

Our strategy continued



## 2. Building on quality

### Maintain strong quality and safety credentials for patients and as a competitive advantage

We are focused on maintaining high-quality and patient safety across the organisation, underpinned by an open, learning and quality improvement culture.



#### Our goals

- 100% of our inspected locations achieve 'Good' or 'Outstanding' ratings from regulators in England, Scotland and Wales
- Sector-leading patient satisfaction
- Above-average patient recorded outcomes

#### Highlights and priorities

##### Highlights of 2024

- Implemented the NHS England Patient Safety Incident Response Framework (PSIRF) across all hospital sites, ahead of NHS England requirement
- Developed our Driving Clinical Excellence in Practice (DCEP) programme
- Progressed the five-year nursing and allied health professionals strategy, aligning to directors of clinical services' objectives
- Delivered eight DAISY and 23 IRIS awards to winners across the country

##### Priorities for 2025

- Continue to deliver against our quality standards
- Embed our outcomes and effectiveness framework and our knowledge and learning framework
- Create a bespoke programme for all our directors of clinical services, who manage clinical quality in each hospital, on clinical excellence and leadership
- Launch new clinical tool for patient observation, eNEWS

#### Outstanding clinical quality

Quality underpins everything we do, with the delivery of high-quality patient care and patient safety central to operations and embedded in our purpose and culture. As an integrated healthcare provider, maintaining quality is always our priority across our hospitals and primary care services.

We aim to deliver care to the highest possible standards at all sites, all the time. This means being uncompromising on patient safety, aspiring to the highest levels of incident reporting and the lowest level of moderate and severe incidents. We work hard to support our colleagues and consultants to ensure they have the skills and facilities they need to ensure patient safety. In 2024, 98% of our inspected hospitals and clinics are rated 'Good' or 'Outstanding' or the equivalent by regulators in England, Scotland and Wales. Both Spire hospitals in Edinburgh, Spire Clare Park in Farnham and Spire Cardiff were re-rated as 'Good' or equivalent. We are still awaiting reinspection of Spire Alexandra in Kent, which has not been inspected since 2016/17. All inspected VHG locations are rated 'Good' by CQC.

We engage with patients every day to better understand their experience in our care, their outcomes, and the broader patient experience before and after they came into our care.

#### Delivering continuous improvement

We drive quality in the hospitals business around our own three core frameworks that encompass our approach to patient safety, patient experience, and clinical outcomes and effectiveness. We collaborate and share vital information and learning across hospitals to improve safety and encourage continuous improvement, ensuring the right conversations are happening and vital lessons are learned. We also believe it is important to create safe spaces for all our colleagues to reflect and gain insight on key matters, where they can hold professional conversations without fear of retribution; we reminded colleagues of their safety regularly in 2024.

Our strategy continued

The implementation of the new **Patient Safety Incident Response Framework (PSIRF)** across our hospitals in 2024 has resulted in a step change in our culture and approach to responding and learning from patient safety events in the hospitals business. Our hospitals implemented this for all patients in all areas, beyond our obligation for English NHS patients. PSIRF promotes a proportionate approach to responding to patient safety incidents through a robust methodology and a system of improvement, with compassionate engagement and involvement with those affected. It recommends learning from incidents, with considered responses, and supportive oversight, focused on strengthening response systems and improvement. PSIRF's impact has been far-reaching; it has transformed our approach to responding to incidents and positively affected our culture. It:

- Empowers us to review and respond to patient safety incidents with robust engagement across multidisciplinary teams, including consultants and our resident doctors
- Addresses the whole patient pathway, not just an element of care, proactively bringing together different departments, so relationships are improved
- Ensures that learning is identified faster, and actions to make change are more meaningful and effective
- Enhances the creation of a psychologically safe environment for teams to share what has happened and ensure that we learn better and faster
- Influences our approach to quality as we use all the information we gather from PSIRF to influence improvement projects

For some patients, while rare, care does not go as planned. Our PSIRF plan, published on our website, highlights the incidents for which we have an increased focus. The PSIRF process supports us to engage early and transparently with colleagues and patients, and we undertake duty of candour when required. Learnings from incidents across all hospitals and sources are collated in our quarterly learning report which is discussed at hospital, executive and board quality meetings. We support hospitals with toolkits to share learning, and also share learning

outcomes across the group with 48-hour flashes, fortnightly consultant newsletters, and other means. We review our data in the context of other published data; in 2024, Spire was not an outlier for our transfers out, mortality or other key nationally published indicators. We monitor the transfer out of patients to another facility as a quality KPI, and review each transfer out to learn and spot any trends. These reviews have been significantly strengthened with the implementation of PSIRF and our transfer out rate remains very low. Spire's risk management system was upgraded in 2024 and now allows us to report NHS England patient safety events via the national system and to benchmark with all NHS providers.

