



QUALITY REPORT 2012



Contents

Headlines – Highlights and Lessons Learned for 2012	01
Introduction by Group Chief Executive	02
Feedback from the Board of Governors	03
Feedback from the Group Medical Director	04
Background Information for 2012 Report	05
Section 1 Customer Satisfaction	06
Section 2 Customer Journey - Improve and Maintain Health	07
Section 3 Customer Journey - Assess and Contain Health Risks	09
Section 4 Customer Journey - Treat Health Problems	11
Section 5 Competent, Capable and Caring Workforce	16
Section 6 Risk, Safety and Quality Management Systems	19
Future Direction for Nuffield Health	31

Appendices

Appendix 1	Membership of Governance Committees
Appendix 2	Independent Expert Advisors to the Group Medical Director
Appendix 3	Regulatory and Quality Assessment Frameworks

Nuffield Health: Registered Office:
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Surrey, KT3 4QF.

A Registered Charity Number: 205533
(England & Wales), a Charity Registered in Scotland
Number: SC041793 and a Company Limited by
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Headlines - Highlights and Lessons Learned for 2012

Customer Satisfaction:

- Customers continue to state satisfaction with Nuffield Health is improving – more in section 1.
- Complaints, already at a small percentage of activity, continue to fall – more in section 1.

Improve and maintain health:

- Over 100,000 people have benefited from 'Health MOTs to help them exercise safely – more in section 2.2.
- Improving access with digital technology is the focus for 2013 - Nuffield HealthScore™.

Assess and contain health risks:

- An advanced physiotherapy service was introduced, the first of its kind outside the NHS – more in section 3.3.
- Research continues into the benefit of exercise in improving BMI and stress levels.

Treat health problems:

- Hospital facilities in which patients are treated continue to be upgraded and specifically with new digital theatres, digital imaging, MRI scanners, and endoscopy equipment – more in section 4.
- No Nuffield Health patients had MRSA blood stream infections and specific infections in patients undergoing Trans Rectal Ultra Sound (TRUS) biopsies have fallen to zero – more in section 4.2.2.
- A review of termination of pregnancy provided opportunities for learning lessons on low volume procedures – more in section 4.1.
- The national issues with implantable medical devices provided opportunities for learning lessons on managing implant information. Reporting medical device equipment adverse events also improved – more in section 4.2.4.

Competent, capable and caring workforce:

- Nuffield Health leadership programmes continue to focus on 'care' and 'service' to our customers – more in section 5.
- Administrative issues with professional registration provided the opportunity to review local checking procedures – more in section 5.2.

Risk, safety and quality management systems:

- The following quality awards were achieved in 2012 – more in section 6.1.
- Occupational Health and Safety Management System - OHSAS 18001 (new)
- Information Security Management System - ISO 27001:2005 (retained)
- Macmillan Quality Environment Mark - MQEM (2 more hospitals)
- Laing and Buisson award - Excellence in Risk Management.
- Continuity Insurance and Risk (CIR) - Risk Management Team of the Year
- Health Insurance Awards - Best Workplace Wellbeing Provider
- Issues with lifeguarding, that occurred outside Nuffield Health, provided an opportunity to learn lessons and implement improvements in lifeguarding for children's sessions – more in section 6.5.

Introduction by Group Chief Executive

As Group Chief Executive of Nuffield Health, I observe the strategic priorities and aims of the business come to life through each year. Nuffield Health's strategic aim is to improve the health of the UK population. Our charitable aims are to advance, promote and maintain health and healthcare of all descriptions and to prevent, relieve and cure sickness and ill health of any kind, all for the public benefit. Nuffield Health is an organisation that recognises quality performance is as important as commercial performance. This has never been more true than during 2012. I have watched the organisation continue to move forward risk management and clinical governance to a high standard, in keeping with the risk management standards of the NHS Litigation Authority (NHSLA) Level 3 accreditation.

One of the principles of risk management and clinical governance is to be open and transparent about quality standards and initiatives, about the outcomes of care and the conduct and performance of the people delivering healthcare and other services. The Francis Enquiry Report into the Mid-Staffordshire NHS Foundation Trust (published in February 2013), talks about these principles in more detail. Nuffield Health has always subscribed to these principles as it can demonstrate with the publication of this report and those published in the 5 previous years. We have a 'being open' culture and proactively work with patients and clients to support them. This has been evident in 2012 when we have contacted patients to reassure and support them in times of concern and industry alerts, particularly regarding the PIP breast implants, when we reviewed patients and replaced their breast implants at no cost to themselves, when the manufacturer did not do so; and also Metal-on-Metal hip implants, when we contacted over 6000 patients to notify them of potential risks.

I am proud of the lead we took in 2012 on swimming pool management. We tackled the risk management of swimming pools from three perspectives; plant room management, microbiological and water quality testing and initiating new standards in the lifeguarding of our swimming pools. The Health and Safety Executive (HSE) continue to formulate their policy on best practice with regard to lifeguarding swimming pools. However, Nuffield Health seized the initiative in 2012 and applied the 'Best Practice' principles that underpin our ethos to this initiative before it became legislative.

Nuffield Health continues to invest in healthcare, developing services, and introducing state of the art equipment including building digital theatres, upgrading endoscopy equipment and developing decontamination services, investing a total of £23million on new and replacement equipment and refurbishing facilities. In addition Nuffield Health has committed to improve people's health and in 2013 will introduce Nuffield HealthScore™ an innovative new online tool to help people improve and monitor their health.

This report will show you how we monitor our quality, and patient and client outcomes, and recognises what we do well and what we need to learn from, constantly changing and improving our standards for the benefit of all who use our services.



David Mobbs
Group Chief Executive
Nuffield Health

Feedback from the Board of Governors

2012 has been a significant year for the Board Integrated Governance Committee with the quality and compliance management systems coming together to give a holistic view of governance and risk management across the whole of Nuffield Health. At each successive quarterly meeting of the Committee throughout the year, the reporting and discussions focus more on the strategic direction and trending of compliance with the high quality standards set by Nuffield Health; and which are benchmarked with external accreditation bodies that assess standards for the NHS Litigation Authority (NHSLA) and the International Organisation for Standardisation (ISO).

Nuffield Health has tackled many national and international healthcare issues in 2012 and the role of the Board Integrated Governance Committee is to monitor clinical governance, patient outcomes and to ensure the organisation operates with openness, transparency and candour. The problems identified early in 2012 with Poly Implant Prosthese (PIP) breast implants highlighted problems with regulation, compounded by the aggressive marketing techniques in the cosmetic surgery industry. The Department of Health launched a call for evidence into cosmetic procedures in August 2012, led by NHS Medical Director, Professor Sir Bruce Keogh. Nuffield Health contributed substantially to the call for evidence, providing both written and oral evidence to the expert panel based on themes already developed from the Nuffield Health internal 12 point plan on cosmetic interventions. The Board of Governors was able to contribute to this work and monitor that the plans met organisational standards and values.

As Chair of this Committee, I feel my role is analogous to that of audit and is not only to monitor and trend historic data and the quality and compliance within Nuffield Health but also to steer the Governance and Risk Management Team towards a strategic wider agenda, beyond risk management and towards quality and risk control of environments in general, both clinical and non-clinical. I feel we have made excellent progress in 2012 and are in a strong position to drive the agenda forward to achieve this in 2013.

Jane Wesson
Governor and Chair of the Board Integrated Governance Committee

Feedback from the Group Medical Director

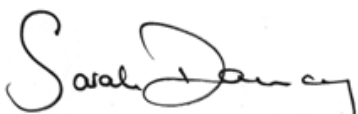
As interim Group Medical Director of Nuffield Health, I am responsible for directing the risk, safety and quality priorities for the year. As in previous years, this report illustrates Nuffield Health's commitment to openness and transparency of reporting, in both our achievements and lessons learned. Nuffield Health is dedicated to maintaining the highest standards of quality and safety for our customers and our risk management and governance processes reflect this organisation-wide priority. We monitor this through quality performance indicators that are subject to internal, and where possible external, review processes.

Nuffield Health provides a wide range of wellbeing and healthcare options for customers who state an increasing level of satisfaction with our services. We help promote and maintain health in our Fitness & Wellbeing Centres, providing every member with a Health MOT on joining. Nuffield Health works with more than 1,600 corporate groups and organisations to offer their employees physiotherapy and health assessments. Physiologists deliver health assessments from our hospitals, medical centres and premier fitness centres and we also offer these services to the general public. These services have been further developed in 2012 and primary care services have been enhanced to include women's health, sexual health and travel advice services. In our hospitals we continue to treat a wide range of ill-health issues from minor ailments to life-threatening conditions.

Nuffield Health supports the wellbeing of its staff and engages and meets the development needs of individuals and groups. Everyone joining Nuffield Health has an induction tailored to their role needs. Training and development not only enforces minimum standards but also drives aspirations to be as good as can be. Within the Wellbeing Division, fitness instructors receive training in clinical matters and work confidently with clinicians. Their training also focuses on engagement with members and they become membership specialists. Nuffield Health have outcome driven and research-based courses and programmes. Links are also made with universities and colleges enabling us to spot high flyers, accelerate their development and secure the future for Nuffield Health.

Nuffield Health has continued to build on the external accreditation process that it began with NHS Litigation Authority risk management standards, and it is now the only independent sector provider to have attained the highest level of accreditation (level 3). In 2012 we achieved the extension of ISO 27001 information security certificate to include all Nuffield Health Hospitals, Group Call Centres, Medical Centres and Integrated Wellbeing Clinics. Nuffield Health also achieved Occupational Health and Safety Management System (OHSAS) standard 18001 accreditation. Three of our hospitals achieved the Macmillan Quality Environment Mark (MQEM) to date. We are particularly proud of this accreditation given that those suffering from cancer both contribute to the design of the standards and the accreditation process.

2012 has been an interesting year in the healthcare sector and Nuffield Health continues to monitor and deliver high quality care. I trust you will find this report helpful and informative.



Dr Sarah Dauncey MRCGP
Group Medical Director
Nuffield Health

Background information for 2012

Nuffield Health is a diverse provider of health and wellbeing solutions for customers, which cover the landscape of needs from improving and maintaining health (mainly delivered by the Consumer and Corporate Wellbeing Divisions) to treating health problems (mainly in the Hospital Division). In the centre of the health landscape shown below, solutions are delivered from all divisions in Nuffield Health.

	Improve and maintain health	Assess and contain health risks	Treat health problems
Year	2010	2011	2012
Hospitals	31	31	31
Beds	1,364	1,411	1,401
Patients treated in Hospitals	262,872	265,156	281,375
Hip and other Orthopaedic Procedures	45,500	46,800	50,668
General Surgical Procedures	30,500	30,900	31,855
Ophthalmic Procedures	13,700	14,500	16,255
Outpatient Visits	301,250	317,350	339,784
MRI and CT Scans	54,563	59,543	63,398
Radiological Examinations	152,343	153,665	132,762
Consumer Wellbeing Centres	53	53	65
Medical Centres	8	8	6
Corporate Wellbeing Centres	189	193	198
Members of Corporate Centres	96,590	98,000	99,975
Consumer Fitness Members	138,314	134,000	190,941
Physiotherapy Sessions	303,600	460,000	555,897
Health MOTs	58,000	82,000	102,090

This is Nuffield Health's 6th Annual Quality Report. It provides an overview of how the quality of service provision within Nuffield Health is monitored. It is not an exhaustive report; however it does identify where quality is high and where it can be improved. Given the diversity of Nuffield Health, it is not straightforward to find comparable industry standards in some areas and therefore a comparison is not always possible; where it is available it is shown.

Risk, safety and quality management processes operate from departmental level in facilities to Board level with feedback loops to ensure lessons are learned as part of our continuous improvement methodology.

Nuffield Health meets the regulatory requirements of all bodies that regulate the services it offers, and therefore it has not identified those in detail this document (links provided in Appendix 3). Nuffield Health sets its own quality standards well above the regulatory standards and we monitor ourselves, internally reviewing and revising our standards upwards as we meet them. We challenge ourselves to reach the very highest levels of quality and our report enables the reader to judge how far we meet our aspirations.

