Quality assurance and outcomes

100% of our hospitals rated overall as Good or Outstanding by national regulators*

Quality is at the heart of everything we do, across Nuffield Health. We aspire to be the best, the safest and the most effective health and wellbeing provider there is, an organisation where our beneficiaries have a truly exceptional experience.

To achieve this, our people must be highly skilled professionals. Our processes, practices and procedures must be evidence-based, and meet or exceed healthcare standards. And our technology must be cutting edge.

*Excluding Nuffield Health at St Bartholomew's Hospital, which opened in May 2022 and is yet to undergo Care Quality Commission (CQC) assessment

Quality Assurance Framework

Quality remains a key focus for Nuffield Health, right across the organisation, and it continues to lead discussions at our Board of Trustees and Executive Board meetings. As we moved out of the global pandemic, our focus was on re-engaging with our people and establishing a sense of normality while, at the same time, learning the lessons of different ways of working and interacting with our beneficiaries.

Our Quality Assurance Framework, with its three pillars: Safety, Effectiveness and Experience, continues to be our benchmark for evaluating everything we do. During the year, we introduced a rigorous internal assurance programme, comprising Quality Reviews across all hospitals, and Quality Assurance Reviews in primary care, aimed at enhancing assurance and consolidating standards, processes and ways of working.

In 2022, we were delighted to welcome Alison McCourt CBE ARRC, who joined us as Clinical Services Director, after a distinguished career as a senior clinician in the military. She is responsible for leading all organisational efforts to assure and improve Quality across the Charity.

We are proud to hold these ISO standard certifications across different areas of the Charity:

bsi. ISO 14001 Environmental Management

bsi. ISO/IEC 27001 Information Security Management

bsi. ISO 45001 Occupational Health and Safety Management

bsi. ISO 9001 Quality Management

bsi. ISO 13485 Medical Devices Quality Management

#1 SAFETY

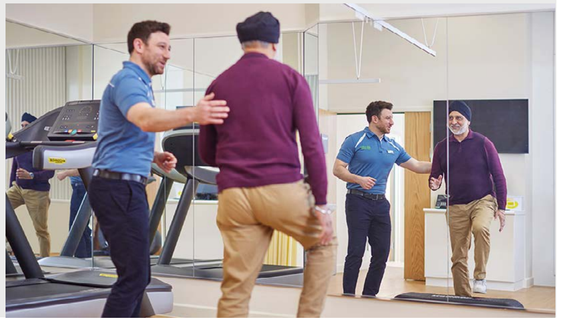
Meeting the highest possible standards by avoiding harm, upholding professional standards and acting responsibly

#2 EFFECTIVENESS

Being a trusted partner to our patients, members and customers by giving them a positive and reassuring experience

#3 EXPERIENCE

Providing evidence-based health and wellbeing expertise and services that lead to excellent outcomes



Governance

Good governance is the core of continuous improvement and best practice. It ensures we're accountable for auditing, monitoring and improving the quality of our services and processes, right across the organisation, and allows us to be confident that we're meeting the Charity's stated aims.

At the start of 2022, we launched our strengthened governance framework and encompassed additional committees, including the Professional Practice Forum, alongside our Primary Care Professional Leadership and Assurance Network. We also added three Expert Advisory Groups:

Clinical Governance & Outcomes
Ensures an understanding of regulatory standards, and responds to key themes and trends identified through outcome data and other key indicators

Cardiac
Reflects the widening of our cardiac interventions across our hospitals.

Musculoskeletal (MSK)
Supports the safety and effectiveness of the connected pathways across our MSK services, for both primary and secondary care.

> "Our teams exemplify best practice in delivering exceptional clinical care."

Alison McCourt CBE ARRC
Clinical Services Director

Safety culture

We're committed to embedding a culture of openness and psychological safety, where all our people feel empowered to speak up, whatever their level in the organisation. A Safety Culture strategy has been developed to define the direction needed to ensure clarity and alignment of implementation across the Charity. It focuses on staff engagement, Freedom to Speak Up (FTSU), human factors, psychological safety, and 'Just Culture' which encourages shared accountability. A Safety Culture plan, split into three phases – fix, grow and innovate – has been implemented and will run until 2024.

