted candidates are from BME backgrounds.

Since the end of the period in review, leaders at all levels have completed a programme of unconscious bias training and we have introduced two Employee Network Forums – Black Lives Matter and Mental Health, with a further five set to launch over the coming months.

A destination employer

Making Spire Healthcare a destination employer remains a priority and is aligned to our goal of recruiting and retaining quality colleagues who feel valued, rewarded and have clearly defined career paths. We have improved the competitiveness of our total reward package and continue our journey towards a diverse workforce for whom Spire Healthcare is an employer of choice and one which our colleagues are proud to work for.

We have strengthened our People Team with the appointment of a Group Head of Talent Acquisition who leads our strategy to attract the best leaders available in the healthcare sector. Our dedicated Resourcing Team are working closely with our recruitment partners (partners who help us address our resourcing needs) to attract talent to our teams and improve selection outcomes. Overseas recruitment remains part of our strategy and in line with increased demand, this will have yielded over 200 new clinical colleagues by the end of 2020.

Flexible resourcing has been a huge challenge during the COVID-19 crisis and our agency suppliers continue to provide reliable, safe and

cost-effective access to additional resources. We continue to prioritise the growth of our bank resource and are moving to a digitised bank and agency platform in 2021 which will streamline the process for both users and managers.

Engaging colleagues

Our colleagues interact with thousands of patients every day and play a crucial role delivering the highest quality care and living our Purpose of making a positive difference to patients' lives through outstanding personalised care. We value what they do and engage closely with them through a variety of two-way communication channels open to colleagues at all levels of the organisation. In March 2020, we launched our colleague communication app to help colleagues access the latest business news directly at any time. Take-up has been high, with the app downloaded by nearly 8,000 colleagues and over two million scrolls through the newsfeed within the first six months.

We have continued to seek feedback from our colleagues. Our most recent survey, in July 2020, after the period in review, was a bespoke survey with a combination of existing and new engagement questions, along with questions about the impact of COVID-19. 80% of colleagues said that they are proud to work for Spire Healthcare and 86% of colleagues said they were happy with the standard of care in Spire if a relative or friend needed treatment. Our Executive Committee are committed to addressing the key focus areas highlighted from the survey which include regular praise and recognition and development opportunities. We plan to survey colleagues twice in 2021 year as well as regular pulse questions, using our colleague app.

Reward and recognition

We have developed a clear and simple reward and recognition framework which can be used across all roles and functions to provide consistency and fairness. We have a 'continuous recognition' scheme – Inspiring People Awards – which has made awards to more than 9,000 colleagues since 2018. This forms part of our Spire for You platform which enables colleagues to recognise each other, benefit from discounted products from a range of outlets, and access the dedicated wellbeing portal which includes a wide range of resources across four pillars of wellbeing; physical, mental, financial and diet.

As part of our total reward offering, we enhanced our private health benefit in 2019 by removing the excess payable by colleagues, and including all pre-existing conditions within the cover. We hope that this will ensure that more colleagues access and benefit from the scheme, which in turn will positively affect our colleagues' health.

Environmental impact

Looking after our environment

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

We acknowledge that our activities give rise to carbon emissions, which contribute to climate change. We are committed to reducing our carbon footprint and have challenged ourselves to reduce our relative CO₂e (carbon dioxide equivalent) emissions by 15% on the baseline year of 2015 by 2020. Effective carbon emissions management is the spearhead of our environmental strategy because of its ongoing effect on wider resource management.

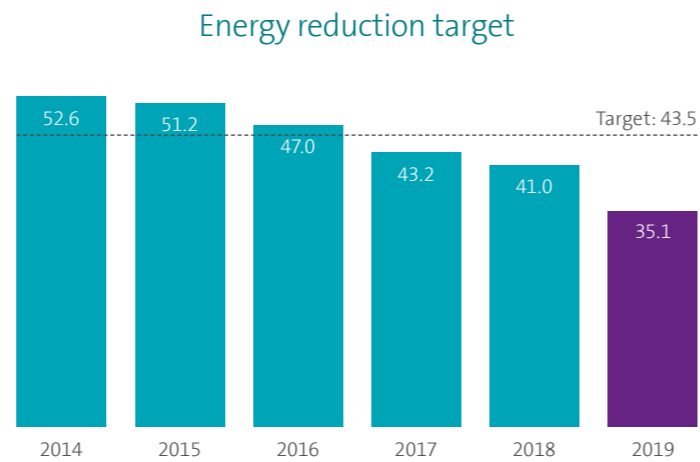
A key focus is to reduce carbon emissions associated with our usage of electricity and natural gas. The way we purchase, monitor, target and report on our buildings' energy consumption is undertaken in partnership with our energy consultants Inenco.