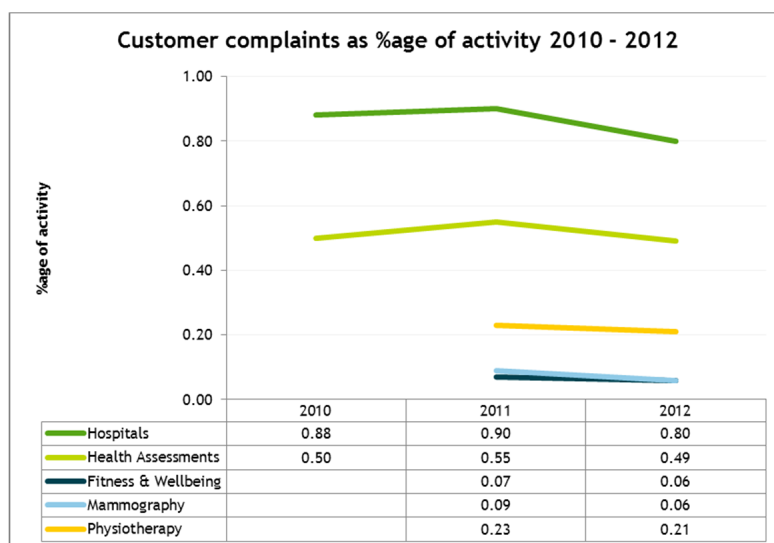
1 Customer Satisfaction

Nuffield Health continuously improves the provision of services based on customer feedback. Customer satisfaction surveys are carried out throughout Nuffield Health. The following chart shows the improving results from 2010 to 2012, and the increasing levels of satisfaction that occur as the services become more clinically focused.

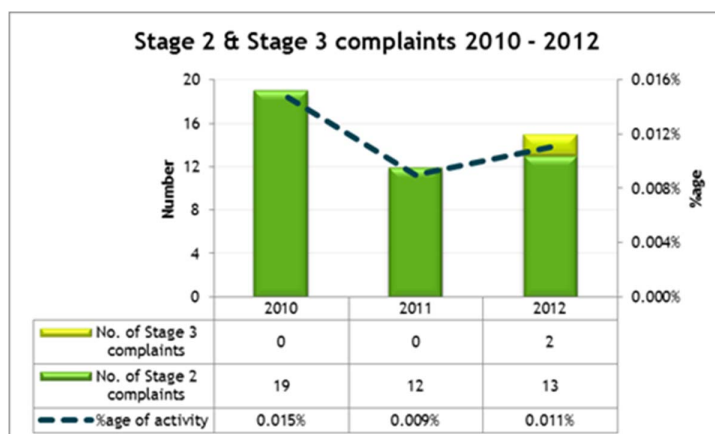


- For the Wellbeing Divisions external comparators are being investigated and where these are not available results will be shown against internal targets in 2013.
- For the Hospitals Division, the introduction of the Department of Health's new 'Friends and Family' test in 2013 will provide a mechanism for direct comparison with the NHS.
- The customer perception of satisfaction across Nuffield Health will require further investigation to support further service improvement.

Nuffield Health reviews complaints to see where lessons can be learned. The aim is to manage all complaints as close to the customer as possible, namely within the area where they occur (stage 1). The following chart shows how stage 1 complaints have fallen since 2011 across the hospital and wellbeing divisions. In addition, for the Hospital Division, all stage 1 complaints were closed by the due date.



Complaints that are escalated to divisional level (stage 2) are monitored to understand why they could not be resolved locally. Nuffield Health aims to have no complaints requiring external adjudication (stage 3). The following chart shows that complaints that are escalated form a very small percentage of activity (0.01%) and that stage 2 complaints in 2012 (13) have remained similar to 2011 (12).



- Nuffield Health is a member of the Independent Sector Complaints Adjudication Service (ISCAS).
- ISCAS undertakes the adjudication service for stage 3 complaints from the Hospital Division, of which there were two in 2012.
- Of the 2 complaints referred to ISCAS in 2012, none were fully upheld, one was partially upheld and the other was not upheld.
- There is no equivalent independent adjudication service for wellbeing complaints, however, there have been no complaints equivalent to stage 3 to date.

The Nuffield Health approach to quality management enables us to monitor our service delivery in a variety of ways; by individual patient and client care, individual facility, elements of care, individual procedures, concerns and incidents. The information relating to each of these elements is collected, analysed, compared and contrasted and enables us to build a precise picture of care and service delivery, enabling us to provide care to a very high standard, **'The Nuffield Way'**. The next three sections of this report describe the monitoring against specific elements of the customer journey.

2 Customer Journey - Improve and Maintain Health

2.1 Fitness & Wellbeing

Nuffield Health offers the expertise to improve and maintain the health and fitness of the general public:

We encourage education and lifestyle changes by offering free 'Meet our Experts' events open to both members and non-members and covering subjects such as low energy, poor sleep, goal setting, stress and resilience, back pain, poor posture, heart health, immunity and lung health.

- These events offer information, advice and support.

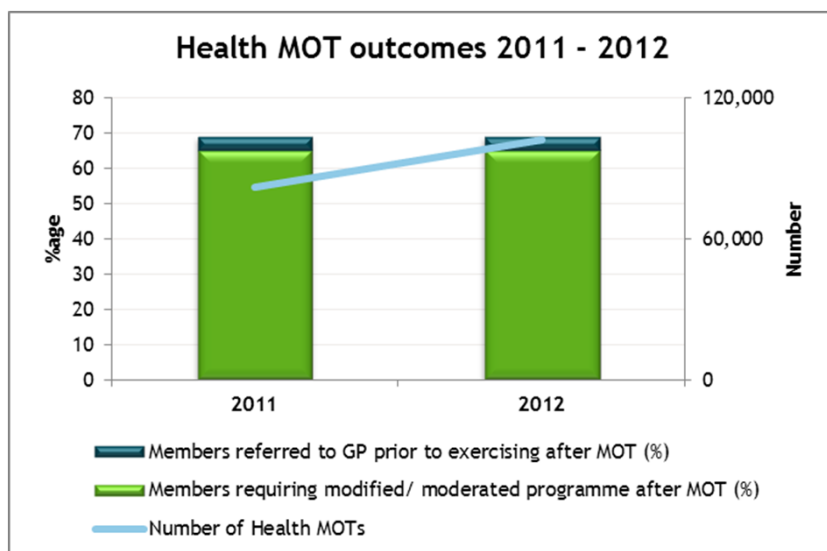
19 of our consumer centres now have clinical services including physiotherapists, doctors, physiologists and nutritional therapists available to the public. This is 4 more than 2011. These sites are registered with the Care Quality Commission and regulated by them.

- To help our time challenged members we offer 30 minute express classes. There is a growing body of evidence to demonstrate that High Intensity Training can serve as an effective alternate to traditional endurance-based training, inducing similar or even superior physiological adaptations, for example an increase of up to 30% in the effectiveness of the body's ability to move glucose out of the bloodstream. Nuffield Health is working with a leading university to research this further.
- We have increased the variety of group exercise classes, being the first group to introduce dance based Bokwa classes and abdominal classes such as Cxworx. We now offer over 80 different classes to our members.

2.2 Health MOTs

Health MOTs continue to form the core service within our Consumer and Corporate Wellbeing Centres. This pre-exercise cardiovascular risk assessment allows our clinically trained staff to inform and educate members on how to exercise safely. Our analysis shows that Health MOTs are a useful tool for members in tracking health and motivating individuals over a period of time.

In 2012 Nuffield Health performed more than 102,000 Health MOTs, an increase of 25.5% on 2011. One of the positive outcomes from Health MOTs is the ability to identify hidden asymptomatic health problems.



Nuffield Health encourages existing members to have repeat Health MOTs to continue to manage their health risks, offering them appropriate exercise programmes and services to continue to improve their health, fitness and wellbeing.

- 🛡️ 71% of members improved their health score
- 🛡️ 73% improved their aerobic fitness
- 🛡️ During 2012 35% of MOTs delivered were repeat MOTs. Evidence shows members stay longer if they have a repeat MOT giving added value to membership of a Fitness & Wellbeing facility.
- 🛡️ Our research shows that retention for members who have had 2 MOTs or more is 8% higher.

2.3 Nutrition

Nuffield Health delivers clinical nutrition services via a network of Nutritional Therapists, who practice as part of an integrated healthcare team from a range of on-site and stand-alone medical centres.

The Nutrition Team aims to safely and ethically improve and maintain health by delivering a range of services from a menu of condition focused nutrition consultations, through to educational seminars and events around topics related to diet and preventative healthcare.

- 🏠 44 seminars were delivered in 2012
- 🏠 123 patients had a consultation
- 🏠 40 patients had an individualised nutrition plan.

3 Customer Journey - Assess and Contain Health Risks

3.1 Health Assessment

In 2012 Nuffield Health conducted a total of 47,199 health assessments; comprising 2,075 female assessments, 11,073 Lifestyle assessments, 20,334 360° assessments and 13,717 360°+ assessments. Using the Health and Wellbeing Physiologists and Nuffield Health Doctors to conduct clinical tests, the following health risks were identified:

- 🏠 63% had an elevated perceived level of stress
- 🏠 53% had an elevated BMI
- 🏠 50% had an elevated total cholesterol
- 🏠 49% had an elevated body composition result
- 🏠 43% were at an elevated risk of cardiovascular disease
- 🏠 26% were noted as having sub-optimal postural function
- 🏠 16% self-declared exceeding the Government guidelines for alcohol intake
- 🏠 8% were self-declared as smokers
- 🏠 7% had an elevated blood pressure
- 🏠 4% were noted as having an abnormal ECG.

Using lifestyle coaching Nuffield Health seeks to improve health risks either led by the Physiologist or referral to an appropriate clinician if the result is deemed that the customer is at risk.

In 2012 there were a total of:

- 🏠 2,719 referrals to specialist secondary care clinicians including;
- 🏠 1178 for abnormalities in ECG screening,
- 🏠 261 for abnormalities in cancer screening,
- 🏠 80 for a diagnosis for an illness previously unknown.

3.2 Weight Loss Programme

Nuffield Health continues to offer a weight loss programme which it developed in 2010. In 2012 there were a total of 182 clients on the weight management programme seen by an advanced skilled Physiologist, completing a total of 884 sessions over a 9 month period. Whilst these numbers are low the results are significant.

Using a combination of behavioural change lifestyle coaching, re-measurement sessions and an exercise programme delivered by a Physiology led fitness team; the weight management clients presented an overall average weight reduction of 6.97% with:

- 🟢 26% of weight management clients seeing a >10% reduction in weight, which has been shown to have significant impact on reducing health risks.
- 🟢 average body fat % reduction of 10.66%
- 🟢 waist circumference reduction of 9.46%,
- 🟢 combined (systolic and diastolic) blood pressure reduction of 7.03%.

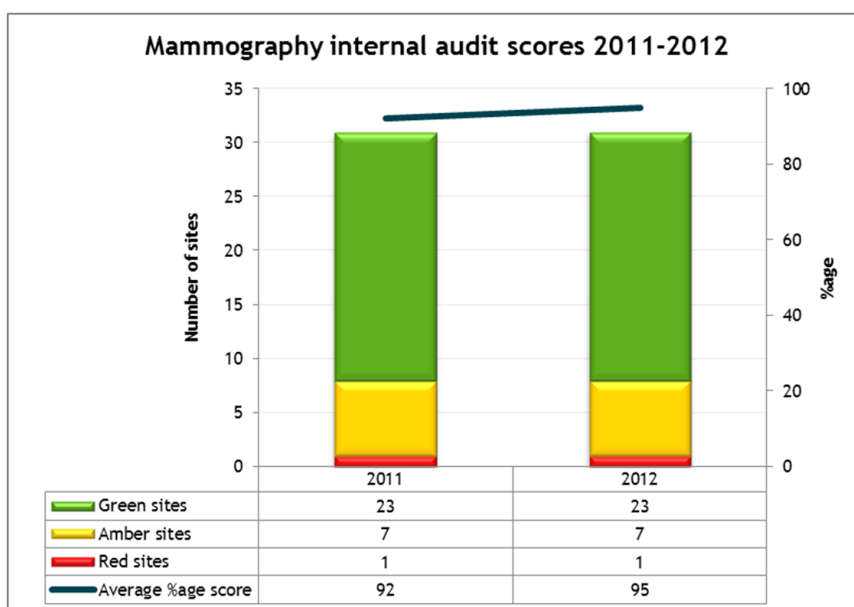
3.3 Physiotherapy

Physiotherapy is offered within Nuffield Health fitness, wellbeing and hospital sites and is also embedded in some corporate sites. We offer telephone triage which allows rapid access to expert assessment and advice from experienced physiotherapists. This can lead to self-management of minor conditions, referral into face to face physiotherapy, or immediate onward referral to a medical practitioner for more serious conditions. Research demonstrates that early intervention plays a significant role in a good clinical outcome, and easy access to this service from anywhere in the country means that people are supported in their recovery from an early stage.

