



Putting  
quality at  
the heart of  
everything  
we do.

Quality  
Account  
2018–2019



Spire Healthcare

# About Spire Healthcare

Spire Healthcare provides diagnostic, in-patient, daycase and outpatient care from our 39 hospitals, eight clinics and one oncology centre across England, Wales and Scotland. We also own and operate the sports medicine, physiotherapy and rehabilitation brand, Perform.

## Who we serve

Our hospitals span the country, serving a diversified patient mix, made up of:

- Private medical insurance ('PMI')
- Self-pay
- NHS patients

## Service coverage where it's needed

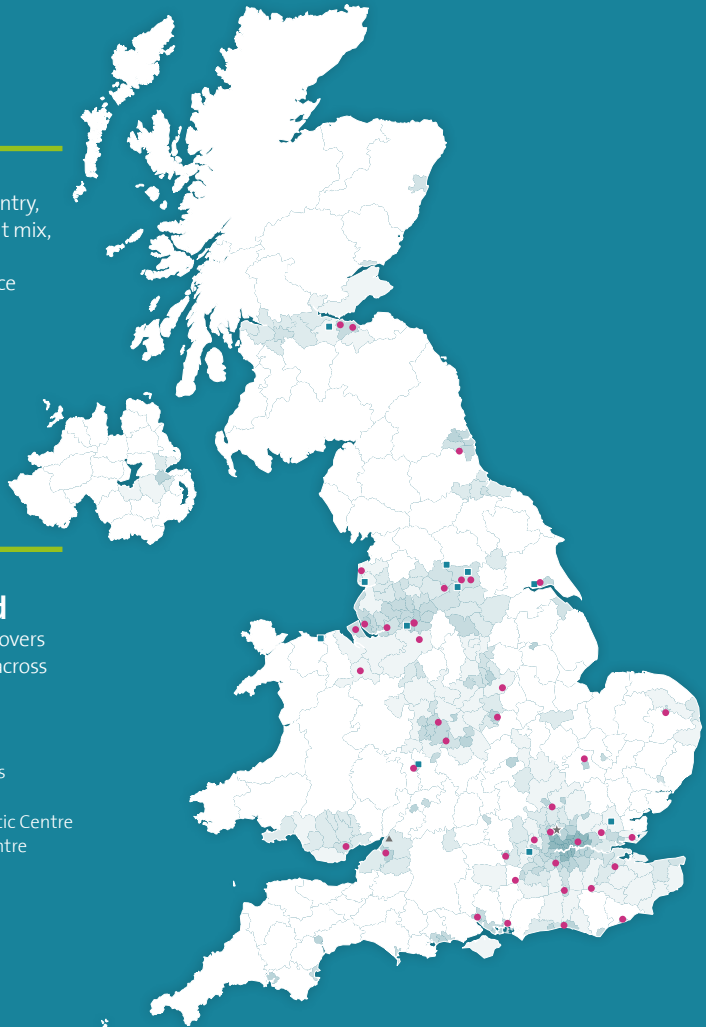
Our network of hospitals covers major population centres across the country.

### Map key

- Spire Healthcare Hospitals
- Spire Healthcare Clinics
- ☆ Spire Healthcare Diagnostic Centre
- ▲ Specialist Cancer Care Centre

### People per sq km

- 0–250
- 250–500
- 500–1,000
- 1,000–1,500
- 1,500–2,500



---

# 39

hospitals

---

# 8

clinics

---

# 1

oncology centre

---

# 1

diagnostic centre

---

# 777<sup>k</sup>

patients

---

# 7.5<sup>k</sup>

consultants

---

# +7.7<sup>k</sup>

full-time equivalent staff

---

## Contents

- 2 Chief Executive Officer's strategic review
- 6 Resources and relationships
- 12 Clinical review
- 20 How we performed
- 22 Our plans
- 25 Review and assurance
- 30 Hospital performance data
- 32 CCG statement
- IBC Contact us

**“We aim to be the most recognised and respected healthcare provider brand in the UK.”**

**Justin Ash**

Chief Executive Officer



### **A year of challenge but also progress**

2018 has been a challenging year for our stakeholders, and we recognise that the decline in profitability is a setback for the businesses' short-term growth ambitions. However, we have made good progress on building on the quality and service that underpins the business despite the disappointing financial outcome. We are working at pace to build the leading platform for independent healthcare in the UK, one which serves its patients' needs and achieves exceptional standards, and so drives growth in private self-pay and with medical insurers, as well as being a key partner for the NHS.

During the year we made several key appointments to our Executive Committee, with our new Chief Financial Officer, Jitesh Sodha and Chief Operating Officer, John Forrest joining in October, the internal promotion of Alison Dickinson to Group Clinical Director in November and the appointment of Shelley Thomas as Group Human Resources Director shortly after year end. Alison's promotion reflects our commitment to patient safety and clinical quality, and I believe having a full strength Executive Committee will improve our leadership and stability in 2019.

### **Becoming the go-to UK independent healthcare brand**

At Spire Healthcare we believe in putting patients first and, to support that, in 2018 we invested in our clinical network, clinical teams, pre-operative assessment capability and Patient Safety Quality Reviews. This is consistent with our commitment to ensuring that all Spire Healthcare hospitals are rated 'Good' or 'Outstanding' by the Care Quality Commission (CQC).

Whilst our NHS income has become less predictable, we have put a stronger focus on self-pay private patients, are engaging digitally with customers using newly-developed electronic systems and employing more targeted marketing initiatives. Other investments we have made in 2018 such as the delivery of the new Spire Manchester Pathology Centre, and major upgrades to the facilities at Spire Bushey, Spire Cheshire and

Spire Cambridge Lea hospitals – will help to make all this possible. We have also made good progress in developing our newer sites at Manchester, Nottingham and St Anthony's, all of whom made good financial progress in 2018.

### **Famous for quality and clinical care**

I was delighted when Spire Nottingham achieved a CQC rating of 'Outstanding' this year, which means that four of the 14 'Outstanding' acute non-specialist hospitals in the entire private hospital sector in England are now Spire Healthcare hospitals. Services at Spire St Anthony's, Spire Wellesley, Spire Clare Park and Spire Hull and East Riding hospitals and Spire Hesselewood Clinic were also rated 'Good' by the CQC during the year, with all having an improvement in ratings at these second inspections. This improved our percentage of overall 'Good' and 'Outstanding' sites from 67% to 76% in one year.

Other areas of clinical quality continued to improve, with good Patient Reported Outcome Measures (PROMS) and only four incidents of MRSA or MSSA bacteraemia. Our Chief Medical Officer and Group Clinical Director detail our progress on patient safety, governance, clinical matters and medical outcomes during the year in our Patient Safety Quality Reviews.

### **First choice for private patients**

This push for quality is critical to our future and we are confident it will help us to win new business across all the sectors we operate in. The business faced a continuing decline in NHS-funded care due to constraints on NHS budgets, with NHS income down 7.2%. This had a material impact on hospital profitability. However, income from private medical insurance-funded patients grew by 1.5% and revenue from the care of patients who chose to self-pay increased by 8.7%, which combined, compensated the NHS decline. We were delighted to be entered into Aviva's open referral network in Q4 2018 in part because of our proven high-quality standards and this contributed to a strong end to the year for our insurance-based activity. The growth in private income also saw a broadening

of Spire Healthcare's treatment mix. While we saw a decline in orthopaedic patients (largely NHS), there was overall growth in oncology, acuity and children and young people services. We will continue to diversify our mix and strengthen our service range in 2019. Significant enhancements were made to our website in 2018 based on extensive user research, which now makes it easier to research and book a consultant or Spire GP appointment online.

## Becoming more efficient

Overall therefore, revenue was broadly flat, but higher depreciation and an increase in other costs affected the Group's profitability during the year, driven by the investments I have mentioned above and the loss of NHS volume.