Energy targets vs performance

In 2016, we set out a five-year energy reduction target to reduce CO₂e from electricity and natural gas by 15% per pound of revenue by 2020 from the baseline year of 2015.

We use the intensity metric of carbon emissions per £ revenue which increases in proportion to the growth in our business. The addition of Spire St Anthony's (2014), Spire Manchester (2016) and Spire Nottingham (2016) to our portfolio added significant energy consumption over a short time period. Our values are based on providing excellence in clinical quality and innovation to our patients. As a consequence of continuing to meet these values, we will continue to grow, treat more patients, provide more treatments and offer the latest technology.

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



This reduction has been achieved through:

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

Energy monitoring

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

Capital investment in low carbon infrastructure findings

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

Our future decarbonisation approach – options appraisal

To enable an informed and considered decision on our future five-year carbon and environmental policy and strategy, we have engaged our expert external energy consultants to undertake an options appraisal for the future decarbonisation of our buildings, vehicles, waste streams, procurement processes and energy campaigns. The appraisal report is being completed in late 2020 and, further to Board review, will be used to support the development of our five year decarbonisation strategy.

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.

We have taken all necessary steps to comply with the Energy Savings Opportunity Scheme (ESOS). The ESOS surveys were completed on schedule in 2019 and we will be inserting the audit report findings and recommendations into our future decarbonisation strategy.

Spire Healthcare was invited to participate in the CDP (formerly Carbon Disclosure Project) again in 2019. We made our fifth submission to the CDP this year and have retained our 'B' grading, which demonstrates our knowledge of our impact on climate change issues.

Greenhouse gas emissions in 2019

This section provides the emissions data and supporting information required by The Companies Act 2006 (Strategic Report and Directors' Report) Regulations 2013 and The Companies (Directors' Report) and Limited Liability Partnerships (Energy and Carbon Report) Regulations 2018.

Total greenhouse gas (GHG) emissions for Spire Healthcare for January to December 2019 were 34,395 tCO₂e. The table below shows this, broken down by emissions source.

	2014	2015	2016	2017	2018	2019	2019 share
Emissions source	(tCO ₂ e)	(tCO ₂ e)	(tCO ₂ e)	(tCO ₂ e)	(tCO ₂ e)	(tCO ₂ e)	(%)
Fuel combustion: stationary	10,360	11,150	10,488	10,842	12,917	12,098	35%
Fuel combustion: mobile	1,124	1,112	952	1,314	1,145	1,209	4%
Fugitive emissions	6,543	7,152	8,288	6,128	6,936	5,895	17%
Purchased electricity	27,027	25,868	23,792	21,145	17,151	15,193	44%
Total emissions	45,054	45,282	43,520	39,429	38,149	34,395	100%
Revenue (£m)	856	884	926	932	931.1	980.8	
Intensity: tCO₂e per £m	52.6	51.2	47.0	42.3	41.0	35.1	

Notes to the table:

a) Footprint Boundary

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

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

b) Emission sources

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

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

c) Methodology and emissions factors

This information was collected and reported in line with the methodology set out in the UK Government's Environmental Reporting Guidelines, 2019.

Emissions factors are taken from the Department for Business, Energy and Industrial Strategy emissions factor update published in 2019. There are no notable omissions from the mandatory scope 1 and 2 emissions. Approximately 9% of emissions are based on estimated data.

d) Fugitive emissions

These are attributable to the use of medical gases; carbon dioxide and nitrous oxide, (4,449tCO₂e), and leakage of refrigerant gases (1,446tCO₂e)



How we performed

Priorities for improvement 2019–20

In our last Quality Account, Spire Healthcare set out the following three priorities for improvement during 2019–20:

- Every Spire Healthcare hospital and clinic inspected by the CQC in 2019 to be rated at least ‘Good’
- Completing the programme of hospital visits by NHS Improvement’s ‘Getting It Right First Time’ team
- Increase the number of Spire hospitals with Venous thromboembolism (VTE) exemplar status