The latter part of 2012 saw the introduction of the Advanced Level Physiotherapy Service, which uses advanced skilled practitioners to review complex and problematic cases, and to guide the patient's management (including referral for diagnostics or to consultants) until discharge. This service is the first of its kind outside the NHS, and represents another ground-breaking development in clinical services for Nuffield Health.

3.4 Other Diagnostic Services

Nuffield Health provides a range of diagnostic and screening procedures which, like physiotherapy above, are delivered across the Wellbeing and Hospital Divisions. Shown below are the peer review audit scores for mammography which show improvement in 2012, further quality indicators for radiology and pathology can be found in section 6:



4 Customer Journey - Treat Health Problems

Nuffield Health delivers treatment for health problems from the hospital facilities (31) across the UK. Facilities continue to be upgraded to ensure they meet the high standards for acute care:

- Endoscopy equipment was upgraded across the Hospitals Division with new HD 'stacks' monitoring equipment and scopes. The validation process for Joint Advisory Group on Endoscopy services (JAG) accreditation has commenced in all facilities.
- Three integrated theatres were opened in 2012. The plan for further improvement will result in ten sites having integrated theatres by 2015 and all sites being equipped with digital camera systems and high definition monitoring equipment (HD 'stacks') by 2015.
- Facilities have been upgraded in Brentwood, Brighton, Leicester, Guildford and Tunbridge Wells and an additional theatre has been added to the Nuffield Health Wessex Hospital and the imaging facilities upgraded to include a new MRI scanner and digital imaging.

Nuffield Health hospitals deliver increasing numbers of procedures, mostly surgical, year on year as shown in the table in the background information. Procedures are reviewed within particular specialties locally as well as by the relative maturity and volume of the procedure on a national basis, for example research procedures, new procedures, low volume procedures and higher volume core procedures.

4.1 Research, new and low volume procedures

Nuffield Health has a stringent process in place for approving new procedures and research projects. These procedures and their volumes and outcomes are monitored and reviewed on a three monthly basis.

In 2012 Nuffield Health approved defined hospitals to be engaged in research as follows:

- Plastic and Reconstructive Surgery Research Skin and Tissue Bank
- Multi-centre, open label, prospective, consecutive series registry database of BioPolyTMRS Partial Resurfacing Knee Implant
- Delta Motion Study for DePuy total hip replacements.

The new procedures approved in Nuffield Health in 2011 and reviewed in 2012 (with outcome) were:

Title of Procedure and product approved in 2011	Outcomes following review in 2012
<ul style="list-style-type: none"> Knee replacement – custom made (Visionaire™) Knee replacement – custom made (TruMatch™) Knee replacement – custom made (Signature™) Knee replacement with enhanced pain control using PCA pump (PreSet™) Knee and Hip replacement with enhanced pain control (PainkWell™) Dupuytren's contracture medical treatment with collagenase injection (Xiapex™) Lipolysis (laser) for fat reduction (i-Lipo™) Faecal incontinence using Tibial Nerve Stimulation Cardiac MRI scanning on mobile MRI 	These procedures are available as business as usual
<ul style="list-style-type: none"> Knee replacement – custom made (Triathlon™) Knee Implant System (KineSpring™) Breast reconstruction with mesh (Strattice™) Retinal Vein Occlusion - Intra-vitreous implant (Ozurdex™) Gastro-intestinal liner in obesity/diabetes (EndoBarrier™) Breast reconstruction (Lipo-modelling) 	These procedures are offered and remain under review as low numbers
<ul style="list-style-type: none"> Snoring treatment (PILLARTM palatal implants) 	This procedure is no longer offered

The new procedures approved in Nuffield Health in 2012 were:

Title of Procedure and product approved in 2012
<ul style="list-style-type: none"> Percutaneous Tibial Nerve Stimulation (PTNS) for over active bladder – Nurse led
<ul style="list-style-type: none"> Erectile Dysfunction – Shock Wave Therapy
<ul style="list-style-type: none"> Liver cancer - Transarterial Chemoembolisation (TACE)
<ul style="list-style-type: none"> Knee replacement – custom made (Symbios™)
<ul style="list-style-type: none"> Cystoscopy – Blue light
<ul style="list-style-type: none"> Reconstructive breast surgery – porcine mesh

As stated above, where volumes of procedures performed are particularly low these are reviewed. In 2012 we reviewed all low volume procedures undertaken in hospitals in the full year 2011, to identify any areas of potential risk which may result from a lack of clinician experience in undertaking procedures.

- 777 individually coded procedures that were performed less than 20 times (< 10,000 procedures).
- 172 procedures that were performed only once in 2011.
- Grouping these procedures into specialist groups of single procedures showed:
 - 62 individual procedures related to brain, cranium and other intra-cranial organs
 - 920 individual procedures related to thorax and intra-thoracic procedures.

As procedures relating to brain, cranium and other intra-cranial organs, and those relating to the thorax are undertaken in only 2 hospitals, the volume was deemed sufficient in those hospitals.

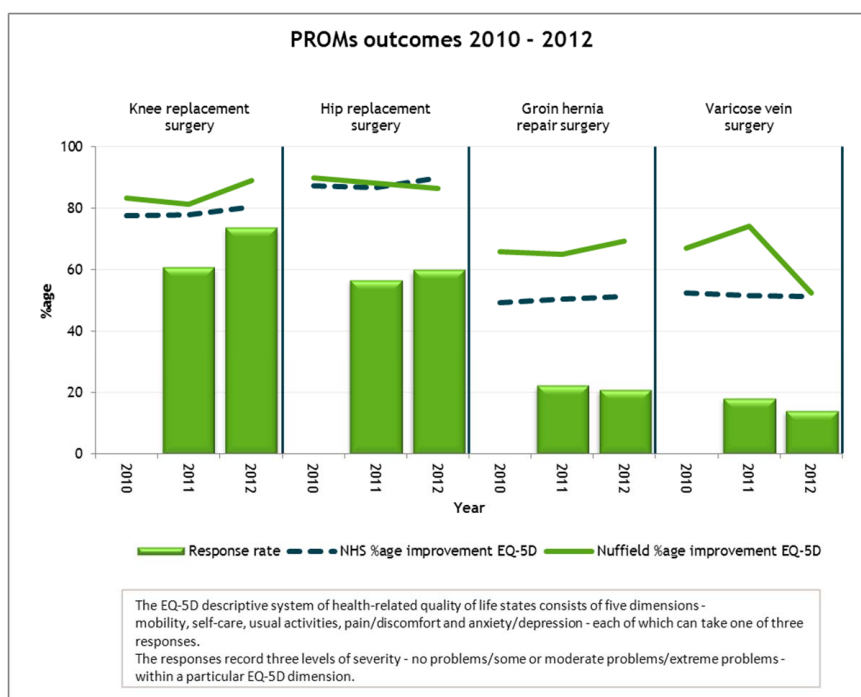
A review of all procedures with a volume of fewer than 20 in 2011 has not identified any low volume procedures that have the apparent risk of lack of experience, equipment and staff. We did identify that the volumes of termination of pregnancy were low (23 [2010] and 16 [2011]). There had been no adverse events, however, given this service was not a core procedure Nuffield Health took the decision to stop providing this service and has since removed it from our registration with the Care Quality Commission (CQC).

4.2 Monitoring the quality of core procedures to treat health problems

The background information at the start of this report identifies the high volumes of orthopaedic and general procedures that are provided in the Hospital Division. These are subject to rigorous monitoring as part of our drive to improve outcomes for customers.

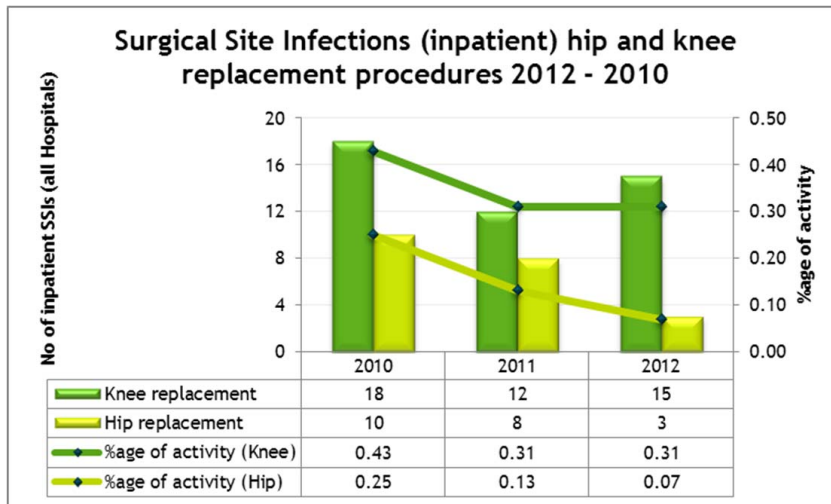
4.2.1 Patient Reported Outcome Measures (PROMs)

Nuffield Health monitors patient reported outcome measures (PROMs) and compares the outcomes with those achieved in the NHS for four procedures. The interpretation of PROMs information will be reviewed in 2013 as part of our aspiration to publish such data.



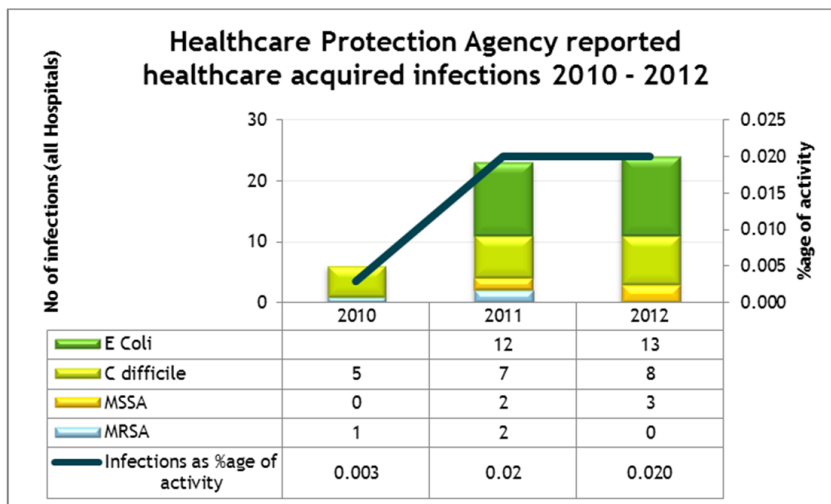
4.2.2 Surveillance for Healthcare Associated Infections (HCAIs)

Nuffield Health has a reputation for high standards of infection prevention and has a robust surveillance programme for Healthcare Associated Infections (HCAIs). Surgical Site Infection (SSI) data for hip and knee replacement procedures shows an average infection rate of 0.07% and 0.31% (NHS rates 0.8% and 0.6% respectively) and shows year on year improvement. There was a review of all hip and knee SSIs in 2012 and practice has been changed as a result. Monitoring will continue in 2013.



Nuffield Health participate in the National Mandatory Surveillance of HCAIs (to the Health Protection Agency (HPA)):

- 🛡️ **ZERO** MRSA Blood Stream Infections (BSI) reported since May 2011
- 🛡️ **ZERO** MSSA Blood Stream Infections reported since March 2012.

