

Safety

Clinical & Cost Effectiveness

Governance

Patient Focus

Accessible & Responsive Care

Care Environment & Amenities

Public & Staff Health

Nuffield Hospitals proudly celebrated its 50th anniversary last year. An organisation that has grown from humble beginnings has now become the UK's largest not for profit independent healthcare provider.



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Quality and safety remains critical to the continuous success of our business.



Introduction



By David Mobbs
Group Chief Executive
Nuffield Hospitals

I am extremely pleased to present this report which is the first Integrated Governance Report published by Nuffield Hospitals. The report outlines the main activities to develop and promote integrated governance for the reporting period 1st January – 31st December 2007. The report also reflects the enormous amount of hard work and commitment put in by everyone across the Nuffield Group to ensure that our customers are at the centre of everything we do and that quality and safety remains critical to the continuous success of our business.

The contents of the report reflect activities across the Nuffield Group and are presented within the following sections:

- Safety
- Clinical & Cost Effectiveness
- Governance
- Patient Focus
- Accessible & Responsive Care
- Care environment & Amenities
- Public & Staff Health

In 2006 the Board recognised that as part of the changing face of Nuffield Hospitals further investment was required to enhance our governance structure and processes. A number of key actions were taken forward by the Board in 2007 to ensure that our business continues to be fit for purpose with a strong commitment to continuously enhance the quality of our care and treatments and to boost the confidence of our patients, clients and the general public in the services we provide.

One of the key actions in 2007 was the successful recruitment and appointment of Dr Andrew Jones as the first Group Medical Director. He will act as medical and scientific adviser to the Board with executive responsibility for leading the integrated governance agenda across all of our charitable divisions. This agenda as we move toward our vision of the creation of a new health group with intent of transforming the experience of the UK health consumer will no doubt be challenging.

The investment made last year by the Management Board to procure and purchase the new IT Datix Risk Management system is already proving to be a worthy investment providing us with a rich source of information that we can use proactively to manage our clinical performance and further enhance the quality of our services.

This report has been written for integrated governance purposes for our internal and external clinical audiences, I hope you find the information useful and informative. In the future we aim to be even more transparent when sharing information about the quality of our services and we aim to produce a more customer friendly version of this report for publication on the new Nuffield Hospitals website to be launched later this year.

David Mobbs
Group Chief Executive
Nuffield Hospitals



Integrated governance is the mechanism
Nuffield Hospitals use to challenge and
measure the quality of everything it does.



Foreword

**By The Lord
Glenarthur DL**
Chairman of the Board
Integrated Governance
Committee

Nuffield Hospitals proudly celebrated its 50th anniversary last year. An organisation that has grown from humble beginnings has now become the UK's largest not for profit independent healthcare provider and also the country's largest trading charity. Its success is based on the dedication and commitment of its staff and the special relationship we have with consultants.

The year 2008 has seen us set out on a new path, recognising that healthcare has changed and that promoting good health is as important as treating conditions. In this new environment Nuffield will strive to extend its capabilities in new areas of health and wellbeing. The changes we have introduced offer exciting opportunities, but as Nuffield's horizons expand the core values of compassion and caring, and of independence and enterprise must remain as pre-eminent today as they did 50 years ago.

Integrated governance is the mechanism Nuffield Hospitals use to challenge and measure the quality of everything it does. We have worked hard to foster an open culture to enable us to respond to safety concerns, measure customer feedback and understand and evaluate our mistakes. To occupy the top position in health and wellbeing we must continue to measure the quality and outcomes of our interventions and promote the cycle of continuous improvement.

It is an honour to present this first annual integrated governance report, reflect on the challenges of the past year and demonstrate our commitment to quality and safety going forward. We firmly believe that everyone in the organisation plays a part in sound integrated governance and I thank those involved in the preparation of this report and all of our staff at Nuffield Hospitals for their contribution.

Lord Glenarthur
Chairman of the Board
Integrated Governance Committee



Nuffield Proactive Health has expanded rapidly with new clients, contract and the acquisition of Cannons Health Clubs.



Executive Summary

By Dr. Andrew Jones,
Group Medical Director

The realisation of our strategy at Nuffield Hospitals is the culmination of eighteen months work recognising that healthcare now occupies a landscape. We firmly believe that the promotion of good health and living life to the full is as important as treating conditions when problems arise. We are embracing these challenges in our new direction to identify problems early, to promote fitness and screening, and innovation in new technology.

We are now the second largest operator in the fitness and gymnasium market serving both the corporate and public sector. We are proud to have purchased 6 mobile MRI scanners in the last two years and will take delivery of the country's first mobile 64 slice CT scanner just as this report is published. We are the third largest independent hospital provider with 31 centres across the UK, with extensive capital investment schemes in 6 of our hospitals reaffirming our commitment to hospital provision.

With this strategic direction and expansion of our charitable investment comes responsibility. We hope that by publishing this Integrated Governance Report for the first time we can demonstrate the importance of our charitable values to everyone at Nuffield Hospitals. The co-publication of our annual accounts and governance report highlight the dual importance we place on ensuring we can reinvest in the charity tomorrow at the same time as measuring the quality and safety of our care today.

Governance is not a passive process and I wish to highlight that the reputation of Nuffield Hospitals is only maintained by the daily work of all our staff including managers, heads of department, matrons and the nursing teams across the Group. We have many checks and balances built into our care which are overseen in our hospitals division locally by Medical Advisory Committees and a lead consultant for governance to whom I pay special thanks. This unique balance allows us to openly reflect on our successes and learning points.

Safety

Infection prevention and control has always been our priority. Government publications with a strategy for, "Clean, Safe Care" and the "The Health Act" demonstrate the challenges and public concern for hospital acquired infections. We already have the most stringent measures in place and our clinical teams have worked hard to train infection control link practitioners and implemented a rigorous system of audit and appraisal to ensure we maintain high standards. We had one case of MRSA systemic infection in 2007, a testament to these measures but a reminder of the need for vigilance.

The Medicine and Healthcare Products Regulatory Agency has introduced stringent and welcome requirements to introduce a chain of control in the transfusion of blood products. We have rolled out measures to meet these standards and will complete the programme across our hospitals this year. We have successfully passed the first such inspection at our Manor Hospital, Oxford.

Medicines management remains a key area for patient safety. Regulations have been introduced in 2007 in light of the Shipman Enquiry. As a consequence we have enacted a system of Accountable Officers across our Hospital Division. A rolling programme of strategic priorities operates to reflect the "Best Medicine" guidance from the Healthcare Commission lead by our Group Chief Pharmacist.

Executive Summary (cont.)

Risk Management

In August 2007 we implemented a new IT Risk Management system across the group to strengthen our governance reporting capabilities. This new web based system (Datix) provides functions to assist with incident reporting, the capture and distribution of safety alerts, complaints management, standards and compliance, and in future will enable the capture of clinical outcomes data.

Clinical & Cost Effectiveness

The greatest challenge across our Hospital Division is to ensure consistently high standards of care and patient experience. This year we have started a National Care Pathway Development Project to enhance the quality of care, promote patient safety, increase patient satisfaction, improve patient outcomes and optimise the use of resources. We are implementing an e-care pathway on the intranet to promote consistent record keeping, measure variation, determine interventions and measure patient outcomes from care. We hope this work will underpin patient trust in our health brand.

Governance

The past year has seen widespread organisational changes in the group reinforcing the clinical teams and creating a wide-ranging system of governance encompassing clinical, human resources, external affairs, business support services, commercial and IT/information security. The Board takes responsibility for these issues through the Board Integrated Governance Committee and were instrumental in the appointment of a Group Medical Director to champion these important areas. We have implemented electronic policy tracking systems to issue guidance and ensure that quality initiatives are imbedded into clinical care.

As a member of the Electronic Patient Choice Network and a provider of services to NHS patients Nuffield Hospitals piloted an

assessment in the independent sector against published risk management standards accredited by the NHS Litigation Authority. There are five core standards for measurement: Governance, Competent & Capable Workforce, Safe Environment, Clinical Care and Learning from Experience. Following rigorous assessment in January 2007 we were the first independent provider to be awarded accreditation at level one. This year we are being assessed against level two criteria in the three stage framework.

Mandatory performance indicators

The Healthcare Commission introduced a data collection requirement to measure adverse patient morbidity and complications with a strong emphasis on infections. We have been pleased to supply our data since June 2006 to highlight a commitment to transparent disclosure of information. We look forward to seeing this information collated and published in national formats to assist patients in the choice of their hospital and consultant.