During the year, we appointed a Head of Safety Culture and, in 2023, we'll be establishing regional FTSU leads and onsite Guardians, who will be responsible for fostering safe speak up environments, compassionate and collective leadership, and wider learning and improvement.

Six Never Events* were identified in 2022, a decrease of two compared to 2021, with four relating to incompatible or mismatching joint components.

The Safety Incident Reset plan, launched in 2021 and scheduled to conclude in 2023, has continued to deliver benefits. During the year, we focused on hospital theatre safety; this comprised a number of interventions based on key themes and trends. In 2021, a number of Never Events occurred in our ophthalmology services department, so we undertook a critical review of all incidents, along with a system review of pathways against best practice. As a result, in 2022, the number of ophthalmology Never Events fell to one (2021 – five).

*Never Events are defined by NHS England as 'serious incidents that are wholly preventable because guidance or safety recommendations that provide strong systemic protective barriers are available at a national level and should have been implemented by all healthcare providers'.

HELENÉ DONNELLY

Head of Safety Culture

Tell us about your background
I qualified as a nurse in 2002, and went on to work as a senior staff nurse in A&E at Stafford Hospital. I was a key witness at the Mid-Staffordshire Hospital public inquiry, and later participated in a Government review looking at whistleblowing in the NHS. Following this, I was involved in the creation of the Freedom to Speak Up (FTSU) framework.

What's the FTSU framework?
The FTSU framework ensures that, in every NHS hospital, there's someone who employees can go to to speak up about anything they feel is getting in the way of them doing a great job. These people are known as FTSU Guardians. This also applies to any organisation providing services to the NHS, such as Nuffield Health. A National Guardian Office (NGO) and now sits alongside the CQC.

What's your current role?
I joined Nuffield Health in June 2022, as Head of Safety Culture. I'm developing the FTSU framework, and helping create the right structure to enable people to speak up about concerns. This includes having FTSU Guardians in place, along with a process that allows information, warts and all, to get to the board and executive level unfiltered.

> "If we can't look after each other, how can we look after patients?"

First impressions?
I've only been here a short while, and it's wonderful to see how Nuffield Health functions. It has a great culture, a can-do attitude, and an atmosphere of looking after each other. I'm pushing at an open door in terms of FTSU, but there are always things we can do in the area of triangulation of information.

What's next?
Once we've established the FTSU framework in secondary care, we'll roll it out to primary care. Beyond that, although not required in the NHS standard contract, we'll introduce it to our fitness and wellbeing centres, and later to our nurseries. This will be interesting because, at the moment, the role doesn't exist within education or early years so I'll be liaising with OFSTED to get this established. Nuffield Health really will be leading the way.

Do you have a mantra?
Care and compassion, treating people the way you want your family to be treated. That's how I've always nursed. But equally, it's about how we treat each other, and whether we have a supportive culture, with compassionate leadership. If we can't look after each other, how can we look after patients?

Do you have a vision for the future?
That one day, FTSU is 'business as usual' across all healthcare services, and there's no need for the term 'whistleblower'.

Helené was awarded the OBE in the 2013 New Year Honours List for services to nursing and the NHS.

Patient Safety Incident Response Framework

The Patient Safety Incident Response Framework (PSIRF) is a new methodology for handling patient safety incidents (PSIs) and is mandatory for all providers delivering NHS contracted services.

PSIRF provides a suite of tools that can be used to investigate PSIs, depending on the severity of the incident. It will move the organisation from a position of reacting to PSIs after they happen, to one of identifying the potential for 'no harm' or 'low harm' events to become more serious. PSIRF aims to champion compassionate engagement with all those involved in a PSI (employees, patients and families), including them fully in investigations and creating a 'Just Culture', where the psychological safety necessary to encourage those involved to speak out about safety concerns prevails.

The impact of the framework extends across many disciplines within the Charity, therefore an organisation-wide working party has been created to ensure implementation by the transition date of September 2023.

All patient-facing employees will receive PSIRF training. A selection of senior employees will be trained in expert investigations, engaging and involving patients, families and employees in incident investigation, and the new process of overseeing the PSIRF framework.

