

2014 Annual Quality Report

Incorporating NHS Quality Account 2014/15



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Group Chief Executive Statement on Quality and Accuracy

I am delighted to present our eighth Annual Quality Report which reflects the quality of our health and wellbeing provision, and the commitment to excellence by everyone across our organisation. This is a companion publication to the Annual Report and Financial Statements. As a not-for-profit organisation we have neither shareholders, nor investors and our surplus is reinvested into improving infrastructure, enhancing the skills of our staff and supporting people to improve their health.

Our mission is to support, enable and encourage people to improve their health and wellbeing in order to help them get the most out of life. We do this whilst maintaining our charitable objectives including providing low cost or free products and services at the point of access. In 2014 we continued to play a role in helping to improve the health of the nation by further integrating our healthcare and wellbeing pathways, for example as in our Recovery Plus programme, which delivers a physiotherapist-led 12-week post-operative rehabilitation programme from our Fitness & Wellbeing Centres.

The scale of our operations was extended in 2014 through acquisition of 9 Virgin Active and 1 LA Fitness gyms bringing the total number of our Fitness & Wellbeing Centres to 75. The opportunity to further integrate pathways of health and wellbeing was a priority in this acquisition and 6 of the new centres are located close to a Nuffield Health Hospital. Plans are also underway to improve access to our integrated products and services by extending our geographical coverage. In 2014 we also announced an exciting strategic partnership with Manchester Metropolitan University (MMU) which provides us with an opportunity to build one of the most modern and technologically advanced independent hospitals in central Manchester.

We are engaging a wider section of the public, including those who have not historically benefitted from our products and services. We were named as the official partner of the Tour de France Fan Parks in 2014. Over the summer, public interest in cycling peaked, and the Fan Parks were a great success with over 380,000 attendees. Our presence raised awareness of the wide range of Nuffield Health services and expertise offered by way of the free onsite health checks and physiotherapy consultations. In December 2014 we launched our first ever TV commercial, which celebrated people's small victories in their health and wellbeing. This also marked the

change to our branding with an accessible message to wider audiences which encapsulates our objective and mission, namely; "For the Love of Life".

Our core values are to be enterprising, passionate, independent and caring, and these are central to quality in health and wellbeing. The Charity believes in doing the right things; using evidence based approaches; being open and transparent; showing attention to detail; listening to understand and in empowering people. The core values and beliefs by which we operate mean that the significant changes in healthcare regulation, including transparency of reporting, monitoring, inspection and ratings, piloted in 2014, can be readily incorporated into business as usual in 2015. The Nuffield Health Promise is our pledge to our patients, where we ensure that they receive a clear and transparent price for their treatment with assurance about the care provided and aftercare. We embedded the Nuffield Health Promise in 2014 demonstrating our position in leading independent healthcare with products and services which provide patients with choice.

I am grateful for the scrutiny that the Board Quality and Safety Committee (BQSC) provides by way of assurance that our processes are Safe, Effective, Caring, Responsive and Well-led. This report is an accurate representation of the information presented to the BQSC. On behalf of the Executive team, I would like to thank the BQSC for the important assurance role they play, and all those employed or engaged in the delivery of our high quality products and services.



David Mobbs
Group Chief Executive

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Board of Governors Statement on Assurance

The Board Quality and Safety Committee (BQSC) is the quality and safety focused committee that enhances Board oversight with respect to the products and services we provide to patients and members. The BQSC seeks assurance that the systems and processes in relation to quality and safety are robust and well-embedded so that priority is given at the appropriate level within the organisation to identifying and managing risks to quality and safety. The BQSC provides the scrutiny to ensure that the accountable directors are:



Setting the required quality standards against the up-to-date evidence base;



Ensuring required standards are achieved, including through audit and measuring customer feedback;



Investigating and taking action on sub-standard quality and safety performance and monitoring reports on preventive and corrective actions;



Planning and driving continual quality improvement to meet, and exceed, customer requirements and meet the requirements of interested parties;



Identifying, sharing and ensuring delivery of best-practice including improvements to quality management systems and processes; and



Identifying and managing risks to quality of care including approving resources to meet improvement plans.

The BQSC met four times in 2014 in accordance with its terms of reference. The members of the BQSC in 2014 were:

Joanne Shaw
(Chairman)
Governor

Denise Holt
Governor

David Lister
Governor

The Governors were supported in the meetings with input from quality and safety experts and those with responsibility for frontline clinical leadership:

Graham Cowan
Group Health,
Safety &
Environment
Director

Davina Deniszczyc
Medical
Director,
Wellbeing

Geoff Graham
Medical
Director,
Hospitals

Carol Kefford
Chief Nurse

Karen Harrowing
Group Quality
Systems
Director/
Group Chief
Pharmacist

Luke Talbutt
(Secretary)
General
Counsel and
Company
Secretary

The quality and safety assurance framework, through internal and external audit and inspection processes, is set out later in this document. The BQSC has been fully briefed in relation to the changes in the monitoring and inspection processes of the Care Quality Commission (CQC), including the new Regulations which came into force in April 2015 with regard to Fit and Proper Persons: Directors, Statutory Duty of Candour and the requirement to display CQC ratings. The report from the first wave of new style inspections in our Tees Hospital in November 2014 identified that our integrated governance arrangements enabled the effective identification and monitoring of risks and action was taken to improve performance. It also noted that progress on achieving improvements were reported and measured through the relevant management boards with oversight and scrutiny from the quality governance committees.

The better measurement and use of information is a challenge across all healthcare systems. We continue to actively improve our information and to establish valid benchmarks with comparable organisations.

The BQSC has delegated authority from the Board to provide assurance regarding the content of the Annual Quality Report, which incorporates the NHS Quality Account. As Chair of the BQSC, I am assured that the BQSC has reviewed reliable sources of information, that have been triangulated with internal and external (including regulatory) assessment and/or inspection, and I am satisfied with the course of action followed.

Joanne Shaw
Governor and Chair of the
Board Quality and Safety Committee

About Us

Our Charitable objective is:

To advance, promote and maintain health and health care of all descriptions and to prevent, relieve and cure sickness and ill health of any kind, all for the public benefit.



To fulfil our charitable aims we provide services to help people get healthy and stay healthy, to understand and manage their personal health risks, and to get timely diagnosis and treatment for any problems. We believe helping people to maintain fitness and good health is just as important as the treatment of illness when it occurs.

We provide integrated products and services that are regulated in different ways and subject to different reporting requirements. This report focuses in more detail on the reporting requirements for our products and services that are 'regulated activity', rather than the full spectrum of the products and services provided. A proportion of services provided, mainly in Hospitals, are undertaken on behalf of the NHS. The NHS contract requires a 'prescribed' format for reporting and this is provided in Appendix 1.

The three main areas of our business are:

Hospital Division
Wellbeing Division
Epsom Support Centre
(Registered Office)

The locations, ranges of products and services, and the numbers of people touched by Nuffield Health continue to grow:

		2012	2013	2014	Change 2013 -14
Premises	Hospitals	31	31	31	
	Beds	1,401	1,435	1,443	
	Fitness and Wellbeing Gyms	65	65	75	
	Employer Fitness and Wellbeing Gyms	198	200	208	
	including, Schools		18	22	
Customers (to nearest thousand)	Total Patient Hospital Visits (inpatient)	186,000	186,000	190,000	2%
	Total Patient Hospital Visits (outpatient)	339,000	345,000	371,000	8%
	Members (Nuffield Health & Employer sites)	291,000	286,000	316,000	10%
	Healthscore		35,000	37,000	5%
Activity (to nearest thousand)	Orthopaedic Procedures	51,000	51,000	56,000	10%
	General Service Procedures	32,000	29,000	30,000	3%
	Ophthalmic Procedures	16,000	16,000	20,000	25%
	Diagnostic Imaging	133,000	195,000	218,000	12%
	Physiotherapy Sessions	556,000	475,000	618,000	30%
	Health MOTs	102,000	99,000	102,000	3%

Quality and Safety Assurance: internal and external audit

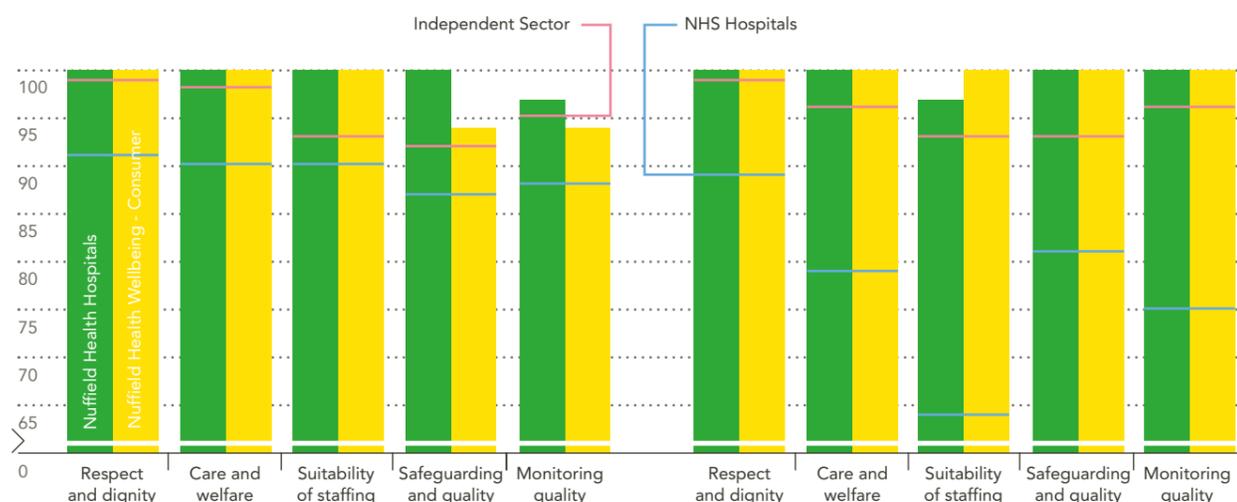
The quality and safety assurance framework in Nuffield Health comprises both internal and external audit. Internal audit in subject specific risk, safety and quality management processes operates across the organisation with feedback loops to ensure lessons are learned as part of our continual improvement methodology.

The quality and safety committees are responsible for oversight of the audit programmes, supported by the relevant expert advisory group (EAG), and review the audit outcomes on behalf of the Hospital and Wellbeing Boards (see Appendix 2). The quality and safety committees are supported by external experts where required (see Appendix 3). We also undertake audits of our suppliers to assure the quality of the products and services to be used in, or associated with Nuffield Health.



External audit includes verification against compliance to regulation and certification against standards by relevant bodies e.g. British Standards Institute (BSI). The relevant regulatory bodies whose requirements we meet are listed in Appendix 4. The CQC performs regulatory monitoring and inspection in our 29 Hospitals and 26 registered Fitness & Wellbeing centres in England. In the majority of areas we demonstrated 100% compliance, which was an improvement on 2013. As shown in the figure below we are performing better than both averages of NHS and independent sector hospitals. There was a single area (recording of staff training) that was considered by CQC not to be fully met in 1 hospital and this was subject to review, action planning and implementation of improvements.

CQC standards met 2012-2013
with NHS and IS comparison



CQC standards met 2013-2014
with NHS and IS comparison

In September 2014 it was announced by CQC that Nuffield Health Tees Hospital would be included as part of their wave 1 independent sector hospital inspections. The new approach involved a rigorous pre-inspection and inspection methodology involving 13 inspectors, including experts such as Consultants and Anaesthetists. In January 2015 the final report was published on CQC website and it was stated, by Professor Sir Mike Richards, Chief Inspector of Hospitals, that 'overall the care and treatment patients received at Nuffield Health Tees Hospital were safe, effective, caring, responsive and well-led'. The CQC continue to review the new style methodology with respect to the differences between NHS and independent sector hospitals and wave 2 pilots were announced for early 2015 at which point CQC would include 'shadow ratings' in their reports.

The Vale Hospital and Cardiff Bay Clinic are subject to registration and inspection by Health Inspectorate Wales (HIW) and were inspected during 2014. HIW requested localised updates to documentation and some minor improvements which were all completed to HIW satisfaction within the required timeline. Our hospital in Glasgow is registered and inspected by Health Improvement Scotland (HIS). HIS use a six point rating system to report the outcome of their inspection process; excellent, very good, good, adequate, weak and unsatisfactory. In 2014 HIS rated our Glasgow Hospital as 'very good' for the quality of information, care and support, staffing and management and leadership. HIS rated the quality of the environment as 'good' and a plan is underway to improve this rating.

We maintain a number of certifications for quality standards that are subject to external audit by bodies who are themselves subject to external accreditation, usually by the United Kingdom Accreditation Service (UKAS). These include:

SEQOHS: Safe, Effective Quality Occupational Health Service - Operated by Royal College of Physicians on behalf of the Faculty of Occupational Medicine.

OHSAS 18001: Occupational health and safety management best practice standard for customers and staff in health and safety.

ISO 27001: Information security management system certification and full compliance with the NHS Information Governance Toolkit.

CPA/ISO 15189: Pathology/Medical Laboratory certification scheme across all pathology laboratories.

ISO 9001/ISO 13485: Quality Management System and Medical Device Management for sterile surgical instruments to support compliance to European Directives.

MQEM: Macmillan Quality Environment Mark for standards of environment for people living with cancer (scheme assessed by DNV (Det Norske Veritas))

Nuffield Health was named Best Workplace Wellbeing Provider at the 2014 Health Insurance Awards for the third year running. The Health Insurance Awards are judged by a panel of senior independent figures and voted for by insurers and intermediaries.

We continue to work towards ISO 14001 Environmental Management System certification and ISO9001 Quality Management Systems for the planning, delivery and continual monitoring and improvement of both Wellbeing and Hospital services. In 2014 our Hospitals made significant progress towards the Joint Advisory Group (JAG) accreditation for GI Endoscopy and expect to see sites being fully accredited during 2015. We also attain high levels of compliance to PLACE (Patient-led assessments of the care environment).



We were named:
Best Workplace Wellbeing Provider at the 2014 Health Insurance Awards for the third year running.

The Health Insurance Awards are judged by a panel of senior independent figures and voted for by insurers and intermediaries.



1

Report on safety Protecting people from abuse and avoidable harm

“We are committed to implementing initiatives which improve the quality and safety of care we provide. In 2014 our Matron community led the early adoption of the “Speak Out Safely” initiative; since nurses are at the forefront of care in hospitals and have a responsibility to flag up any incidents which they believe might be detrimental to the care of their patients. We ensure that frontline staff are empowered to make decisions and raise concerns without fear of reprisal or bullying.”

Anne Richardson,
Matron,
Nuffield Health
Bournemouth Hospital

1.1

Safety – Introduction

Ensuring our products, services and facilities are safe for members, patients, visitors and staff remains one of our highest priorities. The overarching aim is to reduce avoidable harm to zero. To support this objective the facilities are designed, maintained and used to keep people safe; the equipment is maintained and used safely and effectively; and staff are trained in mandatory and other areas to support their scope of practice. Risk assessments are carried out for people who use our services. We have a proactive approach to risk management and risk registers are monitored through the expert advisory groups and quality and safety committees. We have a good track record of recording safety events and reporting them internally and externally. When things do go wrong we are open and honest and we apologise to those affected. Robust investigations, including 'root cause analysis', are undertaken to ensure lessons can be learned and these can be shared widely across Nuffield Health.

1.2

Safety – Avoidable Infections

Our hygiene and infection prevention standards are subject to internal and external audit process and have been scrutinised under the new style CQC inspection process in our Tees Hospital at the end of 2014. The inspection team found that arrangements were in place to manage and monitor the prevention and control of infection, with a dedicated team to support staff and ensure policies and procedures were implemented. CQC found that all areas were clean and there were no hospital acquired infections during 2013/14. They saw staff adhering to the hospital's bare below the elbows policy, however, two consultants were observed wearing long-sleeved shirts and wristwatches whilst visiting patients in the ward area. Action plans have been implemented to improve compliance.

There is a well-established infection prevention programme across all our hospitals and we have an excellent record with respect to the management of avoidable infections (Healthcare Associated Infections or HCAI). In the rare cases where an avoidable infection is identified a full root cause analysis undertaken. Lessons learned and potential trends are reviewed at the Infection Prevention Expert Advisory Group (IP EAG) and, where necessary, action taken at a local or national level.

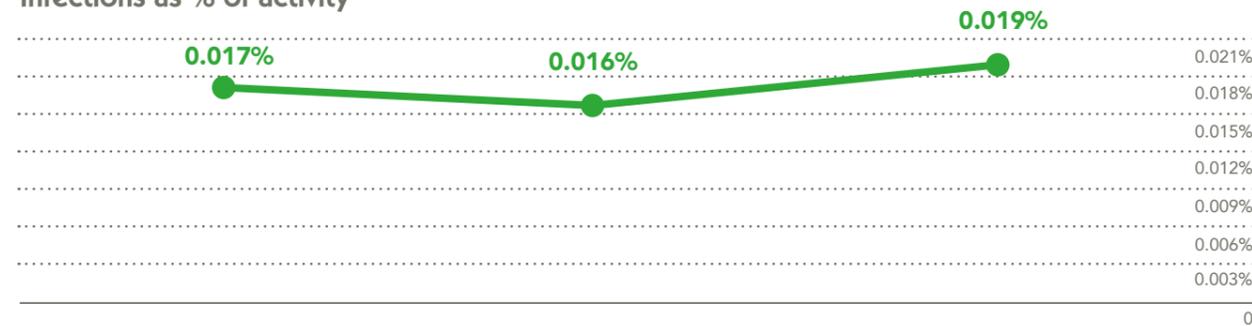
Nuffield Health participates in the Public Health England (PHE) National Mandatory Surveillance of HCAIs and, as shown below, our very low levels of HCAI remain consistent. We have not had a single case of MRSA blood stream infections (BSI) for over three years.