Patient Focus

We undertake regular externally audited standardised samples of our patient satisfaction. Our "Monitor" encompassing over 18,000 responses for 2007 demonstrated a 67% excellence rating and a 28% good rating, with all Nuffield Hospitals achieving at least a 90% overall satisfaction rating. We are proud that 65% of our patients would strongly recommend, and 30% recommend our services to their friends and family. Perhaps most importantly for our patients, 94% found our facility cleanliness to be good or excellent. Our consultants and nurses can be suitably proud with 100% and 98% satisfaction ratings overall. We believe in continuous improvement and following the survey will be implementing measures to enhance our information leaflets to patients.

Our partnership approach to catering continues to please patients with a consistent standard of excellence which

peaked in December 2007 at 93% with patients particularly commending our catering staff friendliness, efficiency and food presentation. Again reflecting on comments we will work to extend the menu selection.

Complaints management

Whilst it is always good to receive positive feedback from our patients and clients we also accept that we do need to listen to those who are in any way dissatisfied. All formal complaints received from patients are always properly investigated and the majority are resolved at local level. We always endeavour to learn from situations when we have not met the patient's expectations in order to continually improve our services.

Accessible and Responsive Care

All of our hospitals have been approved as a referral choice on the NHS extended network. This means that when you see your GP anywhere in the UK, you can ask to be referred to a Nuffield Hospital for your care, free at the point of need, under the NHS. We guarantee you will see a named consultant and we will aspire to offer the highest standards of care within our facilities. We hope reports set out in this publication reinforce the reason for that choice.

Our Nuffield Diagnostics and Mobile Services Division has received considerable investment in the past year. We now operate the UK's most modern fleet of mobile MRI and CT scanners. We have further units on order with the delivery of further MRI and CT machines alongside mobile digital mammography. Our Mobile Services Division operate 36 mobile theatre and endoscopy suites to support the NHS and independent sectors across the UK and are proud to have been able to assist the Royal Marsden Hospital at a time of need.

Care Environment and Amenities

Health and Safety have always been important and we ensure direct board reporting through the Group Medical

Executive Summary

We guarantee you
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Director. In conjunction with our external advisers we have ensured a robust policy and audit framework alongside staff training. We have fully prepared for the Corporate and Manslaughter Homicide Act with a clear network of accountability. We retain our position for safety with no Health and Safety Executive (HSE) inspections required. Fire Authority inspections have continued to show a high level of preparation in hospitals a point we take very seriously in light of 77 fire alarm activations and 4 small fire incidents.

Decontamination services

Following a Medical Devices Directive in light of the national CJD concerns, all hospital providers have been required to adopt new sterilisation procedures for surgical equipment. In 2007 we rolled out our first Hospital Sterile Services Unit in Wetherby to service 8 of our northern hospitals. This has clearly been a challenging time for staff but we have always positioned ourselves at the front of the reform queue when medical evidence suggests we do so.

Public and Staff Health

Staff health and welfare is important to us. We have a first rate occupational health service to ensure we look after everyone who works with us. We have modernised our policy guidance to ensure a robust approach to a healthcare working environment and also to preparation for emergencies such as pandemic 'flu or indeed the flooding of the Nuffield Hospital Cheltenham in the summer.

Needlestick injuries represent a challenge to all working with patients. Our new online reporting system has recorded far more incidents and reflects more accurately the true level. Regular updates allow us to pre-emptively identify locations and staff groups in need of audit and training updates.

The number of staff sustaining injuries in accidents whilst at work remains very low and this is a reflection of the hard work by our local health and safety co-ordinators to ensure we all enjoy a safe working environment.

Staff stress has been routinely measured in the annual workforce survey. We are implementing a 24 hour telephone counselling support service for our staff to support these identified needs. Rigorous driving risk assessments continue to be an ongoing commitment for staff who drive on business.

Nuffield Proactive Health has expanded rapidly with new clients, contracts and the acquisition of Cannons Health Clubs. Two key new staff groups have been part of this success. We have recruited and trained healthcare physiologists to offer lifestyle coaching and screening with a new qualification that has been recognised both by the Society of Physiology and the British Association of Sport and Exercise Science. Similarly our Fusion physiotherapy network has expanded to over 450 members with the introduction of 10 pathways of care for the most common complaints to ensure consistency.

Conclusion

The coming year will see us introduce measures to reinforce our commitment to "Searching and Destroying" any hospital acquired infection. We will continue to develop our patient pathways to develop patient information and support materials. Finally, a programme of patient reported outcome measures, which was piloted last year will be rolled out across the Hospital Division.

We hope you enjoy reading this report and share in our values both for delivering services with passion and care but also for independence and enterprise. We are proud to be a charity and hope we have shown measures to support our position as a leading health and wellbeing provider.



Dr Andrew Jones
Group Medical Director

Safety

During 2007 13 Infection Control Link Practitioners (ICLPs) have completed a Royal College Nursing (RCN) Accredited course on "Principles of Infection Prevention" and another 9 are currently undergoing training.

Infection Prevention and Control

- The Government's Infection Prevention Strategy to provide Clean, Safe Care (DH 2008b) and the publication of the Health Act: Code of Practice for the Prevention and Control of Hospital Acquired Infections (DH 2008a) also known as "The Hygiene Act" or "The Code" highlights the current political importance placed on effective management of Infection Prevention and Control within healthcare. As of January 2008 The Healthcare Commission has also placed a mandatory requirement for the Independent Sector to participate in the reporting of infection surveillance data to the Health Protection Agency (HPA).
- Nuffield Hospitals is fully committed to providing high quality, cost effective services where the risks of acquiring infection is extremely low and wherever possible eliminated. Our commitment is to provide a clean, safe environment for patients and staff.
- The development of new facilities provides Nuffield Hospitals with the opportunity to utilise new technology and products to ensure compliance with national infection prevention guidance, provide excellent hand hygiene facilities and an environment which is both easy to clean and maintain, ensuring Nuffield Hospitals is at the forefront of Infection Prevention in the Independent Sector.
- In terms of managing infection prevention, the Hygiene Act imposes a general duty of patient safety with Duty 2 requiring organisations to "ensure appropriate management systems are in place" to facilitate ownership of infection prevention at Board level. Furthermore, the Board must "ensure adequate resources are available for an organisational framework and infrastructure to secure effective

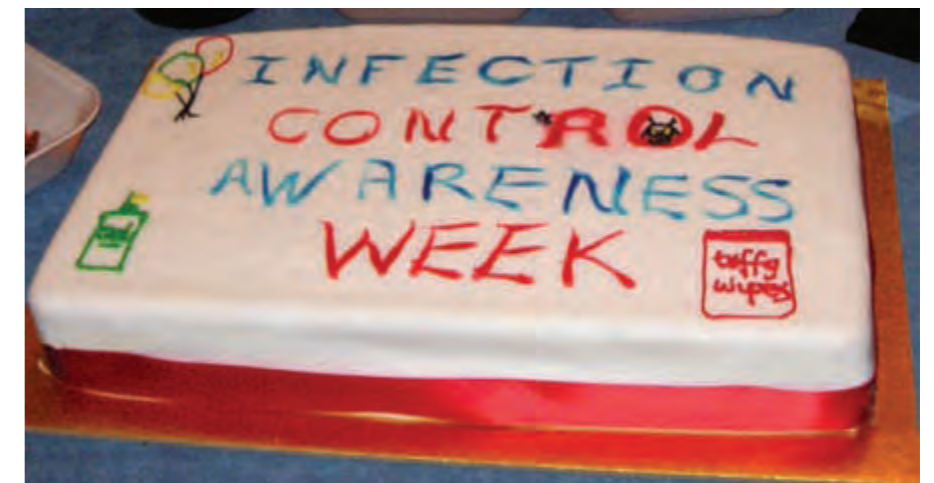
prevention and control of Healthcare Acquired Infection (HCAI)". The Group Medical Director is the nominated Director of Infection Prevention and Control (DIPC) and chairs the Group Integrated Governance Committee, with overall responsibility for reporting infection prevention matters directly to the Board. It is very important that effective prevention and control of HCAI continues to be embedded into everyday clinical practice, applied consistently by staff and managed and resourced at executive level.

- Nuffield Hospitals has developed a clear framework for the implementation of an infection prevention strategy. Fundamental to the success of this process is the role of the Infection Prevention Nurse Consultant (IPNC) and Infection Control Medical Microbiologist who provide expertise and strategic guidance as well as support and leadership through the Group Infection Prevention Committee. Combined with the DIPC, this structure clearly demonstrates ownership of Infection Prevention at senior and Board level. This "ownership" is reflected at clinical level through a network of 114 ICLPs who are role models and change agents, responsible for embedding effective infection prevention into everyday practice.
- In 2007 hospitals have 85 ICLPs in post across all clinical areas (theatres, outpatients and wards) all have received specialist training. During 2007 13 ICLPs have completed a RCN accredited course on "Principles of Infection Prevention" and another 9 are currently undergoing training. The average pass rate for this course is 96% and retention of staff after training is excellent with 90% of ICLPs still in post 3 years after training.