We will appoint Patient Safety Partners (PSPs) to advise on the quality and output of specific escalated investigations from the patient's perspective. In addition, the PSPs will liase with patients about their view of the safety of their experience with Nuffield Health. Specific safety questions will be included in our patient satisfaction survey to enable us to be sure that the safe service we believe we're delivering is experienced by our patients in the way we intended.

The introduction of a new quality management system, Radar provides an intuitive system for reporters, whilst using data analytics to support identification of themes or trends at a site, regional and national perspective. In additional, the system will facilitate our compliance with PSIRF.

CLAIRE JOHNSON

Quality Lead – Patient Safety

In 2019, I began studying for the Patient Safety and Clinical Human Factors Diploma, with the aim of becoming Nuffield Health's Patient Safety Specialist. I achieved the qualification, and was very excited to be appointed into my dream role.

We're aligning with the NHS Patient Safety Strategy, which sets out how we can continuously improve patient safety. I lead and support the patient safety improvement activity, and I'm also a member of the project team tasked with implementing the Patient Safety Incident Response Framework (PSIRF).

I support the hospitals and wider-Charity in the governance and safety of medical devices, which covers equipment used for the diagnosis or treatment of an individual, ranging from thermometers to the big diagnostic imaging equipment. Implants, such as knee replacements, and lenses are included. Working closely with Procurement, we make sure we have the right maintenance contracts and specialist training in place to cover all medical devices used across our sites.

Since qualifying as a nurse in 1992, and progressing through various roles, including Matron, patient safety has been my passion. What's refreshing about Nuffield Health is that we're always asking if we're doing the right thing for the patient. It really is the highest priority and this echoes with the work going on with the Safety Incident Reset plan, which undertakes critical reviews of incidents. As part of my role, I review incident trends to identify emerging patterns in respect of safety procedures, and this is an area where PSIRF will be very important.

It's a busy job but I love it. I wind down by sewing and, one day, I'm going to apply to the Great British Sewing Bee!

Infection prevention

Under the Health and Social Care Act (HASCA) Code of Practice, Nuffield Health has a regulatory requirement to keep patients safe from infection. We've always taken this responsibility extremely seriously, and are committed to maintaining high standards of infection prevention (IP) and control, which contribute to a safe environment and prevent the spread of infections.

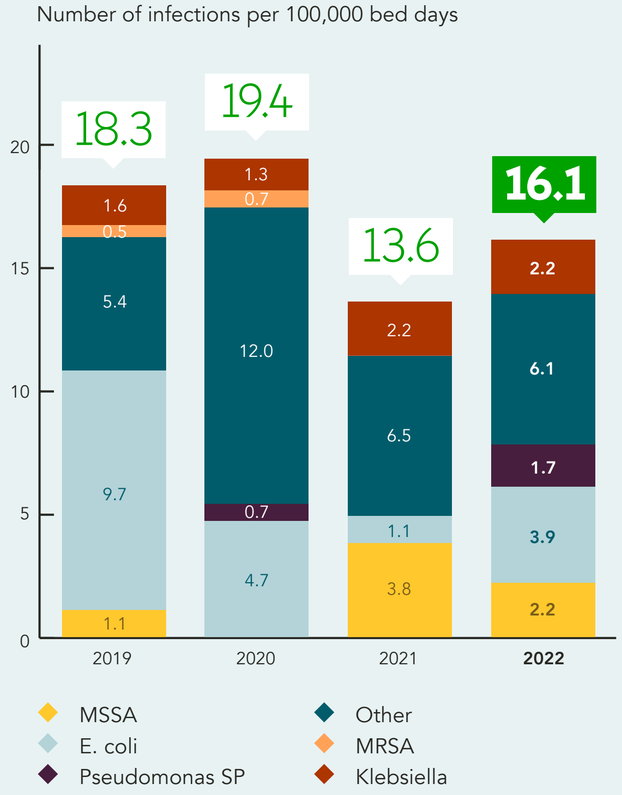
Our IP Governance Framework comprises robust policies and procedures, continuous education, and measures that reaffirm evidence-based practices. These facilitate safe and effective care delivery, and positive clinical outcomes.