This calls on the business to find efficiencies to fund investments, and we have been targeting these savings across our operations, supported by improved planning, project management and delivery. Our cost savings programme during 2018 was the start of a multi-year programme, and this will reduce the rate and impact of future cost increases. We are now accelerating our cost savings programme, leveraging our scale in procurement and using technology to drive consistency across the business. We believe that these programmes will also improve our customer experience and indeed, quality of care over time. We have been through a period of significant capital expenditure, but we are now making investments that are more focused and with an increasing emphasis on clinical quality and enhancing our capabilities. This is leading to improved net cash flow for the business.

## Most recommended customer experience

We continually strive to set new standards in our patient care. Spire Healthcare cared for 260,100 in-patient and daycase patients during 2018 (2017: 269,300). In April we launched a new, online patient feedback system to capture feedback from all admitted patients. Since the launch, 96% of patients have said that they would be 'Extremely Likely' or 'Likely' to recommend Spire Healthcare to others in need of similar care, with 80% saying they would be 'Extremely Likely' to recommend us.

The standard of our nursing care was rated particularly highly with 96% of patients agreeing that they received excellent care from our nursing staff. This survey is part of a wider programme of gathering customer feedback which we use to target investment, training or service development requirements at specific hospitals.

I thank all our patients and their families for choosing Spire Healthcare in 2018 and we are all committed to an ever-improving experience for those who choose us in 2019 and beyond.

## Best place to work and to practise

At the heart of Spire Healthcare are our teams. From the Hospital Directors and Matrons who have such key roles in making our hospitals run safely and effectively, to our nurses and laboratory technicians, our support staff and the consultants we engage – everyone has a key role to play. We started 2018 with a refresh of our values and a company-wide communication process. I enjoyed 54 hospital visits in the year, and was able to hold staff forums on many occasions to listen to ideas and share views about our progress. I was delighted to see an overall engagement score of 79% with an 81% response rate, in our recent 2019 employee survey despite the challenges of 2018 for our staff. The results show that our teams are proud to work for Spire Healthcare (77%) and believe that they really fit in with and work well with their team (86%). We are committed to ensuring Spire Healthcare is an inclusive environment for all our colleagues where they are treated equally and fairly. In our most recent employee survey 75% of colleagues responded that Spire Healthcare treats all people as equals regardless of individual differences. This is the first time we have asked the question so we will use this as a benchmark to make further improvements. In 2018 we introduced our first 'temperature check' employee survey and have been focusing on action planning after our biannual surveys to ensure we respond to the needs of our colleagues.

There is still a degree of employee churn at our sites and vacancies are a problem in some hospitals. We moved to central recruitment in February 2018 to help address this. This posed some challenges early on, but we are now making real progress in reducing vacancies, especially in clinical roles. We have worked on our pay comparators, offer a competitive benefits package and have replaced our bonus scheme with a new Spire for You 'recognition pot' that enables colleagues to recognise each other's contribution and performance. We were also very pleased to be commended by the Right Honourable Anne Milton MP, Minister of State for Apprenticeships and Skills, for Spire Healthcare's strong apprenticeship programme, as we train the Spire Healthcare professionals of the future.

Consultants are our key partners in the delivery of care and business development at Spire Healthcare. We survey our consultants annually to help understand their levels of satisfaction and their needs. In 2018, their overall level of satisfaction was 68% 'Satisfied' or 'Very Satisfied', with particular support for the excellence of our nursing staff. We worked closely with our Medical Advisory Committees in 2018 to ensure we selected the right consultants to join our hospital communities and to ensure Spire Healthcare discharges its responsibilities for consultant oversight with input from respected local clinicians.

I thank everyone who works for Spire Healthcare and in our extended teams, for their hard work and enormous commitment and contribution in 2018.

#### Looking ahead

We expect the market to remain challenging in 2019. NHS volumes may remain suppressed and the private market is competitive. However, the self-pay private market is expected to grow and we have already shown the potential for growth in our private medical insured market share. We are confident we have the right foundations, plans and above all people, to do things right and build a healthy future for our business, our shareholders and our patients. We are using our scale to improve

our position and reputation in the market and are conscious of the need to balance investment with efficiencies. Our prospects for the next five years remain good, our commitment to putting patients first is firm and we see this as both consistent with, and supportive of improving margins, stronger free cash flows and a reduction in net debt – creating value for our shareholders and other stakeholders in the medium term.

#### Justin Ash

Chief Executive Officer

1 June 2019

### Our values:

#### 1. Driving clinical excellence

We stretch ourselves to achieve excellent results.

#### 2. Doing the right thing

We make sound and considered judgements.

#### 3. Caring is our passion

We put patients at the heart of everything we do.

#### 4. Keeping it simple

We make complex things easier.

#### 5. Delivering on our promises

People can trust us to do what we say we'll do.

#### 6. Succeeding and celebrating together

We work together, learn from each other and celebrate success.

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

First and foremost, we depend on our people – our nurses, theatre staff, allied health professionals, non-clinical support colleagues and bank staff to cement our internal and external relationships and help build on Spire Healthcare's strong reputation in the market. We work hard to create the right culture – ensuring that colleagues are fully engaged with our business strategy, live up to our values, support each other and are, of course, dedicated to clinical safety and patient care.

Our duty of care also extends to the environment in and around our hospitals, as well as to the partners and suppliers we work with, and the communities we serve. We promote a low carbon culture across our sites and continually review how we operate our buildings and infrastructure to reduce energy use, improve carbon efficiencies and manage our operational risks more effectively.

### Leadership development

The strength of our leadership is an important influence on our culture and is key to our future success. That's why the values-based leadership competencies we developed last year have been invaluable in reviewing the performance of our senior hospital management teams during 2018.

Alongside these reviews, our Operations Directors have started building structured succession plans for key roles at each hospital, including Hospital Director, Matron, Head of Clinical Governance, Business Development Manager, and Finance and Commercial Manager.

We also made a significant investment in training our senior leadership team in 2018. More than 70 senior leaders took part in our bespoke Leadership Development programme at Ashridge Business School over the summer.

### Making Spire Healthcare a destination employer

Recruiting and retaining the best people remains a priority for Spire Healthcare. To enhance our status as a destination employer, we need to make sure colleagues feel valued and have clearly defined career paths. We must embrace diversity, especially when it comes to senior appointments; we have to offer competitive salaries and benefit packages; and we must improve recruitment to the business, including offering great apprenticeship opportunities and looking beyond the UK and EU in the search for the people we need when necessary.

We relaunched our performance review process for colleagues to use during 2018, which included redesigned paperwork to support it and user-friendly communications and videos to explain the changes. We have stripped the process back to cover the what and how, along with behaviours and objectives. Numerical ratings have also been scrapped in favour of descriptions that measure an employee's progress against expectations.



To further improve our recruitment processes both internally and for external candidates, we outsourced recruitment across every hospital in 2018. Moving from local recruitment to a central model was difficult and took time, as our outsourced provider had to transition the service and build a dedicated Spire Healthcare recruitment team. However, we are now leveraging our scale with clear visibility and filling vacancies effectively. The criteria from our leadership competencies have been used as a part of our recruitment processes this year, and we have seen improvements in the quality of candidate and the process. Candidates have also reported that their experience has been good, with a more hands-on approach from application through to appointment.

### **Developing the next generation of healthcare professionals**

We are also developing apprenticeship programmes that cover a wide range of areas, including accountancy, business analyst and HR roles, but our primary focus is on clinical apprenticeships and leadership development. Existing employees are encouraged to apply and anyone joining us will be offered Healthcare Assistant (HCA) training as part of their interview process.

Since September 2018, 15 apprentices have started several of our schemes. Our Level 3 Apprenticeship Standard is flexible and offers theatre and adult nursing pathways, making it possible for an apprentice to progress from HCA training to a higher-level programme. They can even qualify for our new three-year Operating Department Practitioner (ODP) Degree Apprenticeship scheme with Derby University, which will launch in May 2019.

We have a growing cohort of apprenticeships in pathology, with new and existing staff due to join our Medical Laboratory Assistant (MLA) scheme in 2019, bringing the numbers up to 12 colleagues over the last year and into next year. We are also trialling an apprenticeship for the new Nurse Associate role introduced by the NHS, with one nurse already working on her degree through Salford University.