Our **patient experience and engagement framework** enables our hospitals to focus on the key needs of our patients: it gives them the tools to probe their own patient data, and a toolkit for listening to patients. We rolled out this new framework across our hospitals in 2024 and internal feedback has been positive: hospital leadership teams are focused on improving patient experience and engagement by interrogating data and learning.

This framework aligns with our patient survey, which we use to understand key issues in care. We map findings from our patient survey against what we know to be important for our patients, as well as other comparable metrics such as friends and family (a metric used by the NHS). In 2024, 97% of our patients rated their experience as 'very good' or 'good', while 95% of patients said they felt 'cared for' or 'looked after' in our hospitals, both up one percentage point from 2023. In VHG, 94% of NHS talking therapies patients were satisfied with treatment, level with 2023.

As part of our patient experience and engagement framework, our hospitals hold regular patient forums to better understand specific issues raised by patients. They give us an opportunity to speak directly with our patients; they feed back on our patient literature and help to review and develop our services. Together with our surveys, this engagement helps us to identify areas for improvement and create solutions in partnership.



We are committed to learning and improving when incidents occur, including where patients are harmed as a consequence of care. Our hospital leaders attend a daily safety briefing with a standard agenda to share key developments and determine any improvements we can make. This is complemented by a weekly meeting for all central function colleagues. A fortnightly meeting for senior leaders is hospital focused and supported by a detailed weekly briefing for cascade. In February all hospitals implemented an additional safety huddle during out-of-hours working time.

Our **Quality Improvement (QI) programme** reflects our continuous improvement approach to safety and quality. We have introduced over 300 successful, locally led projects since 2022 and have delivered on our three national 2024 QI priorities:

- Reducing rates of venous thromboembolism (VTE) as a recognised complication of surgery: over 2023 and 2024, avoidable VTEs reduced by 60%, sustained using some of the PSIRF methodology
- Reducing average lengths of stay (AVLOS): in 2024, we reduced average length of stays by 0.65 days for hip replacement and 0.63 days for knees
- Improving patient experience after care: focus in 2024 on patients being clear about next steps after an appointment or on discharge

Over 2024, we have also introduced a group national tissue viability lead to support our hospitals on wound management and care and advise on procuring equipment to manage patients needing wound care. In 2025, new digital enhancements will include eNEWS and AI – enabled digital records.

We have also developed a **Knowledge and Learning framework** to improve our approach as an organisation with sustained learning. It is designed to direct the creation, implementation and evaluation of shared learning across the hospitals business, ensuring it is aligned with strategy and driving improvements in standards and care. It will be embedded in 2025.

NHS patients cared for in 38 hospitals

**199,500**  
(2023: 200,000 in 39)

Regulatory inspections (with 5 reports published in 2024)

**4**  
(2023: 6 inspection reports)

Our strategy continued

**Freedom to speak up**

We believe culture is core to a safe patient environment. We support a culture of excellence and engagement, and we place a strong focus on having a culture of openness and transparency. Ensuring our colleagues feel psychologically safe is a prerequisite for improving quality and providing safe care. We support those who may feel that they can't speak out and remind everyone that they have a voice, will be listened to, and that there is an avenue to raise concerns or ask questions. We prioritise a Freedom to Speak Up (FTSU) culture, and we are proud of our network of 239 FTSU guardians and ambassadors (both consultant and colleague) across all clinical and non-clinical locations plus 6 in VHG. A key part of our assurance and oversight is regular hospital visits across all our sites by our board and leadership teams. The guardians are championed by our chief executive officer, who meets regularly with them. He also holds colleague forums without management present at site visits to encourage openness and trust. Two of the CEO's top four initiatives for 2024 were culture-based: 'listen up' and 'inspire kindness'. We are encouraged that, in 2024 surveys, 81% of colleagues say they are comfortable speaking up. We used colleague responses and feedback alongside listening sessions to shape our speak up strategy.