MRSA Blood Stream Infections

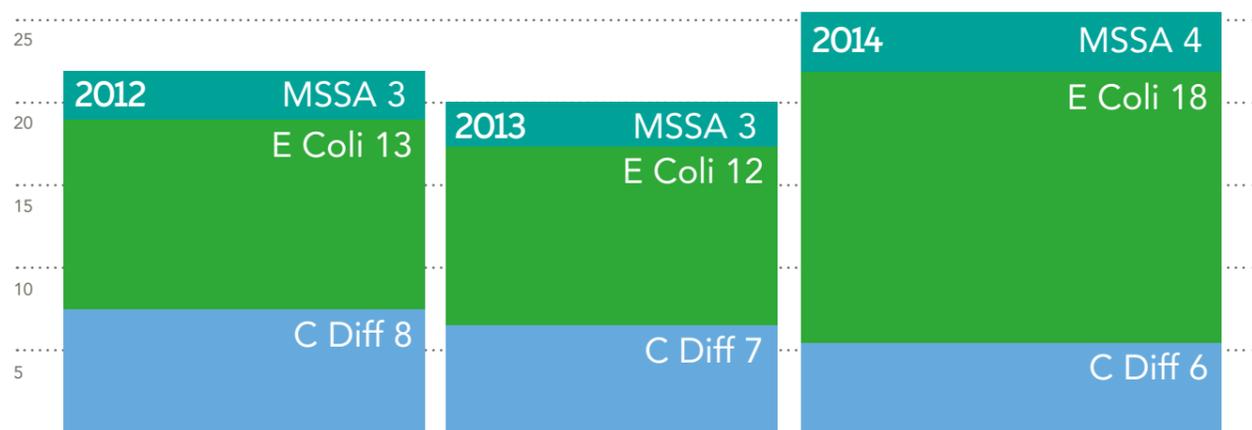
0 cases
3+ years

Externally reportable healthcare acquired infections 2012-14

Infections as % of activity



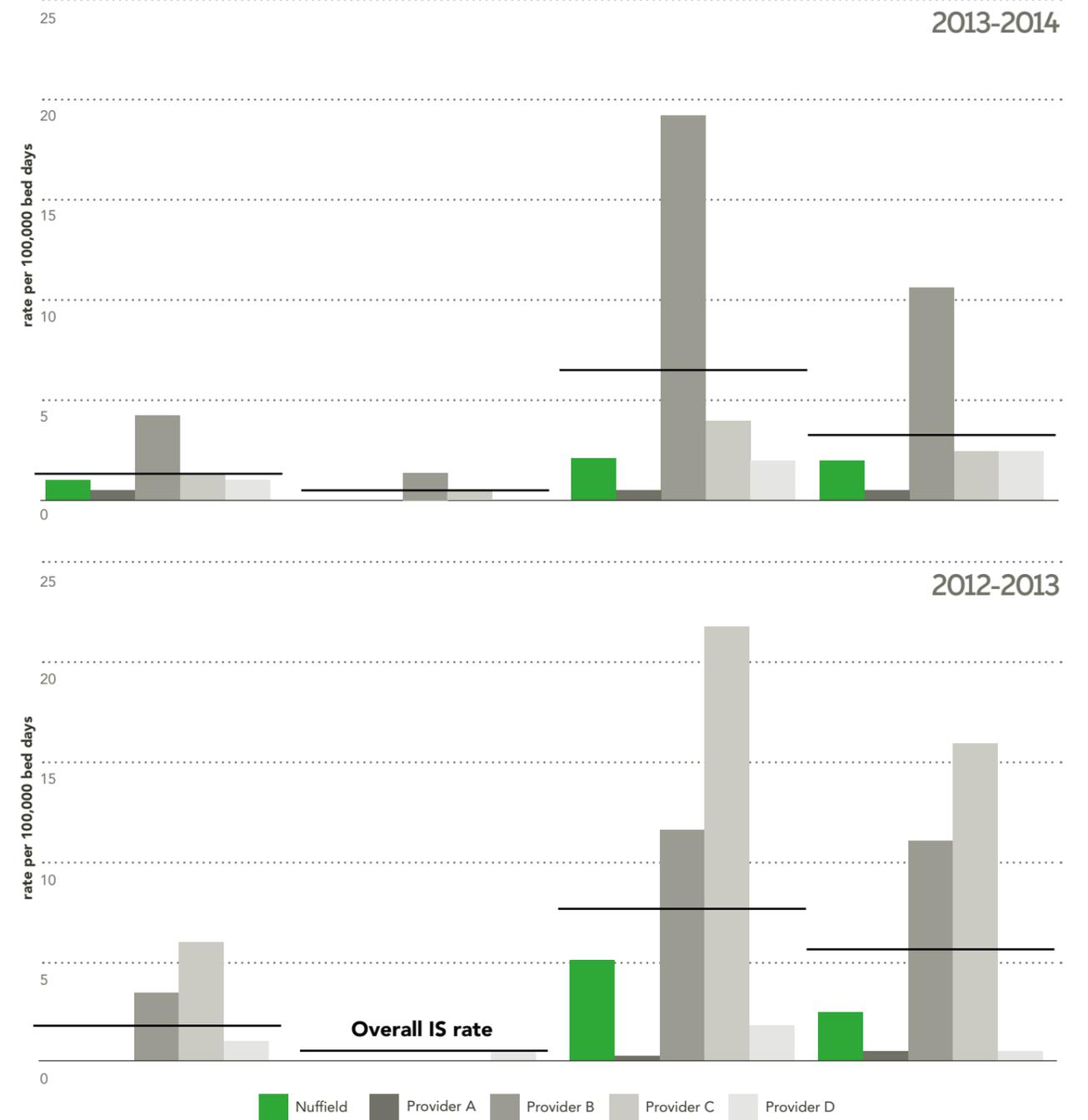
Number of infections



0 Cases of MRSA in 2012, 2013, & 2014

The NHS and other independent sector (IS) providers also report HCAI to PHE. Direct comparison of data on HCAIs between the IS and NHS organisations is not possible due to some differences in reporting criteria. PHE also does not provide data that can be compared between different IS organisations due to their variable size and range of patients seen. As stated earlier in this report, we continue to seek benchmarks and the information in the figure below is provided from the PHE commentary on annual data on HCAI from independent sector healthcare organisations in England. The IS organisations selected below are similar to Nuffield Health and provide some context, if not direct comparison.

Public Health England (PHE) annual data on independent sector HCAIs (Apr 2012-Mar 2014)

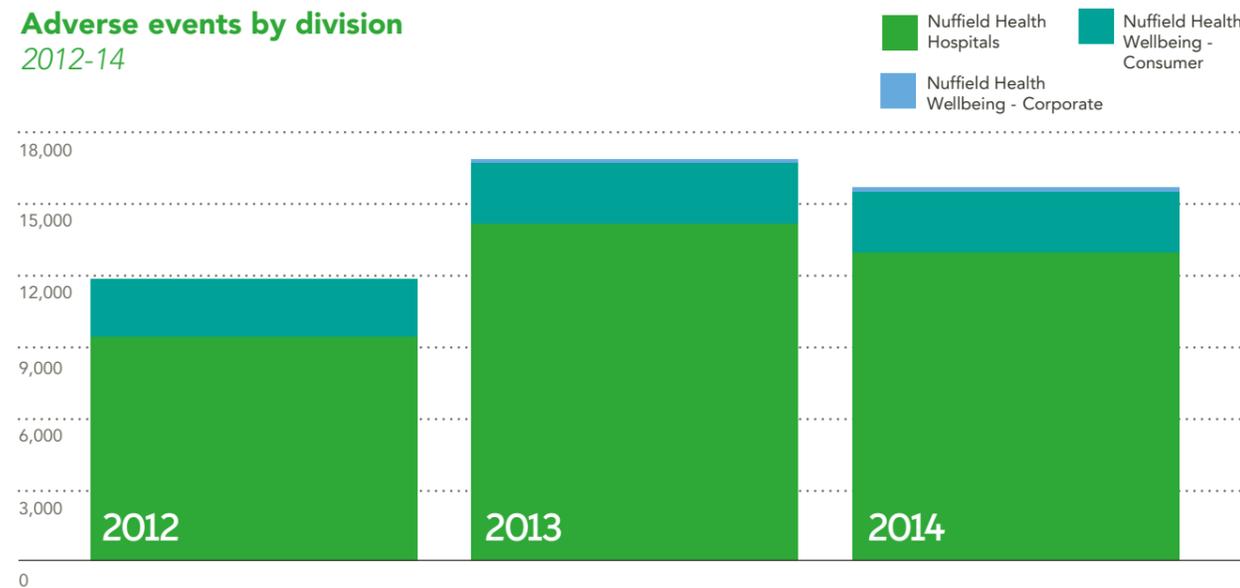


1.3

Safety – Adverse Events Overview

Adverse events are recorded in our Datix risk management system and are investigated locally, and then monitored through the relevant expert advisory group and quality and safety committee. We strive to align coding and reporting with the NHS system, the National Reporting and Learning System (NRLS). NHS England has not yet permitted the independent sector access to NRLS and therefore robust comparative data is not available at this time. The figure shows that in 2014 adverse events fell in the Hospital Division and further investigation is underway to clarify the reason for the decline.

Adverse events by division
2012-14

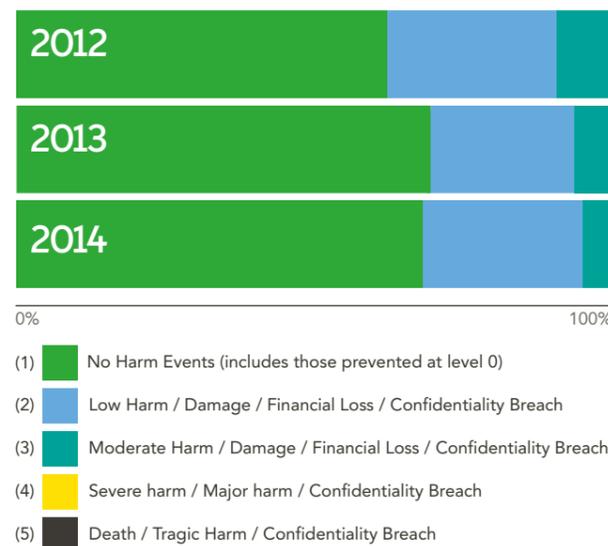


1.4

Safety – Adverse Events Severity

Of all adverse events that are reported the majority cause no harm either because they were prevented (level 0) or because the event did occur but the result was no harm (level 1). Harm events are classified from low harm (level 2) to death (level 5) and, as shown right, the recording of 'moderate' harm events have been reduced each year over the past three years. The apparent reduction may reflect improvement in quality of data rather than underlying improvement in quality of care. An absolute baseline of reporting by harm levels is unlikely to be achieved until Nuffield Health is embedded in reporting through NRLS.

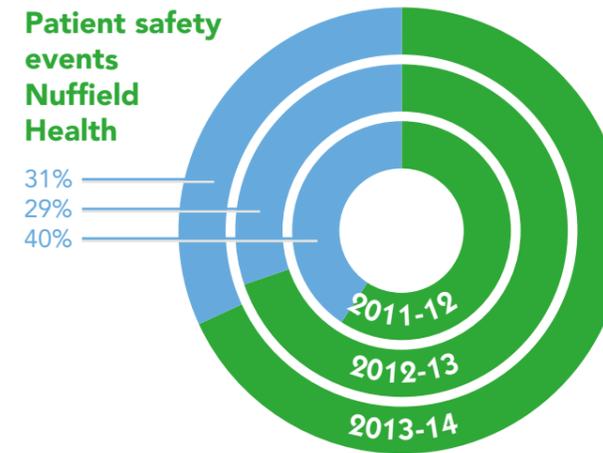
Adverse events by severity
2012-14



We have continued to improve adverse event reporting and monitoring through the internal Datix risk management system. The figure below shows the proportion of adverse events that have, and have not, caused harm over the past 3 years. The figure shows the proportion of harm to no harm for all events, patient safety events in Nuffield Health and the position of the NHS for England and Wales. As we develop criteria to support reporting into the external NRLS, then a more consistent picture of reporting will develop and improvement can be more effectively targeted.

■ Harm ■ No Harm

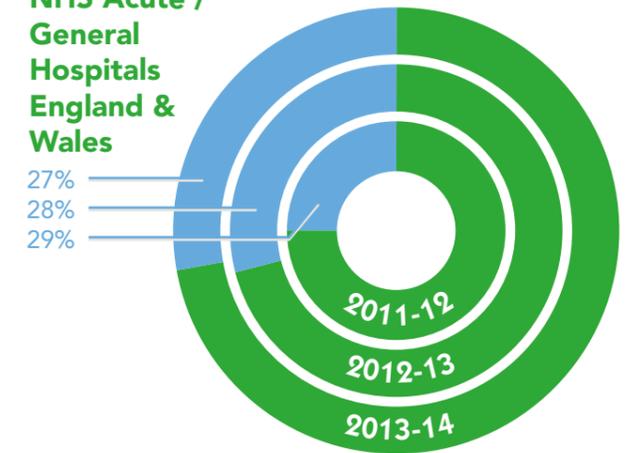
Patient safety events
Nuffield Health



All events
Nuffield Health



Source: NRLS
NHS Acute / General Hospitals
England & Wales



The proportion of adverse events that are classified as severe or above is small (0.5-0.6%) and is similar to, but lower than, the NHS (up to 0.7% in 2014), as shown below.

% of all Events with severe/death harm 2012-14

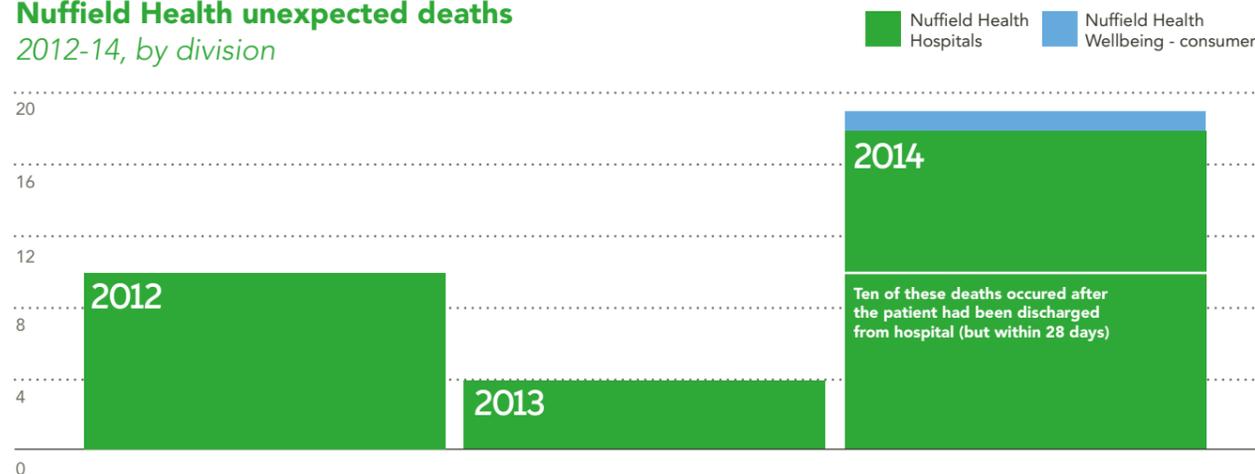


1.5

Safety – Unexpected Deaths

There has been an increase in the number of unexpected deaths reported for Nuffield Health patients in 2014 (18 patients) compared with 2013 (4 patients) and 2012 (9 patients). Due to improvements in communications between other providers, we have seen a trend in reporting of events where patients have already been discharged from Nuffield Health (10 patients). We do not believe this reflects an increase in mortality. There was one case of an unexpected death of an elderly gentleman at a Nuffield Health gym.

Nuffield Health unexpected deaths 2012-14, by division



There have been no other trends identified to date, following internal root cause analysis and external investigation by the relevant coroner. In one case a coroner raised concerns about the way Nuffield Health had managed the risks in administering chemotherapy to a patient who turned out to be sensitive to the side effects of the medication. A Regulation 28 notice was issued in October 2014. The following month, the coroner confirmed that he was reassured that the issues of concern had been addressed.

1.6

Safety – Never Events

Never Events are serious, largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented. 'Never events' is a restricted term and applies mainly within the Hospital Division. Serious Preventable Events (SPE) is the term used across Nuffield Health to define other preventable safety incidents.

In the Annual Quality report for 2013 Nuffield Health reported that there had been five Never Events in Nuffield Health Hospitals, which was correct at the time of reporting. Three more incidents that occurred in the 2013 reporting period have since been identified as Never Events. This brings the total in 2013 to eight compared with seven events in 2014 (as reported to date).