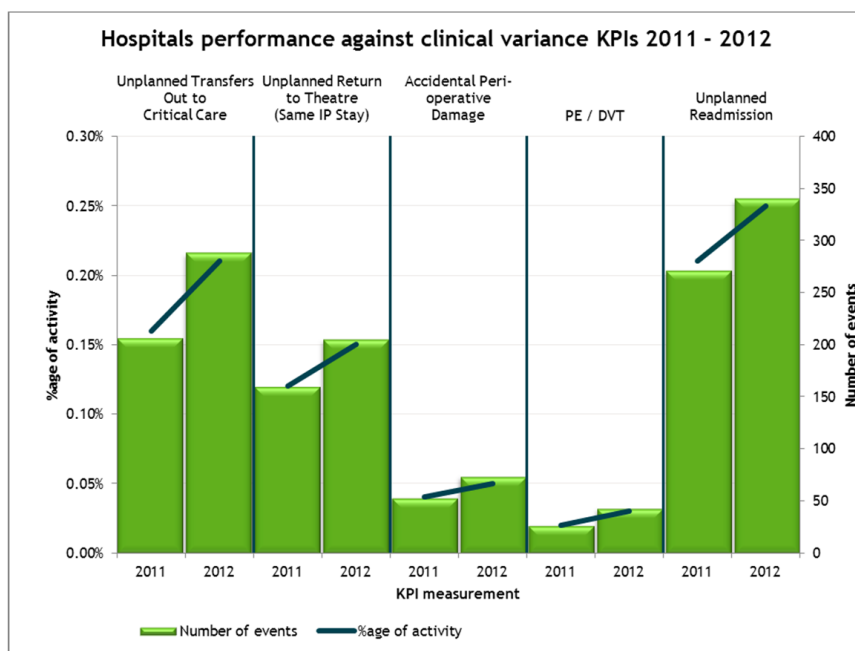


E Coli blood stream infections (BSI) were not required to be notified to HPA until 2011. As a result of root cause analysis (RCA), triangulation of data and a review of care practices in Trans Rectal Ultra-Sound (TRUS) biopsy, there has been a decrease in E coli BSIs following TRUS biopsy with none seen since March 2012 (5 occurred Jan -March 2012).

4.2.3 Monitoring variance from the planned pathway of care

Nuffield Health monitors specific variances from care pathways (in addition to more general adverse events which can be found in section 6.11). The Datix Risk Management System was upgraded in 2012 in readiness to process clinical indicators, which had previously been managed in a separate database (now obsolete). We will continue to focus on improving the data collection of variances in Datix in order to be able to compare directly with NHS, which we are unable to do at the time of writing. However, Nuffield Health already has the advantage of being able to review any trends, or outliers, on a UK wide basis given the network of 31 hospitals.

The chart below shows that variances are increasing as a percentage of activity; although the numbers remain very low at below 0.25% of activity.



4.2.4 Responding to alerts that directly impact the pathway of care

In 2012 an alert was issued regarding Poly Implant Prosthese (PIP) implants, and Nuffield Health patients were recalled for clinical review as there was a potential risk the implants could rupture or leak. Nuffield Health notified all patients that would have received a PIP implant in our hospitals (n = 178), and where medically appropriate, replaced them at no cost to the patient (n = 142 to date as some patients deferred treatment). The outcomes of PIP patients treated in Nuffield Health reflects the key findings of the PIP final report which states:

- *PIP implants are more likely to fail than other implants, by a factor of around 2-6, and the divergence between PIP and other implants is already apparent after 5 years;*
- *although clinically undetected ruptures of PIP implants are quite common, such "silent" ruptures were infrequently associated with severe clinical problems.*
- *PIP implants are not associated with higher risks of other clinical problems such as capsular contraction, haematoma or cancer.*


Another significant alert issued in 2012 related to all metal-on-metal hip implants. We wrote to all patients who had received a metal-on-metal hip implant in Nuffield Health to advise them on future follow up and what to do if they had any concerns. Nuffield Health undertook 5035 metal-on-metal hip replacements within the alert period from 1st January 2004. Of the 5035 patients, 465 received a Depuy ASR hip replacement. All patients who had this prosthesis were recalled and many need a revision of the implant. The cost of this revision surgery is being met by the manufacturer Depuy.

Following these two look back studies lessons have been learned internally and Nuffield Health has also provided feedback to the various reviews that were initiated in 2012, namely by the House of Commons, the Department of Health and the Medicines and Healthcare products Regulatory Agency (MHRA).

5 Competent, Capable and Caring Workforce

5.1 Personal Development and Training

Nuffield Health recognises the importance of having stronger leadership throughout the organisation. The leadership programmes of the Nuffield Health Academy have been supported by the introduction of a talent management process designed to identify high potential leaders and aid succession planning. The Academy was also central to many programmes delivered in 2012 that helped employees deliver inspired health-style and inspired healthcare.

-  The first Fitness Academy prospectus was launched to fitness professionals detailing a range of training and development programmes, all of which became REPS (Register of Exercise Professionals) accredited when Nuffield Health gained the Employer Training Licence from Skills Active in October.
-  In hospitals, to support the delivery of inspired healthcare, the matron community embarked on a programme to re-position Matrons as an iconic role in Nuffield Health. The aim of the programme is to develop their role in championing the **'Nuffield Way of Caring'** by delivering an exceptional patient experience through the nursing community.
-  The Nuffield Health customer service programme, **'Service As It Should Be'** extended its impact into the whole of Consumer Wellbeing, parts of Corporate Wellbeing and the IT department.

The importance of high compliance in mandatory clinical risk management learning is well established. In 2012 compliance averaged 88% across the Hospital Division in all 8 core modules including safeguarding learning, and an average 81% compliance across the 22 risk management learning modules we require our clinical population to participate in. In 2013 we will be restructuring our approach to risk management learning within our Wellbeing divisions, to emulate the frontline successes currently promoting patient safety in hospitals.

Our learning modules are reviewed annually by our team of expert clinical stakeholders to ensure that the content addresses current legislation and helps support the organisational aim of the **'Nuffield Way of Caring'** and **'Service As It Should Be'** initiatives. Details of the training provided to support specific risk subject matter is also provided in section 6.

Table to show compliance with Clinical Risk Management e-Training Modules

Hospital Risk Management Training Topic		Qualifying Population	% Completed
Tier 1	Fire Safety: Level 1	5115	88%
	Health and Safety: Level 1 ¹	5115	81%
	Information Governance: Level 1	5115	83%
	Safeguarding Children: Level 1	5115	88%
	Vulnerable Adults: Level 1	5115	82%
	Datix: Level 1: Incident Reporting	5115	98%
Tier 2	Infection Prevention: Level 1	5115	91%
	Manual Handling: Level 1	5115	85%
Tier 3	PROMS Video Pack	2363	78%
	Safer Blood Transfusions: Level 1	2363	79%
	Blood Borne Viruses (BBV): Level 1	2363	81%
	Medicine Management	2563	88%
	MHRA: Medical Devices in Practice	2737	92%
	NPC Prescribing Best Practice	58	93%
	Lawson: 5 Parts	1329	89%
	Radiographer's Radiation Protection Course: 3 Parts	141	79%
Tier 4	Basic Life Support: Level 1 (Including ILS)	5115	73%
	Corporate Induction (New Starters in 2011 only)	1556	98%
	Manual Handling: Level 2: Clinical	2363	78%
	Health Record Keeping (New Starters in 2011 only)	331	74%
	Datix: Level 2: Incident Management	42	87%
	Datix: Level 3: Complaints	46	86%
	Risk Management for Senior Managers	49	80%
	VTE	327	77%
	Consent	327	89%
	Stress: level 1	5115	88%

5.2 Human Resources

As part of our processes for safeguarding vulnerable adults and children, all staff working for or with Nuffield Health are required to have had a Criminal Record Bureau (CRB) check, now called the Disclosure and Barring check; or in Scotland, a Protecting Vulnerable Groups (PVG) check, at a level commensurate with their job role and contact with users of Nuffield Health services.

Nuffield Health employs 11,402 people and 6,296 of these are engaged in the Hospitals division. A large proportion of these hospital staff are required to maintain professional registration. Unfortunately, each professional regulator operates a different renewal system and this results in difficulties in cross checking at facility level. In 2012 five healthcare professionals were found to be working without current registration which had gone unnoticed. No member of staff intended to mislead and each was picked up in a timely way. However, lessons have been learnt and processes have been changed to mitigate the risk of further occurrences.

In support of our NHSLA Level 3 accreditation a series of HR audits on personnel files has been carried out across the Hospitals division. The audits included reviewing documents relating to professional registration, recruitment, on-going employment checks and induction to ensure we are recruiting a competent and capable workforce and giving them a meaningful and timely induction into the business. Concerns that are raised about bullying are also included in the HR audits in terms of ensuring that they were dealt with and resolved in an effective and timely manner.

When audits have been conducted advice and support is provided and an improvement action plan is issued. These are subject to review to ensure the necessary improvements have been made. There were wide ranging variances in the audit results across the Hospitals division. Based on lessons learned from the audits a review of the relevant policies, guidance and training is being undertaken to ensure clarity around the processes and actions required. Audits will be commenced in the Wellbeing Division in 2013.

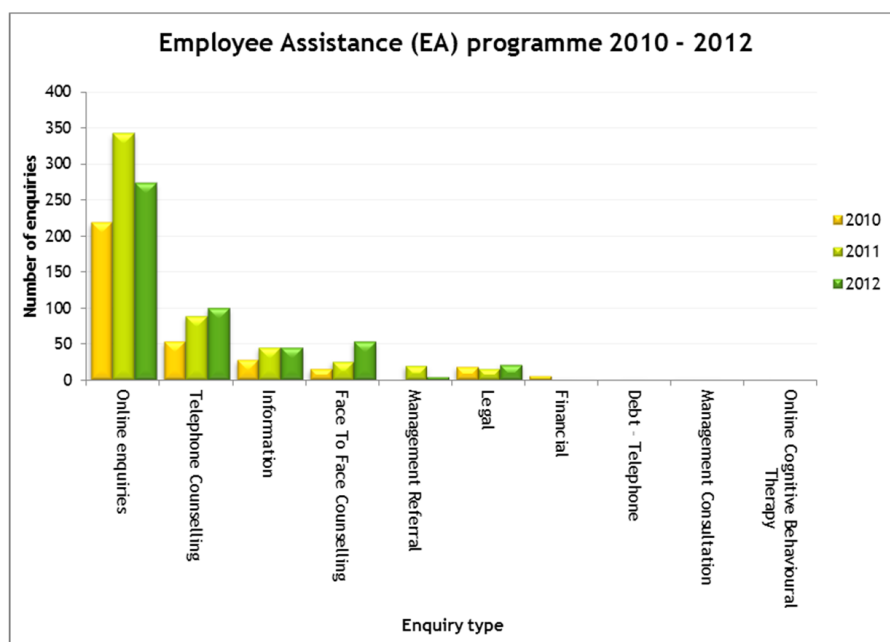
In addition to ensuring we recruit a competent and capable workforce, it is extremely important to us as a company that staff feel free to speak up if they have any concerns particularly in relation to any incidents that could be classed as whistleblowing. A decision was taken to add the whistleblowing policy to the Learning Management System (LMS); this way we can ensure that, as part of the induction process, staff are made aware early on in their employment that they are free to speak up about concerns and that there is a policy and process in place to support them.

5.3 Occupational Health

The Occupational Health (OH) team leads on supporting staff health throughout Nuffield Health. Throughout 2012 the OH team has worked towards achieving independent accreditation against the standards for the Safe Effective Quality Occupational Health Services (SEQOHS). This is the first accreditation scheme for OH services and is operated through the Royal College of Physicians. As part of the process the OH team undertook a staff survey to establish whether the OH service met the needs of users. There were 591 completed surveys from across the organisation (a response rate of 80% [estimated]) and the key results of the survey were:

- 100% stated they found the OH appointment helpful/useful
- 100% were made to feel welcome at the beginning of their appointment
- 100% felt comfortable with the way the nurse managed the consultation
- 99% understood what follow up action if any, would take place after the appointment
- 98% of those responding felt able to ask questions of the OH nurse and indicated their questions were fully answered
- 97% stated they were seen on time.