We are soon to launch a clinically-focused course aimed at clinician and non-clinician line managers in the business, supported by South Teesside NHS Trust. It is a 12-month programme that provides leadership development but is specifically focused on managing in a clinical environment.

### **Engaging colleagues**

Our colleagues interact with thousands of patients every day and play a crucial role in delivering the highest quality care and outcomes. 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.

Our recent engagement survey saw an overall engagement score of 79%, which exceeded external benchmark rates of 71% but was slightly lower than our last full survey (2017: 81%). We introduced a temperature check survey in the summer of 2018, and will survey all colleagues twice a year going forward. More people are responding online to the survey and we have increased the actions taken in response to employee feedback. We have a strong commitment from the Executive Committee to address any issues and to spend time on proper engagement with our people and hold good open discussions with them.

### Workforce Race Equality Agenda

In order to embed and progress an equality agenda during 2018, our October 2017 WRES action plan outlined plans to establish a governance framework to formulate and set our equality agenda. Our HR function is primarily responsible for driving the actions outlined in our plan and, whilst we have made progress in some areas others have been impacted by changes within the HR function, particularly at a senior leadership level. However we now have a new team in place who are absolutely committed to delivering against our action plan, which has been revised to ensure it reflects our current position and priorities

During 2018, we established a People Forum, comprising with Spire Healthcare's Executive Committee and senior HR team which has developed an overall People Strategy for the national organisation as a whole. The next step will be to formally establish the Equality, Diversity & Inclusion (ED&I) Committee, under the sponsorship of the People Forum, who will work with the HR team to develop the detailed ED&I strategy and objectives.

In order to further support the development and implementation of the overall ED&I strategy and objectives, we have identified four key target/work-streams for 2019:

1. Improve the level of ethnicity self-reporting and validate data already held in the system;
2. Implement an integrated system to track vacancy application (both internal and external) data against ethnicity data;
3. Further develop the central oversight of disciplinary processes and collection of relevant data within the organisation;
4. Establish a centralised tracking system for non-mandatory training and CPD (Learning Management System – LMS)

Whilst not all of the targets outlined in the plan for 2018 have been met in the time-frames originally specified, many 'new' actions have been identified and completed. We also believe that planned new investment such as the implementation of a new, more sophisticated HR system and further development of our recruitment outsourcing partnership (who will also deliver more robust exit interview data) will better enable us to analyse our progress against our ED&I strategy and objectives, identify trends and support more informed decision-making.

### Reward and recognition

Having completed a detailed review of our reward and benefits at the end of 2017, we have now developed a simple, clear framework that can be used across all roles and functions to provide consistency and fairness. Instead of traditional performance-based bonuses, our people can be recognised within hospitals by management and colleagues, with more than 3,400 employees having received an award in 2018.

This is run on our Spire for You platform that was launched in March 2018. It also provides a Reward Gateway, which includes a discount portal for employees, which 60% of our people registered to use within the first few months.

Our Employee Assistance Programme has also been promoted this year, giving employees access to advice on difficult matters related to both work and domestic life. We are now planning a new Health and Wellbeing resource to be made available in 2019 covering advice and planning on mental, physical, financial and diet issues.

## Whistleblowing

We want colleagues to feel confident and empowered to raise any issues or concerns they may have; however, we also have a robust whistleblowing policy in place. 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 if necessary.

All such concerns received through the helpline are sent to the Group Company Secretary for review, and to ensure that they are appropriately investigated and concluded. Awareness of our whistleblowing policy amongst colleagues is high with 92% of colleagues responding positively as part of our recent employee survey.

## Looking after our environment

At Spire Healthcare, the quality of care we provide extends beyond the way we look after our patients. We also have a duty of care to the environment, which includes promoting a low carbon culture across our hospitals, with a focus on reducing carbon emissions associated with our use 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 published the five-year energy reduction targets set out in our Carbon and Environmental policy document to reduce CO<sub>2</sub>e 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 pound revenue which increases in proportion to the growth in our business. The addition of Spire Manchester and Spire Nottingham hospitals to our portfolio for example added significant energy consumption overnight. 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 hope to continue to grow, to treat more patients, to provide more treatments and to offer the latest technology.

## Legislation

Since becoming a publicly listed company in 2014, Spire Healthcare is registered for the Government's CRC Energy Efficiency Scheme and we report our carbon emissions to the Environment Agency accordingly.

Our mandatory Phase 1 Energy Savings Opportunity Scheme ('ESOS') audits were completed on schedule and concluded that due to the excellent work already undertaken in improving energy efficiencies across our estate, their recommendations would be unlikely to produce large energy savings. The recommendations will, however, be incorporated into our carbon reduction planning for the future. We are now working with our energy consultants to discharge our responsibilities under ESOS Phase 2 assessment and audit reporting obligations.

Spire Healthcare was invited to participate in the Carbon Disclosure Projects (CPD) again in 2018. We made our fourth submission to the CDP this year and have been upgraded to a 'B' grading which demonstrates our knowledge of our impact on climate change issues.

### Energy Monitoring

Our hospitals receive monthly energy reports detailing utilities consumption and benchmarking them against similar sized hospitals across the Group. The reports include dashboards at site and group level detailing year on year performance. Our Regional Engineering team audit and monitor 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 engineering infrastructure to improve energy efficiencies. Key projects this year included investment in areas such as lighting, mechanical ventilation, building controls, heating and domestic hot water services. These projects are having a positive impact on relevant Energy Performance Certificates (EPC) for our buildings. After completion of boiler replacement and LED lighting installation at Spire Leicester Hospital for example, our EPC improved dramatically from an energy performance rating of 'F' to a much improved 'B' rating.

### High-efficiency lighting

On the back of the measured energy and aesthetic benefits of upgrade to LED lighting, we have invested heavily in this area over recent years (£2.5 million). This investment has helped to reduce our carbon footprint and we also benefit from the much improved light quality that this technology brings. We have continued to install these systems as standard in 2018 as part of our national refurbishment programme, to ensure we continue to reduce our electricity consumption and ensure we meet our stated energy reduction targets in 2020.

### High-efficiency heating and hot water services

Modular condensing heating and hot water boilers were installed at Spire Fylde Coast, Spire Hartswood and Spire Edinburgh (Shawfair Park) hospitals during 2018, which will deliver a reduction in gas consumption at these sites in future years.

### High efficiency ventilation systems

Our theatre ventilation plant ensures rapid air exchange within our theatre suites to protect our patients from infection. By its nature, these systems are energy hungry. We have replaced ageing systems at Spire Hartswood Hospital in 2018. The new systems now include high-efficiency control systems that help deliver this critical air in the most efficient way.

### Greenhouse gas emissions

The greenhouse gas (GHG) emissions for Spire Healthcare for January to December 2018 were 38,350 tCO<sub>2</sub>e, tabulated by emissions source on the following page.

### Engineering governance and compliance:

Our central engineering team has been expanded in 2018. We now employ three full-time Regional Engineers which has allowed dedicated engineering risk and compliance auditing support in this complex arena.

The identification, publication and management of risk associated with our engineering infrastructure and its operation is managed through annual audits alongside our clinical team. These audits are used to make this risk transparent, enabling a prioritised approach to risk mitigation. The resultant risk profile informs the business of future capital requirements, gives confidence this capital is managed on a true risk basis and is targeted in the most efficient and effective way. The central engineering team supplement the formal annual audits with regular routine visits which ensure the engineering governance system is dynamic with continual addition, closure and reassessment of risk which future proofs the business.

Emissions source	2014 (tCO <sub>2</sub> e)	2015 (tCO <sub>2</sub> e)	2016 (tCO <sub>2</sub> e)	2017 (tCO <sub>2</sub> e)	2018 (tCO <sub>2</sub> e)	Share	Change YoY
Fuel combustion: stationary	10,360	11,150	10,488	10,842	12,917	34%	19%
Fuel combustion: mobile	1,124	1,112	952	1,314	1,347	4%	3%
Facility operation*	6,543	7,152	8,288	6,128	6,936	17%	13%
Purchased electricity	27,027	25,868	23,792	21,145	17,151	45%	-19%
<b>Total emissions</b>	<b>45,054</b>	<b>45,282</b>	<b>43,520</b>	<b>39,429</b>	<b>38,351</b>		<b>-3%</b>
Revenue (£m)	£856.0	£884.0	£926.4	£931.7	£931.1		
Intensity: tCO <sub>2</sub> e per £m	52.6	51.2	47.0	42.3	41.1		

The 'facility operation' emissions are attributable to the use of medical gases; carbon dioxide and nitrous oxide (5,215 tCO<sub>2</sub>e) and leakage of refrigerant gases (1,721 tCO<sub>2</sub>e).