Nuffield Health Never Events 2012-14



Despite our aim to completely eliminate Never Events they remain similar year on year. NHS England expects that reporting of Never Event incidents will continue to increase as healthcare becomes a more transparent and learning system. Dr Mike Durkin, National Director of Patient Safety at NHS England, said:

“Awareness in the NHS of these issues has never been greater and the quality of our surgical procedures has never been better. It follows that the risk of these things happening has never been smaller.”

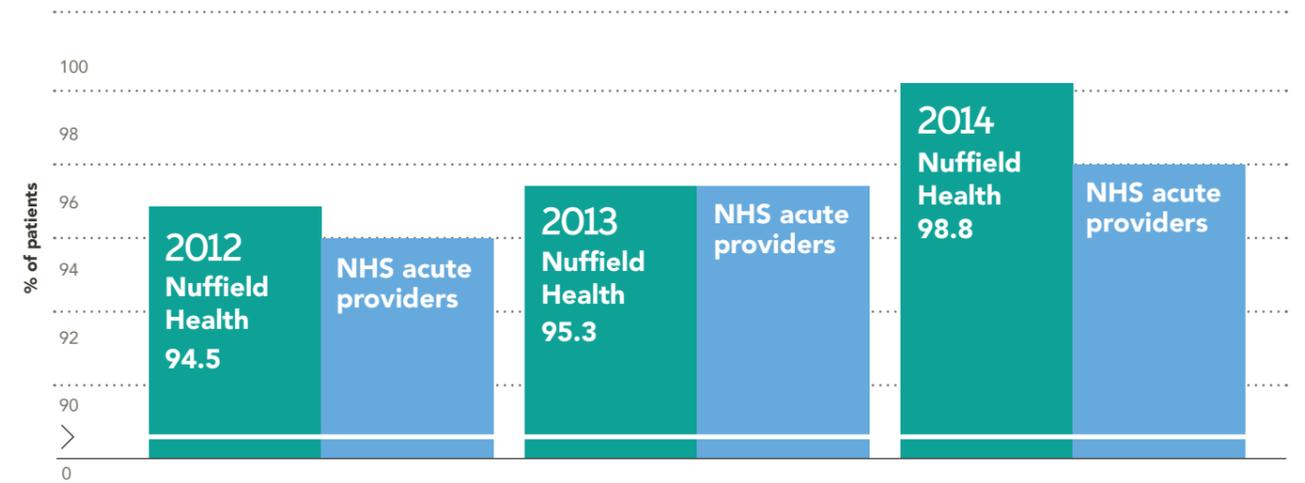
Analysis of Never Events in Nuffield Health over time has shown there are no trends in any one hospital or with any Consultant and initial harm levels often reduce as investigation proceeds (usually no harm, low harm or moderate harm). Trends in the category of Never Event are the same as frequently reported in the NHS namely; 'wrong implant', 'wrong site surgery' and 'retained foreign object'. Over the 3 year period 10 of the 21 events were related to ophthalmology and involved the insertion of the wrong lens. The trend is similar to that seen in the NHS and our volumes of cataract surgery have also increased significantly. On-going work to embed the lessons learned from local root cause analysis across Nuffield Health has been reported by CQC as good practice.

Safety – Venous Thromboembolism

Venous Thromboembolism (VTE) is a significant patient safety issue in hospital and prevention is key to reducing harm. The aim is that 100% of eligible patients will be assessed to mitigate the risks of developing VTE. As part of our drive for continual improvement the percentage of admitted patients assessed has improved to nearly 99% in 2014.

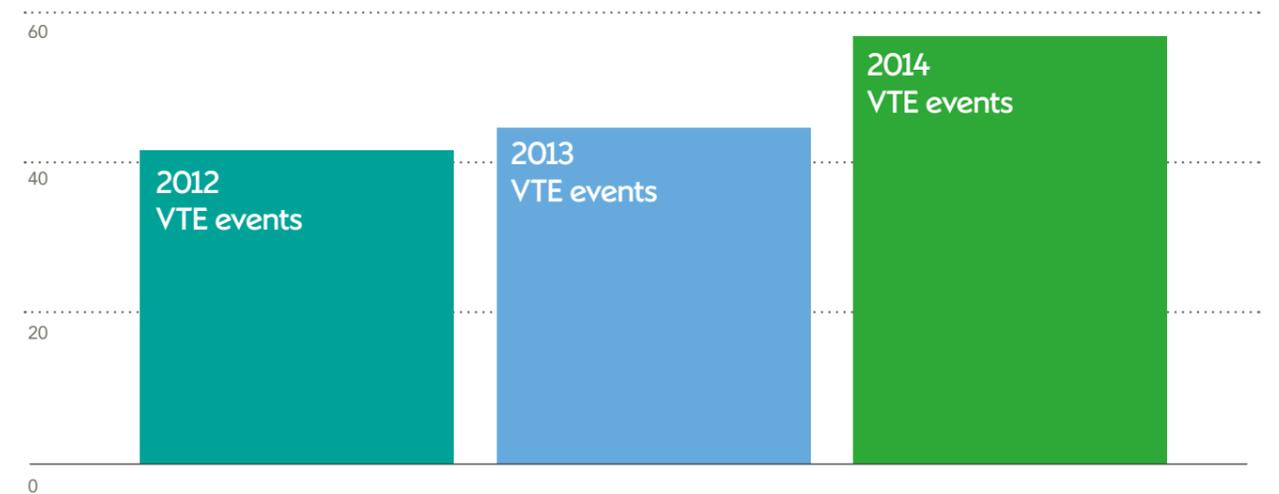
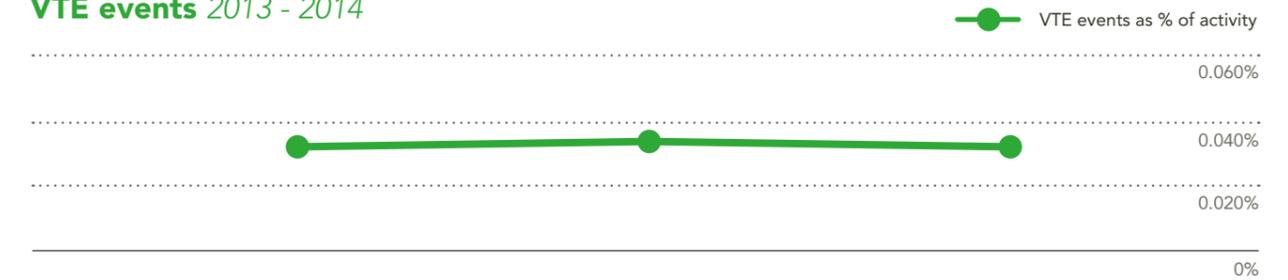
99%
of eligible patients
assessed in 2014

Venous Thromboembolism (VTE) risk assesment
2011 - 2014



In the rare cases where VTE is diagnosed a root cause analysis undertaken and lessons learned are reviewed at the Hospital Quality and Safety Committee (HQSC). No trends have been identified to date and our incidence of VTE remains low and consistent against activity (as shown below). In 2015 we will be working towards exemplar status as part of the National VTE Prevention Programme.

VTE events 2013 - 2014





Report on effectiveness

Achieving good outcomes and promoting a good quality of life using best available evidence

“Having worked alongside Nuffield Health for nine years as Medical Director of Vale Healthcare and Medical Advisory Committee (MAC) Chair at Nuffield Health Cardiff and Vale Hospitals, I was excited about the opportunity to become Medical Director for Hospitals on a national basis. The combination of traditional and innovative healthcare makes Nuffield Health unique in the sector. Strengthening our relationship with the consultants who work with us and delivering integrated healthcare with outcome measures that better reflect “a good quality of life” and are supported by electronic and digital systems, is the challenge we began in 2014 and will continue in 2015.”

Geoff Graham,
Medical Director, Hospitals

2.1

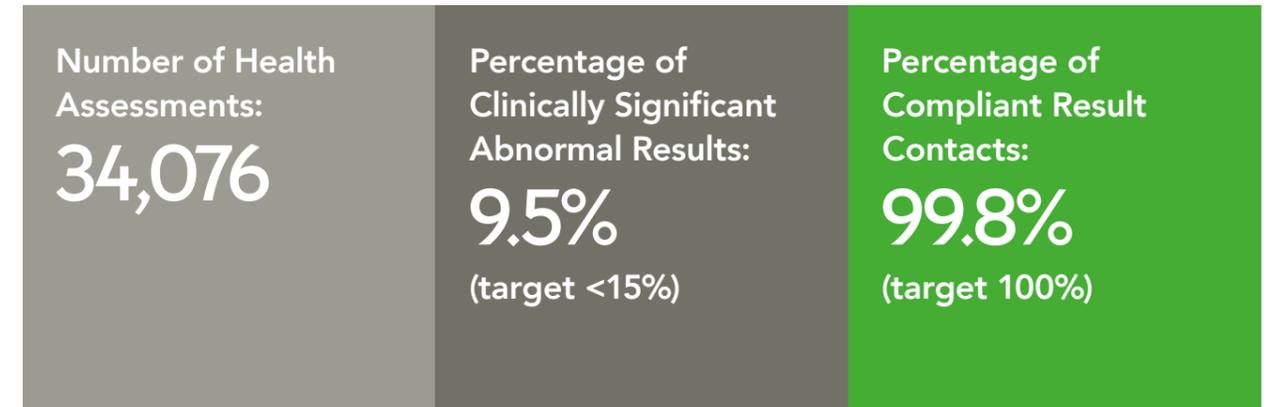
Effectiveness – Introduction

Our products and services are developed using the relevant and current evidence-based guidance and standards, including National Institute for Health and Care Excellence (NICE) and other expert and professional bodies. The CQC reported following their inspection of our Tees Hospital in 2014, that overall the care and treatment was effective and there were processes in place for implementing and monitoring the use of evidence-based guidelines and standards to meet patients' care needs. CQC also reported that surgical services participated in national clinical audits and reviews to improve patient outcomes. The processes reviewed at our Tees Hospital are part of national frameworks that are monitored by the Hospital Quality and Safety team.

2.2

Effectiveness – Health Assessments and Fitness

We offer a range of Health Assessments, delivered by doctors and physiologists that are designed to help people understand their individual needs for health and wellbeing improvement. We have a governance programme to review the outcome data and the effectiveness of health checks, including communication to patients and members about clinically significant results. It is particularly important that information regarding abnormal results is communicated proactively within an acceptable timeline. There is an 'abnormal' rate across the various components of the Health Assessments of approximately 10% and it is our policy to contact the individual either the same day, or within 2 working days, depending on the nature of the result. Following notification of a significant result at a level that that is likely to indicate a serious pathology we complete six month follow-up reviews to collate outcome data.



We continually review false positive rates to reduce any potential risk for misdiagnosis. In 2014 false positive rates for prostate specific antigen (PSA), cervical smear and chest X-ray aligned to the evidence base for the test effectiveness. The electrocardiogram (ECG) tests showed a higher figure of false positives and the testing process was changed in March 2014. Early results show a reduction in false positive results for ECGs and full annual audit will take place in August 2015. Contact compliance is high but we continue to aim for 100%.

Our Health Mentors and Wellbeing Personal Trainers have delivered over 102,000 Health MOTs in 2014. The Health MOT provides members with an opportunity to improve their overall health by making informed decisions about fitness, diet and lifestyle changes. We amended our metrics in 2014 and we will report the amended outcome measures next year.

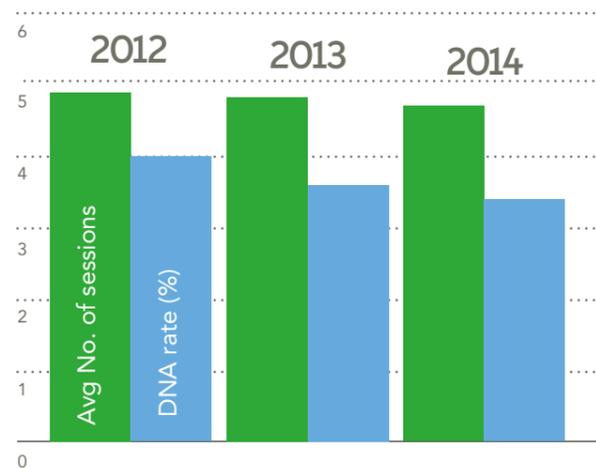
2.3

Effectiveness – Physiotherapy Outcomes

Our physiotherapy service offers a wide range of treatments to keep people active, from managing muscular aches and pains through to long term rehabilitation after serious injury. The approach we take to integrating pathways was stated by CQC as good practice following their visit to our Tees Hospital in 2014. CQC reported that our Physiotherapists were trialling a new exercise group for patients with back pain and had introduced pre-operative group sessions for patients undergoing joint replacements with an aim to help patients achieve realistic expectations of post-operative therapy and recovery.

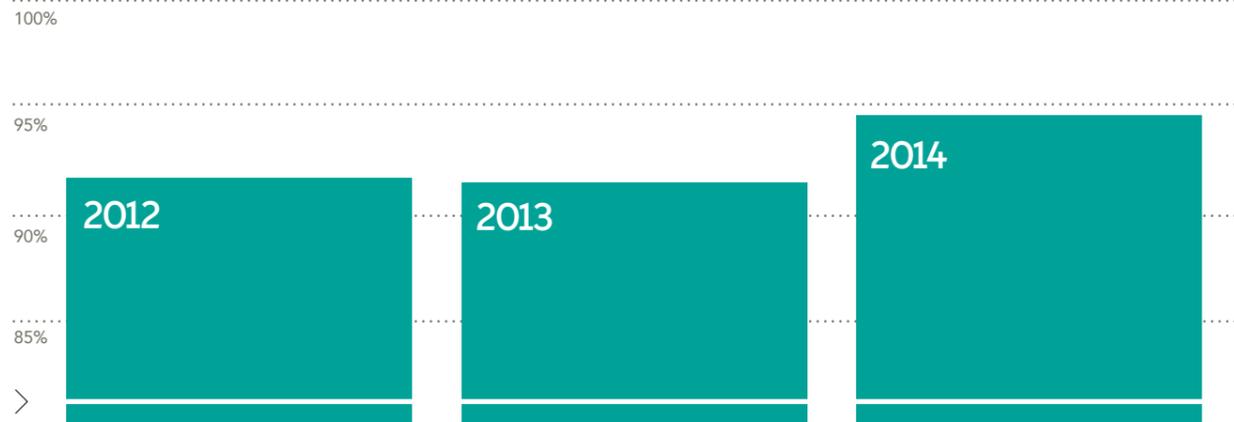
We monitor both process and outcome measures in physiotherapy. The efficiency of the service has improved over the last 3 years with the 'Did Not Attend (DNA)' rate falling from 4% to 3.4%. Our physiotherapy service aims to treat patients in 5 sessions or less. The average number of sessions has been consistent over the past 3 years (4.8).

Physiotherapy Average number of sessions and DNA rates



The percentage of 'good outcomes' has improved in 2014 to 94.5% (from 91.5% in 2013). A 'good outcome' means patients reporting improvement of 30% and above at the point of discharge. The aim is to continue to improve good physiotherapy outcomes during 2015 and to seek national benchmarks.

Physiotherapy % with good outcomes reported

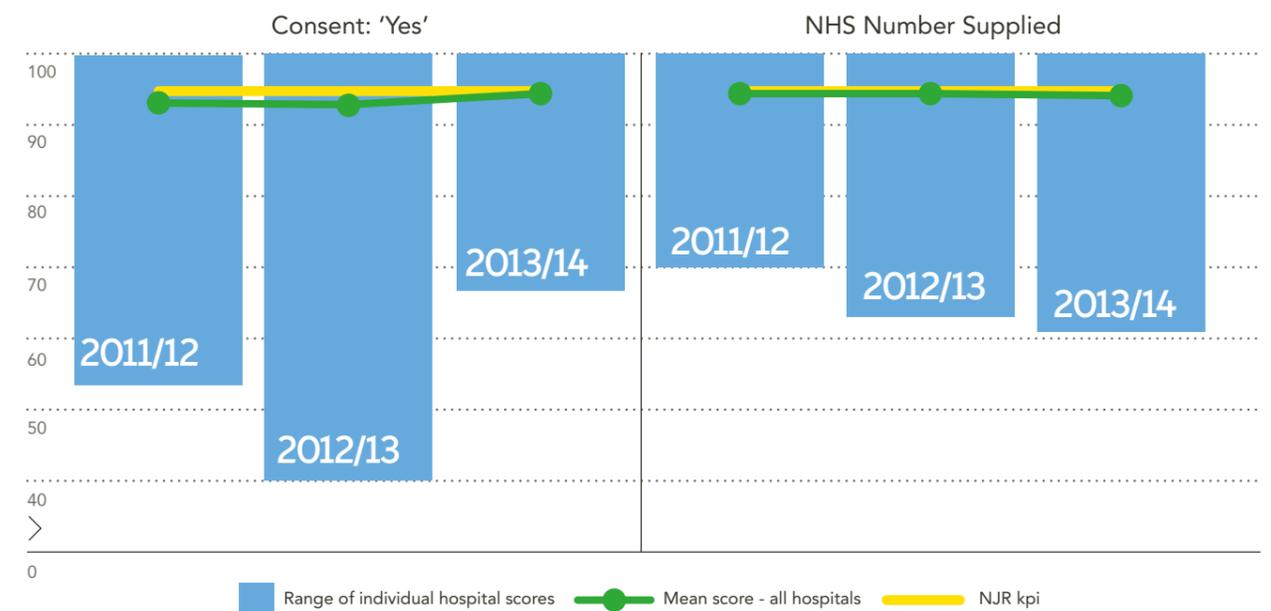


2.4

Effectiveness – Orthopaedic Surgery Outcomes (National Joint Registry)

The activity in the Hospital Division is predominantly elective surgery and the majority are orthopaedic procedures (over 56,000 in 2014). The National Joint Registry (NJR) is the defined orthopaedic national clinical audit and provides the benchmark information for both the NHS and the independent sector. To monitor patient outcomes two processes must be compliant, namely that patients consent to their data being used, and that the NHS number is provided in order to triangulate information about a given patient outcome across providers. As shown below, we score well against the mean NJR key performance indicator (KPI), but we have some individual outlying hospitals, for which improvement plans are underway.