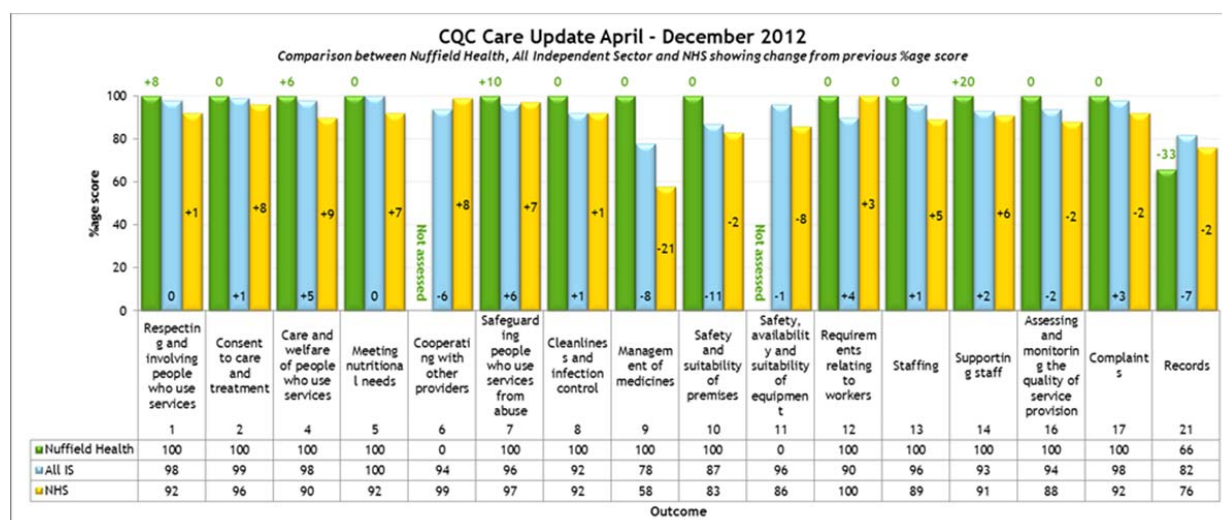
An employee assistance programme (EAP) has been in place since 2008 and from the start of 2013 the service will be available to all staff who are employed by Nuffield Health. The types of enquiries that the EAP scheme handles are shown in the chart below.



The OH team have a specific role in reducing the risk of a healthcare worker developing a blood borne virus. It is difficult for staff to avoid such injuries altogether, given the numbers of sharps being handled, however the OH team has looked at ways to reduce and better manage incidents when they do occur. In 2012 instant HIV testing was introduced into the inoculation injury policy which allows medication to be prescribed and started immediately, thereby reducing the risk of the healthcare worker developing HIV, should the source be positive. The number of contamination risk incidents (124) reported in 2012 has declined on 2011, although the change is limited (2010 [124] and 2011 [127]).

6 Risk, Safety and Quality Management and Systems

As part of the risk, safety and quality system, the requirements and standards are defined that will improve the experience of customers in Nuffield Health. There are regulatory requirements and other external best practice standards (see appendix 3) as well as internal continuous improvement standards. The figure below shows how well Nuffield Health's Hospital Division (green) performs against the regulatory requirements, when compared with other parts of the independent sector (blue) and the NHS (yellow). Nuffield Health has retained (or moved to) 100% compliance in all areas assessed, with the exception of records management in one hospital. A corrective action plan is in place for this single area of non-compliance.



Monitoring against the various requirements and standards is undertaken and reported through the sub-committees (as listed at the end of this document). Actions plans are established where any gaps are identified in compliance. This process is based on the Plan-Do-Check-Act model that the internationally recognised quality standard is based on (ISO9001) and is also the approach taken to achieve NHSLA level 3 at the end of 2011. The remaining sections in this part of the report show the results of that monitoring and action planning process.

6.1 Quality Awards received by Nuffield Health

Nuffield Health maintains regulatory requirements and in addition has achieved the following recognition in respect to risk, safety and quality management systems in 2012:

- Occupational Health and Safety Management Specification - OHSAS 18001 was achieved for the first time.
- Information Security Management System ISO 27001:2005 accreditation was extended for a further 3 years with zero non-conformities.
- 3 Nuffield Health hospitals gained the Macmillan Quality Environment Mark (MQEM) Guildford, Cambridge and Glasgow.
- The Group Clinical Team won the 2012 Laing and Buisson award for Excellence in Risk Management.
- The Group Clinical Team won the CIR (Continuity Insurance and Risk Magazine) Risk Management Team of the Year award in October. The award recognised the work of the team in achieving NHSLA Level 3 accreditation and a high level of organisational risk management.
- Nuffield Health was named Best Workplace Wellbeing Provider at the 2012 Health Insurance Awards. The Health Insurance Awards are judged by a panel of senior independent figures and voted for by insurers and intermediaries.

6.2 Safeguarding Vulnerable Adults and Children

Safeguarding vulnerable adults and children is a major priority. Every year, there are approximately 3,000 occasions when children or young people are seen in outpatient clinics, admitted or treated in a Nuffield Health Hospital. More than 1,100 children are cared for in the 10 nurseries and 22 crèches located in Nuffield Health Fitness & Wellbeing Centres. Many more children make use of the recreational facilities including swimming pools in the Fitness & Wellbeing centres and attend hospitals as visitors or when accompanying members of their family to appointments.

All staff working for, or engaged with, Nuffield Health are enrolled on the Learning Management System (LMS) to undertake level 1 training modules – awareness, for safeguarding children and young people and for the protection of vulnerable adults. The percentage of staff trained at level 1 in 2012 by division is as below with comparative data to previous two years where available;

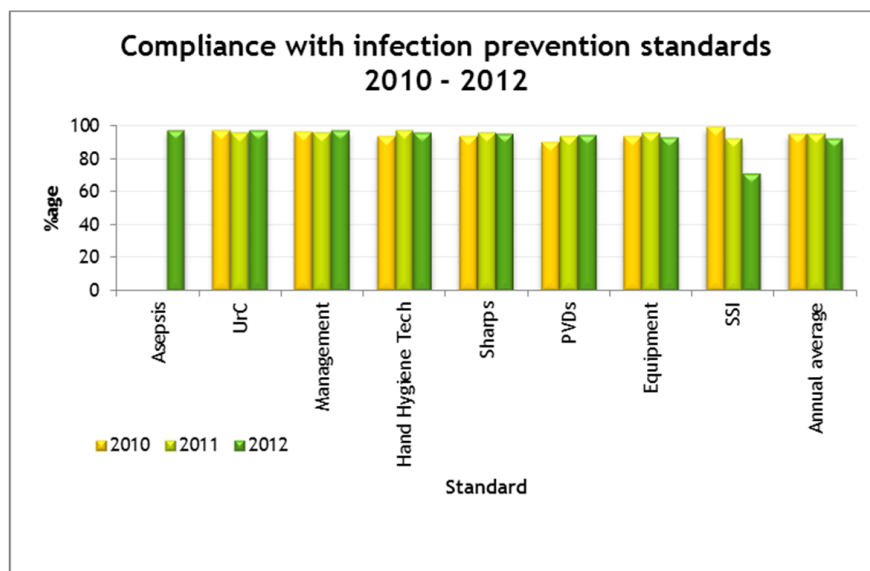


A higher level of training is required for staff who are regularly in close contact with or responsible for the care of children, young people and vulnerable adults. In October 2012 the first Nuffield Health in-house Level 3 safeguarding training session was delivered to Paediatric Nurses, Nursery Nurses and senior managers with responsibility for safeguarding in Nuffield Health.

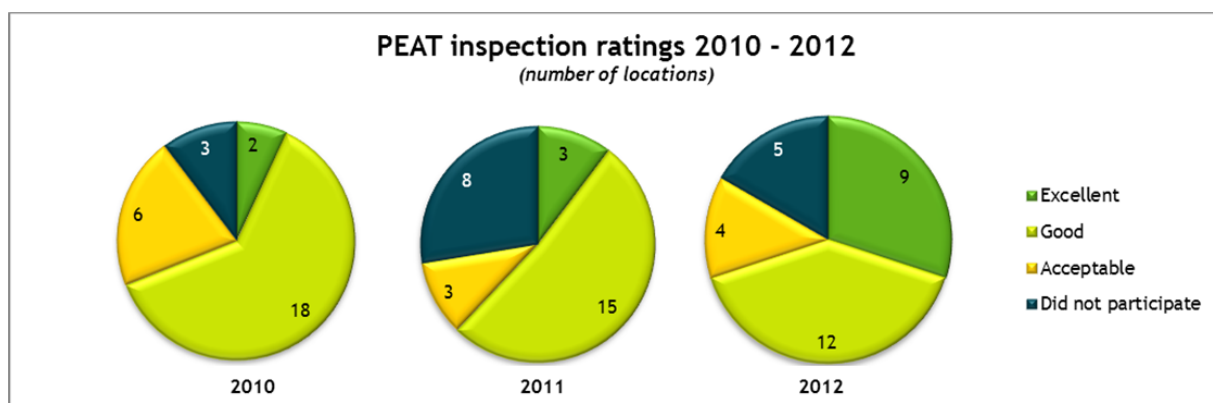
The training supports staff to be vigilant and where evidence suggests suspected abuse, contact the local social services to report the issue. There were 8 instances that were investigated in 2012, of which 6 potential child related events did not require any follow-up by the local authority, and two adult related events required follow-up upon discharge from hospital.

6.3 Cleanliness and Infection Prevention

In addition to the specific HCAI monitoring referred to in section 4 above, other infection prevention standards are monitored and the Nuffield Health Group average compliance is 92%. As shown below, hand hygiene compliance is 96% and a competency assessment framework to ensure all staff have their hand hygiene technique assessed was introduced in 2012. Competency in Aseptic technique practice has been introduced in 2012, and compliance to Asepsis standards is 98%.



Cleanliness of the environment is a requirement for all our customers and there are particularly stringent requirements for the Hospital Division given the potential risks from infection. During 2012 83% of hospitals participated in the national Patient Environment Action Team (PEAT) external cleanliness inspections; of those 84% of hospitals were rated as either excellent or good (the remainder were rated as acceptable).



6.4 Health and Safety

As stated above Nuffield Health achieved accreditation to OHSAS 18001. This achievement is significant considering the diversity of the Nuffield Health Group. Other significant improvements included:

■ Nuffield Health reviewed our lifeguarding provision in light of lessons learned from events in other organisations. The Executive Board have issued a directive that all children's sessions are fully lifeguarded and implementation began in 2012 and continues into 2013. A new health and safety (H&S) policy addressing swimming and hydrotherapy pool management has been developed. Implementation and monitoring of compliance to policy is underway in line with lifeguarding implementation.

■ Nuffield Health is accredited and has delivered H&S training courses in 2012 including:

- o NEBOSH (National Examination Board in Occupational Safety and Health) General certificate - 9 staff completed the course
- o IOSH (Institute of Occupational Safety and Health) Managing Safely in Healthcare - 76 staff completed the course
- o IOSH Managing Safely in Leisure - 19 staff completed the course.

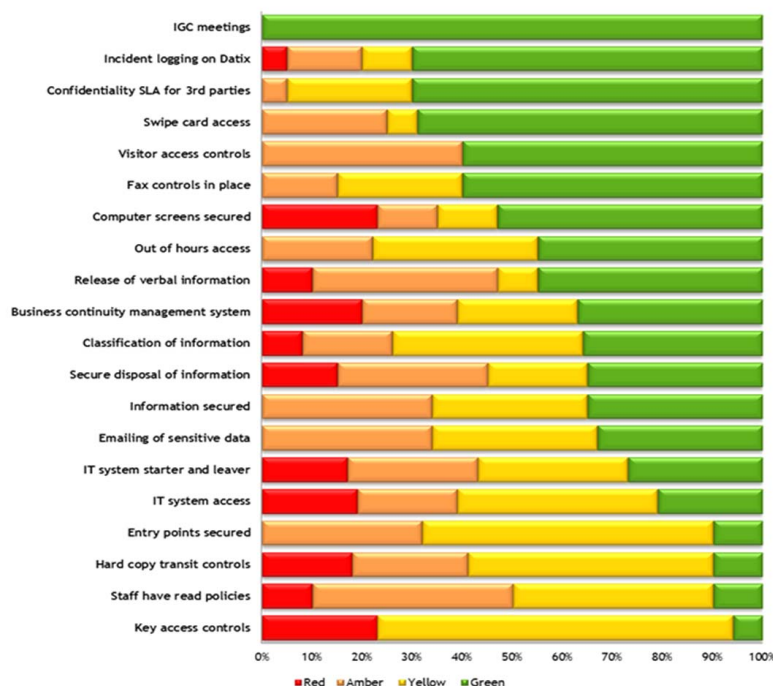
However, Nuffield Health was prosecuted in 2012 for two separate health and safety offences that occurred prior to the rigorous processes required for OHSAS 18001 being put in place:

■ In May 2011 a member of hospital staff slipped and suffered a leg injury that was reportable under RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995) requirements. Following the incident, processes were changed in Nuffield Health premises. Surfaces are routinely checked for slipperiness and action plans initiated. Policies have been revised and updated and are now being audited for effectiveness.