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Recommendations for our 2008 Infection Prevention strategy include:

- **Ownership** and clear communication of infection prevention at Board level through appointment of the Director of Infection Prevention and Control (DIPC) and development of an integrated infection prevention committee with key representatives across Nuffield Hospitals.
- **Embedding infection prevention into everyday clinical practice** through development of evidence based policies, ownership of infection prevention at clinical level and empowerment of staff to challenge poor practice. This will be achieved through appointment of trained Infection Control Link Practitioners (ICLP) in each key clinical dept (ward, theatres, out patients).
- **Prompt identification of infection risks** through a prescriptive infection prevention audit programme to monitor compliance to national infection prevention standards and participation in mandatory surveillance programmes to provide robust evidence on key performance indicators for infection prevention (including Clostridium difficile and MRSA). Formal process for infection prevention input into new build/refurbishment programmes.
- **Review of Mandatory Training resources** for all Hospitals.



- Recent reports from the Healthcare Commission (2007a, 2007b) strongly support the positive contribution ICLPs make at local level to an effective culture for infection prevention and control. The same report identified that failure in the public sector to appoint, train and provide resources for infection control staff to undertake infection control activities (e.g. audit, surveillance, and training) resulted in a failure to meet standards of infection prevention practice or to monitor/collate infection data.
- ICLPs greatly assist hospitals in achieving Duty 3 of the Hygiene Act which requires organisations to monitor infection prevention practices and assess risks. During 2007, ICLPs in 38 out of 40 hospitals audited infection prevention standards. Group analysis highlights 95% compliance to national infection control standards. Added to the extremely low rates of Surgical Site Infections and Bacteraemia rates, Nuffield Hospitals have demonstrated high quality infection prevention practice. Methicillin Resistant Staphylococcus Aureus (MRSA) screening identified approximately 1% of all patients attending pre assessment clinics colonised with MRSA. These patients receive decolonisation treatment prior to surgery to minimise the risk of post operative infection and reduce the risks of cross infection to other patients.
- In 2007 there was only one reported case of MRSA bacteraemia (blood infection).
- Nuffield Hospitals external profile was raised during 2007 with the Group Infection Prevention Nurse being nominated and short-listed for a Laing & Buisson Independent Healthcare Award. The nomination was for Nursing Practice and was based on the work in developing the infection control link nurse system and implementing the audit programme which shows continued improvements in compliance to infection control standards over the last 4 years.

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Medicines Management

- The National Patient Safety Agency [NPSA] quarterly reports from the National Reporting and Learning System [NRLS] demonstrate that the acute hospital setting is the area that generates the most incidents and this is a similar position for Nuffield Hospitals. Most medicines are prescribed and used safely. However, medication incidents are consistently the third highest reported event under NRLS. Although Nuffield Hospitals does not report through NRLS it is possible to use this data and information from internal reports, in conjunction with new legislation, standards and guidance, to improve medication safety from the lessons learnt.
- In addition to medication safety issues some medicines can be subject to deliberate diversion and are therefore more tightly controlled. In January 2007 significant new legislation, resulting from the recommendations of the Shipman Enquiry, came into force. The Controlled Drugs [Supervision of Management and Use] Regulations 2006 requires each hospital Registered Manager to also become the Accountable Officer [AO]. Training and Template Standard Operating Procedures for the AO were rolled out during 2007 to ensure that the requirements for "having regard to best practice in relation to the management and use of controlled drugs" was met in accordance with new regulations. Audits of controlled drugs are undertaken every three months and compliance reported both internally and externally as part of the Local Intelligence Network framework which is led by each Primary Care Trust [PCT] as defined within the regulations.
- In 2007 the Healthcare Commission published "The Best Medicine" which provides recommendations on ten key focus areas for medicines management.

Although the document is based on the findings within Acute Trusts the ten key areas are relevant for Nuffield Hospitals, both within hospitals and in other Operating Divisions. The ten key focus areas are shown in figure 1 and provide a robust framework consistent with other standards and guidance from various standards bodies.

- Ten key focus areas for medicines management [from HC "The Best Medicine"]:**

Medicines Management Strategy and Leadership

- Governing the use of medicines within the Trust
- Choosing a patient's medicine
- Prescribing medicines
- Ensuring staff are competent to work with medicines
- Promoting multi-disciplinary team working to provide seamless care
- Ensuring appropriate and effective use of medicines in the care of patients
- Accurately recording and reporting on use of medicines
- Involving patients in decisions and management of their medicines
- Efficiently and effectively providing and administering medicines to patients
- Supplying and managing medicines in the trust

Source: HC "The Best Medicines" 2007

- In terms of demonstrating good governance in use of medicines, Nuffield Hospitals was the first independent sector organisation to pass the first level of the new NHS Litigation Authority Risk Management Standards in early 2007 and this included full compliance against the standards for medicines management. Following the introduction of the Datix

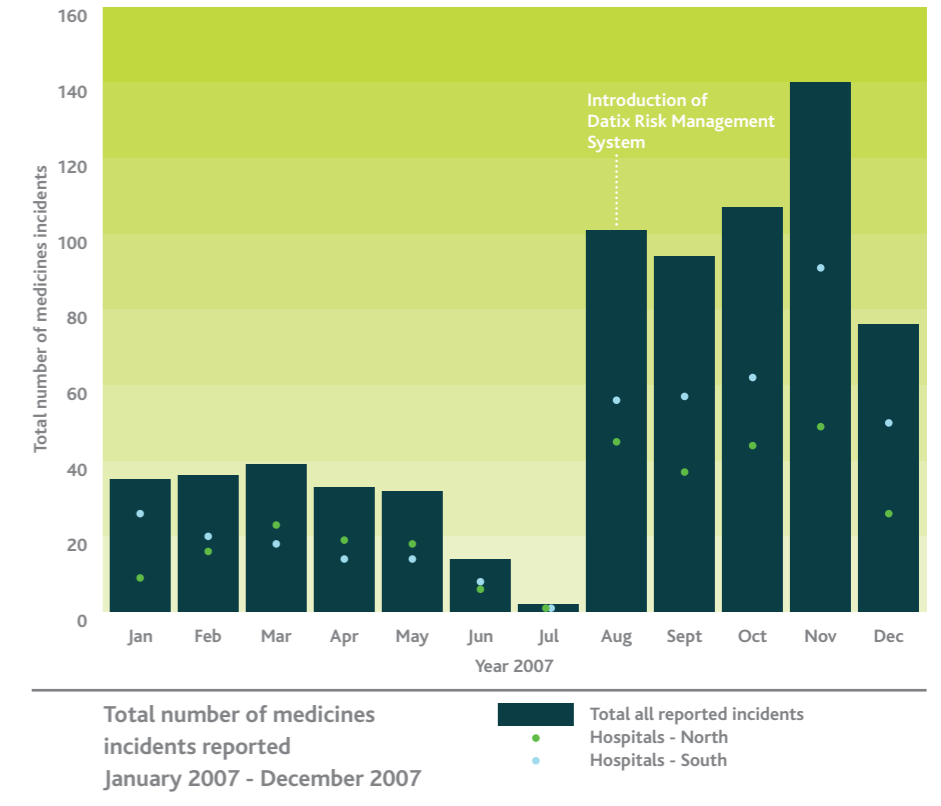
Risk Management System in August 2007, Nuffield Hospitals has a consistent process for recording medicine interventions which captures 'near-miss' events within the incident module.

- The events recorded from August 2007 to December 2007 are both actual incidents [n = 155] and interventions [n = 363] and therefore the rise in reporting reflects a more proactive approach to managing the risks with medicines rather than any rise in actual incidents. Recording interventions has enabled trends and potential risks to be identified in advance of actual incidents and this has in turn provided the opportunity to publish a regular 'flash' document on lessons learnt.
- Ensuring that the safest choice of patients medicines is made Nuffield Hospitals assesses the evidence, for example in December 2007 the National Institute for Health and Clinical Excellence (NICE) and NPSA jointly issued an alert on the technical patient safety solutions for medicine reconciliation on admission of adults to hospitals. Using the current Datix Alert Module it is possible to monitor the implementation and actions of the individual facilities as well as gain feedback from divisions on developing wider solutions.
- Safe prescribing practice is monitored using Datix and guidance is provided where there are opportunities to improve standards. In 2007 consistent guidance on prescribing was developed across various documents used by prescribers in Nuffield Hospitals including the Consultant Handbook, Practice Privileges and Resident Medical Officer [RMO] Handbook. There is evidence to show that prescribing practice is improved by the use of electronic systems. Nuffield Proactive Health has already introduced electronic prescribing and the Hospitals

Safety

Division is reviewing this in conjunction with electronic health record and electronic administration of medicines.