We submit our FTSU data to the National Guardian's Office (NGO) quarterly to support transparency; we regularly involve the NGO in safety meetings. The chief executive also spoke at the NGO's FTSU conference in 2024 on Spire's FTSU culture. We hold our annual FTSU month in October, aligned to the NGO national campaign, to raise the profile of speaking up and of the guardian role, as does VHG.

Colleagues can submit a Freedom to Speak Up concern via risk management software, which is managed by our trained guardians. Colleagues also have access to an independent, confidential whistleblowing helpline, enabling them to raise anonymous concerns. Training in this area is mandatory for all colleagues, and for consultants who practise solely in our hospitals. Colleagues use the NGO's three training modules: 'Speak Up' training for all colleagues, 'Listen Up' and 'Follow Up' are for managers. In 2024, VHG rolled out this training and FTSU efforts are now integrated across the group with monthly meetings, and all guardians attending one group annual conference.

We have been early to introduce Spire's version of Martha's Rule, called Ask to Escalate. This provides family members with the ability to request a second opinion if they are concerned. It also supports a culture of listening.

**Governance and oversight**

We continue to strengthen our governance standards, assurance and board oversight, using data to support hospitals through comprehensive reporting processes. We have developed an assurance model which monitors policies and processes and identifies areas of excellence and improvement. The final level of assurance is the patient safety quality review (PSQR) process which ensures hospitals continue to provide high-quality care.

Our integrated quality assurance framework includes a clear meeting structure that enables 'ward-to-board' reporting. We have a suite of KPIs which are used at hospital, executive and board level.

A subset of KPIs are reported to the board monthly. An expanded report with a full suite of KPIs provides information, context and actions to our board (clinical governance and safety committee) and executive (safety quality and risk) quality subcommittees to support robust conversations around assurance.

The safety quality and risk committee, and clinical governance and safety committee, review all KPIs and forensically probe for themes, trends or opportunities for patient safety improvement. They scrutinise consultant performance; identify quality outliers by consultant, hospital, or procedure; ensure full compliance with our policies around multidisciplinary meetings, especially in cancer; and review specialist services such as cardiac and young people's services. They also review any learnings arising from mortality reviews and always receive a presentation from hospitals on patient safety improvement. Sub-committees of the board cover specific topics including incidents, QI, mortality, medical professional standards, VTE and data governance.



To ensure our central senior leadership teams are engaged in discussions around quality, we have introduced regular operational level safety, quality and risk (SQR) meetings that include reported data and heat maps to show performance across the business and improve assurance for senior leadership SQR meetings.

We have extended our robust governance approach to all parts of the business, including the services we provide outside of hospitals, seeking to share learning as we integrate newly acquired services and develop new ones. Our primary care services have the same reporting structures and senior leadership for VHG. London Doctors Clinic and Spire Occupational Health are now reporting into VHG.

**Investing in quality**

We continue to invest in colleague QI training through our QI Academy. Over 2024, we carried out 34 days of QI training, including how to talk to colleagues, engaging with patients, and handling concerns and complaints to ensure we continue to deal with all cases with compassion and care. To date, more than 15,000 colleagues have accessed QI training, either virtually or in face-to-face sessions, and we now have more than 250 QI-trained practitioners. We also deliver bespoke QI training to our medical advisory committee chairs, business unit directors, directors of clinical services, finance managers and Freedom to Speak Up guardians. The use of PSIRF has increased colleague appetite for QI training by 100% with colleagues keen to learn how to be more effective and enable lasting change.

We continue to ensure that we benchmark our quality standards against best practice, including using appropriate accreditation programmes. We have earned JAG accreditation for our endoscopy services at 14 sites; this accreditation is awarded by the Royal College of Physicians' Joint Advisory Group on Gastrointestinal Endoscopy. In addition, 15 of our 16 chemotherapy sites have Macmillan Quality Environment Mark (MQEM) accreditation, which champions cancer environments that create welcoming and friendly spaces for patients. In 2024, 35 hospitals achieved the National Joint Registry's Quality Data Provider certificate, with 25 receiving the 'gold' award (2023: 31 and 19).