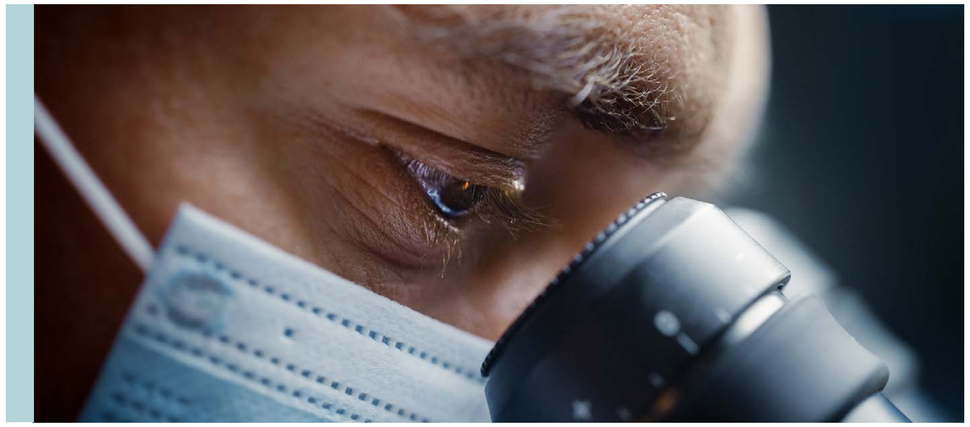
During the year, we appointed a new Clinical Services Director, who also holds the post of Director of Prevention and Control and Infection Prevention Team (DIPC), supported by a Quality Care Partner. A team of IP nurses supports the development of policies and processes, as well as the educational framework and the helpdesk.

To ensure consistency in IP compliance, we instigated a review programme to include the five Aspen Healthcare hospitals, recently incorporated into the Charity, and our new hospital, Nuffield Health at St Bartholomew's, which opened in May 2022. By the end of the year, 28 sites had been reviewed, with all found to be Good or Outstanding. The review programme continues into 2023.

All infections are subject to rigourous investigation, with learnings captured by local and organisational improvement plans.

Total bloodstream infections 2019-2022





Avoidable infections

During 2022, the COVID-19 pandemic continued to influence activities, coupled with the need to respond rapidly to increased incidence of other pathogens, influenza and respiratory viruses.

Our Quality Care Partner, Infection Prevention team, and Microbiologist analysed infection data monthly, benchmarking it against national and organisational data. The year saw an increase from 13.6 in 2021 to 16.1 per 100,000 bed days in the overall number of avoidable infections. This can be partly attributed to the increase in E. coli infections and we are continuing to review the relevant pathway.

- No cases of MRSA bloodstream infections were recorded, with only one case in the last 10 years
- MSSA bloodstream infections decreased from seven (3.8 per 100,000 bed days) in 2021 to four (2.2 per 100,000 bed days) in 2022
- Increase in E. coli bloodstream infections from two (1.1 per 100,000 bed days) in 2021 to seven (3.9 per 100,000 bed days) related to end-stage metastatic hepatobiliary carcinoma or profoundly neutropenic lymphoma patients
- Other bloodstream infections remained similar at 12 (6.5 per 100,000 bed days) in 2021 and 11 (6.1 per 100,00 bed days) in 2022
- A static rate of Clostridioides Difficile infections with five cases in 2022 (2.8 per 100,000 bed days) and five cases in 2021 (2.7 per 100,000 bed days). A thematic investigation concluded all five were community acquired.

0
cases of MRSA recorded in 2022 (2021 – 0)

4
cases of MSSA recorded in 2022 (2021 – 7)

11
cases of other infections recorded in 2022 (2021 – 12)

5
cases of Clostridioides Difficile recorded in 2022 (2021 – 5)

Leading in radiology

Our 37 hospital Diagnostic Imaging Services teams provide everything from MRIs, CTs and X-rays, to Ultrasound, Mammography and DXA scans. They're critical to delivering the all-round quality of service and care provided by Nuffield Health.