Hospital compliance against NJR standards 2011-2014



Our overall position on outcomes of surgery is good in the latest NJR report for 2013/14. There are 3 hospitals identified as outliers with respect to increased rate of hip revisions and the adjacent NHS hospitals are also seen as outliers. The position is the same as reported last year and relates to the complications with Metal on Metal hip implants. We are following national guidance with regard to the management of patients as stated in the information on the NHS Choices website.

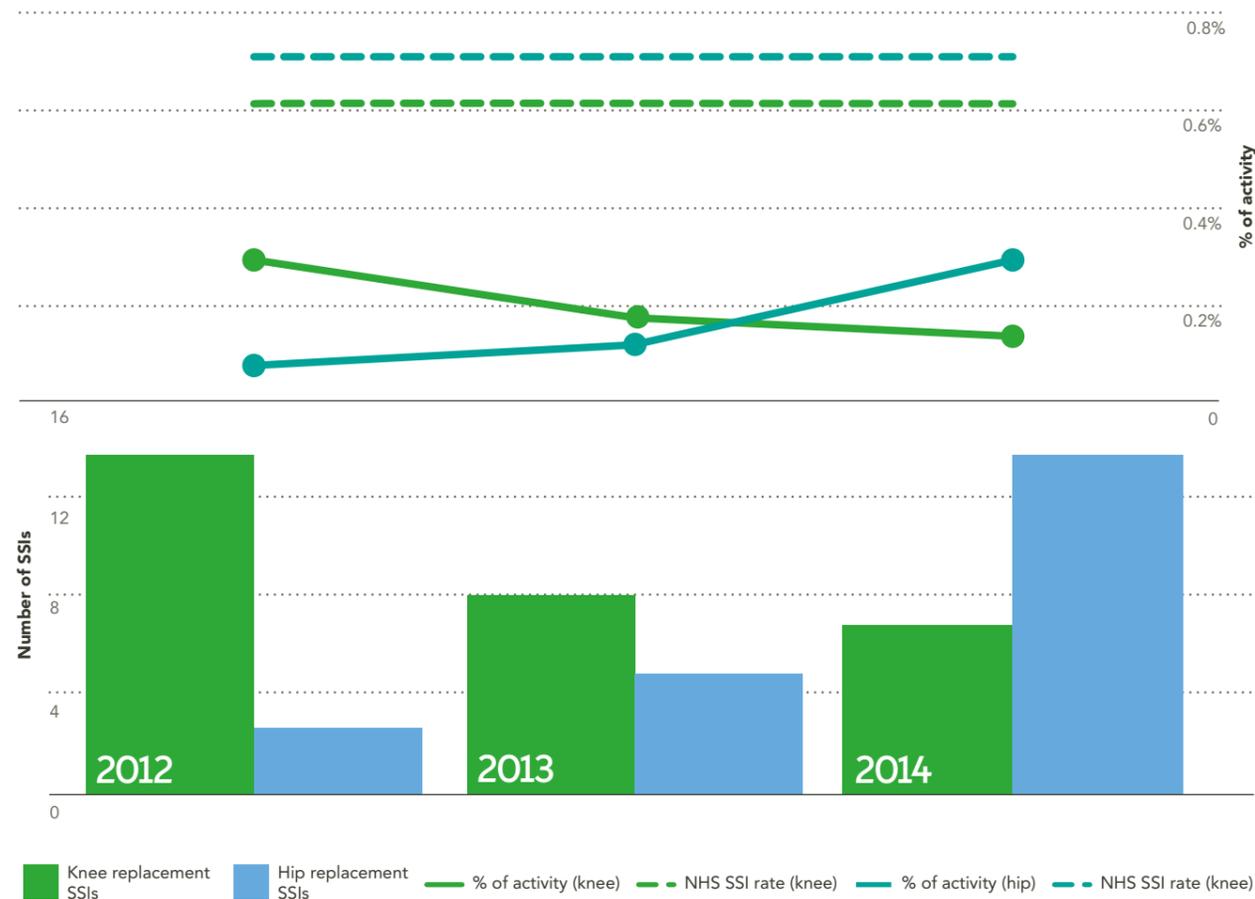
2.5

Effectiveness – Orthopaedic Surgery Outcomes (Surgical Site Infections - SSI)

Infection in a surgical site can impact the effectiveness of the outcome and we closely monitor SSIs.

The figure below shows that the numbers of hip and knee infections are lower than the NHS and that the rate of infection following knee surgery in Nuffield Health has continued to decrease. We have seen an increase in infection following hip surgery and this trend is being investigated.

Surgical site infections (inpatient) hip and knee replacement 2012 - 2014 (with NHS rate comparison)

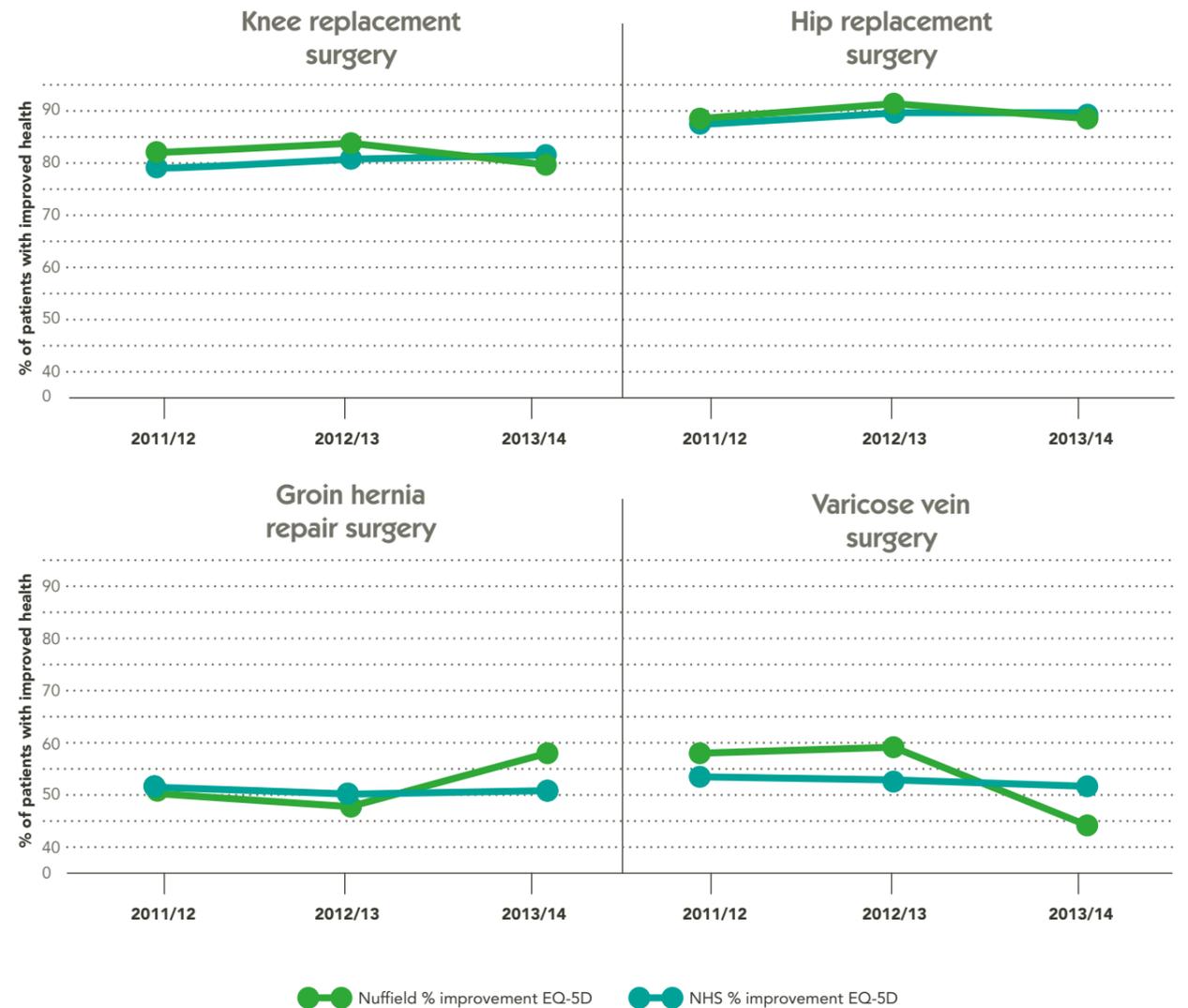


2.6

Effectiveness – Patient Reported Outcome Measures

The Patient Reported Outcome Measures (PROMs) are standardised validated question sets to measure patients' perception of health and functional status and their health-related quality of life. Nuffield Health invites all patients (private and NHS) undergoing hip or knee replacement, groin hernia surgery, or varicose vein surgery to complete a PROMs questionnaire. The decline in improvement for patients undergoing varicose vein surgery is being analysed. We are investigating new methods of obtaining PROMs that will better support our new integrated pathways.

PROMs outcomes 2011 - 2014 patients with improved outcomes



The EQ-5D descriptive system of health-related quality of life states consists of five dimensions - mobility, self-care, usual activities, pain/discomfort and anxiety/depression - each of which can take one of three responses. The responses record three levels of severity - no problems / some or moderate problems / extreme problems - within a particular EQ-5D dimension.

2.7

Effectiveness – Recovery Plus and other new integrated pathways

In 2014 we launched Recovery Plus, our post-operative 12-week rehabilitation programme for individuals who have undergone surgery and have finished their formal treatment. Led by a Physiotherapist, it is conducted at a Fitness & Wellbeing Gym close to the patient's home, where we can provide nutrition and dietary advice alongside a personal fitness programme and access to health mentors and Health MOTs. At the end of 2014, Recovery Plus was embedded into 29 hospitals and 47 associated Fitness & Wellbeing Gyms, with over 300 patients making use of the service. The programme is currently open to those having elective surgery for 27 procedures including hip and knee replacement, cruciate ligament treatment and spinal surgery. Our doctors aim is that the programme will not only get patients back to full function, but will also get them into better shape.

Towards the end of 2014 we undertook a pilot to integrate our Health MOT with our pre-operative assessment and patient feedback was extremely positive. This innovative approach will be launched fully in 2015 and the outcomes measured, including how motivated patients are to return to, or take up, exercise. Another pilot, the Healthy Weight Programme, was piloted in 2014 for launch in 2015 following promising outcomes and excellent member feedback, for example talking in terms of 'a new lease of life'.

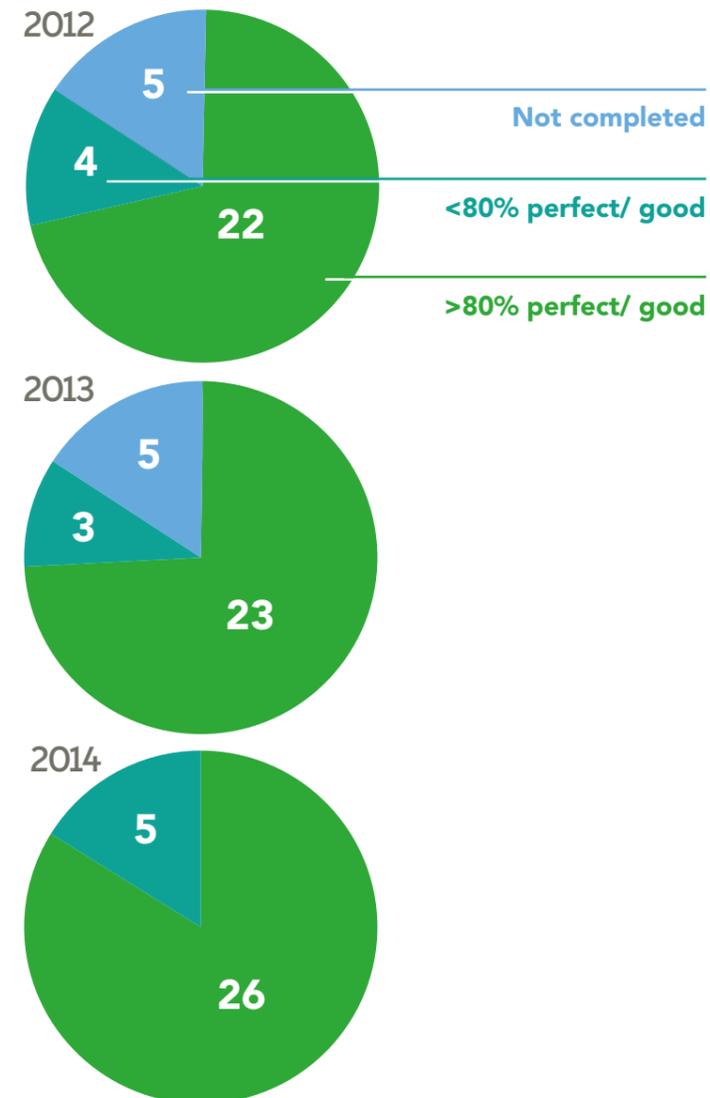
2.8

Effectiveness – Mammography Outcomes

We review our mammography service and the information provided to patients against the NHS Breast Screening Programme (NHSBSP). The mammography recall to assessment rate is benchmarked against the NHSBSP rate of less than 7% and during 2014 our mammography recall average was 4% (range 2.5% to 5%).

The quality of mammograms is subject to peer review audit and the trend below identifies that the number of sites providing good or perfect images has improved year on year. In 2014 there were no 'not complete' sites where peer review audits were not undertaken (for example, due to staff changes or low qualifying numbers). Although the number of <80% sites has increased (from 3 to 5) there has been an improvement in the quality as those with >80% at perfect/good have increased (from 23 to 26).

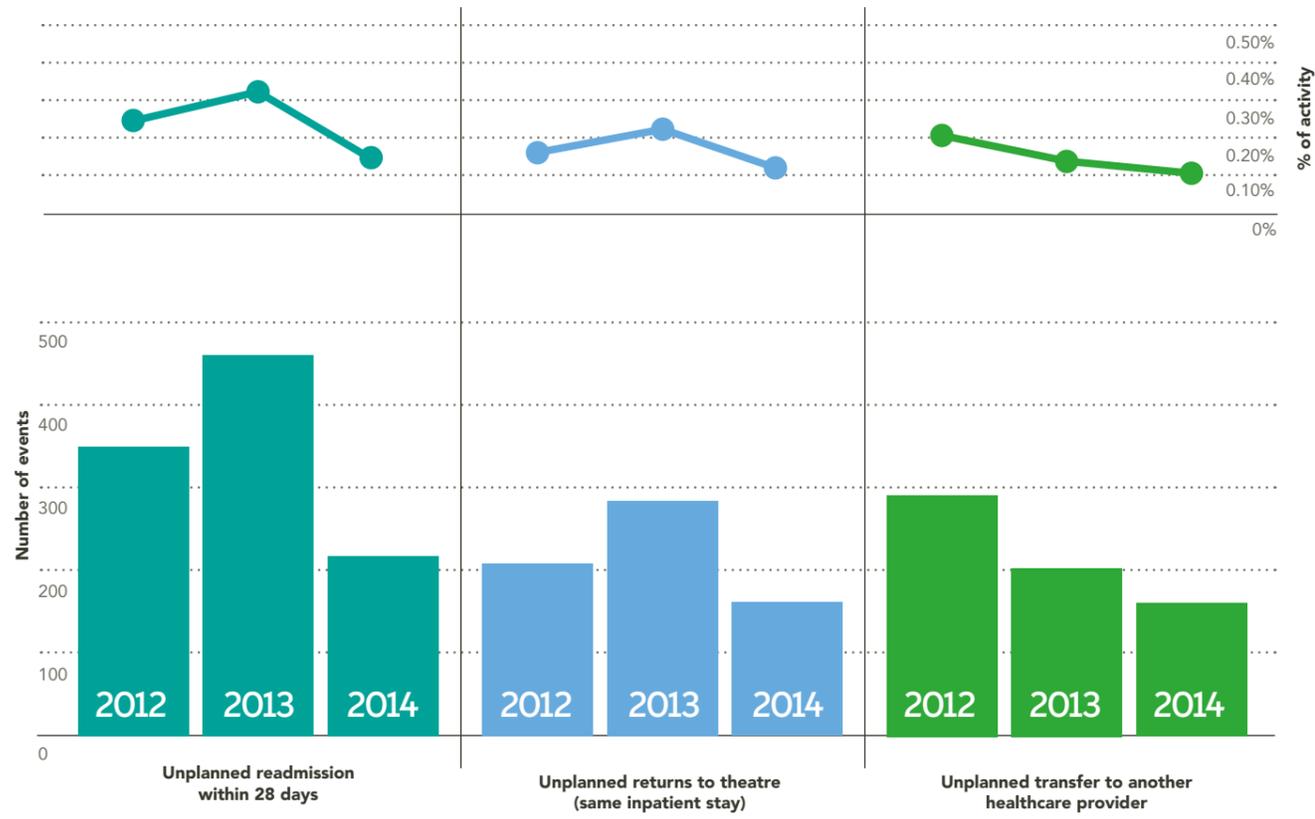
Mammography peer review audit scores 2012-14
number of locations



Effectiveness – Unplanned readmission/transfer/return to theatre

Unplanned events can impact the outcome of a procedure and we continue to monitor unplanned events in hospitals. The figure below shows that the proportion of unplanned events is very small and that there was improvement across these three measures in 2014. Further work is underway to benchmark with similar organisations.