“During the year we have invested in strengthening our systems for medical governance and oversight.”

Dr Jean-Jacques de Gorter  
Chief Medical Officer



### **Patient safety and high quality clinical care must be our foremost priorities.**

Firstly I would like to congratulate Alison Dickinson on her promotion last year from Chief Nursing Officer to Group Clinical Director.

As our Chief Executive Officer pointed out, this reinforces our strategic commitment to patient safety and our emphasis on clinical quality at the most senior levels within Spire Healthcare. Alison and I are working closely together to drive improvements in relation to patient safety, clinical effectiveness and patient experience.

### **Dedicated to safe, high-quality care**

In 2018, Spire Healthcare delivered on the commitment we made at the start of the year to achieve ratings of either 'Good' or 'Outstanding' for every hospital inspected by the Care Quality Commission (CQC). This means that every site inspected since 2016 received a published rating of at least 'Good' by the CQC, with four hospitals rated 'Outstanding'. This reflects the dedication of our people to deliver safe, high-quality care which we have achieved by working in partnership with doctors through our Medical Advisory Committees (MAC) who believe, as we do, that patient safety and high-quality clinical care must be our foremost priorities.

We are also committed to greater transparency because this helps patients make more informed choices and it makes us more accountable for driving up standards. In June 2018, we published online our Quality Governance Report to demonstrate our performance and progress against 10 key indicators including Serious Incidents Requiring Investigation (SIRIs), never events, learning from deaths and complaints. We believe that by openly sharing this information, along with details of our CQC inspection results, general governance developments and our commitments to Freedom to Speak Up initiative and whistleblowing, will better inform our patients and help drive us to be the best.

### **Strengthening our medical governance and oversight**

During the year, we have invested in strengthening our systems for medical governance and oversight. I appointed Mr David Macdonald, an experienced orthopaedic surgeon and MAC Chair as Spire Healthcare's new Responsible Officer to work alongside me. Together we have worked on revising the process for appointing and appraising our MAC Chairs. We already hold twice-yearly conferences with our MAC Chairs from 39 hospitals. In 2018, we held a third meeting dedicated to consulting with them on our plans for enhancing their critical role and that of the hospital MAC, in advising our hospital Registered Managers on medical matters.

We followed this up by appointing two General Practitioner advisors for our Spire GP Clinics and our BUPA Health Clinic franchises who we invited onto our new national Specialist Advisory Panel. Also, in October, NHS England inspected Spire Healthcare's systems and processes for medical governance and compliance with the Responsible Officer regulations. The result was a very positive report with no improvement recommendations and some development recommendations which we are reviewing.

In 2019 we will be increasing our focus on medical governance and oversight in a number of ways including, releasing a new Medical Governance and Assurance policy, updating and enhancing the role of the MAC Chair, and strengthening our assurance where a doctor's practising privileges are restricted or suspended.

### **Monitoring patient outcomes**

We have taken great strides in our systems for medical oversight, especially in relation to the monitoring of Patient Reported Outcome Measures (PROMs) in partnership with My Clinical Outcomes. We have monitored health improvements for patients undergoing hip and knee replacements as well as cataract surgery for many years. We also began monitoring outcomes for patients undergoing breast enlargement, facelift and eyelid cosmetic surgery in 2018 using the Q-PROMs tool.

The volume of responses from patients has grown considerably and is now providing meaningful insights to share with hospitals and consultants alike. At the time of writing, more than 13,000 patients have completed the Baseline Hip PROMs questionnaire (with almost 4,000 completing the follow-up questionnaire at six months). Similarly, more than 14,000 have completed the Baseline Knee PROMs questionnaire (with over 3,000 completing the follow-up questionnaire at six months). Where comparable external published benchmarks exist, Spire Healthcare patients funded by the NHS report superior average follow-up scores compared with NHS and larger independent sector providers.

In 2019 we will further improve by making available hospital-specific Patient Reported Outcome Measure (PROM) reports incorporating data on individual consultant performance.

### Demonstrating our quality

A critical element of our journey to becoming famous for quality is transparency. To this end, we believe that submission of data to national registries is an important part of what we do. Spire Healthcare submits data to several national registries, including: the National Joint Registry (NJR) for orthopaedic joint replacements; the National Adult Cardiac Surgery Audit managed by the Institute for Cardiovascular Outcomes Research (NICOR) and the Breast Implant Registry. In 2019, we will be working to extend our submissions to include national Cancer Audits and the National Audit Project run by the Royal College of Anaesthetists.

We also submit activity and quality data to the Private Healthcare Information Network (PHIN). The volume and quality of our data has improved considerably throughout 2018 and now includes clinical coding for privately-funded episodes. We also supported our consultants to provide written information to private patients on their consultation and treatment fees. These are important steps in demonstrating our quality credentials to prospective patients, as well as

supporting their informed decision-making and choice of provider and consultant.

### Investing in our diagnostic capability

We believe that rapid diagnostics including pathology services, are integral to high-quality care, are core to our proposition to patients and are not a service to be outsourced. That's why Spire Healthcare operates a network of pathology laboratories and, in 2018, we invested further in our diagnostic capability, including the opening of our new dedicated Pathology Centre in Manchester, which is expected to process over 200,000 samples over the next five years.

In 2018, we rolled out a new Laboratory Information Management System (Winpath), started a pilot for the electronic and remote issue of blood, and achieved United Kingdom Accreditation Service (UKAS) accreditation of every Spire Healthcare laboratory ahead of schedule. We also consolidated some of our existing pathology services, specifically in relation to microbiology.

### Looking ahead

We have achieved a lot over the past 12 months, including making significant progress against two of our priorities for improvement included in last year's Quality Account:

- Every Spire Healthcare hospital and clinic inspected by the CQC in 2018 to be rated at least 'Good'
- Pilot a revised approach to pre-operative assessment, in advance of adopting digital 'e-pre-op assessment'

That said, there is more for us to do on medical governance and oversight. Working alongside Alison Dickinson and her team, my team and I are committed to delivering an ambitious programme of improvements in 2019.

We will enhance our medical governance by investing in, and developing our hospital governance systems, specifically our hospital MACs and our national Specialist Advisory Panel. The role of the Panel is to advise us in relation to medical



standards, governance, oversight and ethics. It met for the first time in October, with a strong representation of leaders in key medical disciplines. The Panel plans to meet twice a year in addition to our biannual MAC Chair conferences.

Whilst most of our MACs already include GPs, we are working to strengthen GP representation at all hospital MACs going forward. We are updating our medical policies to make clear the standards expected of those to whom we grant practising privileges, and the sanctions for failing to meet them.

We will contribute to, and respond to the recommendations from the review by Sir Bruce Keogh commissioned by the Independent Hospitals Partners Network, which is looking at developing a new Consultant Oversight Framework. We are also investing in our systems for medical oversight, so we can be certain we always act promptly and fairly in our patients' best interests where we believe our clinical standards are not being met.

We are also piloting the Getting It Right First Time inspection programme for the independent sector, building on work by NHS Improvement, to ensure every one of our 39 hospitals undergoes an inspection in the coming year.

Finally, we will complete our rollout of the new Pathology Laboratory Information Management System (LIMS) and develop a plan to ensure our network of laboratories is best able to support our future growth and quality aspirations. Working alongside dedicated colleagues, and in partnership with skilled consultants and general practitioners across the country, I am committed to driving up medical standards for the benefit of those who matter to us most, our patients.