1. Every Spire Healthcare hospital and clinic inspected by the CQC in 2019 to be rated at least ‘Good’

The Care Quality Commission completed ten comprehensive inspections of Spire Healthcare hospitals and one focussed service review in 2019. Reports have now been published for all of these inspections, one was rated ‘Outstanding’ (Spire Manchester), and all others were rated ‘Good’ (Liverpool, Fylde Coast, Little Aston, London East, Washington, St Anthony’s, Parkway, Thames Valley, and Southampton) and the focussed service review was unrated. We were pleased to have the opportunity to demonstrate considerable improvement, including an improvement in overall rating, in those previously rated ‘Requires Improvement’ following inspections in 2015–16 (Fylde Coast, London East and Parkway) and to maintain our ‘Good’ ratings elsewhere. We are also particularly proud of the swift improvement made at Spire Leeds following the ‘Requires Improvement’ rating published in July 2019, and grateful for the CQC’s support with engagement activities during the period following the report being issued. Spire Leeds was subsequently re-inspected in early March 2020 and rated ‘Good’ overall when the report was published in June 2020.

The ‘Outstanding’ rating at Spire Manchester means Spire Healthcare now has a higher proportion of its facilities rated ‘Outstanding’ than any other independent acute provider, and this was the only hospital in this sector to achieve an ‘Outstanding’ rating from the CQC in 2019.

CQC Ratings by Domain: % of hospitals currently rated ‘Good,’ ‘Outstanding’ and ‘Requires Improvement’ overall and across each of the five domains (inspections up until the end of March 2020)

	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
Outstanding	14%	0%	6%	17%	14%	11%
Good	75%	81%	89%	83%	83%	81%
Requires Improvement	11%	19%	6%	0%	3%	8%
Inadequate	0%	0%	0%	0%	0%	0%

¹ The figure of 36 comprises Spire Healthcare’s 35 hospitals in England, plus Spire Hessewood Clinic, for which the CQC issues a separate rating.

Every Spire Healthcare site has published an action plan in response to the CQC findings on their websites and we have prioritised our central clinical resources to support hospitals with a ‘Requires Improvement’ rating, with every one undergoing at least one patient safety and quality review inspection in 2019–20.

We also further strengthened our central resources with two new Specialist Clinical Services Director roles created; one for perioperative services, including theatres, endoscopy and pre-operative assessment, and another for medical services, including leading on our cancer services and medicines management. National clinical specialists for critical care and blood transfusion have further enhanced the support we provide to our hospitals to deliver our Purpose.

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

2. Completing the programme of hospital visits by NHS Improvement's 'Getting It Right First Time' team

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

During 2018, the Independent Healthcare Providers Network (IHPN) and GIRFT worked together to develop a framework and implementation plan for GIRFT activity in the independent sector and Spire Healthcare was selected to participate in a pilot of the programme, focusing on orthopaedics and spinal surgery.

There are a number of stages to GIRFT reviews:

Preparation and gathering evidence

GIRFT review a number of data sources including Hospital Episode Statistics data for NHS-funded care and published data from other sources (including registries and professional associations).

Data pack distribution

A bespoke data pack is produced for each hospital delivering the specialty under review.

'Deep Dive' Visits

Visits by the GIRFT clinical lead to every Spire hospital in England as part of the pilot to present the data pack and discuss it with the hospital team and incorporate recommendations into implementation plans.

National Report Publication

An overall provider report is provided at the end of the deep-dive visits with any generic findings and recommendations.

Our goal for 2019 was for every Spire hospital in England to be visited as part of the pilot programme, focusing on Orthopaedics and Spinal Surgery.

A visit was completed at 31 of our 35 English hospitals during 2019, the majority taking place between June and December. Two more were completed in January 2020 with two visits deferred:

- Spire Nottingham Hospital was excluded because as a new hospital there was limited data for GIRFT to review
- Thames Valley was postponed due to COVID-19 restrictions

We have now received our national report from GIRFT and implementing an action plan to address their recommendations is one of our priorities for improvement for 2020–21.

3. Increase the number of Spire hospitals with VTE exemplar status

The National VTE Exemplar Centre Network was established in 2007 by the Department of Health with the aim of using network leadership to reduce avoidable death, disability and chronic ill-health from hospital-associated VTE. Member centres include both public and private sector organisations, large teaching hospital trusts, specialist centres and district general hospitals throughout England and Wales.