During 2022, we continued to invest in upgrading facilities, ensuring access to a wide range of equipment for our patients across the country. And, following on from our communication and engagement project, launched in 2021, a National Lead for Diagnostic Imaging was appointed with the aim of improving the sharing of best practice. Jen Moncur is responsible for setting up a process for encouraging people at all levels to get involved in projects aimed at standardising the look and feel of our radiology offering, including governance processes and procedures.

Radiology apprenticeships, and a push to encourage students to join the Charity straight from university, are just two ways we intend to 'grow our own talent' in the future. And we're also encouraging former radiographers to return to practice.

Overseas radiographers will continue to participate in our award-winning Preceptorship training programme. However, going forward, recognising they have different needs to nurses, a 'radiology buddy' will be available to offer support and specialist advice.

We're implementing initiatives that give our radiographers a voice, leading to improved professional development and career progression, and allowing easier movement between hospitals. Most importantly, our aim is to offer an even better quality experience to our patients.

"We're at the heart of the hospital experience."

JENNIFER MONCUR

National Lead – Diagnostic Imaging

Jen has responsibility for motivating and empowering the 37 Diagnostic Imaging Services teams across the hospital network to communicate and work better together. "Put simply, it's about us learning from each other and sharing best practice," she says.

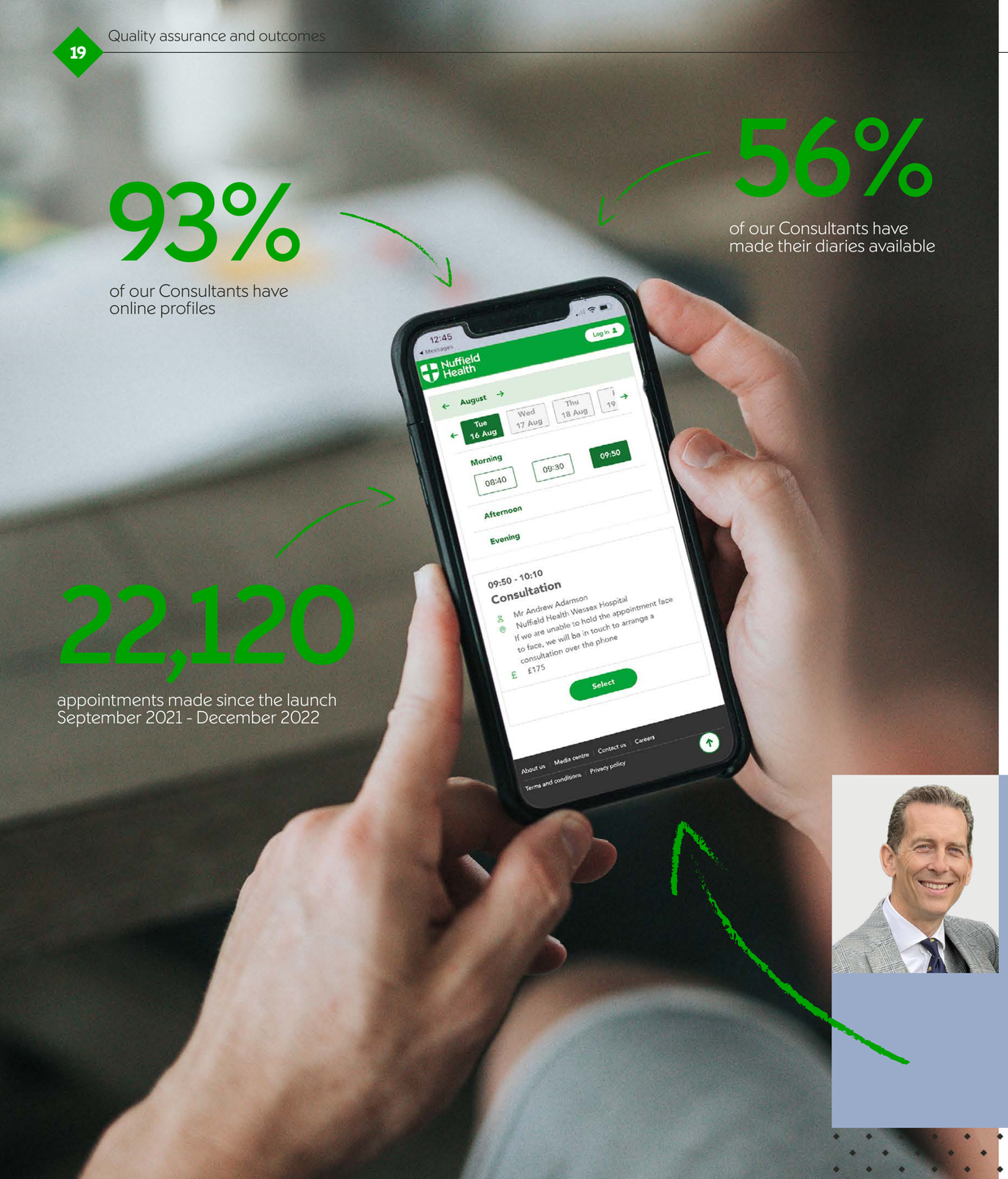
A qualified diagnostic radiographer, Jen graduated from Robert Gordon University in Aberdeen, going on to hold a number of clinical and managerial posts in the NHS and private healthcare sector.