## Highlights

We reported a single case of MRSA across all 39 hospitals in 2018

0.07

per 10,000 bed days

Spire Healthcare hospitals rated 'Good' or 'Outstanding'

76%

Spire Healthcare hospitals rated 'Outstanding'

4

**“We invested significantly in clinical governance in 2018.”**

**Alison Dickinson**  
Group Clinical Director



Having spent considerable time during 2018 strengthening our resources and building on Spire’s commitment to clinical governance, patient safety and regulatory compliance, I was delighted to accept the position of Group Clinical Director towards the end of the year.

In my new role I am directly accountable for our clinical standards and quality, and provide clinical guidance for our commercial and operational initiatives. I spend a large proportion of my time in our hospitals and use feedback from my site visits to reflect the clinical voice at the most senior level of the business. I also have a wider view of the sector as vice chair of the Department of Health’s Independent Sector Nursing Advisory Forum.

Working closely with Dr Jean-Jacques de Gorter and Dame Janet Husband, I have overseen significant investment in our clinical governance during the year. I value Dame Janet Husband’s support, critical and constructive oversight and input from a Board perspective. One very important governance initiative has been the introduction of Freedom to Speak Up Guardians at all our sites. It is vital that our colleagues are free to raise any concerns about safety or wrongdoing, so that they can be properly investigated without repercussions.

The aim of the initiative is to make speaking up business as usual and is in line with the National Guardian’s Office, which is sponsored by the CQC, NHS England and NHS Improvement.

In 2018, we also appointed Surgical Safety Guardians in every hospital to lead on safety checks and compliance with our standards. This group has

already held two conferences to share ideas and good practice. A further Patient Safety Guardian programme will be introduced in 2019.

I am committed to embedding an open and learning culture across the business. We continue to learn from when things go wrong, including compliance with the learning from deaths programme, independent scrutiny of significant incidents, and sharing of learning across the Group, as well as sharing good practice through national communication alerts and specialist conferences and events’ many with expert speakers.

### Serious Incidents

Spire Healthcare hospitals reported 176 clinical adverse events/near misses (‘AENM’) per 1,000 bed days in 2018. The vast majority of reported incidents were graded as resulting in no harm (or near miss) or minor or moderate 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. Spire’s 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. Spire has also revised the categories used to classify incident severity to ensure alignment with the categories used by The National Reporting and Learning System (NRLS). Our new categories are:

- None (no harm caused)
- Low (minimal harm caused)
- Moderate (short term harm caused)
- Severe (permanent or long term harm caused)
- Death

### Reported incidents by grade of harm

Grade of harm	Rate per 1,000 bed days
No harm	141
Low harm	22.3
Moderate harm	12.4
Severe harm	0.3
Death	0.4

All reported Incidents Requiring Investigation (IRIs) are reviewed at the weekly national Incident Review Working Group (IRWG) meeting which is attended by the Group Head of Clinical Governance, Medical Director and Head of Legal (Regulatory). Any incidents identified as meeting the NHS England Serious Incident Framework threshold are escalated to Serious Incidents Requiring Investigation (SIRI) 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'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)

**“There were mechanisms to ensure lessons learned were identified and improvements made were necessary. We saw that RCA were undertaken for all serious incidents requiring investigation and lessons learnt, recommendations and shared learning formed part of the root cause analysis”**

**Extract from Spire Hull & East Riding Hospital's CQC Report (November 2018)**

– Overall rating: Good

To improve the quality of hospital investigation into incidents, over 250 of our staff have attended root cause analysis training over the past two years. We have also revised our investigation report templates introducing specific root cause analysis reports for concise or comprehensive investigations, venous thromboembolism (blood clots), falls, pressure ulcers and transfers to another hospital. Further RCA training is planned throughout 2019 to ensure that staff undertaking RCAs remain supported in their ability to undertake this form of incident investigation.

We use the Datix incident reporting system within all Spire Healthcare facilities to enable timely reporting of all incidents (clinical and non-clinical). Throughout 2018 a complete review of incident categorisation was undertaken to ensure our system was fully aligned to the National Reporting and Learning System (NRLS)—NHS Improvement's central database of patient safety incident reports— to allow direct reporting onto the NRLS system. Unfortunately, in early 2019, we were advised by the NRLS that they had halted independent organisations joining the NRLS, to allow them to focus on the Patient Safety Incident Management System (PSIMS) implementation, planned for later in 2019. We have expressed our disappointment in being restricted in our ability

to upload to the NRLS, however will be working towards ensuring that our incident reporting system will be ready to report into the PSIMS database once it is launched later in 2019.

### Care Quality Commission

Of course, a particular focus of my work is to ensure every hospital and clinic is rated 'Good' or 'Outstanding'. During the year, the CQC completed a number of second inspections of our hospitals, including some focused reviews of core services. Most results have been published, though some are awaited. Of the reports issued, all were rated 'Good' or 'Outstanding' for all core services and all key questions, some with improved ratings on initial reviews.

This performance remains in line with the rest of the private sector and continues to far exceed the NHS average. Within domains, 100% of our hospitals are rated 'Good' or 'Outstanding' for Caring and our performance in the Safe, Effective, Responsive and Well-led domains remains in line with or better than the rest of the sector average for each.

Four of our hospitals are rated 'Outstanding' overall, with others having 'Outstanding' ratings for individual domains or services. There are some areas for improvement that we continue to address as a matter of urgency. We look forward to the CQC returning to more of our hospitals in 2019/20 to enable us to demonstrate the improvements we have made and to showcase good practice.

We continue to deliver a rigorous annual programme of patient safety and quality reviews (formerly clinical reviews) of all hospitals and clinics. These visits provide hospitals with an independent assessment of their services and any areas for improvement, as well as providing assurance to the Clinical Governance and Safety Committee and the Board that services are meeting or exceeding expected standards. To reward services assessed as being 'Outstanding' at these reviews, our Spire Exemplar awards were introduced in 2018, with plaques to display in their units that provide assurance to patients and visitors.

Significant investment has been made in improving patient safety and quality in 2018 with the recruitment of additional clinical specialists to provide expert onsite support, more strategic oversight and to drive best practice initiatives. This includes bringing together the best people to further support theatre services, pre-operative assessment, endoscopy, diagnostic imaging and infection control.

New service specific dashboards have also been introduced to the business using external targets and intelligence to inform improvement measures wherever possible. In the absence of national audit programmes for the independent sector to participate in, this means we can better evidence excellent patient outcomes and high standards across all sites, and tailor support where needed.

Our focus for 2019 continues to be the safety of our patients at every stage of their pathway. This includes a continued focus on pre-operative assessment to minimise any potential harm, and the introduction of national standards for new specialist areas. Investing in the training and competencies of our clinical staff, the focused development of our Matrons and other leaders, and the further enhancement of our Surgical Safety and Patient Safety Guardians will all assist us with the aim to be recognised as a world-class healthcare business.

## Priorities for improvement 2018–2019

In our last Quality Account, Spire Healthcare set three priorities for improvement:

- Every Spire Healthcare hospital and clinic inspected by the CQC in 2018 to be rated at least ‘Good’
- To introduce procedure-specific consent forms and expanded library of written patient information to help enhance the informed consent process
- Pilot a revised approach to pre-operative assessment, in advance of adopting digital ‘e-pre-op assessment’

### 1. Every Spire Healthcare hospital and clinic inspected by the CQC in 2018 to be rated at least ‘Good’

2018 was a busy year in terms of clinical regulatory inspections. In addition to inspections at our hospitals in Scotland and Wales, there were 7 inspections completed by the CQC, with 6 reports received and published at the time of writing. Of the reports issued, all were rated ‘Good’ or ‘Outstanding’ for all core services and all key questions, some with improved ratings on initial reviews.

- **Spire Nottingham Hospital** (CQC – February 2018) – CQC rated the hospital **Outstanding** overall and for the Responsive and Well led domains, and Good for Safe, Effective and Caring. This was the hospital’s first CQC inspection since opening in 2017.
- **Spire Clare Park Hospital** (CQC – May 2018) – This was a focused inspection of services for Children and Young People with the rating for this service improving from Requires Improvement to **Good** following significant development of the service.