■ There was a release of chemicals in a swimming pool plant room. Nuffield Health was prosecuted, along with the retained contracting company. Following the incident processes have been changed and a project to upgrade all swimming pool plant rooms to fully automated chemical dosing systems is underway. 17 sites were upgraded in 2012 and further upgrading is planned for 2013.

6.5 Information Governance

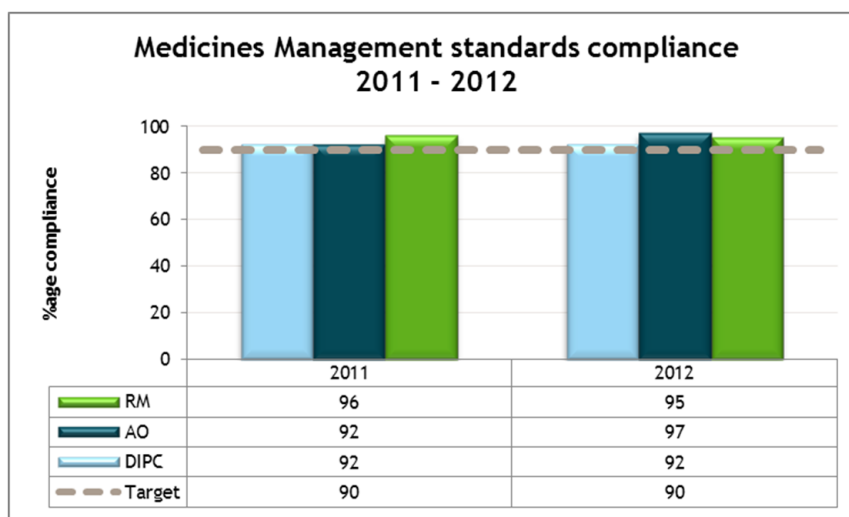
Since 2007 Nuffield Health has been certified by the international standard of information security (ISO27001), albeit with 21 minor non-conformities against the standards.



As part of a continuous improvement plan involving policies, local processes, training and audit, the aim was to reduce non-conformities when re-certifying in 2012. The re-certification process was completed in 2012 with no non-conformities. This success has been attributed to a rationalisation of the control measures to 20 key questions which were assessed on the basis of available evidence as shown above.

6.6 Medicines Management

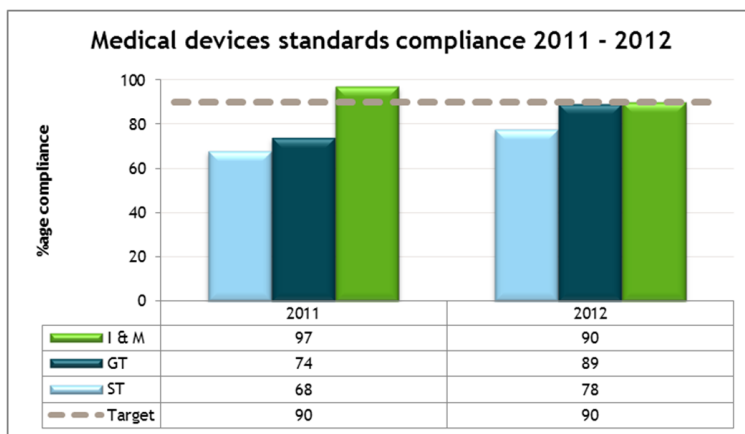
Compliance measures for 2011 and 2012 for medicines management standards for those acting in the regulated roles of Registered Managers (RM), Accountable Officers (AO) and Director of Infection Prevention and Control (DIPC) are shown below.



During 2012 Nuffield Health became a development site for the new hospital pharmacy standards from the Royal Pharmaceutical Society (RPS) and compliance measured is being reviewed against these new standards.

6.7 Medical Devices and equipment

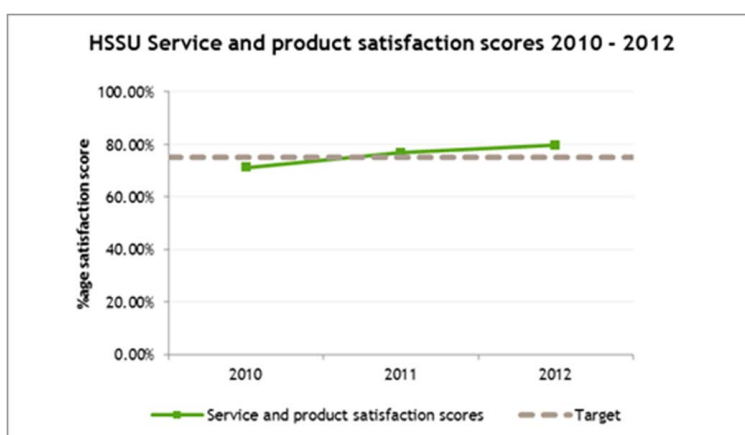
Medical devices feature in almost every sphere of healthcare. The table below shows Nuffield Health compliance measures for 2011 and 2012 for medical device management standards for Inventory & Maintenance (I&M), General Training (GT) and Specific Training (ST). There was improvement in compliance to training measures from 2011 to 2012, however, the ST target was not reached due to limitations in documenting and reporting. There is an improvement plan for 2013.



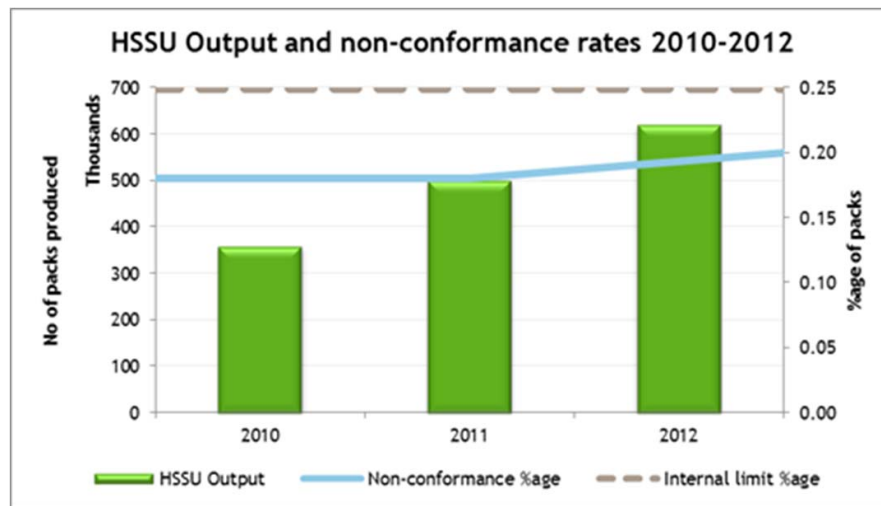
Nuffield Health is working with the MHRA as part of their project to raise awareness about medical device training and reporting of adverse events.

6.8 Medical Devices - Hospital Sterile Services Units (HSSU)

Nuffield Health HSSU service for sterilising medical devices has continued to grow throughout 2012 showing a 19% increase in total pack production year on year, serving both Nuffield Health internal requirements and external contracts. Satisfaction scores are above the internal target set for 2012 which averaged 75%, as shown below:



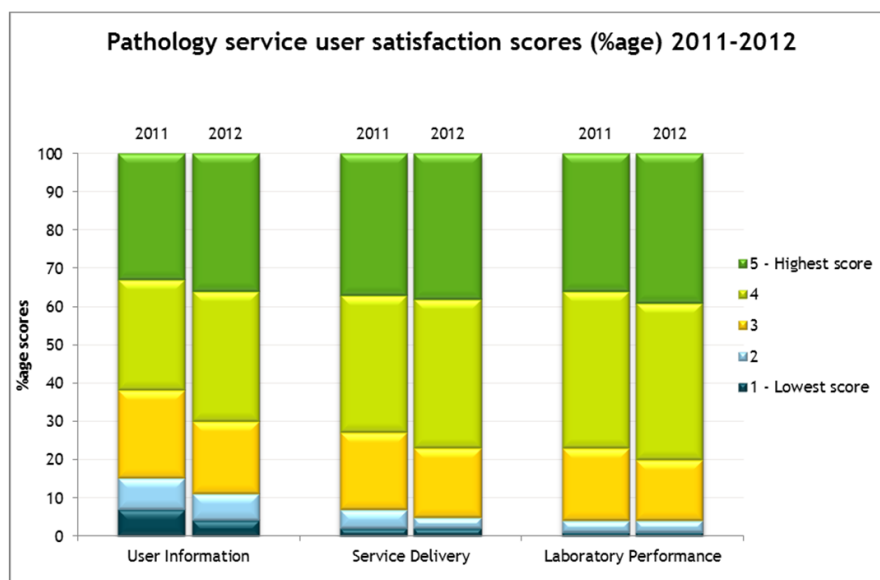
All six HSSUs remain registered with the UK Competent Authority (MHRA) and continue to be audited by the Notified Body SGS Ltd. This registration provides evidence of compliance with Medical Devices Directive 93/42/EEC (and its amendment 2007/47/EC) as well as a robust quality management system (QMS) based on ISO 9001:2008 and ISO 13485:2012.

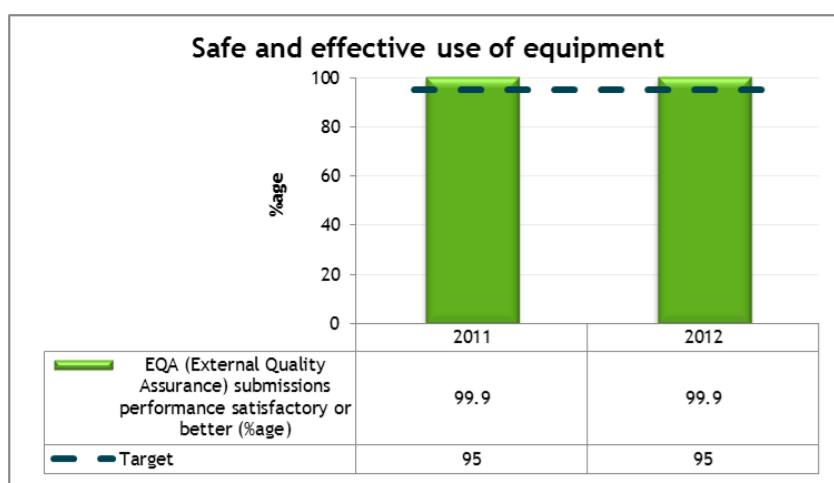
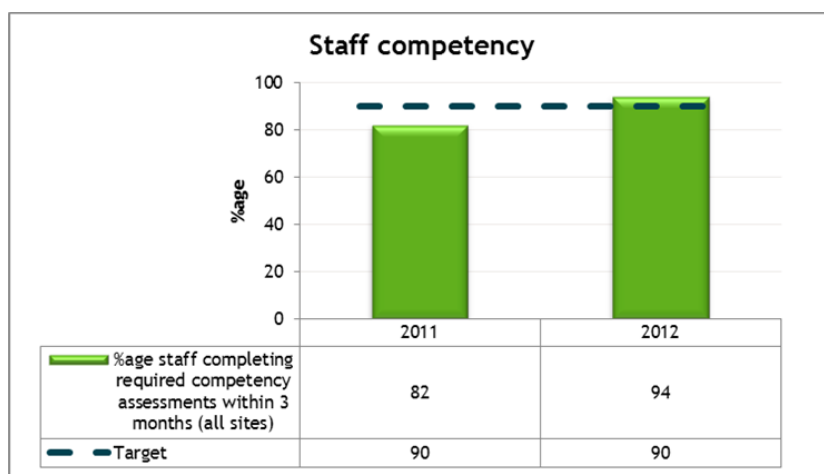


The HSSU 'non-conformance' rate across all pack types has increased slightly for 2012. However, the figure remains below industry 'norms' (not published data - known ranges: 0.25 - 0.5%) and below the internal limit of 0.25% non-conformance, as percentage of packs.