Unplanned events in hospitals 2012-14





3

Report on caring Involving people and treating them with compassion, kindness, dignity and respect

“Having been a Matron and a Hospital Director in Nuffield Health, I have experienced at first hand the feedback our patients provide. They tell us about the warm welcome, the way we meet their individual needs and the reassurance they feel from the dedicated caring staff. On returning to Nuffield Health, I am delighted to be able to support the development in our staff on a national basis so that our patients can consistently benefit from the best possible care. ”

Carol Kefford
Chief Nurse

3.1

Caring – Introduction

We treat patients and members with kindness, dignity, respect and compassion; this is evident from the informal compliments we receive and the feedback to formal surveys. We communicate with patients and members as partners on their individual health and wellbeing pathway, involving them in planning and making decisions about their care and individual goals in order to maximise their independence. When our patients and members have concerns or complaints they are encouraged to speak up informally, or are guided through the formal complaints process, where this is required. Complaints are investigated openly and transparently, recorded in our Datix risk management system and lessons learned are shared to improve the quality of care.

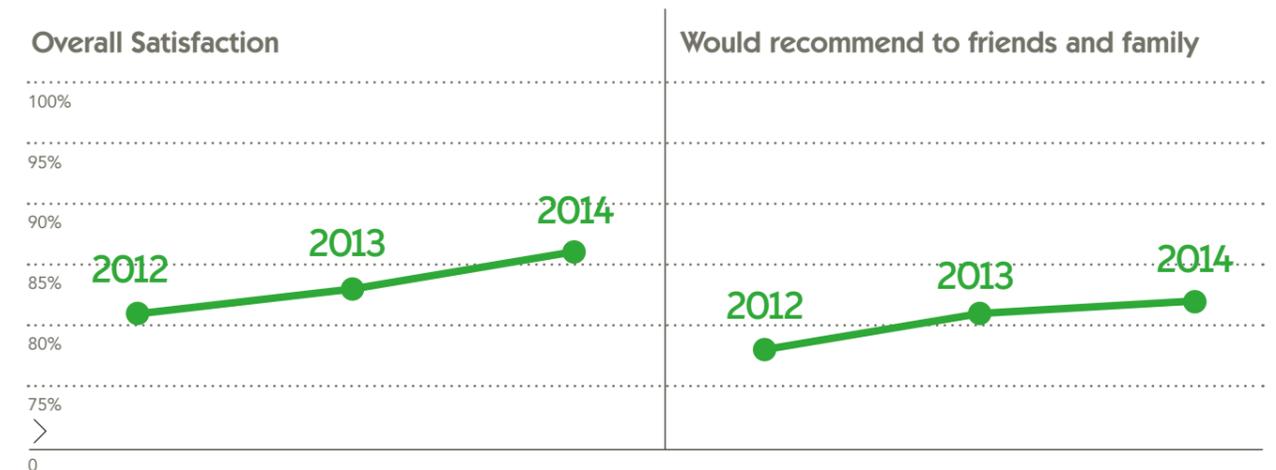
Following the inspection of our Tees Hospital, CQC noted that all the patients they spoke to were very happy with the service they had received. CQC also stated that there were very few complaints arising from patient experiences and that there was evidence that the hospital reviewed and acted on information about quality of care that was received from complaints.

3.2

Caring – Customer Satisfaction

During 2014 we improved our satisfaction survey in hospitals to ensure the full patient journey was captured from enquiry to discharge and to enable us to respond quickly to any issues through “contact me” functionality. Other improvements included, enabling patients to choose to respond on-line or by hard copy, providing patients with the opportunity to rate key staff, and more detailed reporting. Overall satisfaction and recommendation to friends and family continues to improve.

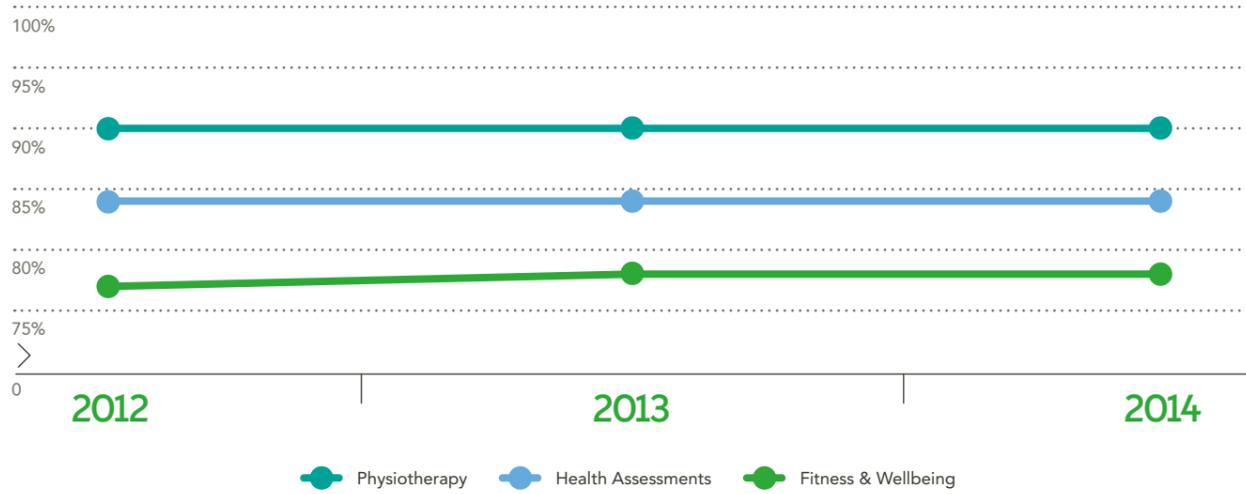
Patient satisfaction, hospitals, 2012-14



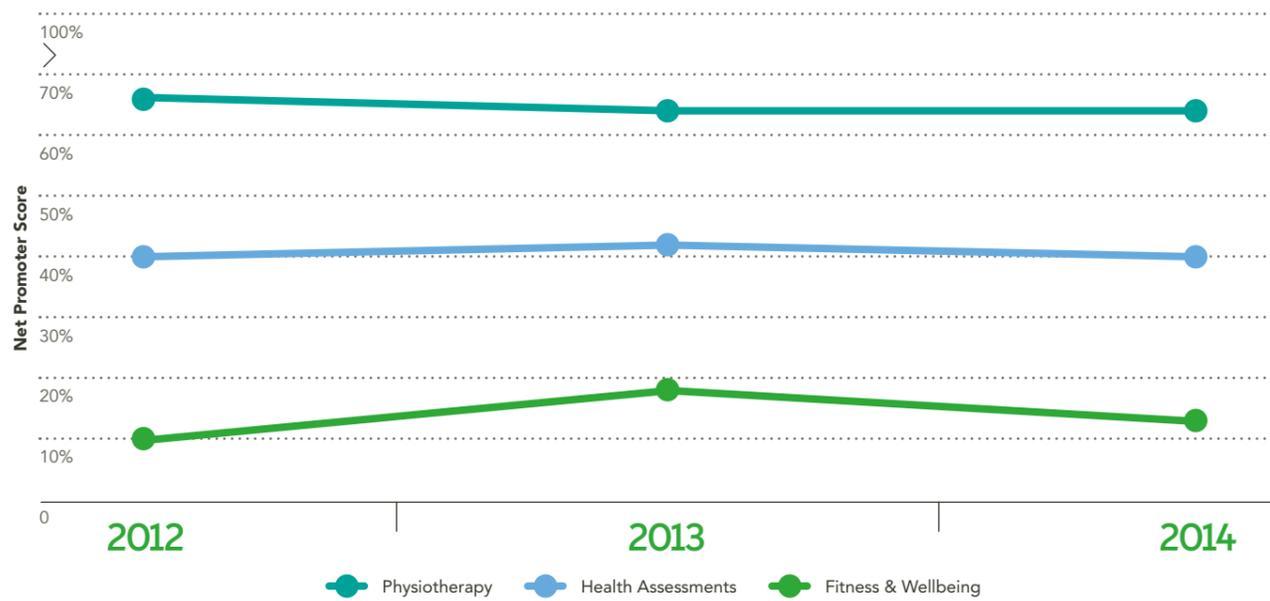
In 2014 we also amended the hospital survey to include the Net Promoter Score (NPS) to enable internal and external benchmarking. Next year we will be able to show trends and compare our performance with other feedback surveys.

The NPS scores for ‘overall satisfaction’ and ‘recommendation to friends and family’ for wellbeing services are shown in the two figures below. The NPS scores are fairly consistent within a service line across the three years. There is a difference between service lines which is likely to be related to the increasing clinical intervention from fitness, through health assessments to physiotherapy.

Wellbeing Division Overall satisfaction 2012-14
by service



Wellbeing Division Friends and Family test 2012-14
Net Promoter Score



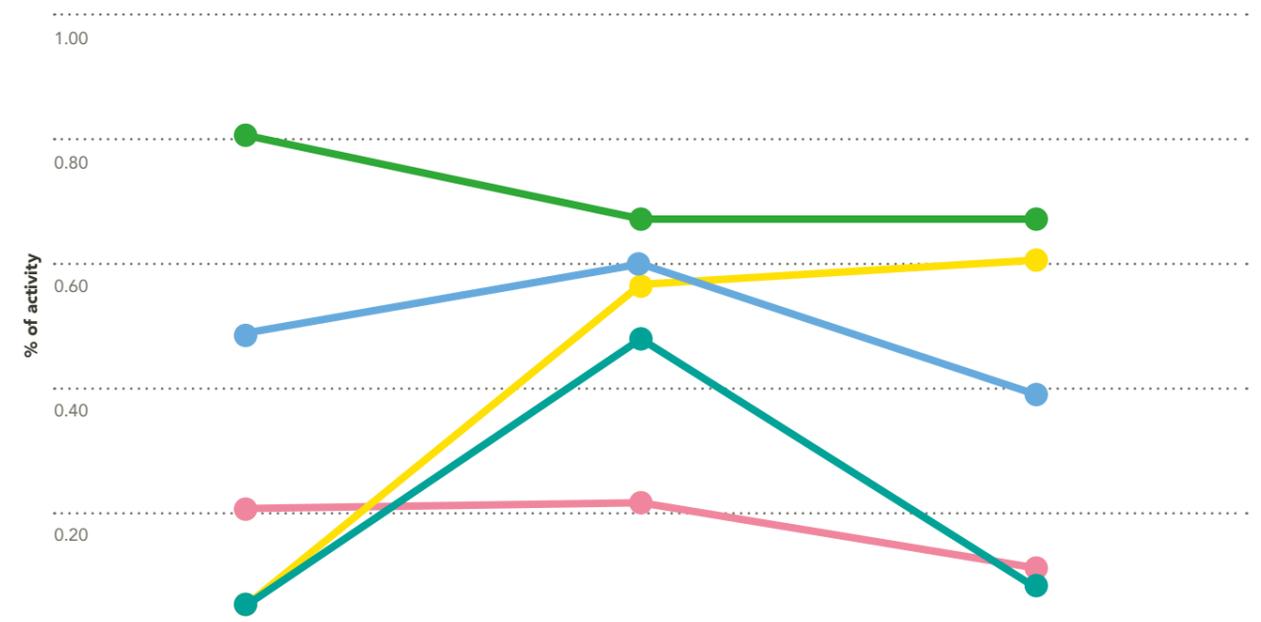
We also engage with our patients and members in a number of other ways to ensure we gain feedback on how well our products and services are meeting people's needs. In 2014 we undertook research to gain insight into what our patients wanted from our Cosmetic Surgery services. This research approach will be used in conjunction with regular patient and member forums to ensure user input prior to further developments of our products and services.

3.3

Caring – Customer Complaints

As shown below complaints within hospitals and physiotherapy services have remained similar to the numbers in 2013, whilst there has been a decrease in complaints against health assessments and mammography services. We continue to investigate any trends in complaints including the quality of data, which may be a factor in the fluctuations seen in recorded complaints for fitness services.

Customer complaints as % of activity 2012-14

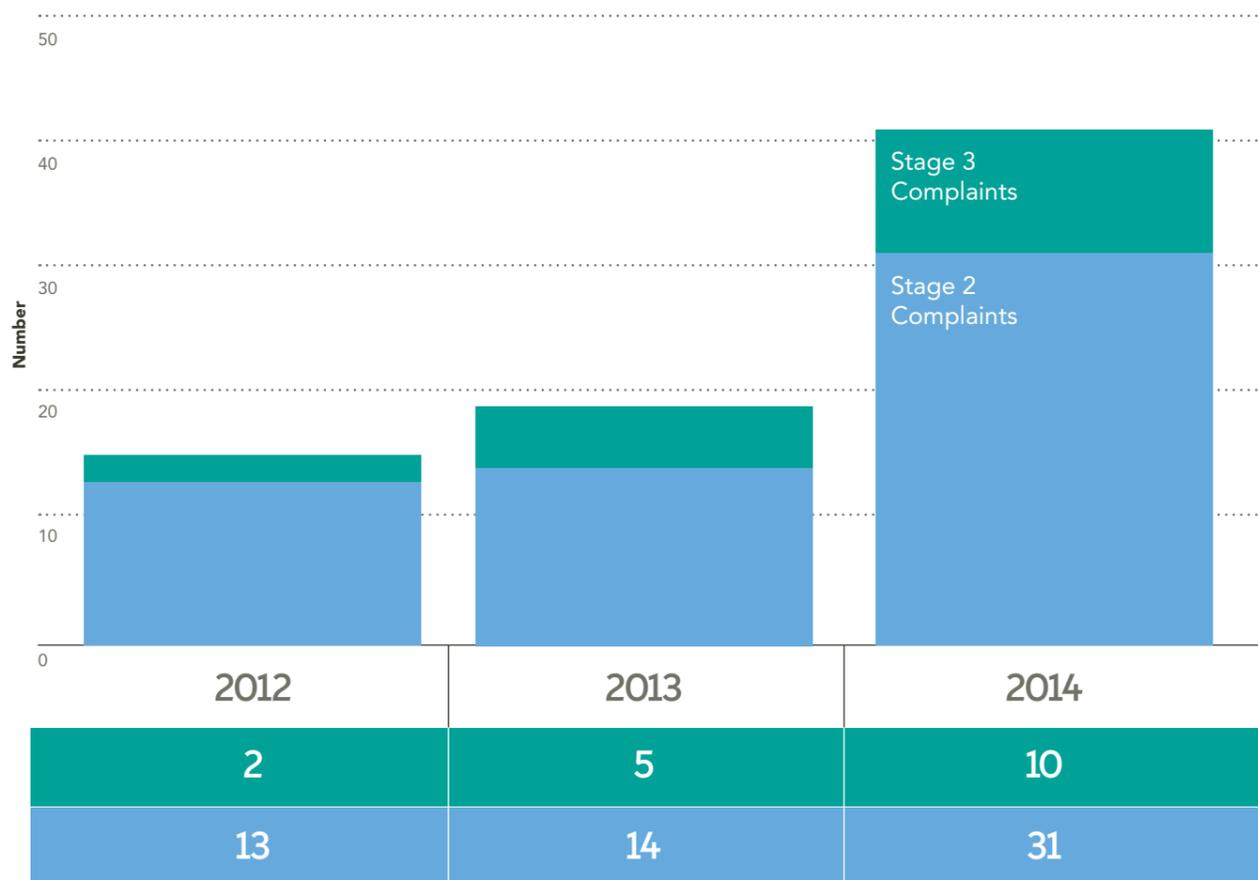


	2012	2013	2014
Hospitals	0.8	0.67	0.67
Health Assessments	0.49	0.6	0.39
Physiotherapy	0.06	0.57	0.60
Mammography	0.21	0.22	0.12
Fitness & Wellbeing	0.06	0.48	0.08



In 2014 we have seen increases in complaints at stage 2 (internal review) and stage 3 (external independent adjudication). There are no external comparisons available but we are aware that this trend is being seen by other independent sector providers. Our internal analysis has identified a trend with communication issues and improvement actions are underway, including targets for reduction of escalation to stage 2 and stage 3 complaints in 2015.

Stage 2 & Stage 3 complaints 2012-14





4

Report on responsiveness

Organising products
and services to provide
wide access to meet
people's needs

“Our research has shown that once the good habit of regular exercise is made, it stays with the individual for life. We have continued to improve access to good quality fitness facilities for young people by increasing the number of schools and colleges we equipped to support them, and their friends, families and wider community. We also worked with the Think Tank 2020health in 2014 on wellbeing in schools. In 2015 we will lead, evaluate and fund the first ever pilot of a Head of Wellbeing in a UK secondary school. Applications for the pilot opened following a launch event for MPs and Head Teachers at the House of Commons hosted by Dr Sarah Wollaston MP (Chair of the Health Select Committee).”