- **Spire Wellesley Hospital** (CQC – June 2018) – This was a focused inspection of services for Children and Young People which resulted in the rating for this service and the hospital overall being uplifted from Requires Improvement to **Good**, which reflects the significant investment in the facilities and service for our younger patients.
- **Spire Hull & ER Hospital** (CQC – September 2018) – This was a comprehensive inspection of all services as part of CQC’s second wave of inspections in the sector. The hospital is now rated **Good** overall and for all services and domains which is an excellent improvement on the previous rating.
- **Spire Hesselewood Clinic** (CQC – September 2018) – The clinic has close links with Spire Hull and East Riding Hospital and was inspected at the same time. The service was rated **Good** overall and for all domains, again an improvement on the previous inspection in 2015, including uplift to the Well led rating following improvements in record keeping and audits.
- **Spire Parkway Hospital** (CQC – November 2018) – A focused inspection of surgery services was completed which resulted in an improved rating for the service from Requires Improvement to **Good**. The hospital looks forward to a further inspection in 2019 to complete the inspection process for other services and to have the opportunity to uplift the overall hospital rating also.

### 2. To introduce procedure-specific consent forms and expanded library of written patient information to help enhance the informed consent process

In 2018, we planned to expand our current library of written patient information, to establish a wider range of leaflets, each linked to a specific procedure code. We have also designed a new consent form to be used in conjunction with our revised patient information to support discussions with patients prior to treatment.

Due to other operational commitments completing our actions relating to this priority was deferred to 2019; we are now working with a third-party provider to arrange access to over 200 new patient information leaflets, covering over 400 procedures (80%+ of the procedures typically undertaken in the independent sector).

### **3. Pilot a revised approach to pre-operative assessment, in advance of adopting digital ‘e-pre-op assessment’**

Pre-operative assessment (carried out prior to a patient’s planned admission for surgery) helps to ensure that patients are fully informed about their proposed treatment and that relevant arrangements for discharge and post-operative care at home are considered at an early stage of the patient pathway. It also ensures that any required pre-operative tests are undertaken and that the patient is medically fit for his or her planned procedure.

In 2017, Spire Healthcare established a pre-operative assessment working group to review our approach and build on the systems already in place and improving the pre-op assessment process was a consistent focus across the Spire Healthcare group during 2018.

Throughout the year our National Clinical Specialist (Pre-Operative Assessment) has been providing direct support and mentoring to hospital pre-operative assessment leads, and undertaking focused service reviews as part of our long-standing patient safety and quality review programme. Additionally, in September 2018, we introduced new national pre-operative assessment standards to meet the guidelines from the Royal College of Anaesthetists.

The standards recognise that a comprehensive pre-operative assessment (POA) and preparation service is fundamental to high quality, safe practice, ensuring that the patient is as fit as possible for the surgery and anaesthetic. It minimises the risk of late cancellations by ensuring that all essential resources and discharge requirements are identified and co-ordinated. A well-designed pre-operative service should minimise patient delays through the journey to surgery, while allowing appropriate time for initiation of interventions likely to improve patient outcome.

The standards are based on the Royal College of Anaesthetists ‘Guidelines for the Provision of Anaesthesia Services (GPAS)’ and are also aligned to the CQC’s five key lines of inquiry. If a standard is not met, this must be included on the Hospital Risk Register together with an action plan to improve compliance.

A new patient pathway for pre-op assessment has also been prepared (which incorporates the pre-admission medical questionnaire) and this will be introduced between June and September 2019. Mandatory pre-operative assessment training for nurses has begun, with more than 100 of our nurses completing a new three day competency-based training course by the end of the year. We have also released defined national elective adult surgical admission criterion to determine patient suitability for elective surgery at hospitals with Level 0 – 1a and 1b critical care facilities.

One of our aims in 2019 is to further strengthen our pre-operative assessment process to ensure safe admissions and a reduction in avoidable cancellations. An options appraisal for a digital pre-operative assessment tool is in progress, with a pilot planned for later in the year.

# Our plans

## Priorities for improvement 2019–2020

Spire Healthcare has chosen the following three priorities for improvement during 2019–2020:

- 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 VTE exemplar status

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

#### Why is this priority important?

Spire's CQC ratings improved further through 2018 from 67% 'Good' or 'Outstanding' in 2017 to 76% at the end of the 2018, which is above the independent sector average. Nine of our hospitals are currently rated 'Requires Improvement' as a result of inspections undertaken prior to 2017. Every inspection since the end of 2016 has resulted in a rating of either 'Good' or 'Outstanding' in reports published to date.

We continue to welcome opportunities to improve as identified by the CQC and ensure these are acted upon immediately. Whilst the majority of our hospitals previously rated 'Requires Improvement' were rated 'Good' in the Caring, Effective and Responsive domains, we are continuing to focus on improving our systems and processes at these sites to ensure they achieve a rating of at least 'Good' overall when next inspected.

We have further strengthened our central resources with Clinical Specialists for Medicines Management and Infection Control and our refurbishment projects are ensuring improved compliance with latest guidance regarding sinks and carpets, all areas previously found to require improvement in the earlier inspections.

**Fig. 1 CQC Inspection Performance (year on year: overall rating and ratings by domain)**

December 2018	No.	Overall	Safe	Effective	Caring	Responsive	Well led
NHS	296	52%	36%	69%	99%	58%	57%
Independent Sector	173	75%	60%	82%	100%	95%	74%
<b>Spire Healthcare</b>	<b>37</b>	<b>76%</b>	<b>62%</b>	<b>86%</b>	<b>100%</b>	<b>95%</b>	<b>78%</b>

December 2017	No.	Overall	Safe	Effective	Caring	Responsive	Well led
NHS	296	52%	36%	69%	99%	58%	57%
Independent Sector	173	75%	60%	82%	100%	95%	74%
<b>Spire Healthcare</b>	<b>37</b>	<b>76%</b>	<b>62%</b>	<b>86%</b>	<b>100%</b>	<b>95%</b>	<b>78%</b>

NHS averages are derived from information published by the CQC at: <https://www.cqc.org.uk/file/258838>



Training for Registered Managers and clinical leaders has been enhanced to continue improving our leadership capability and understanding of regulatory responsibilities, and further resource has been added to the central team to provide support with both clinical and medical governance and sharing learning across the groups.

Every Spire site has published an action plan in response to the CQC findings on their websites and we are prioritised our central clinical resources to support hospitals with a 'Requires Improvement' rating, with every one undergoing at least one Clinical Review inspection in 2018.

This will continue through 2019 as we anticipate these nine hospitals will have the opportunity to have a second inspection and demonstrate their significant improvements to the CQC.

#### Our aim/goals

In this context, our goal for 2019 is 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's Safety, Quality and Risk Committee.

#### 2. Completing the programme of hospital visits by NHS Improvement's 'Getting It Right First Time' team. Why is this priority important?

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 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 are participating in a pilot of the programme, focusing on Orthopaedics and Spinal Surgery.

**Fig. 2 CQC Ratings by Domain: % of hospitals rated 'Good' and 'Outstanding' overall and across each of the five domains at December 2018**

Ratings	Overall	Safe	Effective	Caring	Responsive	Well led
All	37	37	35*	36**	37	37
Outstanding	4	0	2	5	4	4
Good	24	23	28	31	31	25
Requires Improvement	9	14	5	0	2	8
Inadequate	0	0	0	0	0	0

Ratings	Overall	Safe	Effective	Caring	Responsive	Well led
Outstanding	10.8%	0%	5.7%	13.9%	10.8%	10.8%
Good	64.9%	62.2%	80.0%	86.1%	83.8%	67.6%
Requires Improvement	24.3%	37.8%	14.3%	0.0%	5.4%	21.6%
Inadequate	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

\* Spire Liverpool Hospital and Spire Windsor Clinic did not receive a rating for the 'effective' domain following their inspection by the CQC.

\*\* Spire Windsor Clinic did not receive a rating for the 'caring' domain following their inspection by the CQC.

The GIRFT review is a six-stage process.

- **Preparation and gathering evidence**  
GIRFT review a number of data sources including HES 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 speciality under review.
- **'Deep Dive' Visits**  
The GIRFT clinical lead will visit 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 will be provided at the end of the deep-dive visits with any generic findings and recommendations.