Any healthcare organisation in England can apply for VTE Exemplar Centre status; if the applying organisation can provide evidence that meets Exemplar Centre criteria, a site visit is arranged for the prospective organisation to present their processes, strategies, outcomes and innovation in the field to representatives from existing exemplar centres.

VTE Exemplar Centre status is then awarded to organisations that display quality, leadership and innovation in all areas of the criteria. VTE

exemplar centres have suggested that gaining this status is important to them for several reasons:

- As a kite mark for quality VTE prevention care; Exemplar Centre status conveys quality to patients and commissioners
- Access to a community of healthcare professionals interested in quality and innovation in VTE
- Networking and sharing of resources and ideas
- Recognition of excellence in VTE prevention care

Three of our hospitals – Alexandra, London East and Southampton – had previously been awarded VTE Exemplar Centre status. Our aim in 2019 was to encourage more hospitals to apply for and achieve this status.

By the end of 2019, another hospital – Spire Murrayfield Hospital, Wirral had been added to the VTE Exemplar network. Other hospitals were asked to nominate a VTE lead to coordinate application and attend Spire Healthcare's internal VTE network meetings. By March 2020, a further five applications were ready for submission before those supporting the process were diverted elsewhere as part of the response to the COVID-19 pandemic. Our intention is to progress these applications in the last few months of 2020–21 if circumstances allow.



Our plans

Priorities for improvement 2020–21

Whilst much of focus so far in 2020-21 has, at the time of publication of this report, been on supporting the NHS in responding to the COVID-19 pandemic, Spire Healthcare has chosen the following three priorities for improvement during 2020–21:

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

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

Why is this priority important?

Our ambition is for 100% of our sites to be rated ‘Good’ or ‘Outstanding’ by the Care Quality Commission and its equivalents in Wales and Scotland. We continue to welcome opportunities to improve that are identified by the CQC and ensure these are acted upon immediately. Whilst the majority of our hospitals previously rated ‘Requires Improvement’ have improved their ratings, we still have four hospitals with this rating following inspections completed in 2019–20.

Whilst during the first phase of the COVID-19 pandemic, our regulators suspended all scheduled and routine inspections, to reduce the pressure on health and social care services, we have maintained our comprehensive systems of oversight, to ensure that quality standards are not compromised. Our internal assurance processes continue with new ways of working and virtual patient safety and quality reviews, with regular calls between central and hospital teams to support improvements and new systems. These are designed to ensure we can achieve our ambition of 100% of our sites being rated ‘Good’ or ‘Outstanding’ when inspection activity by the CQC and its equivalents in Scotland and Wales resumes.

Our aim/goals

In this context, our goal remains for every Spire Healthcare hospital and clinic inspected by the CQC to be rated at least ‘Good’.

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

Progress against this priority will be monitored through the publication of CQC inspection reports and reported to Spire Healthcare’s Safety, Quality and Risk Committee.

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

Why is this priority important?

In the early part of the year, GIRFT completed their planned visits to our hospitals in England as part of the pilot of their methodology in the independent sector (with one exception, which was postponed due to COVID-19 restrictions). Their visits focused on orthopaedic and spinal surgery and in the second half of 2020-21, we are taking a number of steps to implement an action plan in response to GIRFT’s recommendations. These include monitoring new clinical indicators as part of an orthopaedic dashboard of key measures, further analysis of patient reported outcomes (PROMs) and expanding the range of cases submitted to the British Spine Registry.

Our aim/goals

In this context, our goal is to agree and implement an action plan in response to each of the recommendations made by GIRFT (with a focus on delivering the requirements throughout 2021).

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

Progress against this priority will be reported to Spire Healthcare’s Safety, Quality and Risk Committee.

3. All hospitals to review their compliance with MPAF

Why is this priority important?

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

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

The four principles are:

Creating an effective clinical governance structure for medical practitioners

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

Monitoring patient safety, clinical quality and encouraging continuous improvement

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

Supporting whole practice appraisal

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

Raising and responding to concerns

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

Whilst we have completed an assessment at group level and believe we are in a good position to demonstrate compliance with these principles, the next step is for hospitals to review their local compliance to help identify the next steps in building on the systems and processes we have in place. Additionally, whilst MPAF is not a regulation,

we believe this assessment will help hospitals to prepare for any future regulatory reviews of the 'Well-Led' domain by the CQC.