Davina Deniszczyk,
Medical Director, Wellbeing

Responsive – Innovating Our Products and Services to Meet Needs

We organise our products and services to provide wide access to meet people's needs and we continually seek to remove barriers when people find it hard to access or use our services. We have continued to bring together our health and wellbeing products and services in a more integrated manner to support people in improving their health and wellbeing. In 2014 we acquired 9 Virgin Active and 1 LA Fitness gyms bringing the total Fitness & Wellbeing Centres to 75. The opportunity to further integrate pathways of health and wellbeing was a priority in this acquisition and 6 of the new centres are located close to a Nuffield Health Hospital.

Nuffield HealthScore: In April 2014 we evolved our one off Health Assessment process into a continuous monitoring programme by using Nuffield HealthScore, our lifestyle and wellbeing digital platform, to allow patients and members to utilise their personal data to help them improve their overall wellbeing. Approximately 37,000 people have signed up for Nuffield HealthScore™ during the year and this was provided free of charge.

Physiotherapy and Sport Medicine: We have the largest physiotherapy network outside the NHS. Physiotherapy access is available through both our Hospital and Wellbeing facilities. Our network (141 centres) is enhanced by using affiliated centres (1900 'Fusion Clinics') so we are able to offer services over a large geographical area. We provided 300 physiotherapy consultations free of charge, along with nutritional advice and health checks, in July 2014 as the official partner of the Tour de France Fan Parks. In 2014 we initiated a physiotherapist injection into joints pilot and this will be evaluated in 2015. We also opened a centre for Orthopaedics and Sports Medicine in our Wessex Hospital providing an innovative care pathway from diagnostics to extended rehabilitation within a single facility. We continue to look for opportunities to respond to people's physiotherapy needs and we are expanding both physiotherapy and sports medicine in 2015.

Diagnostic Imaging: We continue to improve access by investing in the latest diagnostic equipment in a range of locations including Leicester, Chester, Oxford and our new hospital development in Cambridge. We have also improved the accessibility of images and notes to those we engage by investing in new communications and digital systems. This will mean that images and notes can be moved more readily between healthcare locations, including the NHS, making information available in a more timely manner and supporting more effective treatment options.

Cancer care: Patients are benefiting from an integrated cancer rehabilitation programme to improve quality of life by improving physical function, psychological and social wellbeing (currently in Cambridge). The aim is to alleviate side-effects from cancer and its treatments (chemotherapy, radiotherapy), e.g. fatigue, insomnia, breathlessness, depression, lymphoedema and to help prevent risk of disease reoccurrence or development of another cancer. This programme meets the recommendations from the National Cancer Survivorship initiative, which states that people living with and beyond cancer should have access to physical activity interventions. Evidence from systematic reviews and Randomised Controlled Studies (RCTs) in patients with a range of cancer types highlights the effectiveness of exercise.

Cosmetics: As part of our integration programme we are also seeing surgeons referring patients to our Fitness & Wellbeing centres for Health MOTs and expert advice prior to undertaking liposuction/abdominoplasty, with the aim of assisting the patient to lose weight more sustainably prior to surgery and to support safer surgery. A survey undertaken at the end of 2014 of Nuffield Health Consultant Plastic Surgeons, who between them carry out about one in ten of all cosmetic procedures across the UK, found that there was an increase in older people and men seeking cosmetic surgery. This rise is attributed to people living longer healthier lives and wanting to 'look well' too. Almost all of the surgeons (95%) also reported an increase in the number of previously overweight or obese patients looking for surgery following dramatic weight loss.

4.2

Responsive – Organising Existing Products and Services to Meet Needs

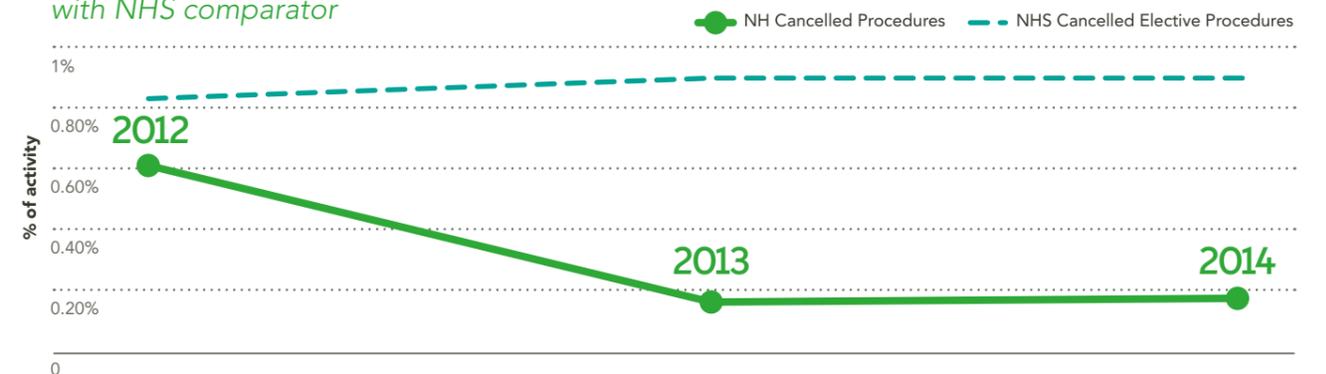
We will be improving our approaches to gaining feedback from our patients and members about our products and services as stated in the 'caring' section of this report. We will take into account the needs of different people and how we respond to planning services against the changing needs of our member and patient groups, including those with dementia. We do not provide Emergency services but we do aim to provide timely access to initial assessment, diagnoses and treatment, as far as possible, at a time to suit our patients and members.

During their inspection of our Tees Hospital in November 2014, CQC noted some particular areas of good practice in relation to the responsiveness of our services including; additional nurse-led pre-assessment clinics had been introduced to enable patients sufficient time to be assessed and reduce delays in surgery; patients undergoing cataract surgery received staggered appointment times to reduce patients fasting pre-operatively for long periods; and flexibility was offered around outpatient appointments and aligned to other investigations for example; phlebotomy appointments were offered to coincide with a visit to x-ray.

The proportion of cancelled surgery continues to reduce. Whilst our cancellation rate is lower than the NHS, this benchmark may not be a robust comparison, for example due to NHS emergency admissions and winter pressures. We will seek to benchmark against the relevant independent sector acute providers when comparisons are available through the Private Healthcare Information Network (PHIN).

The reasons for cancellations are varied and these are fully explained to the patients who are supported to access care and treatment as soon as possible, or as soon as is convenient to the patient. The reasons for cancellation are analysed periodically and reported through the relevant quality and safety committee.

Hospital cancelled procedures as % of activity 2012-14 with NHS comparator





5

Report on leadership

Assuring the delivery of high quality person-centred care, supporting learning and innovation and promoting an open and fair culture

“At the beginning of 2014 we developed our Employee Value Proposition (EVP) which brings together all the advantages Nuffield Health has at its disposal and articulates this into a compelling proposition to ensure we are successful at recruiting and retaining the best people. Our EVP is strongly aligned to our values and beliefs, which is now also communicated through our brand; “For the Love of Life”. It’s about delivering a promise to our employees that fulfils their requirements and ours and ultimately improves the quality of care provided to our members and patients.”

Su Waters,
Head of Recruitment

5.1

Leadership – Introduction

Our leaders understand our values and beliefs and, have the skills, knowledge and experience to understand the challenges to good quality in health and wellbeing. Following the inspection of our Tees Hospital in November 2014 the CQC recognised that senior and departmental leadership was good and that leaders were aware of their responsibilities to promote patient and staff safety and wellbeing. CQC also noted that leaders were visible and there was a culture which encouraged candour, openness and honesty, and that staff understood their responsibilities to raise concerns and record patient safety incidents and near misses. The CQC also reported that there was evidence of a culture of learning and service improvement.

5.2

Leadership – Recruitment & Retention

All our recruitment messaging has been refreshed to reflect our values and beliefs to ensure we attract the right people, and encourage the right behaviour and commitment from those engaged with us. The opportunity for us to explain our proposition first hand to our prospective employees is pivotal to our recruitment aims and in 2014 our direct engagement (compared with use of agency) was very high, including:

Hospital Division: 272 Clinical permanent positions have been recruited (84% directly engaged)

Wellbeing Physiotherapists: 155 Physiotherapists have been recruited (99% directly engaged)

Wellbeing Physiologists: 81 Physiologists have been recruited (100% directly engaged)

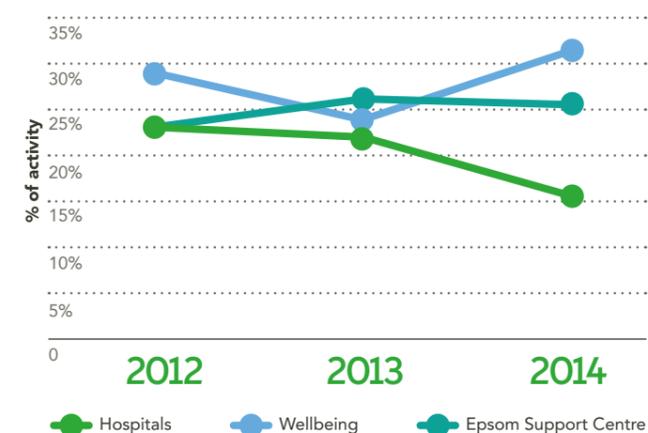
Wellbeing Physicians: 44 Doctors have been recruited (50% directly engaged)

The increase in Physiotherapist recruitment (103% from 2013) is due to the considerable growth of our Physiotherapy service (30% growth in 2014).

In 2014 we also provided the opportunity for young people with long-term health issues to find out about working in Nuffield Health. They joined us on a 5 week work experience programme and proved such a success that they stayed for 6 months, with 75% going on to gain employment within Nuffield Health. We also initiated an apprenticeship scheme which has been evaluated for roll-out in 2015.

The figure below provides information on staff turnover by division during the period 2012-14 and shows limited change in Wellbeing (approximately 30%), limited change in Epsom Support Centre (approximately 25%) and an improvement in Hospitals to 15% (from 22%).

Staff turnover by division 2012-14



272
Clinical permanent positions have been recruited.
(84% directly engaged)

155
Physiotherapists have been recruited
(99% directly engaged)

81
Physiologists have been recruited
(100% directly engaged)

44
Doctors have been recruited
(50% directly engaged)

5.3

Leadership – Development and Training

Investing in our people and encouraging training and career development starts with induction of new starters. In 2014 we launched a new on-line induction programme. The informal feedback from our new recruits has been very positive, stating that it provided an excellent introduction to their career at Nuffield Health.

The Nuffield Health Academy offers a wide variety of training and development provided face to face or through our Learning Management System (LMS). During 2014 we changed LMS provider in order to introduce a system that more closely aligned to our priorities and provided greater reporting reliability. We are investing in a new approach to mandatory training which will be launched in line with our new Academy Online system during summer 2015. The figure below shows 2014 improvement in compliance with mandatory training compared with 2013. As confidence in the new LMS reporting develops focused improvement targets will be developed for each division.

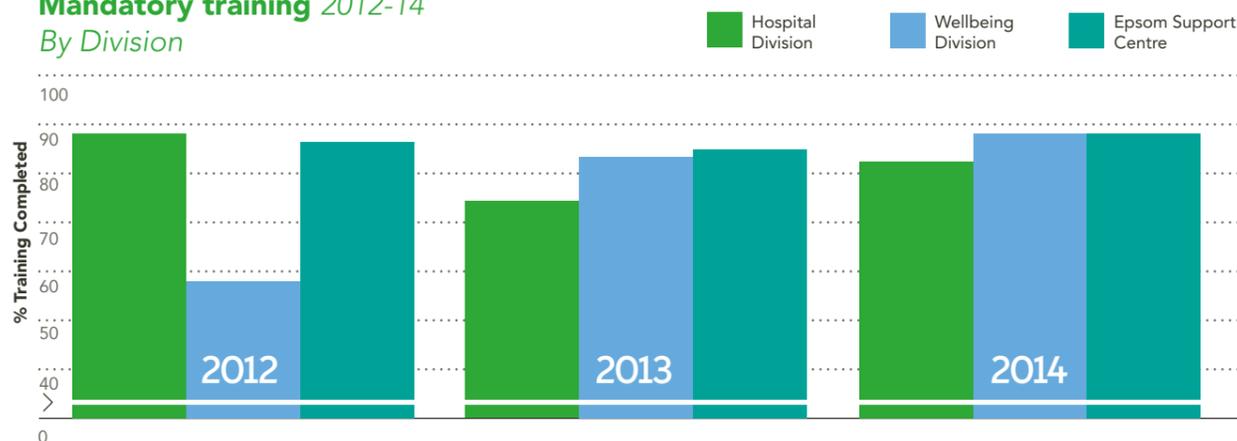
In 2014 we have continued to deliver our industry leading accredited courses for fitness and wellbeing advisors; Register of Exercise Professionals Standards (REPS) level 3. We trained 1328 of fitness and wellbeing advisors in 2014, bringing the total since 2012 to 2737. In 2014 we also focused on the leadership and technical development of our physiotherapists and have created a new centre of excellence, the Nuffield Health Physiotherapy Academy.

We introduced a new workshop on 'Brand Leadership' in 2013 to focus on what is different about the values driven leadership in Nuffield Health. 165 leaders from across the business attended Brand Leadership workshops in 2014, helping to support our leaders to have the capacity to take the lead and do the right thing in whatever context they find themselves.

We have an up to date leadership and management development prospectus that offers wide access to employees at all levels in their development journey with us, from foundation and discovery through to our flagship development programme, the Senior Leaders Development Programme (SLDP). In 2014 there were 20 senior leaders engaged in the nine month SLDP, which is designed with Ashridge, the leading UK business school. One of the strategic projects, Holistic Cancer Care Pathway, is being further evaluated with the potential to introduce the new pathway into our cancer services.

1,328
Fitness and Wellbeing
advisors trained in 2014

Mandatory training 2012-14
By Division



5.4

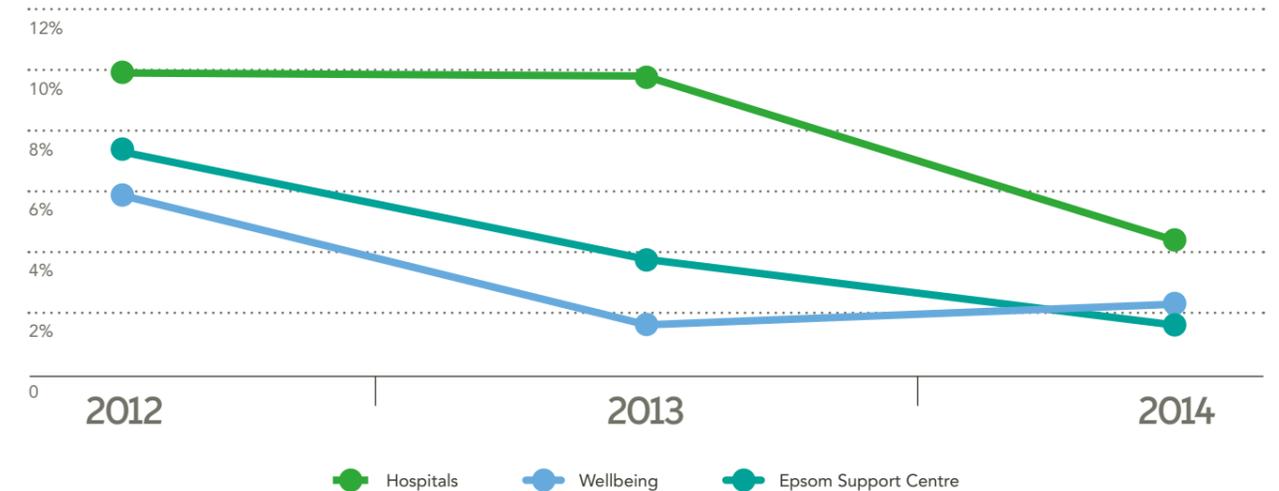
Leadership – Employee Wellbeing and Appraisal

We have continued to support our staff through our certified SEQOHS programme, namely Safe Effective Quality Occupational Health Service and the Employee Assistance which was reported as good practice by the CQC following the inspection of our Tees Hospital in November 2014.

We are the largest provider of employee wellbeing services in the country and have again been awarded the Best Provider of Workplace - Wellbeing Services in 2014. In March 2014 the New Economics Foundation (NEF) launched a report entitled Wellbeing at Work: A review of the literature. We supported this study into the evidence around the factors that influence wellbeing within the work environment. The findings from the report support our approach to delivering employee wellbeing services to our clients, and has supported our approaches to our own employees. In 2014 we introduced Mindfulness to our Learning and Development portfolio and hosted 5 webinars to support National Stress Awareness Day in November 2014. 244 participants attended the seminars, with 593 accessing the video replays. Mindfulness will continue to be part of our offering to staff in 2015.

In 2014 staff sickness absence reduced in Hospitals and the Epsom Support Centre and, as shown below, there was only a marginal increase in Wellbeing. At the time of writing it is not possible to obtain benchmark information.

Staff sickness absence by division 2012-14



We have invested in a new 'Extranet' designed to improve the interaction and communication between employees across our wide geographical and functionally diverse business. In 2014 we shared over 200 stories from across the organisation and launched Yammer, our internal social network, where employees can share news instantly, anytime, anywhere. Sharing content and news has never been quicker and easier for our people. Sharing positive outcomes supports individuals and teams to broaden their thoughts with the aim of inducing more creativity and flexibility which in turn can support resilience, social skills and self-confidence.