6.9 Pathology and Blood Transfusion

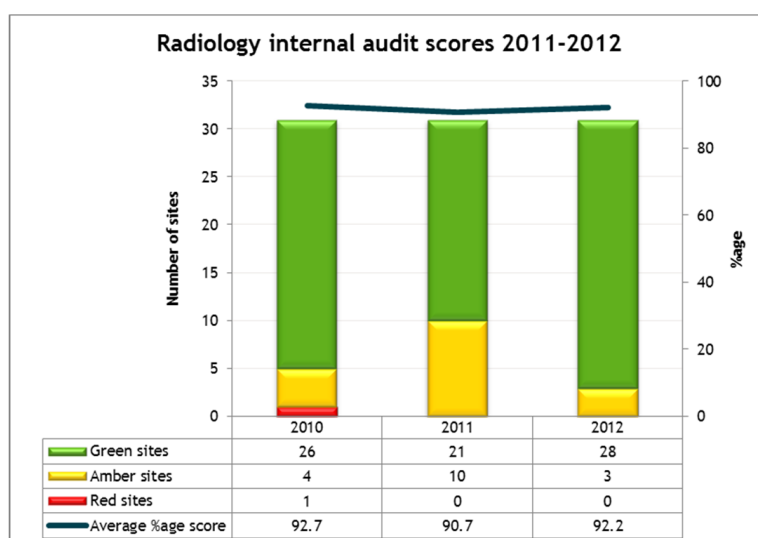
All Nuffield Health pathology facilities are accredited by Clinical Pathology Accreditation (CPA) and are also all compliant with Blood Safety Quality Regulations (BSQR). No laboratories were subject to MHRA inspection in 2012. Nuffield Health continues to monitor blood transfusion practice, and internal audits show scores ranging from 86% to 97%. Users of the pathology service have rated the service as shown below, with the scores improving from 2011. The external quality assurance measure for accurate use of pathology equipment remains extremely high (99.9%) and the competency assessment for staff has improved and reached target (90%) in 2012.



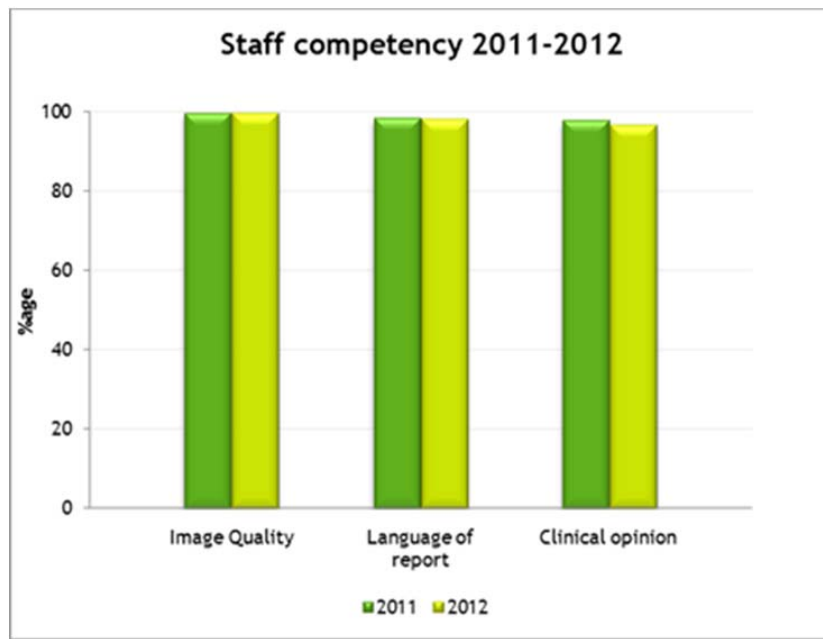


6.10 Radiology and Radiation Protection

The Radiological Protection Centre (RPC) continues to independently assure that Nuffield Health uses ionising and non-ionising radiation safely in order to protect the wellbeing and safety of patients and staff. The audit scores have been improving year on year with more 'green' sites (90%+) in 2012 as shown below:



The competency of staff to provide good quality images, reports and clinical opinion is very high as assessed by BUPA for MRI reporting as shown below:



6.11 Adverse event reporting and monitoring

Adverse events are monitored through the Datix Risk Management System, by division and by category. In 2012 Datix roll out was completed to include the Fitness & Wellbeing Division and this contributed to an increase in the number of adverse events. If any adverse event, action or omission occurs, or a risk is identified, an individual can report it through the Datix system and it is immediately notified electronically to all who require sight of it.

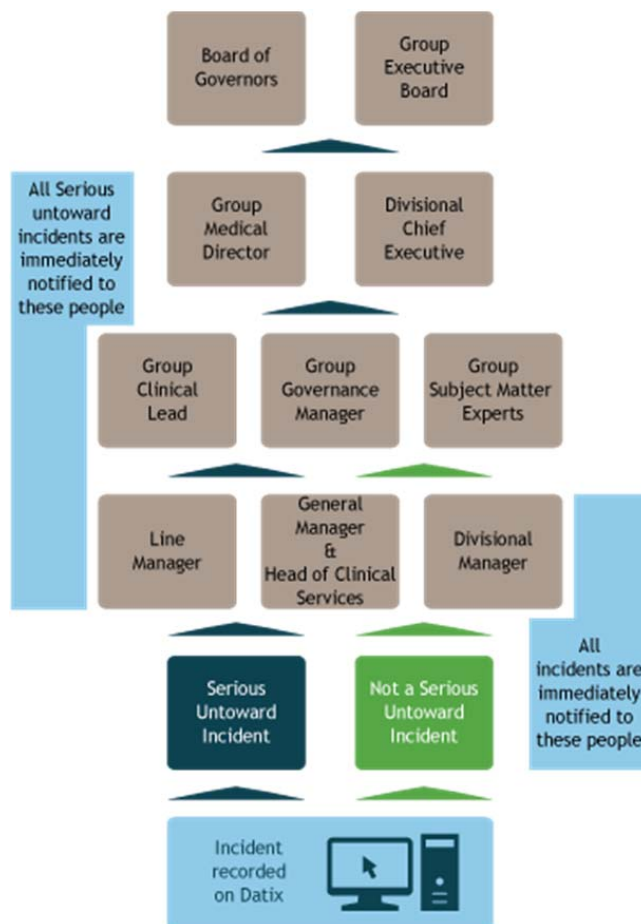
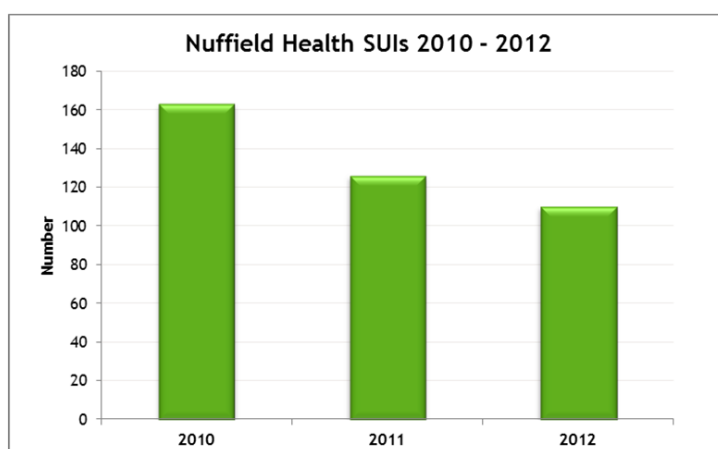
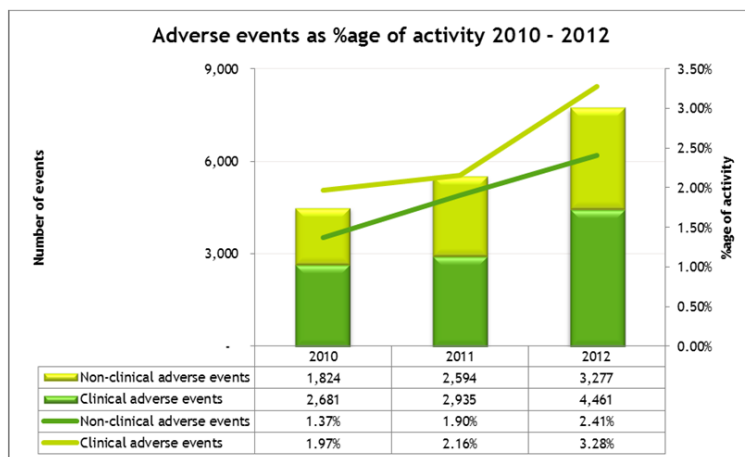
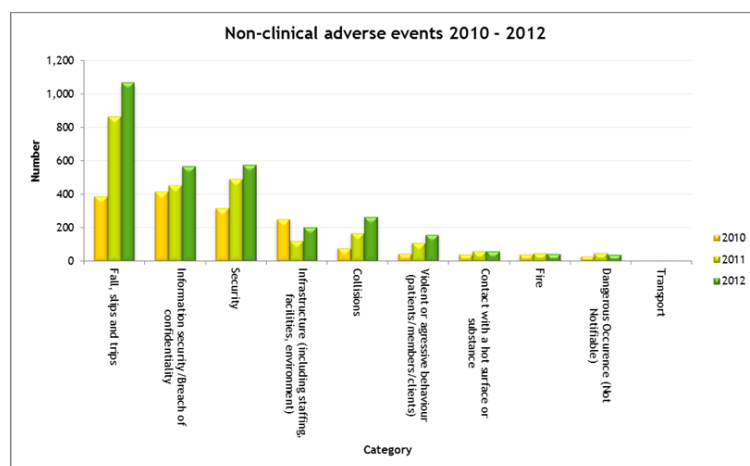


Diagram to show Datix Risk Management System Process Flow

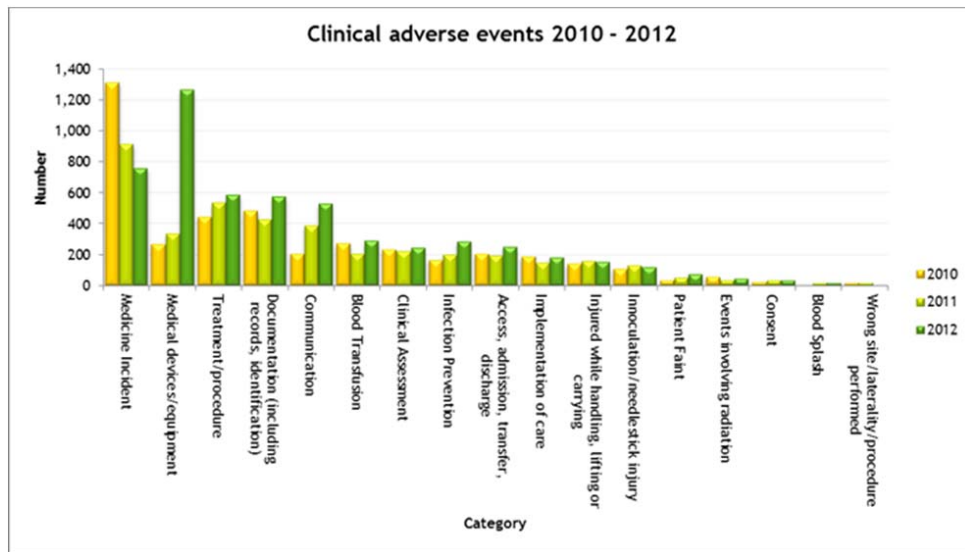
The two charts below show adverse events rising, however, serious events falling. During 2012 review of Datix the classifications were aligned with National Patient Safety Agency categories and 'degree of harm'. This process will support comparison against NHS data in 2013.



The chart below shows non-clinical adverse events rising in 2012. Awareness of the requirement to report has been raised, particularly in slips, trips and falls following lessons learned from Health & Safety Executive investigations (see 6.4).