We carry out patient safety quality reviews to ensure we continue to provide high-quality care throughout our hospital network.

**Colleagues across the group**

**17,600**  
(2023: 16,800)

**Patients who say they felt 'cared for' or 'looked after' when receiving care in hospitals**

**95%**  
(2023: 94%)  
Source: Patient Discharge Survey.



Our strategy continued



Strategy in action

## Investing in facilities to drive choice and quality

Spire Portsmouth Hospital has completed a £6.4 million refurbishment to expand theatre capacity, refurbish patient areas and deliver a wider range of inpatient and day case treatment options for patients.

The new facilities have increased Spire Portsmouth Hospital's overall capacity and are intended to help care for more than 1,700 additional NHS and private patients a year. Our new day case facility increases the hospital's capacity to deliver more scans and investigative treatments, while the refurbished walk-in unit provides patients with fast access to orthopaedic, ophthalmology, gynaecology and urology treatments, without the need for an anaesthetic.

Our investment into new facilities ensures we can build our services to care for more patients, increase revenue and meet changing patient demands towards shorter stays in hospital. It can also alleviate pressure on local NHS waiting lists and reduce diagnosis waiting times in the local area.

The refurbishment has also created a brighter hospital with comfortable waiting areas and patient bedrooms, ten-day case suites, and updated patient bedrooms and ensuites. The new facilities ensure a better working environment for our colleagues and brought Spire Portsmouth up-to-date for its 40th year of operating in the local community.

National Safeguarding Week is an annual campaign supported by Spire that aims to raise awareness about the importance of safeguarding and protecting adults from abuse and neglect. It brings together organisations and communities to discuss key safeguarding issues, share best practice and promote safer cultures. In November, Spire Manchester hosted the Independent Healthcare Providers Network's Safeguarding Forum.

### Driving clinical excellence

Our clinical effectiveness and outcomes framework demonstrates that the care we deliver provides the desired outcome, in line with guidance and best practice. This framework covers five toolkits: national audits and registries, internal best practice, external best practice, multi-disciplinary teams, and clinical documentation. Each toolkit provides guidance and support on compliance, reporting, tools and support for our teams to ensure they are supported to deliver best practice, measure and analyse outcomes. We are rolling out this framework throughout our hospital sites and, by 2025, each hospital will have action plans to articulate outcomes and effectiveness.

Our five-year nursing and allied health professional (AHP) strategy (2023-2028) supports our nurses and AHPs to practice to high professional standards. It is structured around the core pillars of developing our workforce, delivering clinical excellence through practice and enhancing professional pride through celebration.


Our Driving Clinical Excellence in Practice programme supports our registered nurses and allied health professionals' continuing professional development and the requirements of their professional revalidation. In 2024, 350 people started the programme which is unique to Spire and is designed with the needs of patients at the centre. It reflects the needs of colleagues, their clinical competencies and incorporates lessons from incidents and themes from prior years.

66 Our hospital teams have really embraced PSIRF, engaged with it and embedded it. It's been a massive cultural shift – enabling our colleagues to make a change and make a difference.”

We recognise the dedication and care of clinical colleagues across Spire Healthcare hospitals who live our purpose every day. The new National Diseases Attacking the Immune System (DAISY) Awards recognise extraordinary nurses who are registered with the Nursing and Midwifery Council and rewards them for their nursing achievements. The Inclusive Recognition of Inspirational Staff (IRIS) Awards recognise all other clinical colleagues not registered with the NMC, for providing excellent care to our patients. Our colleagues can nominate each other, and we are also encouraging more patients to nominate colleagues.

We monitor excellence in our hospitals through an excellence in care delivery and safety framework to make sure colleagues are delivering the best quality care. We continue to review key safety and experience metrics thoroughly, listen to patient feedback and staff feedback, and monitor and assure around compliance.

We have introduced this professional framework, aligned with the national nursing and AHP strategy, to better understand how our colleagues are driving clinical excellence and quality within each of our hospital settings. We have standardised the objectives for all our directors of clinical services to make sure that every hospital is aligned to drive forward clinical quality and improvement, improve productivity and efficiency, and enhance quality and safety.

 To read more, see the clinical governance and safety committee report on page 103