Two further Steps (5: 'Data refresh' and 6: 'Implementation complete and transition to business as usual') have yet to be agreed for the Independent Sector.

### **Our aim/goals**

Our goal for 2019 is for every Spire hospital in England to be visited as part of the pilot programme focusing on Orthopaedics and Spinal Surgery and to address the recommendations arising from GIRFT's review.

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

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

### **3. Increase the number of Spire hospitals with VTE Exemplar Centre status**

#### **Why is this priority important?**

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. The network is currently led by Professor Rooopen Arya, Director King's Thrombosis Centre.

Any health care 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 exemplar centres representatives. VTE Exemplar Centres status is then awarded to organisations that display quality, leadership and innovation in all areas of the criteria.

VTE Exemplar Centres have suggested to VTE England that gaining this status is important to them for several reasons:

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

### **Our aim/goals**

3 of our hospitals – Alexandra, London East and Southampton – have previously been awarded VTE Exemplar Centre status. Our aim in 2019 is to encourage more hospitals to apply for and achieve this status by the end of the year.

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

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

## Review and assurance

### Data quality and governance, fundamental pillars of our performance

#### 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 opposite show Spire Healthcare's Secondary Uses Services data quality performance for April 2018 to March 2019 as issued by NHS Digital, May 2018. 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 2018 to March 2019 as issued by NHS Digital May 2018**  
**Spire Healthcare out-patient data, based upon 493,250 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 should be 79,855 activities

Data item	% valid
NHS number	100
Patient pathway	100
Treatment function	100
Main specialty	100
Reg. GP practice	99.8
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 & Audit Assurance at the beginning of 2016 a number of improvements have been made to Spire's clinical coding service. In addition to the coding assurance audits undertaken by Capita, Spire has been able to undertake its own independent coding reviews. Findings from these reviews have formed constructive feedback – not only for the individual sites/clinicians, but 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 which in turn enables accurate coding assignment.

Additional coding education has been delivered to consultants and hospital staff and education materials have been updated and improved. Clinician validation documents are regularly reviewed and updated, and new documentation has been created for all inpatient and day-case 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 and an accredited clinical coder during 2017.

### Clinical coding error rate

Spire Healthcare undertakes comprehensive internal audits across the Group following the NHS Digital clinical coding audit methodology v12.0. This provided assurance that coding error rates and HRG errors were being maintained at acceptable levels.

The results gave an overall HRG error rate for 2018–2019 of 4.5% which is an improvement of 0.4% since 2017/18. Benchmarked against the 2013–2014 published national results, the coding at Spire Healthcare Hospitals is still in the best performing 25% of NHS providers (<=5.2%).

Primary procedure recording has remained the same as 2017–2018 at 97%. However, secondary procedure and both primary and secondary diagnostic coding accuracy has improved resulting in the overall coding accuracy for 2018-2019 achieving DPST 'advisory' level (previously known as IGT level 3).

### NHS Protect Security

Essentia continue to act as our Local Security Management Specialist, continuing to carry out security audits at Spire Business locations and ensure the bespoke security management services that meet the NHS security management standards are developed and maintained.

Having carried out Security audits for all our locations we are now carrying out second reviews to ensure that our hospitals continue to remain focused on security issues.

The number of incidents reported has decreased by 18% from last year with only five incidents rated as Moderate Harm (Short term Harm Caused) and they were due to incidents of theft. All other incidents were rated as either Low (Minimal Harm Caused) – 20 incidents or None (No Harm Caused) – 328 incidents.

Our Self Assessment Report to NHS Protect continues to have an overall score of green. Security incidents are captured and monitored and included in an Annual report to our Executive Board for review.

### Counter Fraud

Spire continues to work with TIAA, our retained external advisors with whom we have been working for 4 years, on its 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 pro-active exercises in areas known to be of general risk. For 2018/19, TIAA have continued to provide briefing notes on 'fraud hot topics' which have been disseminated to relevant areas of the business and have provided fraud awareness training to the A/P team together with the Expenses and Systems Accounting Teams. Spire has also participated in a number of themed reviews led by NHSCFA, with only minor recommendations noted which are being actioned by the relevant business area.

Spire will complete and submit its fourth counter fraud self-assessment tool (SRT) to the NHS Counter Fraud Authority in April 2019. Our submission is stable against the prior year with 9 of the 22 individual categories showing Green and no Red categories under the RAG system and we will continue to work towards improvements during 2019.

### Clinical audit

During 2018, 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 2018 are as follows:

- National elective surgery: PROMs: patients undergoing hip replacement and knee replacement in England
- National Joint Registry: 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 that Spire Healthcare participated in during 2018 are as follows:

- National elective surgery: PROMs: patients undergoing hip replacement and knee replacement in England
- National Joint Registry: 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 2018, 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 provisional data published by NHS Digital in February 2019;
- National Joint Registry: hip and knee replacement – information unavailable (the cases submitted include a mix of both privately funded and NHS patients);

## Review and assurance continued

- 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)
- In 2019 we will further improve by making available hospital-specific Patient Reported Outcome Measure (PROM) reports incorporating data on individual consultant performance.
- Spire Healthcare hospitals continue to participate in the NJR's data quality audits and following the audit for 2016/17, nine Spire hospitals were awarded 'Quality Data Provider' status (out of 85 in total)<sup>1</sup>:
  - Spire Cambridge Lea Hospital
  - Spire Leicester Hospital
  - Spire Murrayfield Hospital
  - Spire Norwich Hospital
  - Spire Portsmouth Hospital
  - Spire Sussex Hospital
  - Spire Tunbridge Wells Hospital
  - Spire Washington Hospital
  - Spire Wellesley Hospital

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

- Following our switch to digital (online) collection of PROMs (replacing paper surveys), we initially saw a reduction in participation rates. To help maintain response rates at their previous level, we introduced a revised process which requires hospital pre-operative assessment teams to confirm with patients that they have completed their pre-op PROMS survey when they attend for their appointment (where this process was not already in place) and this helped our participation rates recover to their previous levels in 2018/19. Our hospitals also receive a weekly report indicating eligible patients who are due in to the hospital in the next four weeks to ensure they are given the opportunity to complete a survey and participation rates are monitored through our quarterly clinical scorecard (as one of a range of indicators focusing on safe, effective, caring, well-led and responsive care).

### Research

A number of patients receiving NHS services provided or subcontracted by Spire Healthcare in 2018 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 (e.g. scans or investigations) to support primary research undertaken elsewhere (e.g. by a contract research organisation or NHS Trust).

### CQC inspections

An update on the CQC inspections undertaken in 2018 is included at page 22.

1 <http://www.njrcentre.org.uk/njrcentre/News-and-Events/NJR-awards-85-hospitals-as-Quality-Data-Providers>

Hospital	Inspection date	Publication date	Overall rating
Spire Alexandra	19-Dec-16	06-Sep-17	●
Spire Bristol	14-Sep-16	12-Apr-17	●
Spire Bushey	26-Jul-16	12-May-17	●
Spire Cambridge Lea	06-Jun-16	05-Dec-16	●
Spire Cheshire	18-Oct-16	17-May-17	★
Spire Clare Park	30-May-18	16-Aug-18	●
Spire Dunedin	12-Apr-16	03-Oct-16	●
Spire Elland	09-Aug-16	21-Mar-17	●
Spire Fylde Coast	06-Sep-16	30-May-17	●
Spire Gatwick Park	09-Jun-15	04-Jan-16	●
Spire Harpenden	12-Apr-16	09-Jan-17	●
Spire Hartswood	03-May-16	10-Oct-16	●
Spire Hesslewood Clinic	20-Sep-18	22-Nov-18	●
Spire Hull & ER	18-Sep-18	15-Nov-18	●
Spire Leeds	10-Jan-17	06-Jul-17	●
Spire Leicester	11-Aug-15	19-Feb-16	●
Spire Little Aston	22-Jul-15	08-Dec-15	●
Spire Liverpool	18-Mar-15	17-Jun-15	●
Spire London East	16-Nov-16	17-Jul-17	●
Spire Manchester	13-Sep-16	22-Mar-17	●
Spire Methley Park	01-Nov-16	29-Mar-17	●
Montefiore	23-Jan-17	05-Jun-17	★
Spire Murrayfield Wirral	20-Sep-16	07-Apr-17	●
Spire Norwich	13-Apr-16	30-Aug-16	●
Spire Nottingham	05-Feb-18	01-Jun-18	★
Spire Parkway	26-Nov-18	26-April-19	●
Spire Portsmouth	13-Apr-16	07-Sep-16	●
Spire Regency	11-Oct-16	16-Feb-17	●
Spire South Bank	16-Aug-16	22-Feb-17	●
Spire Southampton	18-Oct-16	01-Jun-17	●
Spire St Anthony's	06-Jun-17	08-Feb-18	●
Spire Sussex	19-Dec-16	13-Apr-17	★
Spire Thames Valley	14-Nov-16	25-Apr-17	●
Spire Tunbridge Wells	26-Jul-16	17-Nov-16	●
Spire Washington	05-Aug-15	06-Nov-15	●
Spire Wellesley	19-Jun-16	12-Sept-18	●
Spire Windsor Clinic	16-Mar-17	08-Jun-17	●