Passionate about her role, she's delighted that the profile of diagnostic imaging is being raised. "Every patient comes through us before they get to theatre – we're at the heart of the hospital experience," she says.

In 2023, Jen will be setting up clinical steering and focus groups, along with a Champions network, and a regular newsletter. "Our plans are generating a lot of interest," she says. In addition, she will spend one day a week in the radiology unit at Warwick Hospital in a clinical capacity. "To effectively implement change, we have to understand how the people on the 'shop floor' operate. So, my phone will be off, and I'll get stuck into scanning and focusing on our patients," she says.

A relative newcomer to Nuffield Health, what does Jen think of it so far? "I love the fact that it's a charity, with the emphasis on wellbeing. The ethos is so different to anywhere I've worked before."

Despite her all-consuming job, the mother of two still finds time to support her local rugby team, Northampton Saints. And, despite being a proud Scott, she also follows English rugby. "In a previous role, I scanned most of the players," she says. But that's another story.



Digitially enabled care

Digital technology is a critical growth area in the delivery of healthcare, and we're continually scoping new technologies and innovative care solutions. As we develop new technologies across the Charity, we take a 'human first' approach, putting the needs of our beneficiaries ahead of everything else.

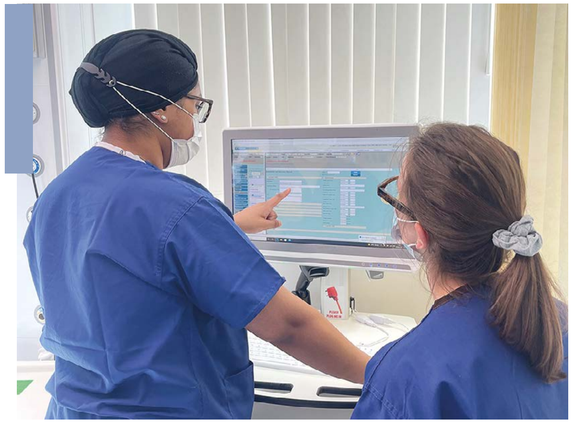
Online Consultant bookings

We've continued to invest in digitising administrative areas of our pathways, so beneficiaries can seamlessly manage bookings and payments online.

The launch of our online booking platform, in September 2021, gave patients the option to book consultations via our website, or through our in-house Customer Services Centre. The system has been well received by patients and consultants alike. By the end of 2022, 48% of consultants had made their diaries available to the system, and our target is to encourage 75% to make the move by the end of 2023.

"Access to clinicians is becoming increasingly more difficult, especially in primary care and in the outpatient setting. It's a key concern raised by my patients. Having an online portal makes this easier, and having someone run it for you is even better! My referrals have increased and my patients can book an appointment all day, everyday, even when my private secretary or I am on leave."