Our aim/goals

All hospitals to review their compliance with MPAF using a self-assessment developed by Spire Healthcare.

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

Progress against this priority will be reported to Spire Healthcare's Safety, Quality and Risk Committee. Further reviews of compliance will also be incorporated into our patient safety and quality reviews programme.



Review and assurance

Data quality

Underpinned 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)
- 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 2019 to March 2020 as issued by NHS Digital in May 2020. 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 Services data for April 2019 to March 2020, as issued by NHS Digital May 2020

Spire Healthcare out-patient data, based upon 506,504 activities

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

Spire Healthcare admitted patient data, based upon 78,212 activities

Data item	% valid
NHS number	100
Patient pathway	100
Treatment function	100
Main specialty	100
Reg. GP practice	99.7
Postcode	100
Org. of residence	100
Commissioner	100
Ethnic category	100
Primary diagnosis	100
Primary procedure	100
Site of treatment	100
HRG4	100

Clinical coding

Since the recruitment of our Head of Clinical Coding and Audit Assurance at the beginning of 2016, a number of improvements have been made to Spire Healthcare's clinical coding service. In addition to the coding assurance audits undertaken by Capita, Spire Healthcare has been able to undertake its own independent coding reviews. Findings from these reviews have formed constructive feedback – not only for the individual sites and clinicians, but also to the external coding team at Capita – which has driven noticeable improvements in coding accuracy. There are also regular coding review visits which encompass engagement discussions with clinicians to highlight the importance of clear documentation. These in turn enable accurate coding assignment. Additional coding education has been delivered to Consultants and hospital colleagues, and education materials have been updated and improved. Clinician validation documents are regularly reviewed and updated, and new documentation has been created for all in-patient and daycase activity in light of the advent of HRG4+. Our in-house coding expertise has grown with the addition of a Clinical Coding Quality Assurance Manager at the end of 2016, followed by an accredited clinical coder during 2017 who, in 2019, successfully achieved approved clinical coding auditor status, strengthening our audit capability.

Clinical coding error rate

Spire Healthcare undertakes comprehensive internal audits across the Group, following the NHS Digital clinical coding audit methodology v13.0. This provides assurance that coding error rates and HRG errors are being maintained at acceptable levels. The results gave an overall HRG error rate for 2019–20 of 4.5%, the same as for 2018-19. Benchmarked against the 2013–14 national results, the coding at Spire Healthcare

hospitals is still in the best performing 25% of NHS providers (<=5.2%). Primary procedure recording remained the same as 2018–19 at 97%, as did primary diagnosis accuracy at 96% and secondary procedure at 95%. Secondary diagnosis coding accuracy improved by 1% to 97%, resulting in the overall coding accuracy for 2019–20 achieving DPST 'advisory' level (previously known as IGT level 3).

NHS Protect

Security

Essentia continue to act as our Local Security Management Specialist and they carried out security audits at Spire Healthcare business locations prior to the pandemic, to ensure our security management continues to meet NHS security management standards. In line with our policy of minimising non-clinical footfall at our hospitals during the pandemic, our audits are currently suspended but we will resume these once it is safe to do so.

The number of incidents reported has increased by 19%, but occurrences of Moderate Harm (Short Term Harm Caused) incidents were lower, with only four reported. All other incidents were rated as either Low (Minimal Harm Caused) – 18 incidents – or None (No Harm Caused) – 416 incidents. Reviews of the incidents indicate that staff are following security guidelines, so no further action is usually required. For the few exceptions, actions have been raised and carried out to prevent further occurrences.

Our self-assessment report for NHS Protect continues to have an overall score of Green.

Counter fraud

We continue to work with TIAA, our retained external advisors with whom we have been working for five years, on our fraud risk assessment, 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 2019–20, TIAA continued to provide briefing notes on 'fraud hot topics' which have been disseminated to relevant areas of the business, and they are undertaking a thematic

review of our fraud risk and controls in light of the COVID-19 crisis.

We submitted our fifth counter fraud self-assessment tool to the NHS Counter Fraud Authority in May 2020. Our submission is stable against the prior year, with nine of the 23 individual categories showing Green and no Red categories under the RAG system. We will continue to work towards improvements during 2020–21.