- Ensuring that staff are competent to work with medicines is of paramount importance and particular attention has been focused on the high risk areas identified in the NPSA alerts issued in 2007 namely, medicine reconciliation and review, anticoagulant therapy, injectable medicines, epidural administration, enteral versus parenteral route of administration and paediatric infusions. Monitoring compliance to these competencies is continuing into 2008 as defined within the alert timetable.
- Pharmacy intervention reporting following the introduction of Datix in the second half of 2007 shows how pharmacy staff are promoting multidisciplinary team working in supporting patients and staff in the safe and effective use of medicines. The contribution to care has been shown in relation to procedures undertaken at Nuffield Hospitals, e.g. advising on optimising pain relief without adverse effect, or in relation to daily activities e.g. avoiding food/medicine interactions or in relation to support of chronic medication requirements unrelated to episode of care in Nuffield Hospitals e.g. in helping improve inhaler technique.
- Nuffield Hospitals activity contributes to ensuring guidance on the appropriate and effective use of medicines in the care of patients, for example in participating in the NPSA consultation on medication safety. In 2007 the NPSA issued five alerts in an unprecedented move to improve the safety of patients throughout the healthcare sector from lessons learnt to medication incidents. For the first time the independent sector was included in the organisations required to comply with the alerts and Nuffield Hospitals have been working in



accordance with the implementation timetable associated with each alert. In addition to publication of alerts on Datix the Nuffield Hospitals intranet is also used to communicate information on using medicines effectively.

- The introduction of Datix in 2007 has provided an improved tool for accurately reporting on use of medicines. In addition the roll out of the Lawson Financial system across the Hospital's Divisions during 2007 has provided the opportunity to create a pharmacy catalogue for medicines. Requests for new medicines are now monitored more closely and can be assessed in accordance with the NPSA's purchasing for safety agenda.
- There is a need to involve patients in decisions and management of their use of medicines more. This is demonstrated by the 2007 patient satisfaction survey

for hospitals showing that the majority of hospitals scored less than 80% for provision of clear written or printed information about medicines. On further investigation written information was provided, but the patient's perception from the questionnaire responses was that it was not clear. Facilities that have actively targeted this area demonstrated that improvement can be made in patient's satisfaction by provision of information additional to that provided by the manufacturer of the medicine. This process is being reviewed in the first quarter of 2008 where lessons learnt can be disseminated.

In 2007 reports have identified that there are some areas for improvement in efficiently and effectively providing and administering medicines for patients. For example, as is common with all acute

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A safe medication practice work programme has been developed for 2008 to ensure that safe medicines management continues to contribute fully to continuous quality improvement within Nuffield Hospitals.

healthcare settings, in the use and reconciliation of patient's own medication. The Hospital Division are proactively addressing these areas by developing standardised processes for medicine reconciliation as part of pre-assessment pathway.

- During 2007 the procurement team in Nuffield Hospitals have supported safe supply and management of medicines by adopting the "procuring for safety agenda" and are establishing contracts for medicines based on safety criteria e.g. sourcing high risk parenteral medicines from licensed compounding units in accordance with NPSA guidance.

Blood Transfusion Introduction of the Blood Audit Release System (BARS)

- Nuffield Hospitals is the first independent sector hospital group to install an automated blood tracking system and this has considerably enhanced our safety procedures in reducing the serious risk to patients from blood transfusion errors.
- During 2006 new legislation on blood traceability was introduced by the European Union Directive and incorporated into UK legislation. Subsequently, The Medicines and Healthcare Products Regulatory Agency (MHRA) became the competent authority to regulate blood transfusion standards resulting in a steep increase in the required standards for operating safe blood transfusions to patients.
- To ensure hospitals meet these high standards on quality, traceability and haemovigilance in compliance with the new legislation and also that we continue to ensure safe transfusion practice for patients, the Nuffield Hospitals Pathology Modernisation Programme is currently implementing BARS.

- This system tracks the movement of all blood products using barcode technology at every step of the process from identifying patients, identifying blood samples taken from patients, identifying staff involved in the handling of blood products and controlling access to the electronically locked fridges, right through to taking the product to the patient where their identity is verified against a special new two dimensional barcoded wristband for positive identification.
- Efficient usage of scarce blood products is also ensured by the system, by the built in process of selecting the shortest dated product first.
- BARS is being fully integrated via a bi-directional interface into the National Pathology system to facilitate electronic transfer of patient demographics, test results and facilitate remote blood stock management and allocation from hub laboratories.
- The first BARS were successfully piloted at our Leicester and Lincoln hospitals in 2005. The full implementation programme including the specialist training of staff began in 2007 and is scheduled for completion in July 2008.
- During 2007 the MHRA audited a live BARS site at our Manor Hospital, Oxford and good compliance with the new standards was reported by the assessors.

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Radiological Protection

- Nuffield Hospitals is supported by the Radiological Protection Centre (RPC) part of St George's NHS Trust on all matters related to Radiological Protection. The RPC provide an annual position report to the Group Integrated Governance Committee. For 2007 the radiation protection matters are reported to be in good order and in all hospitals there is good compliance with regulations and guidance.
- The formation of Nuffield Diagnostics has resulted in improved coordination and standardisation of radiology services and greater control over Radiation Protection Policy. The formation of the central Radiation Protection Committee has also led to greater accountability of the Employer's role in the management of radiation protection.
- There were no new x-ray facilities or major changes of the use of radiation within the Group during 2007 however, Nuffield Diagnostics is part way through a £50 million equipment upgrade.
- There were major changes to the three radiation protection handbooks during 2006 and during 2007 these have been fully incorporated into the procedures for most radiology departments. The new quality assurance handbook enables x-ray departments to comply with their statutory obligations for in-house performance and safety testing of x-ray equipment.
- Compliance with policies, procedures and records were monitored and audits were completed at the majority of x-ray departments during 2007. The standard of the Ionising Radiation (Medical Exposure) Regulations (IRMER) procedures, protocols and record keeping is reported to be generally good and there are no major non-compliances within the Group.

- A small number of hospitals have been involved in research trials involving radiation. These have all been approved by Ethics Committees and the RPC has advised on dose issues where necessary.
- There were four radiation incidents reported to the RPC in 2007, none was reportable to the Health and Safety Executive (HSE) or IRMER. It is likely that there is under reporting in this area and all Radiology Managers have been reminded of the need to report radiation incidents to RPC, however minor.
- The RPC is exploring with Nuffield IT training partners the feasibility of providing an intranet-based e-learning package on Radiation Protection for intranet publication. The RPC also intends to provide a CD-based radiation protection update training package during 2008.

Risk Management and Implementation of Datix

- During 2007, as part of the overall commitment to improving Integrated Governance processes within Nuffield Hospitals, the Management Board approved the procurement of risk management software to support risk management and governance reporting.
- Datix were selected as the provider of choice to develop appropriate risk management modules for implementation across the Nuffield Group and are recognised as the leading supplier of software for patient safety, risk management, and incident reporting to healthcare organisations within the UK. This software was further developed to meet the specific needs of Nuffield Hospitals and was rolled out for use across the Group.
- The central training of key staff to use the new software commenced in June 2007 and was completed in October 2007. Over 368 staff completed training

on the various risk management modules. Six modules have now been implemented and are in use across the group, these modules are:

- Incident Reporting
- Safety Alerts
- Risk Register & Assurance Framework
- Complaints Handling
- Claims Management
- Standards and Compliance

- A further bespoke module 'Clinical Outcomes' is currently in development with Datix for implementation in 2008, this new module will replace the existing Clinical Indicator Variance (CIV) database and will in future provide the main source of information for clinical performance data.
- One of the early successes of Datix has been the way in which it has helped transform the incident reporting and management processes. All incidents are now reported by staff using an online report form via the Nuffield Hospitals intranet. Incidents categorised as serious are immediately escalated to designated senior managers for prompt investigation and action to prevent the same incident being repeated. The new online reporting was implemented on 1st August 2007 and this has resulted in a 100% increase in the number of incidents reported. Please see **table 1** for the number of incidents reported in 2007 and **table 2** for incidents reported by Division and incident category for the period 1st August 2007 – 31st December 2007.