Mr Arthur Stephen
Chief Medial Officer and Consultant Orthopaedic Surgeon

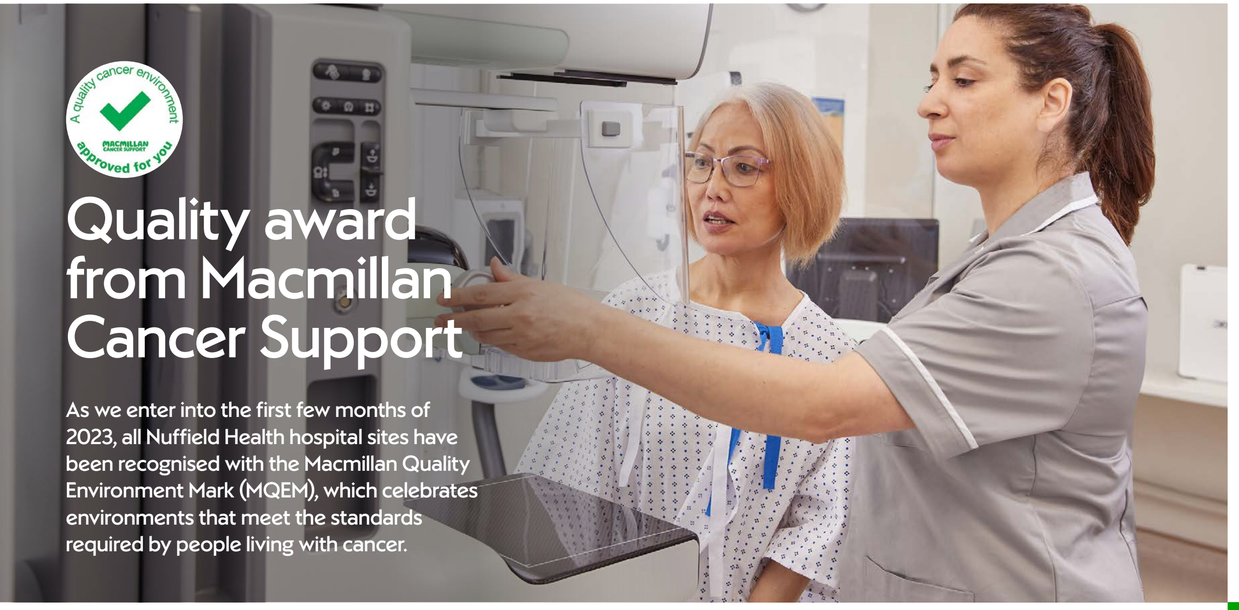


Nuffield Health Electronic Patient Records (NEPR)

Our Nuffield Health Electronic Patient Record (NEPR) programme, using the TrakCare system, continued to roll-out during 2022. It went live at Nuffield Health at St Bartholomew's, North Staffordshire, and Shrewsbury hospitals, bringing the total number of sites running the system to eight. Further roll-outs are planned for 2023, with Plymouth hospital scheduled to go live in July, and Exeter, Taunton and Manchester Diagnostics Suite due to be operational in October.

TrakCare stores medical records and notes, giving clinicians access to real-time patient information, via digital channels. It generates electronic records for each patient, making them accessible to consultants and clinicians, and allowing relevant data to be shared with other healthcare organisations. The system will support Nuffield Health's ability to continue working closely with the NHS in the future.

Quality recognition



Quality award from Macmillan Cancer Support

As we enter into the first few months of 2023, all Nuffield Health hospital sites have been recognised with the Macmillan Quality Environment Mark (MQEM), which celebrates environments that meet the standards required by people living with cancer.

Nursing Times Student Awards

Finalist, Miranda Williams, Ward Sister from Exeter Hospital was nominated by the central clinical teams for the 'Practice Supervisor of the Year' awards at the Student Nursing Times Awards 2023 in recognition of the amazing work and support Miranda provides our nursing students.

Student Nursing Times Awards 2023 FINALIST

Our Primary Care Clinic in Sheffield rated Outstanding for leadership

Sheffield Fitness & Wellbeing Centre Clinic has achieved the highest possible Outstanding rating for being 'well-led', following a CQC inspection in September 2022. The fitness and wellbeing facility was visited by a team of inspectors and regulation specialists who scrutinised all areas of the clinic, rating it overall as Good and highlighting our COVID-19 Rehabilitation programme and the overwhelming positive patient feedback it has received.