Clinical audit

During 2019, seven 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 2019 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
- National Bariatric Surgery Registry

The national clinical audits that Spire Healthcare participated in during 2019 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
- National Bariatric Surgery Registry

The national clinical audits in which Spire Healthcare participated, and for which data collection was completed during 2019, are listed as follows, alongside the number of

cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry:

- National elective surgery PROMs: patients undergoing hip replacement and knee replacement in England – 95% based on participation rates for 2019–20, published by NHS Digital in August 2020
- NJR: hip and knee replacement – information unavailable (the cases submitted include a mix of both privately funded and NHS patients)
- Adult cardiac surgery: CABG and valvular surgery - information unavailable (the cases submitted include a mix of both privately funded and NHS patients)
- Heart: coronary angioplasty (percutaneous coronary interventions) – information unavailable (the cases submitted include a mix of both privately funded and NHS patients)
- National Heart Rhythm Management Audit – information unavailable (the cases submitted include a mix of both privately funded and NHS patients)
- National Bariatric Surgery Registry – information unavailable (the cases submitted include a mix of both privately funded and NHS patients)

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

- Whilst our PROMs participation rates remain high, we will be working with our PROMs partner (My Clinical Outcomes) and Consultants undertaking hip and knee replacement procedures to help improve completion rates for the second (follow-up) survey six months after surgery. We will also include additional measures as part of PROMs analysis to help explore variations in patient-reported outcomes
- Spire Healthcare hospitals continue to participate in the NJR's data quality audits

- and these will move to the NJR's new online platform in 2020. We will also continue to review data outliers in line with the process defined in our medical governance and assurance policy, when notified by the NJR
- Spire Healthcare is also participating in a pilot coordinated by IHPN and Health Quality Improvement Partnership, which is seeking to establish a framework to extend the range of national audits open to participation from independent sector hospitals. This is focusing on two audits initially but is currently on hold due to the COVID-19 pandemic

Research

A number of patients receiving NHS services provided or subcontracted by Spire Healthcare in 2019–20 were recruited during the year to participate in research approved by a research ethics committee. In the majority of these cases, Spire Healthcare provided an ancillary service (eg scans or investigations) to support primary research undertaken elsewhere (eg by a contract research organisation or NHS Trust).



CQC inspections

The CQC ratings of each of our hospitals, together with the date of their most recent inspection and report, are 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	26-Jul-16	12-May-17	Good
Spire Cambridge Lea	06-Jun-16	05-Dec-16	Good
Spire Cheshire	18-Oct-16	17-May-17	Outstanding
Spire Clare Park	30-May-18	16-Aug-18	Good
Spire Dunedin	12-Apr-16	03-Oct-16	Good
Spire Elland	09-Aug-16	21-Mar-17	Good
Spire Fylde Coast	08-Apr-19	02-Sep-19	Good
Spire Gatwick Park	09-Jun-15	04-Jan-16	Requires Improvement
Spire Harpenden	12-Apr-16	09-Jan-17	Good
Spire Hartswood	21-Jan-20	27-Apr-20	Good
Spire Hessewood Clinic	18-Sep-18	22-Nov-18	Good
Spire Hull & ER	18-Sep-18	15-Nov-18	Good
Spire Leeds	02-Mar-20	01-Jun-20	Good
Spire Leicester	11-Aug-15	19-Feb-16	Good
Spire Little Aston	11-Jun-19	18-Nov-19	Good
Spire Liverpool	23-Apr-19	01-Aug-19	Good
Spire London East	05-Nov-19	11-Feb-20	Good
Spire Manchester	05-Feb-19	24-Jun-19	Outstanding
Spire Methley Park	01-Nov-16	29-Mar-17	Good
Montefiore	23-Jan-17	05-Jun-17	Outstanding
Spire Murrayfield Wirral	20-Sep-16	07-Apr-17	Requires Improvement
Spire Norwich	13-Apr-16	30-Aug-16	Good
Spire Nottingham	05-Feb-18	01-Jun-18	Outstanding
Spire Parkway	17-Sep-19	09-Dec-19	Good
Spire Portsmouth	13-Apr-16	07-Sep-16	Good
Spire Regency	11-Oct-16	16-Feb-17	Good
Spire South Bank	16-Aug-16	22-Feb-17	Requires Improvement
Spire Southampton	16-Jul-19	26-Nov-19	Good
Spire St Anthony's	29-Oct-19	28-Apr-20	Good
Spire Sussex	19-Dec-16	13-Apr-17	Outstanding
Spire Thames Valley	06-Nov-19	03-Feb-20	Good
Spire Tunbridge Wells	26-Jul-16	17-Nov-16	Good
Spire Washington	04-Dec-19	08-May-20	Good
Spire Wellesley	19-Jun-18	12-Sep-18	Good