(See tables over page)



Safety



Safety

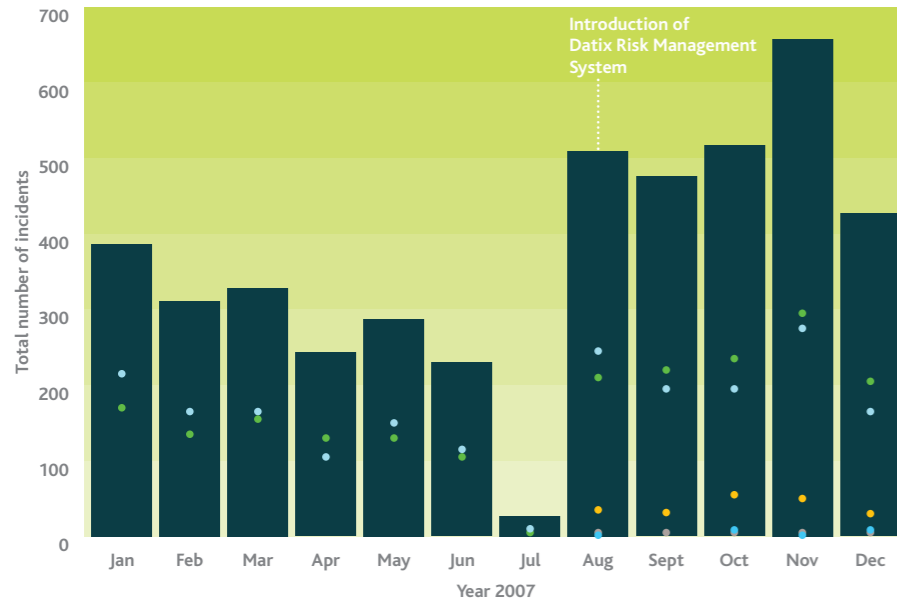


Table 1
Total number of all incidents reported
1st January 2007 - 31st December 2007

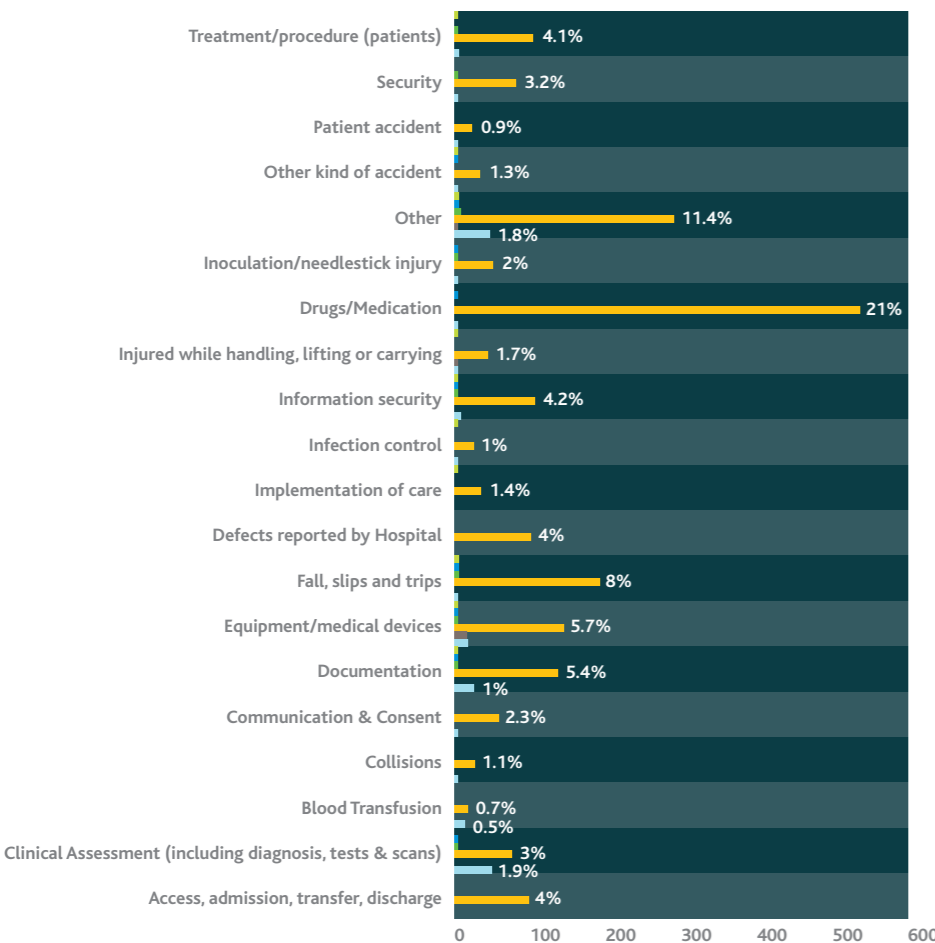
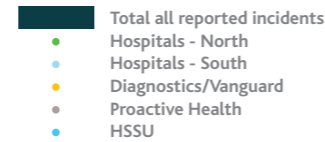


Table 2
Total incidents reported by
category and division
August 2007 - December 2007



Datix will be central to the further development of Group risk management processes and Integrated Governance reporting in 2008. A Datix forum has been established attended by key users of the system across the group to ensure the ongoing 'fit for purpose' use and development of the system.

Root Cause Analysis Incident Investigation – training programme

- The competency with which an organisation manages and learns from adverse incidents has become one of the key markers of success in relation to risk management and clinical governance standards.
- Root Cause Analysis (RCA) is a problem solving methodology for discovering the real cause(s) of problems, or difficulties, identified via a range of activities including incident management. RCA fosters a systems based approach to the analysis of a process rather than a person centred approach, which focuses on the individual who has committed the error. RCA has been shown to provide a means for identifying effective solution strategies to a broad range of problems within healthcare.
- The National Patient Safety Agency (NPSA) has promoted RCA as an effective 'tool' for healthcare organisations to apply to incident investigation if they are really committed to finding effective solutions to identified problems.
- As part of the Integrated Governance strategy an external Consultant nationally recognised for the application of RCA investigation was commissioned to provide training to key senior staff in the organisation.
- Training commenced in January 2007 and to date over fifty staff have now been fully trained in the application of RCA techniques.
- The training programme addressed the following areas of incident management and investigation:
 - Defining accountability for incident management
 - Identifying the depth of investigation required for specified

- groups of incidents
- Undertaking an in-depth investigation for significant events
- Identification of the fundamental causal factors
- Monitoring and learning from incidents
- Root Cause Analysis techniques are now being consistently applied to the investigation of all Serious Untoward Incidents across the Group.

Mandatory Training Project

As part of Nuffield Hospitals continued commitment to ensuring that our staff working in hospitals have the necessary skills and competencies to perform their roles safely in 2007 we focused on reviewing Mandatory Training requirements:

- A project was launched in early 2007 to undertake a major review of the training requirements for all people working in hospitals to ensure that adequate training is in place.
- Mandatory Training needs were established against all training programmes mandated by regulation, legislation or Nuffield Hospitals policy and required to be delivered in all Nuffield Hospitals sites to best practice standards.
- A new Mandatory Training Policy is in the final stages of development and will be issued in 2008. The new policy has been designed to work in conjunction with the NHSLA Training Needs Analysis Policy.
- The first elements to be reviewed in phase 1 of the project were the training programmes required by all staff who undertake work in our hospitals, at their induction (for new starters with the company) and training required to be refreshed annually.
- These training programmes have been titled the 'BIG 5' and include

Fire Safety, Manual Handling, Health & Safety, Infection Prevention and Control and Basic Life Support (resuscitation skills).

- A new process was due for launch in early 2008; this has been delayed following the announcement of the introduction of a new Learning Management System (LMS) which will be introduced into hospitals in July 2008.
- In order to take full advantage of the consistent booking and recording processes for training available in LMS and to explore the opportunity to support the 'BIG 5' with new e-learning programmes the launch will now be co-ordinated with the LMS launch.
- The remaining Mandatory Training programmes not covered in the 'BIG 5' will continue to be reviewed in 2 future phases of the project and it is expected that these reviews will be fully completed by the end of 2008.