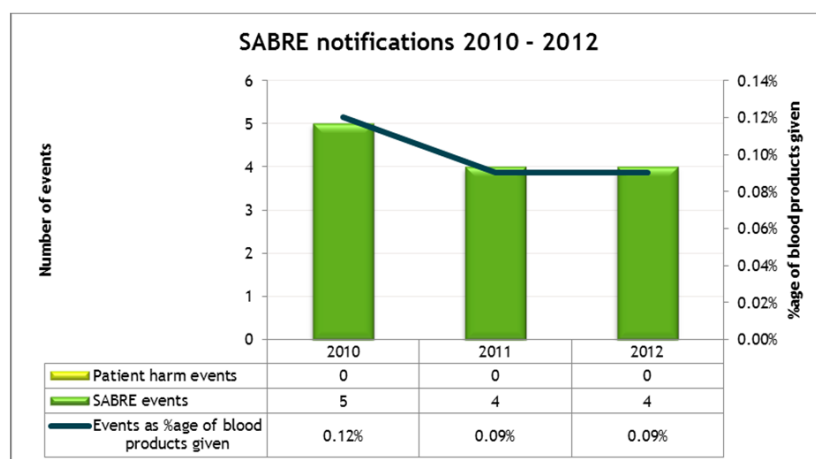


The chart below shows clinical adverse events rising consistently with the exception of medicines (falling in 2012) and medical devices (significant rise in 2012). The changes in medicines are attributable to the change in which 'near miss' interventions have been reported in that similar events are collated to support ease of investigation process (no harm/prevented events).

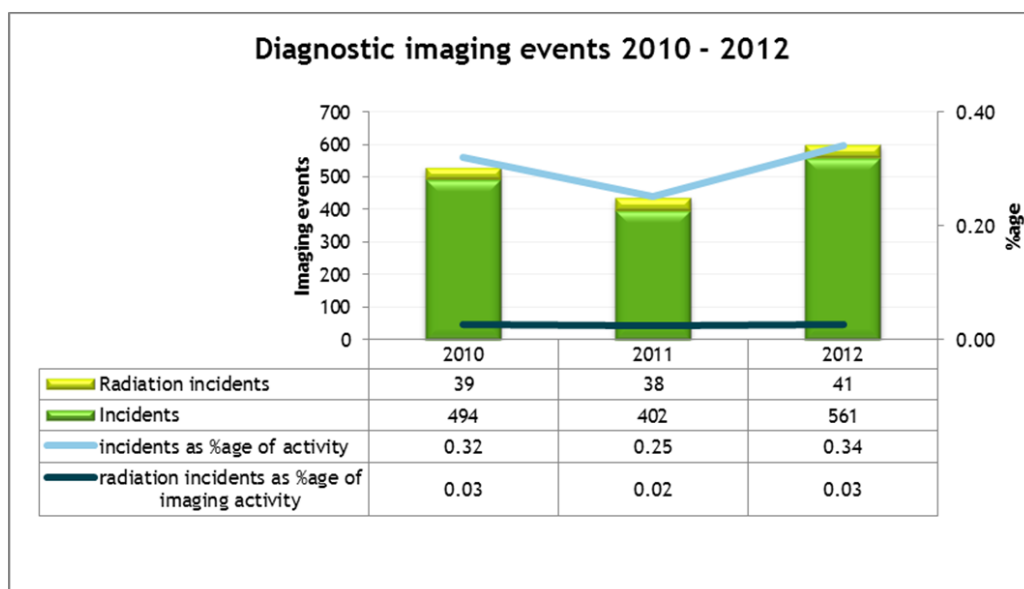


The increase in medical device reporting is due to raised awareness given PIP and MoM alerts (see section 4.2.4) and an increase in exchange of breast implants (PIP), not only for Nuffield Health patients (142) but also for patients from other providers who have selected us as the provider (334). Furthermore lessons have been learnt from analysis of events involving equipment that resulted in procedures being cancelled or varied. In 2013 there will be a new focus developing the skills of the Medical Devices Lead in the hospital division.

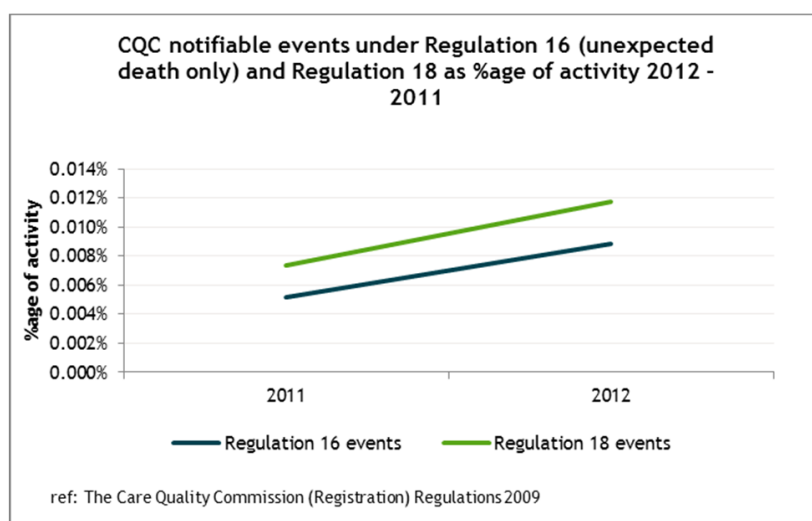
There are a number of adverse events that are reportable externally (including certain infections as covered in section 4.2.2 and RIDDOR events as referred to in section 6.4). As shown below, in 2012 the number of adverse events notified to Serious Adverse Blood Reactions and Events (SABRE) was the same as in 2011 (4). All are subject to full root cause analysis and none of the events resulted in patient harm.



The chart below shows that radiology incidents in 2012 have increased (561, from 402 in 2011) however, the number of incidents actually involving radiation remain low (41) and are at a constant level as a percentage of imaging activity (0.02 - 0.03%). The 41 radiation events have been reported to the Radiological Protection Centre and it has been confirmed that Nuffield Health's management of radiation protection is of the highest standard and there is no cause for concern with the level and type of reporting.



All serious events (under regulation 18 'other' reportable incident) and unexpected deaths (regulation 16) are reported to the Care Quality Commission (with similar process in Wales and Scotland) and the figure below indicates the number of reports made in 2012 to CQC. The numbers remain very low (unexpected mortality rate of 9 in 10,000) and all are subject to full root cause analysis. No trends by procedure, Consultant or facility have been identified.



As part of the Datix review, referred to earlier in this report, Nuffield Health is aiming to improve reporting and investigation of 'Never Events' by automating processes, which to date has relied on manual intervention. In addition, never event audits will be undertaken in 2013 (for 20 events that apply in Nuffield Health) to further support the 'prevention' process. The following low/moderate harm never events occurred in 2012:

- 2 events involving wrong tooth/wrong tooth root - actions completed to correct events.
- 3 events involving wrong lens/wrong lens size in eye - actions completed to correct events.
- 1 event involving different sized liner/cup on hip replacement - further surgery completed.

² Never Events are serious, largely preventable, patient safety incidents that should not occur if the available preventative measures have been implemented by healthcare providers.

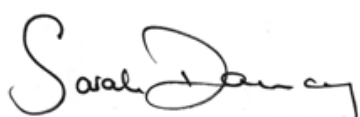
Future Direction for Nuffield Health

Delivering the highest standards of service and care to Nuffield Health customers drives our continuous improvement approach to wellbeing and healthcare services. Nuffield Health welcomes the recommendations of the Francis Inquiry Report into the Mid-Staffordshire NHS Foundation Trust, and in particular the differentiation between 'fundamental', 'enhanced quality' and 'developmental' standards. This is an approach Nuffield Health has used since it began the NHSLA accreditation process in 2007 through to level 3 at the end of 2011, without financial incentive.

From 'improve and maintain health', through to 'assess and contain health risks' and onwards to 'treat health problems', Nuffield Health recognises that customers require more information about the options for managing their own health. Nuffield Health is currently in a position, as with many organisations, where we are 'data rich' but face challenges in converting useful data into information that is meaningful for customers. We are confident that our planned review of our risk, safety and quality management systems will ensure a greater focus on providing quality indicators with external benchmarks. In 2013 Nuffield Health also plans to publically share more quality indicators (anonymised), particularly those outcomes reported by our customers, whether that is from improving wellbeing or results from being treated in hospital.

Nuffield Health recognises that leadership throughout the organisation is key to delivering the high standards to which we aspire. In 2013 we will be working with our senior leaders to help them develop the behaviours that truly reflect the caring, passionate, independent and enterprising values of Nuffield Health. This brand leadership and '**Leading the Nuffield Health Way**' will align with '**Service As It Should Be**' and the '**Nuffield Way of Caring**'. For those professional staff providing hands-on clinical care these programmes will also have a resonance with each professional's code of ethics and conduct, which requires registrants to 'put the patient first'. Nuffield Health is confident that it will gain external accreditation through the Safe Effective Quality Occupational Health Service (SEQOHS) scheme in 2013. This accreditation scheme is run by the Royal College of Physicians and requires evidence of compliance against 51 different quality standards across 6 domains. This accreditation will demonstrate how the wellbeing of our own staff is as key as the wellbeing of our customers.










An extensive research and mapping exercise has recently been completed on behalf of the NHS to look at what is considered to be good practice in standards and assessments, to identify data and information sources available within the NHS, and to compare their standards and assessments with those used by other bodies. The NHSLA has yet to make a decision on the standards against which healthcare organisations will be assessed in the future, although they will focus on outcomes with a view to enabling reduction in the cost of claims. Nuffield Health will be proactive in ensuring we are fully aligned to future standards and assessments.



Dr Sarah Dauncey,
Group Medical Director

Appendices

Appendix 1- Membership of the Board Integrated Governance Committee


 Jane Wesson	(Chairman) Governor
 Guy McCracken	Governor
 Joanne Shaw	Governor
 Dr Sarah Dauncey	Group Medical Director
 Dr Lucy Goundry	Medical Director, Wellbeing Division
 Viv Heckford	Group Clinical Director
 Karen Harrowing	Group Chief Pharmacist
 Graham Cowan	Group Health, Safety & Environmental Director
 Luke Talbutt	(Secretary) General Counsel & Company Secretary

Appendix 2 – Independent Expert Advisors to Group Medical Director 2012









Professor Ian Lyburn	Consultant Radiologist & Radiology Advisor
Dr Matthew Dryden	Consultant Microbiologist and Infection Prevention & Control Advisor to the Group Infection Prevention Committee (GIPC)
Professor Mayur Lakhani	General Practitioner and former Chair Royal College of General Practitioners – GP Services Advisor
Duncan McRobbie	MRI Protection Advisor
Dr Ishmail Badr	St George's Radiation Protection (IRMER) and Ultrasound Protection Advisor
Dr Steve McVittie	Consultant in Occupational Health Medicine
Dr Hafiz Qureshi	Consultant Haematologist, Advisor to the Nuffield Health Group Blood Transfusion Committee (GBTC)
Ian Clements	Managing Director, Quadriga Health & Safety Ltd

Appendix 3 – Regulation, inspection and external audit:

Regulatory Audits – for areas specified.

-  Care Quality Commission (CQC) – regulatory audits
-  Medicines and Healthcare Regulatory Agency (MHRA)
-  Human Fertilisation and Embryology Authority (HFEA) regulatory audits for assisted conception services.
-  General Pharmaceutical Council
-  Health and Safety Executive announced and unannounced audits
-  Ofsted where crèche services are provided
-  Environmental Health Office announced and unannounced inspection audits for all facilities where food is handled.

Quality Standards – participation to demonstrate levels of quality improvement and compliance.

-  Medicines and Healthcare Regulatory Agency (MHRA) Safer Blood Compliance
-  Clinical Pathology Accreditation (CPA) audits
-  National Confidential Enquiry into Peri-Operative Deaths (NCEPOD)
-  National Joint Registry (NJR)
-  Patient Led Assessments of the Care Environment (PLACE) which have replaced Patient Environment Action Team (PEAT)
-  Macmillan Quality Environment Mark (MQEM)
-  BUPA MRI screening
-  World Health Organisation “Save Lives: Clean Your Hands”.

Contributors to this Quality Report 2012

Chairs of the following Governance Sub-Committees

-  Hospitals Integrated Governance Committee (HIGC)
-  Wellbeing Integrated Governance Committee (WIGC)
-  Group Infection Prevention Committee (GIPC)
-  Group Medicines Management & Medical Devices Committee (G3MDC)
-  Group Training Forum (GTF)
-  Group Safe Environment Committee (GSEC)
-  Group Information Governance Forum (GIGF)
-  Group Human Resources Forum (GHRF)
-  Group Reputation Management Committee (GRMC)
-  Radiology Integrated Governance Committee (RIGC)
-  Pathology Integrated Governance Committee (PIGC)
-  Group Children's Services & Safeguarding Committee (GCSSC)
-  Group Blood Transfusion Committee (GBTC)
-  Risk Management Working Group (RMWG)

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