Communication is also at the core of our approach to appraisals and our Performance Excellence model focusses on 90% great conversation and 10% tools, processes and forms. We are developing metrics for appraisals across our workforce. Following the inspection of our Tees Hospital in November 2014, CQC reported in their findings that there were systems for the effective management of staff which included an annual appraisal and that all doctors were appropriately vetted to ensure they had the skills to undertake surgical procedures.

In 2014 we focused on improving the compliance measurement for doctor appraisal. We also standardised the approach to doctor appraisal to support more consistent revalidation of doctors where Nuffield Health is the named 'Designated Body' for a doctor and our Medical Director is the 'Responsible Officer'. As shown in the figure to the right, we have seen an increase in completed appraisals and a reduction in non-responders and overdue appraisals in 2014. We are now focusing on the 'exception' category to ensure that there are no 'non-approved' exceptions, but that those medical practitioners who are undergoing significant life events or career breaks, are supported through the formal exceptions process.

Doctor clinical appraisals by Nuffield Health 2012-14

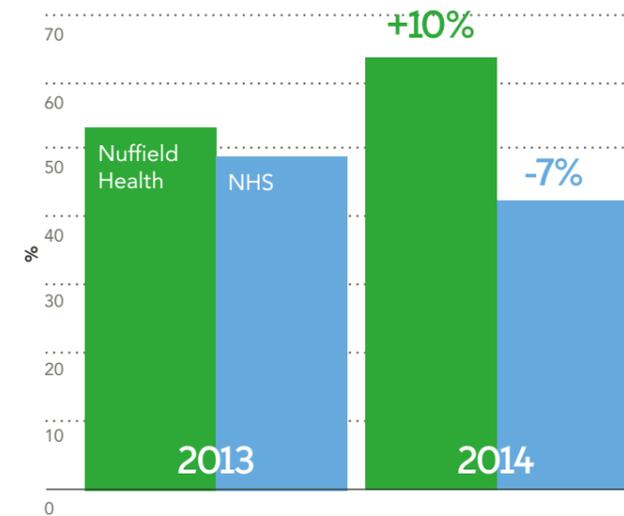


5.5

Leadership – Staff Surveys and Feedback

Our bespoke staff survey - the 'Leadership MOT' - is aligned to the NHS survey as far as possible, but adjusted to reflect Nuffield Health's wider workforce and to facilitate year on year comparisons. The Leadership MOT is in its second year and there was an improvement in all scores in 2014. As shown in the figure below there was an improvement in response rate in Nuffield Health, compared with a reduction in response rate in NHS.

Staff Survey Response Rate Comparison 2013-14 showing year-on-year change



Top scoring questions were "I am encouraged to focus on customer needs" and "I recognise that my job is important to the success of Nuffield Health"

Most improved response (an increase of 13% over 2013) was to the question "I feel that my concerns, views and ideas are listened to at all times".

Lowest scoring questions were "I have regular conversations with my manager about my performance" and "Nuffield Health allows me to strike a balance between my work and my home life"

The 'Friends and Family' Test asks whether staff would recommend Nuffield Health to their friends and family, and is comparable to the Friends and Family question asked in the NHS staff survey. As shown to the right our results have improved across the divisions.

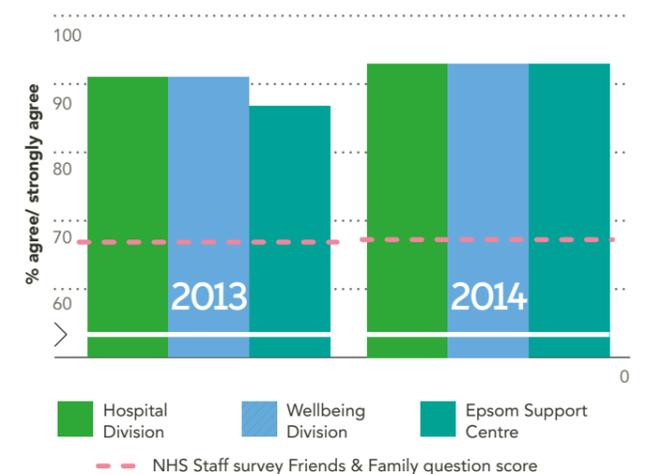
We also undertake an annual survey of our hospital consultants and there was improvement across all key questions.

Top scoring responses were in relation to the good standard of radiology and pathology facilities

Most improved response (an increase of 7% over 2013) was in relation to the consultants opinion of the local hospital management teams.

In 2014 we amended the survey methodology to enable external benchmarking. Next year we will be able to show trends and compare our performance with other feedback surveys.

Nuffield Health / NHS Staff Survey Friends & Family Question Comparison





Statement on Priorities for Quality Improvement

2015/16

As the senior clinical leaders in Nuffield Health we are proud to lead this ambitious programme for continual quality improvement in support of product and service development that is safe, effective, caring, responsive and well-led.

Davina Deniszczyc
Medical Director,
Wellbeing

Geoff Graham
Medical Director,
Hospitals

Carol Kefford
Chief Nurse

Safety

In 2015 we will continue to improve safety and protect people from abuse and avoidable harm.

We will do this by:

Updating our knowledge and reviewing evidence-based guidance, including that from the NICE, on safer staffing in our hospitals to ensure that patients receive the nursing care they need, and that we exceed their expectations through the Nuffield Way of Caring. The aim is that by the end of 2015 we will have defined our consistent approach to recording and monitoring safe staffing.

Ensuring that our health care support workers are provided with the relevant induction and training to deliver care according to the values and beliefs which are core to the provision of our products and services (and thus meet the requirements of the Care Certificate). The aim is that by the end of 2015 we will have reviewed the lessons learned from implementation of the Care Certificate and applied this to other competency assessments.

Proactively adopting preventive controls in quality and safety in both Hospitals and Wellbeing by implementing and sharing best practice through quality and safety management systems, including implementation of the new international standards for quality, ISO9001:2015. The aim is that Physiotherapy and Physiologist services will achieve ISO9001 certification by the end of 2015.

Refreshing internal audit processes across the business and specifically in the hospital division, with the introduction of Quality Care Partner (QCP) roles. QCPs will report directly to the Chief Nurse and will support a cluster of hospitals in peer review audits, sharing best practice and celebrating success. The aim is that by the end of 2015 the QCPs will have been recruited, inducted and undertaken pilots of the Peer Review audits in Hospitals in readiness for full roll out in 2016

Learning lessons and implementing corrective actions where things are found to need improvement from analysis of adverse events, inquests or claims. During 2015 the relevant quality and safety committees will set safety goals with objective measures to demonstrate improvement in the assessment, prevention and management of slips, trips and falls; the outcomes of cataract surgery and the outcomes of diagnosis and treatment for VTEs.

Improving the quality of recording data (including, but not limited to, Datix adverse events, complaints, risk register and alert modules) and the quality of investigation processes. The aim is that during 2015 the relevant quality and safety committee will define Key Performance Indicators (KPIs) for data quality and investigation processes. Compliance monitoring and actions for improvement will be reported through the relevant quality and safety committee.

Effectiveness

In 2015 we will achieve good outcomes and promote a good quality of life using the best available evidence.

We will do this by:

Improving our outcome measures in general, starting with the introduction a new pre-operative assessment process in Hospitals that will support a multidisciplinary team approach to lifestyle and health risk. We have integrated the existing pre-operative assessment with the Health MOT service we run in our fitness centres. We will launch this in spring 2015 with the aim of providing patients with a more complete overview of their general health and wellbeing. In addition to the existing feedback regarding fitness for surgery, patients will be given a report identifying potential risks and suggested lifestyle improvements empowering them to take ownership of their own health. Patients will be given the option of registering with Nuffield HealthScore™. The aim is that 100% of patients who have face to face pre-operative assessments will be provided with a Health MOT report prior to admission.

Launching our new Healthy Weight Programme to support both members and non-members of our gyms to understand the principles involved in achieving a healthy weight. The 12 week programme focuses on the key elements of good health; a balanced diet and regular physical activity and includes a personalised plan with expert support on nutrition and food club workshops, and exercise and personal training sessions, all monitored through Health MOTs. The aim is that 100% of those who undergo the 12 week programme will meet the personalised objectives agreed with the experts (minimum: 2% weight reduction or \geq 3cm waist reduction).

Developing multidisciplinary one-stop shop approach to clinics specialising in treating sports injuries and rehabilitation. In March 2015 we opened the Sports Injury and Exercise Medicine Clinic at the Nuffield Health Cheltenham Hospital.

The aim of the centre is to accurately diagnose exercise-related problems, find the right rehabilitation route and follow patients through to the desired outcome. Patients can also be seen who want to maximise their sporting fitness performance and the clinic in Cheltenham will offer its services to both serious sports competitors and amateurs. In 2015 we will review the benefits that access to sports injury and exercise medicine clinics is having in the population and agree further objectives.

Seeking to contribute to the evidence base for effective outcomes. For example part of our plans, in conjunction with Manchester Metropolitan University, include the proposal to create a new University Chair in Wellbeing. The plan is that this appointment would support research on public health, health promotion and the long term behavioural changes required for a good quality of life.

Caring

In 2015 we will continue to improve the way we involve people and treat them with compassion, kindness, dignity and respect.

We will do this by:

Listening to patients and members with an objective to better understand their needs and the feedback they provide, even when this is in the form of a complaint. In 2015 we aim to fully achieve (100%) our standards for responding to and closing complaints; and will seek to reduce by 25% the percentage of stage 1 complaints escalating to stage 2 and stage 3.

Involving people who use our products and services in planning improvements to existing services or in the development of new products and services. In addition to making our satisfaction surveys more accessible, for example through on-line feedback, we will also increase our direct contact with forums of patients and members. In 2015 we aim to hold at least one patient forum in every hospital and one member forum per region or similar for corporate clients.

Ensuring that those we engage are delivering our products and services in line with our values and beliefs which incorporate the need to treat people with compassion, kindness, dignity and respect. We will actively encourage all those we engage, at whatever level in the organisation, to speak up if they see better ways of doing things or if they see something that is not right, to tell us straight away. We will continue to support our staff with training to help them recognise when patients, members or others in our care, may have difficulty in making judgements, or they lack capacity to consent to treatment or are otherwise vulnerable. In 2015 we aim to have 100% of relevant staff compliant with mental capacity and safeguarding training.

Responsiveness

In 2015 we will continue to improve the access to our products and services to meet people's needs.

We will do this by:

Looking for more ways to engage a wider section of the public about our products and services, including making Nuffield HealthScore™ even more accessible, for example through partnering with a number of third parties. Our continued partnership with Life Fitness® equipment will also enable further integration of digital technology with virtual and face to face services enabling us to deliver fitness and wellbeing programmes to people in a way that will make it easier for them to understand, maintain and improve their health. In 2015 we aim to increase the utilisation of Nuffield HealthScore™ and will be defining measures for this during the year.

Piloting the secondment of a Head of Wellbeing into a UK secondary school and evaluating the success of the role in reducing the rising levels of poor physical and mental health among pupils and teachers. The two year pilot will begin in September 2015 and will see Nuffield Health invest significantly in facilities and equipment and develop a wellbeing strategy to meet the needs of the individuals in the school and those of their wider community. An independent evaluation of the pilot will be carried out by the Work Foundation, a leading provider of research-based analysis.

Leadership

In 2015 we will assure the delivery of high quality person-centred care, support learning and innovation and promote an open and fair culture.

We will do this by:

Introducing a clear set of standards for members of our boards, registered managers and other senior leaders to comply with. These exacting standards set out the behaviours Nuffield Health expects its people to live up to including integrity, openness, objectivity and accountability. The standards include compliance with regulations relating to Fit and Proper Boards which came into effect in April 2015, but also take into account the principles of the NHS Constitution, Freedom to Speak Up and Corporate Governance as well as the values and beliefs of Nuffield Health. The standards have been incorporated into a document called "Our Pledge" and the aim is that in 2015 our top 300 leaders will have individually signed a declaration confirming that they will abide by these standards at all times when working for Nuffield Health.

Investing in our leadership programmes, including building on the successful Brand Leadership programme with a new set of workshops that align with our brand re-launch; "For the Love of Life". As part of these workshops we will be asking our senior leaders to connect with the belief statements that drive the behaviours we want our staff to exhibit, namely; doing the right things, using evidence based approaches, being open and transparent, showing attention to detail, listening to understand, and empowering people. The aim is that during 2015 every single employee will have had the opportunity to relate our beliefs to their day to day work.

Recruiting and selecting the best people who share our values and beliefs. In 2015 we will improve the utilisation of social media to build engagement in conjunction with more regular appearances in existing recruitment channels. For nursing specifically, we will focus on bringing back over 20 nurses into practice and exploring how we can partner with the Ministry of Defence (MOD) to resettle a similar number of armed forces personnel into critical roles. To improve the access to opportunities to work in Nuffield Health, we are also expanding our engagement of apprentices including 10 places for healthcare assistants. The aim is for each initiative to meet the defined recruitment targets and for us to offer more than 100 work placements throughout the organisation during 2015.

Developing our people through core training, including areas that support Duty of Candour such as Human Factors Training and Root Cause Analysis Training. Supporting education and CPD for the Consultants and GPs who work with us is a key initiative. Educational grants will be available through the newly formed Medical Society to assist with this and to promote quality and patient safety. In 2015 we will also introduce the Nuffield Health Preceptorship Programme, which will include mentoring, placements, workshops and portfolio development to support newly-qualified nurses to become competent and committed to delivering care with compassion and courage. We aim to take 24 nurses through our Preceptorship Programme in 2015.

Supporting our people with new approaches to employee wellbeing, whilst maintaining our traditional occupational health services and employee assistance programme. We will support staff to integrate mindfulness techniques into daily life, work and relationships with the aim to help those we engage not only manage life's challenges, but to help them thrive. We will provide 24 sessions during 2015, including 3 to support National Happiness Day in spring 2015 and more sessions to support National Stress Awareness Day in November 2015.

Doubling the opportunities for staff to provide formal feedback by running the Leadership MOT twice, in April and September 2015. We recognise that continuing to ask our people for their feedback, listening to that feedback and acting on it, will help support our values and beliefs. We aim for improvement in all scores, as was achieved in 2014, but we are particularly keen to hear from staff on how we have improved on the lower scoring responses on the last survey.

The context of these improvements is one of continual growth, which includes in 2015 aiming to open the rebuilt Nuffield Health Cambridge Hospital. We also need to ensure that our growth is environmentally responsible and our plans will be set against an ambitious target of improving sustainability and protecting the environment including reducing energy consumption by 25% by 2020.

Evaluation and reporting on the outcomes of our pledges and priorities for improvement will be reported in the 2015/16 Annual Quality Report.



Appendices

Appendix 1

NHS Quality Account Prescribed Information 2014/15

Introduction to Core NHS Quality Account Indicators

The main body of the Nuffield Health Quality Report provides the statements on quality improvement, accuracy and assurance that apply to all our products and services and shows data and information over a three year reporting period (where available).

This is the second year that Nuffield Health has presented NHS core quality account indicators in the specific format required by the NHS. The information provided below is the format prescribed by NHS England for 2014/15 for the indicators that are most relevant to the services provided by Nuffield Health Hospitals. The information has been shared with the relevant bodies as advised by Quality Accounts England (NHS England).

In 2014/15, Nuffield Health carried out 57,000 procedures (to the nearest thousand) for NHS funded patients. This represented 28% of all relevant activity.

NHS England Prescribed Information

The data made available to the provider with regard to:

- (a) The value and banding of the summary hospital-level mortality indicator ("SHMI") for the trust for the reporting period; and
- (b) The percentage of patient deaths with palliative care coded at either diagnosis or specialty level for the trust for the reporting period.

Nuffield Health Statement

Nuffield Health is an independent sector provider and is currently not eligible to submit to the Trust SHMI indicator. All deaths (either Nuffield Health in-hospital or within 30 days of discharge [where known]) are reported to CQC and therefore the number reported below will include patients who died in NHS Trusts and will be recorded in those SHMI results:

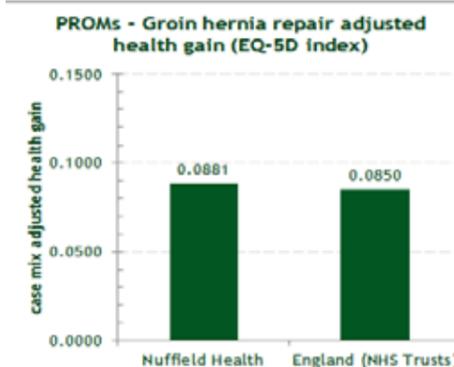
- 8 NHS patients died within 30 days of treatment in the reporting period (a rate of 0.014%) and all these events were communicated to CQC. Following analysis no trends were identified in the type of procedure undertaken or the provision of treatment or care.
- Palliative care is N/A as no NHS patients were referred by NHS for palliative care in 2014/15.

Nuffield Health considers that this data is as described for the following reasons; people are protected from avoidable harm and cared for in a safe environment.

Nuffield Health intends to take the following action, to improve this number and so the quality of its services, by; the continual improvement of the pathway of care for all patients to prevent people from dying prematurely and embedding lessons learned from root cause analysis into unexpected deaths.