Clinical & Cost Effectiveness



Clinical & Cost Effectiveness

The National Care Pathway Development Project

- The main aim of the National Care Pathway Development Project is to enhance the quality of care by improving patient outcomes, promoting patient safety, increasing patient satisfaction and optimising the use of our resources. One of the main challenges to realise this aim, is to bring about acceptance from all staff involved in delivering patient care, of the need to adopt company-wide care processes.
- As UK healthcare reforms and patient services are re-engineered around an 18 week pathway there is a risk that our current processes and pathways will not meet customer and consumer needs and expectations. This risk may compromise the potential for Nuffield Hospitals to be the preferred provider of choice. Therefore, in order to align the way that our hospital facilities deliver clinically safe care, whilst competing within compressed operating margins in defined timescales, we need to redesign our clinical processes.
- Following the implementation of a national total hip pathway in September 2005 it became apparent that hospitals were at very different levels of preparation to accept and adapt to standardised evidence based pathways of care. There is also widespread misunderstanding of what the pathway of care is and what it represents, with clinical staff at many of our hospitals believing that the pathway is the documentation on which we record accountability for care given, as opposed to our clinical processes, i.e. the way in which we deliver prescribed care.
- Our experience of introducing change into the business has indicated that there are differences in how hospitals take advantage of new systems to realise

business benefits. Many hospitals have embraced the necessary organisational and cultural shifts required to implement new ways of working, whilst others have been slower to implement these key drivers of change.

- Therefore a comprehensive clinical process/pathway project has been established to analyse, design and implement clinical processes that will realise opportunities within the market whilst minimising clinical and business risk in delivering care to our patients.

The Project Objectives

- To design and deliver into hospital operations a template for developing and documenting national care pathways that are evidence based, meet regulatory requirements and are commercially viable in order to support and drive the sustainable growth of Nuffield Hospitals.
- To develop and implement the methodology for multi-disciplinary decision making and the organisation of pathways of care.
- To deliver into the business the plan for clinical process/pathway design and implementation, that fits with commercial drivers of service delivery priority and new service development.
- To mobilise the integration of redesigned clinical processes/pathways into the business.

Current Project Status

- The principles that will underpin clinical process/pathway design have now been defined and will be used to assess and validate pathways as they are developed. These principles are that Nuffield Hospitals pathways:
 - are designed around the customer and their needs
 - will be risk assessed to ensure safe effective customer care

- adhere to best practice and are dynamic
- support an innovative approach to customer service across the customer journey
- define and communicate safe and clear processes to all users
- are designed to be commercially viable.

- In addition, outcomes of care will be captured within Nuffield Hospitals pathways and will contribute to the management of risk and governance reporting.
- The templates for documenting service-specific pathways have already been designed and are being further developed. This will support a balanced approach to service development:
 - A template for capturing procedure specific pathways has been designed within an enterprise modelling tool - 'Casewise Corporate Modeler'. The template will incorporate structural design of our processes, organisation and systems that support the delivery of efficient and effective healthcare.
- This will be accessed electronically via the Nuffield Hospitals intranet by end users and will be called the e-care pathway, which will capture the who, what, where and when of delivering care. The e-care pathway will be delivered to the business in June 2008 and will contain the following features:
 - Evidence – including guidance from NICE and the National Patient Safety Agency (NPSA)
 - Links to relevant policies and procedures
 - The standardisation of use of clinical consumables and equipment
 - Role competency requirements and links to job descriptions

To develop and implement the methodology for multi-disciplinary decision making and the organisation of pathways of care

- Prompts when and what patient information to issue
- Prompt which IT systems to use to support the care processes
- Links to standard forms e.g. radiology request
- Audit information including the expected outcome of care
- Clinical risk assessment
- Costing information
- The standard documentation to capture accountability for care delivered is currently being developed for delivery into the business by June 2008. This documentation is intended to encourage evaluative record keeping, capture of variance to pathway, planning intervention and measuring outcomes:
 - Documentation has been designed as generic pathways for surgical inpatients, day cases and surgical outpatients. This documentation will be called the care record.
 - The care record is an integrated document that captures patient assessment, interventions and care delivered which is evaluated against expected outcomes and is cross referenced to the e-care pathway.
- The approach for process/pathway engineering that is inclusive of all key stakeholders has been developed and is being reviewed:
 - The methodology for including key stakeholders and multi-disciplinary decision making has been piloted with the development of bariatric services. This pilot proved successful by:
 - Developing the product from a customer perspective
 - Adopting an inclusive approach from multi-professional stakeholders to the design of the pathway
 - Identifying a Consultant lead to

- champion the pathway and act as buddy to other Consultants
- Supporting sites with implementation tools and regular update conference calls
- This will be further tested with pilot sites for the Dr Engagement project and then refined, documented and communicated.

Future Planned Activity

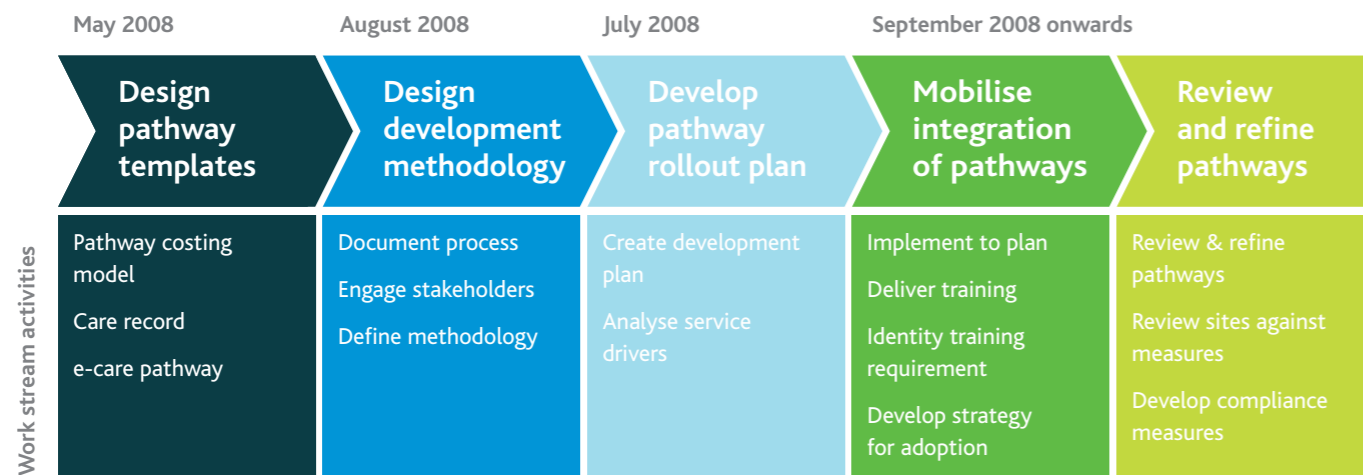
- The following activities are planned to ensure the successful realisation of the aim and key objectives of the project:
 - Identify a supplier and provide a cost analysis for production of the care record
 - Develop a costing model within the e-care pathway that supports the identification of cost benefit through streamlined process design
 - Develop the detailed plan for process/pathway design by service and procedure in collaboration with the Commercial Directorate
 - Develop and pilot the implementation methodology
 - Identify training needs for integrating the process/pathway design into the business and determine the most effective way to meet those needs
 - Deliver training to support the implementation of clinical processes into the business
 - Mobilise the design and integration of redesigned clinical processes/pathways into the business.

Clinical & Cost Effectiveness

Clinical & Cost Effectiveness

National Care Pathways

High level project activities with milestone dates



Hospitals Clinical Audit

Clinical audit is a key clinical governance process which enables a healthcare organisation to identify, monitor and improve clinical practice. It is a process that should also be used to ensure that improvements identified through other clinical governance processes such as clinical risk management and complaints are implemented and evaluated.

A substantial programme for clinical audit has existed within Nuffield Hospitals since January 2004. 2008 will see a new audit programme that is aligned with a number of new business and regulatory requirements that are driving change and activity within hospitals. A strategy has been written and has as its key objectives:

- To ensure that Nuffield Hospitals can demonstrate **compliance** to local and national policy, guidance and regulatory frameworks.
- To ensure that Nuffield Hospitals have safe, effective, efficient and robust **systems** in place that support the patient journey.
- To ensure that there are quality improvements to patient care where identified through rigorous examination of **clinical and patient outcomes**.
- Inform **business planning** and processes through a robust data collection framework.

With the overall aim of having:

- The right people and processes
- In the right place
- At the right time
- Doing the right thing
- In the right order
- With the right outcomes
- All with attention to the patient experience

The revised audit programme contains a prescriptive rolling programme of audits that each hospital is expected to complete within the same month. This will benefit both clinical staff and management in a number of ways:

- Enable effective planning of time and resources
- Hospitals know what they are doing each month
- We know what they are doing
- Monthly benchmarking of findings /compliance

Benchmarking of findings will enable top performing hospitals to share practice with those that don't perform quite as well promoting a learning culture. This will be a first within a Nuffield Hospitals audit programme and be achieved through process mapping. Extraordinary audits will still take place as the need arises from adverse incidents, complaints and trends identified in Key Performance Indicators, and procedures that are high volume, high cost and high risk. The revised audit programme will be crucial to the achievement of NHSLA level 2 accreditation.