Hospital performance data

Hospital	Unplanned return to theatre per 100 theatre episodes	Unplanned readmission per 100 inpatient/daycase admissions	Critical care transfers per 100 inpatient/daycase admissions	Surgical site infection following hip and knee replacement per 100 cases	MRSA bacteraemia per 10,000 bed days	MSSA bacteraemia per 10,000 bed days	E-coli bacteraemia per 10,000 bed days	Clostridium Difficile Infection per 10,000 bed days	Inpatient falls per 1,000 bed days	The Friends and Family Test
Alexandra	0.03	0.32	0.17	0.00	0.00	0.00	0.00	0.00	1.24	96
Bristol	0.26	0.19	0.08	0.00	0.00	0.00	0.00	0.00	2.11	96
Bushey	0.13	0.16	0.04	0.20	0.00	0.00	0.00	0.00	3.09	92
Cambridge Lea	0.03	0.14	0.01	0.15	0.00	0.00	0.00	0.00	4.01	96
Cheshire	0.10	0.14	0.03	0.00	0.00	0.00	0.00	0.00	3.04	98
Clare Park	0.00	0.08	0.04	0.00	0.00	0.00	0.00	0.00	2.13	95
Dunedin	0.07	0.12	0.00	0.00	0.00	0.00	0.00	0.00	2.08	93
Elland	0.05	0.22	0.00	0.00	0.00	0.00	0.00	0.00	3.84	97
Fylde Coast	0.00	0.19	0.05	0.00	0.00	0.00	0.00	0.00	2.63	97
Gatwick Park	0.08	0.21	0.04	0.28	0.00	0.00	0.00	0.00	4.22	96
Harpenden	0.12	0.17	0.03	0.00	0.00	0.00	0.00	0.00	2.29	97
Hartswood	0.11	0.12	0.01	0.00	0.00	0.00	0.00	0.00	3.08	97
Hull	0.08	0.24	0.04	0.11	0.00	0.00	0.00	0.00	3.35	96
Leeds	0.14	0.13	0.05	0.17	0.00	0.00	0.00	0.00	1.19	95
Leicester	0.11	0.15	0.10	0.11	0.00	0.00	0.00	0.00	1.89	97
Little Aston	0.09	0.07	0.00	0.13	0.00	0.00	0.00	0.00	5.07	96
Liverpool	0.04	0.05	0.01	0.17	0.00	0.00	0.00	0.00	1.87	94
London East	0.05	0.02	0.02	0.00	0.00	0.00	0.00	0.00	1.15	95
Manchester	0.16	0.22	0.00	0.00	0.00	0.00	0.00	1.81	1.63	94
Methley Park	0.17	0.18	0.07	0.00	0.00	0.00	0.00	0.00	3.41	97
Montefiore	0.15	0.16	0.07	0.95	0.00	0.00	0.00	0.00	2.85	96
Norwich	0.18	0.62	0.03	0.15	0.00	0.00	1.74	0.00	2.78	97
Nottingham	0.19	0.06	0.06	0.00	0.00	0.00	5.02	0.00	3.01	96
Parkway	0.19	0.30	0.03	0.25	0.00	0.00	0.00	0.00	2.92	97
Portsmouth	0.17	0.15	0.06	0.00	0.00	0.00	0.00	0.00	1.54	97
Regency	0.16	0.18	0.03	0.22	0.00	0.00	0.00	0.00	3.30	96
South Bank	0.12	0.20	0.04	0.00	0.00	0.00	0.00	0.00	3.67	97
Southampton	0.45	0.32	0.18	0.09	0.00	0.00	2.80	1.86	1.86	94
St. Anthony's	0.25	0.27	0.10	0.00	0.00	0.00	0.00	0.00	2.32	91
Sussex	0.04	0.29	0.04	0.00	0.00	0.00	0.00	0.00	1.77	97
Thames Valley	0.17	0.07	0.00	0.00	0.00	0.00	0.00	0.00	1.21	95
Tunbridge Wells	0.00	0.75	0.00	0.00	0.00	0.00	0.00	0.00	1.07	95
Washington	0.10	0.15	0.03	0.00	0.00	0.00	0.00	0.00	2.49	95
Wellesley	0.12	0.23	0.01	0.34	0.00	0.00	2.99	0.00	2.69	97
Wirral	0.04	0.11	0.04	0.00	0.00	0.00	0.00	5.06	2.53	94

Clinical indicator data refers to calendar year 2019 and includes 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 in-patients.