NHS England Prescribed Information

The data made available with regard to the provider's patient reported outcome measures score, during the reporting period, for (i) groin hernia surgery:



Nuffield Health Statement

Nuffield Health NHS patient reported outcome measures (PROMs) score for:

- Groin hernia surgery is 0.088 (EQ-5D adjusted average health gain where higher score is better).

Nuffield Health considers that this data is as described for the following reasons; because we continue to help people recover from episodes of ill health by application of clinical good practice, delivered by well trained staff in a clinically safe environment.

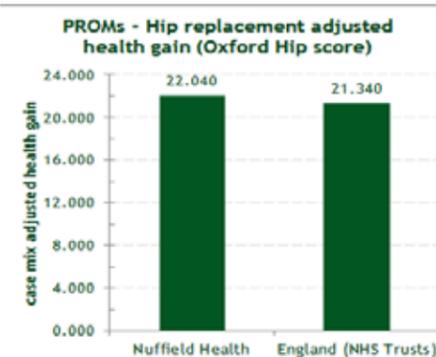
Nuffield Health intends to take the following actions to improve the score, and so the quality of its services, by; the continual improvement of clinical practice including extending pathways of care (e.g. Recovery Plus) and by engaging with patients in new ways to improve the percentage of patients responding to groin hernia repair PROMs.

The data made available with regard to the provider's patient reported outcome measures score, during the reporting period, for (ii) varicose vein surgery:

Nuffield Health patient reported outcome measures (PROMs) score for:

- Varicose vein surgery is not applicable as there is insufficient NHS activity in Nuffield Health to derive results.

The data made available with regard to the provider's patient reported outcome measures score, during the reporting period, for (iii) hip replacement surgery:



Nuffield Health patient reported outcome measures (PROMs) scores for:

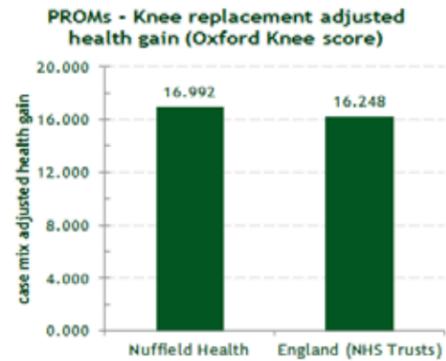
- Hip replacement surgery is 22.04 (Oxford Hip score adjusted average health gain where higher score is better).

Nuffield Health considers that this data is as described for the following reasons; because we continue to help people recover from episodes of ill health by application of clinical good practice, delivered by well trained staff in a clinically safe environment.

Nuffield Health intends to take the following actions to improve the score, and so the quality of its services, by; the continual improvement of clinical practice including extending pathways of care (e.g. Recovery Plus) and by engaging with patients in new ways to improve the percentage of patients responding to hip replacement PROMs.

NHS England Prescribed Information

The data made available with regard to the provider's patient reported outcome measures score, during the reporting period, for (iv) knee replacement surgery:



The data made available to the provider with regard to the percentage of patients readmitted to a hospital which forms part of the provider within 28 days of being discharged from a hospital which forms part of the provider, during the reporting period, for patients aged —

- (i) 0 to 15; and
- (ii) 16 or over.

Nuffield Health Statement

Nuffield Health patient reported outcome measures (PROMs) score for:

- Knee replacement surgery is 16.992 (Oxford Knee score adjusted average health gain where higher score is better).

Nuffield Health considers that this data is as described for the following reasons; because we continue to help people recover from episodes of ill health by application of clinical good practice, delivered by well trained staff in a clinically safe environment.

Nuffield Health intends to take the following actions to improve the score, and so the quality of its services, by; the continual improvement of clinical practice including extending pathways of care (e.g. Recovery Plus) and by engaging with patients in new ways to improve the percentage of patients responding to knee replacement PROMs.

The percentage of NHS patients readmitted to a Nuffield Health hospital within 28 days of being discharged from a Nuffield Health hospital for the reporting period was:

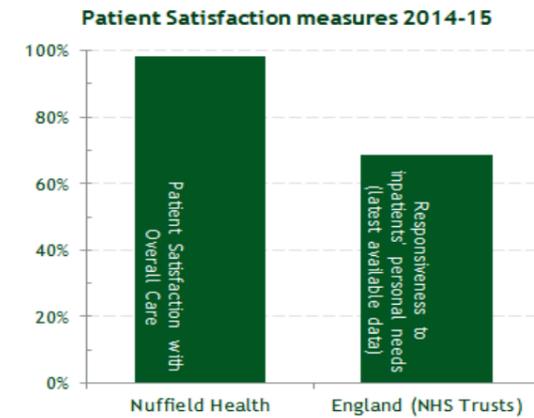
- 0 to 15 – not applicable.
- 16 or over – 0.08%.

Nuffield Health considers that this data is as described for the following reasons; the readmission to hospital within 28 days to a Nuffield Health hospital is very low because people are effectively helped to recover from episodes of ill health or following injury.

Nuffield Health intends to take the following action to improve the number, and so the quality of services, by; improving the pre-assessment process, risk assessments and discharge process and by reviewing any trends in reasons why patients are readmitted (including to another hospital) and ensuring that lessons learned are embedded across Nuffield Health.

NHS England Prescribed Information

The data made available to the provider with regard to the provider's responsiveness to the personal needs of its patients during the reporting period.



Friends and Family Test – Staff: The data made available to the provider with regard to the percentage of staff employed by, or under contract to, the provider during the reporting period who would recommend the provider to their family or friends.

Nuffield Health Statement

Nuffield Health's Patient Satisfaction Survey (PSS) is provided to all in-patients (NHS and private) and measures the responsiveness to the personal needs of our patients and the score was:

- 98.6% for satisfaction with overall care for the reporting period.

Nuffield Health considers that this data is as described for the following reasons; Nuffield Health continues to provide people with a positive experience of care.

Nuffield Health intends to take the following action to maintain (or where required) improve this percentage, and so the quality of its services, by; listening to patients and continually striving to exceed their expectations and by ensuring that lessons learned from complaints and poor experiences of in-patient care (as defined in NHS toolkit) are embedded across Nuffield Health.

Nuffield Health undertook a staff survey in 2014/15 which included an approved Friends and Family Test (FFT) question:

- Nuffield Health Staff FFT = 93%.

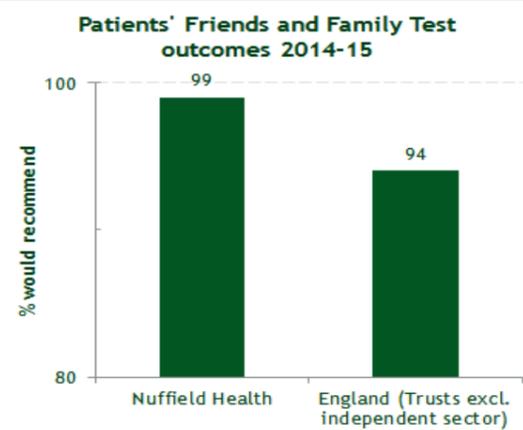
Nuffield Health considers that this data is as described for the following reasons; Nuffield Health continues to provide people with a positive experience of care and the staff are fully engaged in continually improving care and are willing to recommend to their friends and family.

Nuffield Health intends to take the following actions to improve this score, and so to quality of its services, by; continually improving the 'well-led' aspects of care including brand leadership to ensure the values and beliefs are fully embedded with all those engaged in delivering care to our patients.

NHS England Prescribed Information

Friends and Family Test – Patient:

The data made available to the provider for all acute providers of adult NHS funded care, covering services for inpatients and patients discharged from Accident and Emergency (types 1 and 2).



The data made available to the provider with regard to the percentage of patients who were admitted to hospital and who were risk assessed for venous thromboembolism (VTE) during the reporting period.

Nuffield Health Statement

Nuffield Health has a specific patient Friends and Family Test that is consistent with the questions asked of all NHS patients.

At the end of the 2014/15 reporting period (March 2015) Nuffield Health:

- Patient FFT = 99% would recommend (inpatients only as no A&E services provided).

Nuffield Health considers that this data is as described for the following reasons; Nuffield Health continues to provide people with a positive experience of care that they are willing to recommend to their friends and family.

Nuffield Health intends to take the following action to improve this score, and so the quality of its services, by; continual improvement of the leadership programmes and the 'Nuffield Health Way of Caring'.

Nuffield Health undertook VTE risk assessments on:

- 98.8% were admitted to hospital during the reporting period.

Nuffield Health considers that this data is as described for the following reasons; Nuffield Health treat and care for people in a safe environment and protect them from avoidable harm.

Nuffield Health intends to take the following actions to improve this percentage, and so the quality of its services, by; audits of documentation and processes with review of reasons for not undertaking risk assessment in 100% of qualifying patients. Embedding lessons learned from audit across Nuffield Health Hospitals.

NHS England Prescribed Information

The data made available to the provider with regard to the rate per 100,000 bed days of cases of C difficile infection reported within the provider amongst patients aged 2 or over during the reporting period.

The data made available to the provider with regard to the number and, where available, rate of patient safety incidents reported within the provider during the reporting period, and the number and percentage of such patient safety incidents that resulted in severe harm or death.

Nuffield Health Statement

Nuffield Health rate of cases of C. difficile infection is:

- 2.12 per 100,000 bed days.

Nuffield Health considers that this data is as described for the following reasons; Nuffield Health treats and cares for people in a safe environment and protects them from avoidable harm by having high standards of infection prevention and control, including using single patient bedrooms.

Nuffield Health intends to take the following actions to improve this rate, and so the quality of its services, by; continual improvement of our already high standards of infection prevention including leading in training and development of staff in hygiene standards/code.

Nuffield Health had the following patient safety incidents relating to NHS patients during the reporting period:

- Number of all patient safety incidents = 2372.
- Rate (percentage of episodes) = 4.58%.
- Number resulting in severe harm/death = 13.
- Rate (percentage severe harm/death) = 0.55%.

Nuffield Health considers that this data is as described for the following reasons; Nuffield Health treats and cares for people in a safe environment and protects them from avoidable harm, including following good practice guidance such as WHO safety checklist and being open and honest when things do go wrong.

Nuffield Health intends to take the following actions to improve these measures, and so the quality of its services, by; continual improvement in patient safety including rolling out human factors training and ensuring learning is embedded in hospitals.

Appendix 2

Internal and External Audit

Nuffield Health assures the quality of services provided by undertaking, and being subject to, continual internal and external audit programmes. The following table provides an overview of the quality assurance audit programme of core services. There are further assurance reviews at the Group and Board level Quality and Safety Committees.

Activity	Roles and Responsibilities		Management Review		Compliance Assurance	
	Director	Governance and Quality Leads	SME (Subject Matter Expert) Quality Assurance	Divisional Quality Governing Committee	Internal Audit	External Audit
Pathology	Support Services Director	Group Pathology Manager / National Pathology Quality Manager	Pathology Governance Committee	Hospitals Quality & Safety Committee	Local and Centrally Managed Audit	UKAS (CPA) Accreditation body for ISO 15189
Radiology (including Mammography)	Support Services Director	Group Radiology Manager / National Radiology QA Manager	Radiology Expert Advisory Group	Hospitals Quality & Safety Committee	Centrally Managed Audit	RPA / Care Quality Commission / Health Inspectorate Wales / Health Improvement Scotland
Hospital Sterile Services Units (HSSU)	Support Services Director	Group Decontamination Lead / Clinical and Quality Manager	HSSU Quality Management Review Meeting	Hospitals Quality & Safety Committee	Local and Centrally Managed Audit	SGS Ltd ISO 9001 Quality Management Systems / ISO 13485 to HSSU
Hospital Clinical Services	Chief Nurse	Quality Manager Hospitals / Matrons	Local Board / Medical Advisory Committee	Hospitals Quality & Safety Committee	Local and Centrally Managed Audit	Care Quality Commission / Health Inspectorate Wales / Health Improvement Scotland / NHS England (PLACE)
Wellbeing Clinical Services	Medical Director, Wellbeing	Quality Manager Wellbeing / Clinic Managers	Senior Management Teams	Wellbeing Quality & Safety Committee	Local and Centrally Managed Audit	Care Quality Commission
Infection Prevention	Chief Nurse	Group Infection Prevention Nurse Consultant / Matrons	Group Infection Prevention Committee	Hospitals Quality & Safety Committee	Local and Centrally Managed Audit	Care Quality Commission / Health Inspectorate Wales / Health Improvement Scotland
Pharmacy	Support Services Director	Chief Pharmacist / Pharmacy Quality Manager	Group Medicine Management Expert Advisory Group	Hospitals Quality & Safety Committee	Local and Centrally Managed Audit	Care Quality Commission / General Pharmaceutical Council (Premises) / Health Inspectorate Wales / Health Improvement Scotland
Information Governance	Group Quality System Director	Group Information Risk Manager / Group Internal Information Risk Auditor	Information Risk Subject Matter Expert Group	Hospitals / Wellbeing Quality & Safety Committee	Local and Centrally Managed Audit	British Standards Institute (BSI) ISO 27001 / NHS Information Governance Audit / Contract Audits
Health & Safety	Group Health, Safety & Environmental Director	Group Health & Safety Managers	Group Safety & Environmental Committee	Hospitals / Wellbeing Quality & Safety Committee	Local and Centrally Managed Audit	British Standards Institute (BSI) OHSAS 18001 / Contract Audits
Physiotherapy	Director of Physiotherapy	Professional Head of Physiotherapy/ Physiotherapy Governance Manager	Physiotherapy Governance Expert Advisory Group	Wellbeing Quality & Safety Committee	Centrally Managed Audit	ISO 9001 certification being applied for in 2015
Physiology	Director of Primary and Preventative Health	Professional Head of Clinical Wellbeing / National Physiology Manager	Physiology Governance Team	Wellbeing Quality & Safety Committee	Centrally Managed Audit	ISO 9001 certification being applied for in 2015
Fitness	Fitness & Wellbeing Director	Professional Head of Fitness	Fitness & Wellbeing Senior Leadership Team	Wellbeing Quality & Safety Committee	Centrally Managed Audit	ISO 9001 certification being applied for in 2015
Occupational Health	Director of Primary and Preventative Health	Professional Head of Occupational Health	Occupational Health Expert Advisory Group	Wellbeing Quality & Safety Committee	Local and Centrally Managed Audit	SEQOHS: Safe, Effective Quality Occupational Health Service – Operated by the Royal College of Physicians on behalf of the Faculty of Occupational Medicine
Children's Services	Chief Nurse/ Medical Director, Wellbeing	Nurse Adviser, Children & Safeguarding / Safeguarding Lead (Children's)	Children Services and Safeguarding Committee	Hospitals / Wellbeing Quality & Safety Committee	Local and Centrally Managed Audit	Care Quality Commission / Health Inspectorate Wales / Health Improvement Scotland / Ofsted

Appendix 3

External Advisors

Nuffield Health is grateful for the support of the following external advisors who are subject matter experts and advise and/or attend the relevant committees and forums:

Dr Ishmail Badr	QA Physicist, Radiation Protection and Laser Protection Advisor
Mr Ian Clements	Managing Director (Quadriga), Health & Safety Advisor
Dr Matthew Dryden	Consultant Microbiologist, Infection Prevention & Control Advisor
Professor Laurence Jacobs	Chief Scientist (AK Research GmbH), Nuffield HealthScore™ Advisor
Dr Alban Killingback	Physicist, Ultrasound Protection Advisor
Professor Iain Lyburn	Consultant Radiologist & Radiology Advisor
Dr Steve McVittie	Consultant in Occupational Health (OH) Medicine, OH Advisor
Dr Rak Nandwani	Consultant, Genitourinary Medicine, Sexual Health Advisor
Dr Hafiz Qureshi	Consultant Haematologist, Blood Transfusion Advisor
Dr Marc Rea	Physicist/Engineer, Magnetic Resonance Safety Advisor

Appendix 4

Regulatory Frameworks

Regulators of health and care professionals, products and services:

- **Professional Standards Authority** – oversight of regulators of health and social care professionals in UK
- **Health and Safety Executive (HSE)** – Regulator to reduce work-related death and serious injury in Great Britain
- **Local Authority/Food Standards Agency** – Environmental Health Officers inspection of food quality and hygiene
- **Care Quality Commission (CQC)** – Inspection of health and care services in England
- **Healthcare Improvement Scotland (HIS)** – Inspection of healthcare in Scotland
- **Healthcare Inspectorate Wales (HIW)** – Inspection of healthcare in Wales
- **Medicines and Healthcare Regulatory Agency (MHRA)** – Registration of Medical Devices
- **Human Fertilisation and Embryology Authority (HFEA)** – Licensing and monitoring of UK fertility clinics
- **General Pharmaceutical Council (GPhC)** – Regulator for pharmacy premises in Great Britain

- **Office for Standards in Education, Children's Services and Skills (Ofsted)** – Regulator of care/ education (e.g. Nuffield Health crèche facilities)

Additional information on quality assurance not already included in this report:

- **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.
- All Nuffield Health pathology facilities are accredited by **Clinical Pathology Accreditation (CPA)** and are also all compliant with **Blood Safety Quality Regulations (BSQR)**.
- 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.

Contact

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All our hospitals in England, and those clinics delivering regulated activities, are registered locations with the Care Quality Commission (CQC). Our hospital in Glasgow is registered with Health Improvement Scotland (HIS) and our hospital and clinic in Cardiff are registered with Health Inspectorate Wales.