Governance

Nuffield Hospitals - Group Integrated Governance Arrangements.

Further to organisational change in 2007 one of the key objectives for the Group Clinical Directorate was to "set up and maintain a sustainable Group Integrated Governance system". This is essential in helping to support the group's responsibility to comply with statutory regulations and standards, and in order to evidence that our treatments and services are safe, quality-assured and cost-effective.

There are three interlinked elements which together will help deliver Nuffield Hospitals Group Integrated Governance framework and these elements have been further developed in 2007.



The development of an organisational Group Integrated Governance structure:

- The new Group Integrated Governance structure has been designed to operate across Group functions:-
 - Clinical
 - Medicines Management
 - Human Resources
 - External Affairs
 - Business Support Services
 - Commercial
 - IT & Information Security

- Health & Safety
- Occupational Health

and across Group and the Divisions, Hospitals, Diagnostics and Proactive Health.

- The Board Integrated Governance Committee (BIGC) and the Group Integrated Governance Committee (GIGC) are already well established and during 2008 will review information derived from performance data, risk registers, incident reports, clinical variance reports etc and have collective responsibility for agreeing group wide systems and processes for the ongoing management of integrated governance. The responsibility for day to day governance issues has now been devolved to individual Divisions who will be required to submit quarterly governance reports to the Group Medical Director who has overall executive responsibility for integrated governance management and reporting.

The development of a Group Policies and Procedures Framework:

- Nuffield Hospitals has introduced a new policy framework with all policies being published on the group wide intranet and made available to all staff. The Group governance reporting processes in future will be further developed to ensure that Divisions identify and gather the appropriate evidence that those policies which have been developed to meet specific standards have been implemented, monitored, reviewed, and that improvements are made in terms of efficiency and effectiveness where appropriate.

The implementation of supporting technology

- Underpinning the Nuffield Hospitals Integrated Governance framework is the implementation in 2007 of the new Datix Risk Management system, which supports the key governance processes and provides the required management information. This information will support informed decisions, reporting requirements both internal and external and provide improved management visibility of operational risk.

The main benefits of the new Group Integrated Governance framework include:

- Improved risk management (by capturing issues and incidents more efficiently and effectively and being able to analyse and act on reports more effectively)
- Improved clinical safety and patient outcomes (continuous improvement through decision making based on comprehensive management information)
- Operational efficiencies (one IT risk management system instead of 120 individual databases - reduction in bureaucracy and costs of data extraction)
- Reducing cost of litigation claims (more efficient management = fewer escalations + lessons learned)
- Supports our own management reporting requirements and those of our regulators and customers, including Healthcare Commission and NHS mandated reporting
- Provides improved management visibility of business operations and risk
- Delivers the integrated risk reporting that was highlighted as a requirement by the Management Board.

Governance

Membership of the Board Integrated Governance Committee (BIGC)

The Lord Glenarthur (Chairman)	Governor
Mr Michael Smith	Governor
Mr Christopher Tetley	Governor
Ms Jane Wesson	Governor

Group Integrated Governance Committee Members (GIGC)

Dr Andrew Jones	Group Medical Director (Chairman)
Su Barnett	General Manager Group Governance
Ian Clements	Managing Director of Quadriga Health & Safety Ltd
Dr Sabine Donnai	Medical Director Nuffield Proactive Health
Karen Harrowing	Group Chief Pharmacist
Matthew James	Associate Director External Affairs
Matt King	Information Security Manager
Sue Millward	Group Infection Prevention Nurse Manager
Andrea Mummery	Occupational Health Manager
Shaun Nikiel	General Manager Human Resources
Marian Pearson	Clinical Director Hospitals
Karen Rickards	Clinical Director Vanguard and Diagnostics
Duncan Roper	General Manager Hospitals Sterile Services Units (HSSU)
Gail Thomson	Hospitals Governance Manager
Kathryn Vincent	Assistant Company Solicitor



Governance

NHSLA Risk Management Standards

Standard	1	2	3	4	5
Criterion	Governance	Competent & Capable Workforce	Safe Environment	Clinical Care	Learning from Experience
1	Risk management strategy	Corporate induction	Secure environment	Patient identification	Incident reporting
2	Policy on procedural documents	Local induction of permanent staff	Child protection	Patient information	Raising concerns
3	Risk management committee(s)	Local induction of temporary staff	Vulnerable adults	Consent	Complaints
4	Risk awareness training for senior management	Supervision of medical staff in training	Moving & handling	Clinical record-keeping standards	Claims
5	Risk management process	Risk management training	Slips, trips & falls	Transfer of patients	Investigations
6	Risk register	Training needs analysis	Inoculation incidents	Medicines management	Analysis
7	Responding to external recommendations specific to the organisation	Medical devices training	Maintenance of medical devices & equipment	Blood transfusion	Improvement
8	Clinical records management	Hand hygiene training	Harassment & bullying	Resuscitation	Best practice - NICE, NCEs & national guidance
9	Professional clinical registration	Moving & handling training	Violence & aggression	Infection control	Best practice - NSFs & high level enquiries
10	Employment checks	Supporting staff involved in an incident, complaint or claim	Stress	Discharge of patients	Being open

The National Health Service Litigation Authority (NHSLA) Risk Management Standards

- As a member of the Electronic Patient Choice Network (ECN) and a provider of services to the NHS patients Nuffield Hospitals is required to be assessed against published risk management standards and accredited by the NHSLA.

Standards

- The promotion of good risk management and governance are integral components of the NHSLA schemes and Nuffield Hospitals have 'adopted' these standards as our best practice. There are five core standards under the headings of:
 - Governance
 - Competent and capable workforce
 - Safe environment
 - Clinical Care
 - Learning from Experience
- Each of the five core standards has ten key criteria related to elements of risk management.

Accreditation

- The NHSLA scheme is organised around three levels of accreditation starting with level 1 which is concerned with the development of policies, progressing to level 2 which relates to the successful implementation of policy and level 3 which is about monitoring the effectiveness of the policy in reducing risk to patients and staff.
- The process for applying the standards commenced in 2006, with the further development of our risk management policies and procedures. A new process for the ratification, distribution and publication of policies was developed, including the redesign of the policy section on the company intranet.
- Further to rigorous assessment by the NHSLA in January 2007 we are pleased to report that Nuffield Hospitals was the first independent provider of healthcare to be awarded accreditation at level 1.
- In line with previous versions of the standards a new set of standards were published by the NHSLA in April 2007 and the goal in 2008 is to progress the implementation of policies to achieve accreditation at level 2. A centrally co-ordinated team of key staff across the Group, led by the Group Medical Director has already been established to progress the implementation of the standards, prior to further assessment by the NHSLA later this year (2008).

Further to rigorous assessment by the NHSLA in January 2007 we are pleased to report that Nuffield Hospitals was the first independent provider of healthcare to be awarded accreditation at level 1.

In January 2007
Nuffield Hospitals
achieved
certification against
ISO/IEC 27001:2005

Information Governance

- The protection of confidential information including patient's personal and sensitive medical information is vital to the provision of a quality healthcare service and Nuffield Hospitals have placed great importance on the investment in improving the level of information security across the Group.
- We are extremely pleased to report that in January 2007 Nuffield Hospitals achieved certification against ISO/IEC 27001:2005, which is an International standard for Information Security. The standard adopts a process approach for establishing, implementing, operating, monitoring, reviewing, maintaining, and improving a security management framework known as an Information Security Management System (ISMS).
- ISO/IEC 27001 is the only auditable international standard which defines the requirements for an Information Security Management System and Nuffield Hospitals are externally audited by an accredited body (Lloyds Register Quality Assurance) twice a year to ensure that this standard is being maintained.
- The implementation of the security management framework has been aligned to the group integrated governance framework to ensure the confidentiality, integrity and availability of information.

Group Security Forum

- The Information Security Manager is responsible for implementing policy supported by the Group Security Forum. The Group Security Forum has been established to ensure that there is business alignment, clear direction and visible management support for all security initiatives.
- The forum is dedicated to the principles of Information Security best practice

standards and has direct responsibility for maintaining policies and providing guidance on implementation. Findings from reviews, risk assessments and incidents are raised with the Information Security Manager for further review by the forum.

Hospital Governance Committee (Hospital Security Forum)

- The Hospital Governance Committee oversees, reviews, develops and improves the overall ISMS within the Hospitals Division and has overall responsibility for the local direction and commitment to Information Security and ensures that all employees are aware of their responsibilities for ensuring group policies are implemented with their respective departments.