Royal College of Nursing (RCN) Accreditation – Preceptorship 2022

Our Preceptorship programme was accredited by the Royal College of Nursing (RCN) in 2022, after being subjected to a rigorous quality assessment process to ensure the learning and development initiatives meet the RCN's standards of excellence.

Royal College of Nursing
RCN ACCREDITED

CapitalNurse Preceptorship Quality Mark 2022

Our Preceptorship programme received the CapitalNurse Quality Mark in 2022, demonstrating high compliance against best-practice quality standards.

Preceptorship quality mark 2019-20 CAPITALnurse

5,377 of wellbeing employees trained to save lives

First aid, life support and lifesaving training compliance was completed by 5,377 employees. These employees were trained to be able to deal with a cardiac arrest event and other serious medical emergencies.

National Joint Register

For the third year running, our hospitals in England and Wales** received the National Joint Registry's (NJR) Quality Data Provider award, recognising their commitment to patient safety.

**This excludes former Aspen hospitals as the qualifying period was before the transition/purchase. It also excludes Edinburgh and Glasgow Hospitals, as the NJR doesn't extend to Scotland.

NJR Quality Data Provider for commitment to patient safety through the National Joint Registry 2022/23 CERTIFICATION FOR DATA SUBMISSION & QUALITY

Quality improvement plan for 2023

1 Launch of new Quality Management System

What we plan to do

- Procurement and implementation of a new Quality Management system, Radar, which is compliant with NHS England's 'Learn from Patient Safety Events' (LFPSE) framework
- Consolidate a number of collection tools as Radar modules, including Adverse Events; Risk Management; Complaint Management; Safety Alerts; Subject Access requests/Erasure requests; Document Management Repository
- Streamline our Quality Management processes, and ensure we are complying with the latest regulations and best practices
- Identify areas for improvement and make data-driven decisions, using the Initiative System to provide real-time data and analytics
- Drive data quality for safety incidents and near misses, by educating and standardising reporting to support learning.

2 Patient Safety Incident Response Framework

What we plan to do

- Establish Executive Lead responsible for PSIRF and focus on leadership role model initiatives.
- Establish a Quality Lead for Patient Safety
- Create a working group to facilitate the achievement of key elements of PSIRF: a data-driven safety culture; a clear policy and plan, with well understood learning responses to prevent and react to patient safety incidents (PSIs); a standard for engaging and involving those who experience PSIs, and strong safety leadership
- Develop a Patient Safety Strategy to articulate our approach to patient safety across all service lines
- Provide educational support for staff involved in patient-facing roles, including those in investigatory, engagement and involvement roles.
- To include Health Education England's Patient Safety Syllabus
- Establish robust oversight structure and process to allow for local engagement and empowerment.

3 Launch of Secondary Care Professional Leadership: Assurance Network

What we plan to do

- Ensure appointees are highly experienced and capable of overseeing Quality Assurance in their specialism centrally, and at hospital sites
- Ensure appointees work within a professional role on site each week, maintaining clinical expertise and credibility within their specialism
- Ensure appointees deliver clinical development and change within the hospitals, inspiring the clinical teams directly involved in patient care
- Ensure appointees chair and co-chair Expert Advisory Groups within the organisation, motivating the clinical talent of the MDT within the specialty
- Ensure appointees are capable of engaging with peers and colleagues across the NHS and the independent healthcare sector, influencing policy and development of national guidelines
- Ensure appointees are members of key professional organisational boards, keeping Nuffield Health at the forefront of strategic development within the specialism.

4 Enhanced assurance across our hospitals

What we plan to do

- The Hospital Quality Review (HQR) audit tool will continue to be enhanced to integrate the Specialist Quality Assurance Review tools to aid triangulation, and improve efficiency to lessen operational impact
- Simultaneous safety surveillance data will be used consistently to proportionately assess risk and inform the future targeted programme of integrated reviews
- Reviews will include key areas within the patient pathways, and any other areas identified through proportionate risk assessment
- In line with the planned introduction of the CQC's new approach to inspections, we will include themed visits or reviews which may include a particular focus on a clinical specialty or care process
- The outcomes of 2022 site HQR will drive 2023 quality initiatives of audit and action plans, clinical documentation completion, incident management processes, duty of candour management, and risk assessment consistency.