Friends and Family Test ratings are based on the percentage of patients responding 'extremely likely' or 'likely' to the question: 'How likely are you to recommend our hospital to friends and family if they need similar care or treatment?'

CCG statement

NHS Liverpool Clinical Commissioning Group Quality Account Statement 2019-20 Spire Liverpool

Liverpool CCG (LCCG) wishes to thank Spire Healthcare for the opportunity to comment on their Quality Account for 2019-20. Commissioners are committed to working in partnership with Spire Healthcare to provide safe, high quality care and services. Commissioners note that the account submitted relates to Spire Healthcare overall and is not specific to the provision of care in Liverpool. It is acknowledged that the submission to commissioners was draft and that the document may be subject to change post LCCG review.

The CCG has continued to work closely with Spire Liverpool throughout 2019-20, in a challenging year where unprecedented demand has been placed upon services due to the COVID-19 pandemic. Spire have continued to deliver safe, effective and quality driven services throughout the pandemic and supported NHS services to continue to deliver care as part of system-wide mutual aid. This is important to note when reviewing the Quality Account for 2019-20. The account demonstrates a quality driven approach and continued partnership working with NHS commissioners, setting out achievements and key priorities.

The account provides detailed insight reflecting on achievements from last year, demonstrating a consistent drive for quality improvement and recognising that overall good progress was made on the majority of set indicators. Continued achievement of indicators fully supports Spire Healthcare's commitment to improving the quality of the services it provides, with the organisation setting out the following national key priorities for 2020-21:

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

- Take forward an action plan incorporating Getting It Right First Time (GIRFT) recommendations for Spire Healthcare, following their review of orthopaedic and spinal surgery
- All hospitals to review their compliance with the Medical Practitioners Assurance Framework (MPAF)

The key priorities for Spire Hospital Liverpool reflect national priorities, with additional locally focused areas for quality improvement in 2020-21, which are as follows:

- Restore service delivery to pre COVID-19 levels
- Focus on reducing avoidable cancellations
- To continue to maintain the low incidence of inpatient falls
- Maintain best practice in VTE prophylaxis across surgery
- Maintain high quality patient engagement and participation in service improvements
- Further development of virtual Outpatient Departments and patient initiated follow ups
- Improve equalities monitoring across services
- Adopt and promote partnership working to support the wider system
- Develop an always event

The account presents a comprehensive picture of Spire Healthcare from a national perspective, acknowledging partnership working and quality improvement plans across the country. The report provides key examples of developments and areas of improvement to support proactive preventative practice, which offers commissioning assurance. There is further insight detailed in the account with reference to quality improvement requirements and continuous review of required actions to ensure that goals are achieved.

The Quality Account complements and supports on-going quality assurance processes, with the organisation clearly demonstrating their commitment to improving the quality of care and services delivered. Spire Liverpool continues to place significant emphasis on its safety agenda; with an open and transparent incident reporting culture, to which this report demonstrates on a wider organisational level. The focus on quality improvement and promotion of safe harm free care is apparent throughout the account, which supports commissioning strategic objectives for services that provide quality driven outcomes.

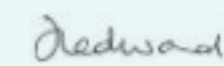
Commissioning is ever evolving, though our objectives remain the same in ensuring that we continue to strive for excellence from commissioned services. Having the commitment to work in partnership to improve care provision, across the healthcare sector. The NHS aspires to the highest standards of excellence and professionalism in the provision of high-quality care that is safe, effective and focused on patient experience. Spire Healthcare has acknowledged

this commitment throughout this quality account and shown resilience in a challenging year.

The priorities for improvement identified for the coming year are reflective of the current issues across the health economy and acknowledge a continued focus on safe quality driven care.

Spire Healthcare should be commended in continuing to provide and offer quality driven services that support the wider healthcare system.

Liverpool CCG



Jan Ledward
Chief Officer

7th December 2020



Contact us

We welcome your feedback

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