★ Outstanding\* ● Good ● Requires Improvement

\* Following an inspection undertaken 5–7 February 2019, the CQC rated Spire Manchester Hospital 'Outstanding' overall, and 'Outstanding' for the Caring, Responsive and Well-led domains. The inspection report was published on 24 June 2019.

# 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
Alexandra	0.10	0.12	0.09	0.00	0.00
Bristol	0.25	0.15	0.06	0.51	0.00
Bushey	0.18	0.08	0.07	0.63	1.61
Cambridge Lea	0.07	0.09	0.03	0.00	0.00
Cheshire	0.09	0.22	0.04	0.19	0.00
Clare Park	0.04	0.06	0.00	0.00	0.00
Dunedin	0.05	0.15	0.05	0.00	0.00
Elland	0.08	0.23	0.05	0.00	0.00
Fylde Coast	0.02	0.38	0.00	0.19	0.00
Gatwick Park	0.12	0.16	0.09	0.00	0.00
Harpenden	0.08	0.05	0.08	0.18	0.00
Hartwood	0.15	0.09	0.10	0.00	0.00
Hull	0.06	0.19	0.03	0.00	0.00
Leeds	0.16	0.21	0.04	0.35	0.00
Leicester	0.07	0.17	0.09	0.00	0.00
Little Aston	0.11	0.08	0.00	0.00	0.00
Liverpool	0.01	0.14	0.00	0.20	0.00
London East	0.08	0.12	0.04	0.00	0.00
Manchester	0.16	0.30	0.00	0.00	0.00
Methley Park	0.13	0.50	0.04	0.17	0.00
Montefiore	0.27	0.26	0.02	0.22	0.00
Norwich	0.14	0.45	0.11	0.00	0.00
Nottingham	0.17	0.21	0.05	0.00	0.00
Parkway	0.04	0.12	0.04	0.00	0.00
Portsmouth	0.16	0.22	0.04	0.31	0.00
Regency	0.06	0.16	0.11	0.00	0.00
South Bank	0.10	0.32	0.02	0.00	0.00
Southampton	0.35	0.46	0.14	0.18	0.00
St. Anthony's	0.17	0.19	0.08	0.00	0.00
Sussex	0.10	0.00	0.09	0.00	0.00
Thames Valley	0.18	0.25	0.06	0.00	0.00
Tunbridge Wells	0.09	0.39	0.03	0.00	0.00
Washington	0.12	0.28	0.01	0.00	0.00
Wellesley	0.07	0.26	0.03	0.60	0.00
Wirral	0.06	0.09	0.00	0.00	0.00



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
0.00	0.00	0.00	3.82	99
0.00	0.00	0.00	1.57	95
0.00	6.43	1.61	3.69	90
0.00	0.00	0.00	1.69	96
0.00	0.00	0.00	1.42	97
0.00	0.00	0.00	0.42	95
0.00	6.84	0.00	2.74	91
0.00	0.00	0.00	2.48	98
0.00	0.00	0.00	1.13	96
0.00	3.33	0.00	4.66	94
2.48	0.00	0.00	1.73	96
0.00	0.00	0.00	1.73	97
0.00	0.00	0.00	2.68	95
0.00	0.00	0.00	0.81	94
0.00	0.00	1.80	4.31	97
0.00	0.00	0.00	2.67	96
0.00	0.00	0.00	2.34	93
0.00	0.00	0.00	3.82	94
0.00	2.32	0.00	1.86	95
0.00	0.00	0.00	2.78	95
0.00	0.00	0.00	0.72	96
0.00	0.00	0.00	1.75	95
0.00	0.00	0.00	0.85	97
0.00	0.00	0.00	1.57	94
2.08	0.00	0.00	1.87	96
0.00	5.70	0.00	1.71	98
3.98	0.00	0.00	2.78	97
0.00	0.00	0.00	1.50	94
0.00	0.00	0.00	2.24	91
0.00	0.00	0.00	1.84	96
0.00	0.00	0.00	0.90	91
0.00	8.55	0.00	0.86	97
0.00	0.00	0.00	4.10	96
0.00	0.00	0.00	2.62	97
0.00	0.00	0.00	3.38	95

Clinical indicator data refers to calendar year 2018 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 2018/19

Liverpool CCG welcomes the opportunity to comment on the Spire Healthcare Quality Account for 2018/19. Commissioners note that the account submitted relates to Spire Healthcare overall and is not specific to the provision of care in the Liverpool facility. It is acknowledged that the submission to commissioners was draft and that some parts of the document require reviewing and updating.

The CCG has worked closely with Spire Liverpool throughout 2018/19, in order to gain assurances that services delivered were safe, effective and personalised to patients' needs. The CCG share the fundamental aims of the provider and supports their strategy to deliver high quality, harm free care. The account reflects good progress on most indicators; indicating Spire's commitment to improving the quality of the services it provides; with Spire Healthcare demonstrating an overall commitment to achieving the following national key priorities for 2019/20:

- Every Spire Healthcare hospital and clinic inspected by the Care Quality Commission in 2019, to be rated at least 'Good'
- Complete 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

The key priorities for Spire Hospital Liverpool reflect national priorities, with additional locally focused areas for quality improvement in 2019/20, which are as follows:

- Maintain the low incidence of inpatient falls
- Focus on reducing avoidable cancellations
- Increase the percentage of patients fasted within guidelines before surgery
- Maintain best practice in VTE prophylaxis for hip and knee surgery
- Improve responsiveness to individual patient needs
- Maintain high quality patient engagement and participation in service improvements
- Improve equalities monitoring
- Develop an always event

This is a comprehensive report, which clearly demonstrates progress across Spire Healthcare, as a whole. The report identifies where the organisation has done well, where further improvement is required and the actions required to achieve these goals. Through this Quality Account and the on-going quality assurance process; the organisation clearly demonstrates their commitment to improving the quality of care and services delivered. Spire Liverpool places significant emphasis on its safety agenda; with an open and transparent incident reporting culture, with work continuing to embed learning from incidents across the entire organisation.

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

It is felt that the priorities for improvement identified for the coming year are reflective of the current issues across the health economy.

We therefore commend Spire in taking account of opportunities to further improve the delivery of excellent, compassionate and safe care for every patient, every time.

### Liverpool CCG

#### Jan Ledward

Chief Officer  
21st June 2019

## Contact us

---

### We welcome your feedback.

Please write to us at:

**Spire Healthcare Group plc**

3 Dorset Rise

London

EC4Y 8EN

Or use the contact form on our website

**[spirehealthcare.com](https://www.spirehealthcare.com)**

If you would like this Quality Account in large print,

Braille or another language, please contact

**[hocomms@spirehealthcare.com](mailto:hocomms@spirehealthcare.com)**

**Spire Healthcare Group plc**

3 Dorset Rise  
London  
EC4Y 8EN

[spirehealthcare.com](https://www.spirehealthcare.com)