Continual Improvement

- The continued development of the Security Management framework is extremely important in protecting our information and is dependent on the measurement of the effectiveness of the ISMS and controls that have been implemented. To aid this, the Information Security Manager and the Hospital Governance Committee monitors the processes implemented by undertaking regular audits of the Hospitals to determine compliance with Nuffield Hospitals policies and ISO/IEC27001:2005.

Mandatory reporting of Clinical Indicators to the Healthcare Commission

- In June 2006 the Healthcare Commission (HC) published the following document: 'Submission and use of performance indicators: Guidance for providers of acute hospital services in the independent sector'. The HC is continuing to develop the process for registering and inspecting the independent sector, building on the consultation document

Governance

Indicators

Sentinel Indicators

Mortality – The total number of all inpatient deaths

Peri operative mortality – The death of any patient who has had an inpatient anaesthetic episode and dies within 48 hours of induction of anaesthetic

All cases of serious injury – The total number of reports under Regulation 28 of the Private and Voluntary Healthcare (England) regulations 2001

Clinical Indicators

All returns to theatre – the return of a patient to the operating department during the same episode of care for complications related to the previous procedure

All unplanned transfers out of hospital to other providers of care for ongoing clinical management

All unplanned readmissions following discharge from hospital for the same or related condition

Infection Control Surveillance

All Surgical Site infections – the total number of infections in patients who have had hip and knee replacement surgery.

All Staphylococcus Aureus bacteraemia – all positive blood infections including MRSA

aligning our assessment of the NHS and independent sectors published in December 2005.

- In April 2007, the rules on the frequency of inspection in the independent healthcare sector changed, from annual inspection to self assessment and more targeted, appropriate and risk based assessments and formal inspections. For providers that can demonstrate that they comply with the independent healthcare National Minimum Standards, this could mean that formal inspections are only carried out every 5 years.
- As part of this new approach, a series of high level indicators have been developed to help monitor the performance of providers in the independent sector and will be taken into consideration when the HC plan their inspections.
- From 31st October 2006, Nuffield Hospitals have been pleased to submit mandatory data in relation to these performance indicators to the Healthcare Commission. Internally, the HC will compare the data submitted by providers and develop a process to allow them to compare and monitor performance of individual providers over time.
- All of the mandatory data is collected within Nuffield Hospitals as part of the clinical variance indicator set and the self-assessment request for information as part of the current HC inspection process.

The Dataset

- Providers of independent acute hospital services are required to collect and submit data in relation to the following eight high level indicators.

- The quarterly submissions of all clinical indicator data are reviewed by the Group Medical Director and Clinical Director for Hospitals prior to submission to the HC and are included in the quarterly reports to the Board Integrated Governance Committee (BIGC). To date the BIGC have been assured that our clinical performance is strong across all of the clinical indicator data sets.



Patient Focus

Patient Focus

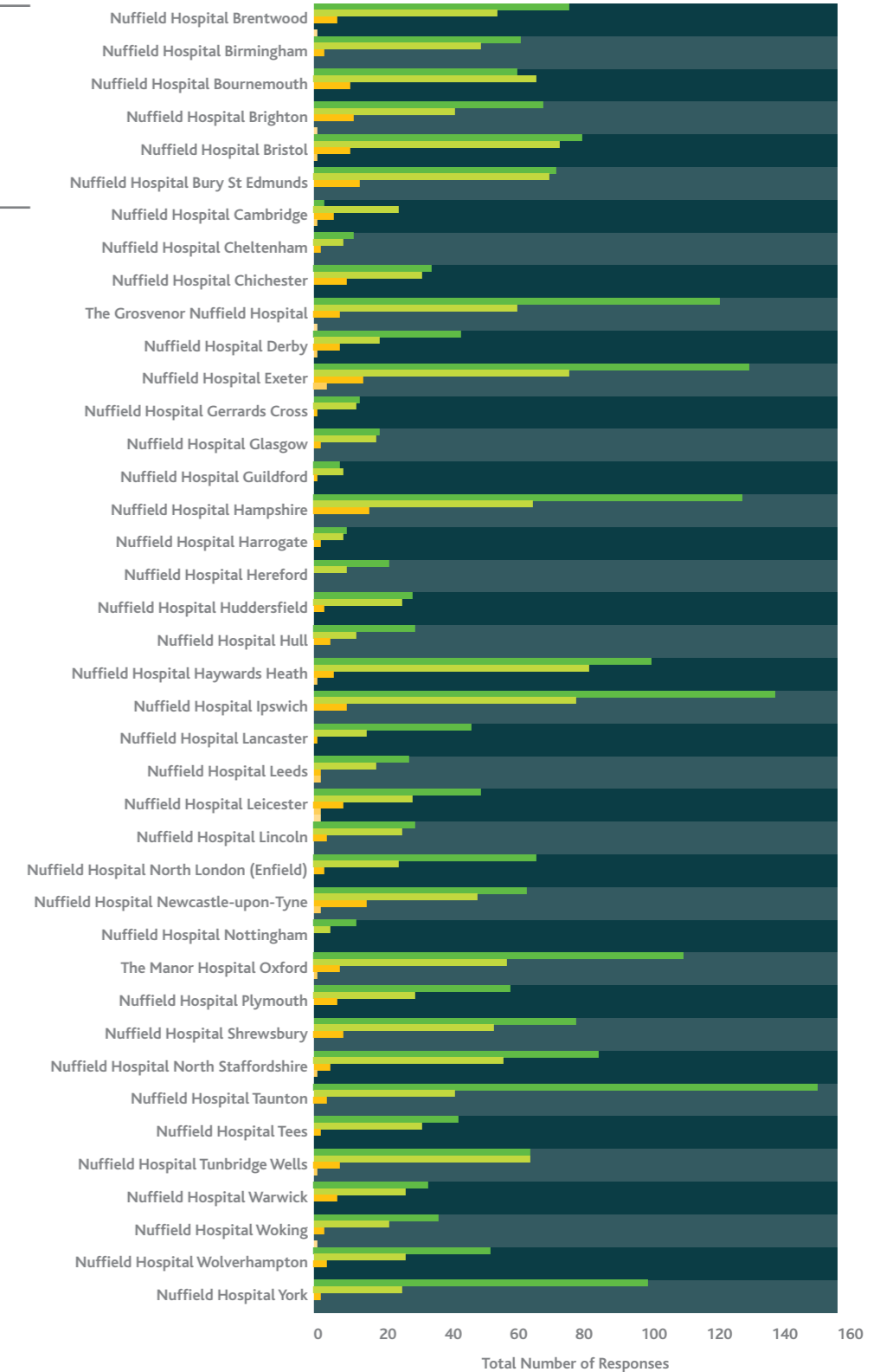
Summary of the 2007 Patient Satisfaction Survey – 'Monitor'

- The Nuffield Hospitals Patient Satisfaction Monitor for 2007 revealed that 95% of all patients rated their overall satisfaction as 'good' (28%) or 'excellent' (67%) with all Hospitals achieving at least a 90% overall satisfaction rating.
- The survey, conducted by MSB independent consultancy, also showed that patients would 'strongly recommend' (65% of patients) or 'recommend' (30%) the hospitals to their friends and family.
- The anonymous questionnaire allows all Nuffield Hospitals patients the opportunity to feed back and rate their experience across the customer journey: admission, cleanliness and comfort, confidence in doctors and nurses, patient care and treatment, operations and procedures (including pain control) and after leaving the hospital.
- 18,000 questionnaires were returned, accounting for a targeted sample of 12% of all Nuffield Hospitals patients in 2007.

Nuffield Hospitals have achieved one of the highest levels of satisfaction ever seen by MSB Consultancy in their 20 years of experience in the customer service industry:

- 84% found the admissions process 'very organised'
- Patients rate comfort and facilities (91%) and overall cleanliness (94%) as 'excellent' or 'very good'
- 100% 'mostly' or 'always' have confidence in the doctors treating them (98% confidence in Nurses)
- 94% feel that they are 'adequately' or 'very' involved in decisions and 97% are 'mostly' or 'always' kept informed about their care and treatment
- 99% of patients received 'clear' or 'very clear' explanation of the risks and benefits or of any questions that they may have had before their operation or procedure
- 95% found the provided printed materials 'quite' or 'very' useful
- 96% felt that, before leaving hospital, they received a 'clear' or 'very clear' explanation of any possible complications that they should be aware of and 84% were provided a point of contact at the hospital
- 93% state that their privacy and dignity was 'always' respected

Patient Satisfaction Cleanliness

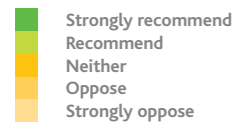


Patient Focus

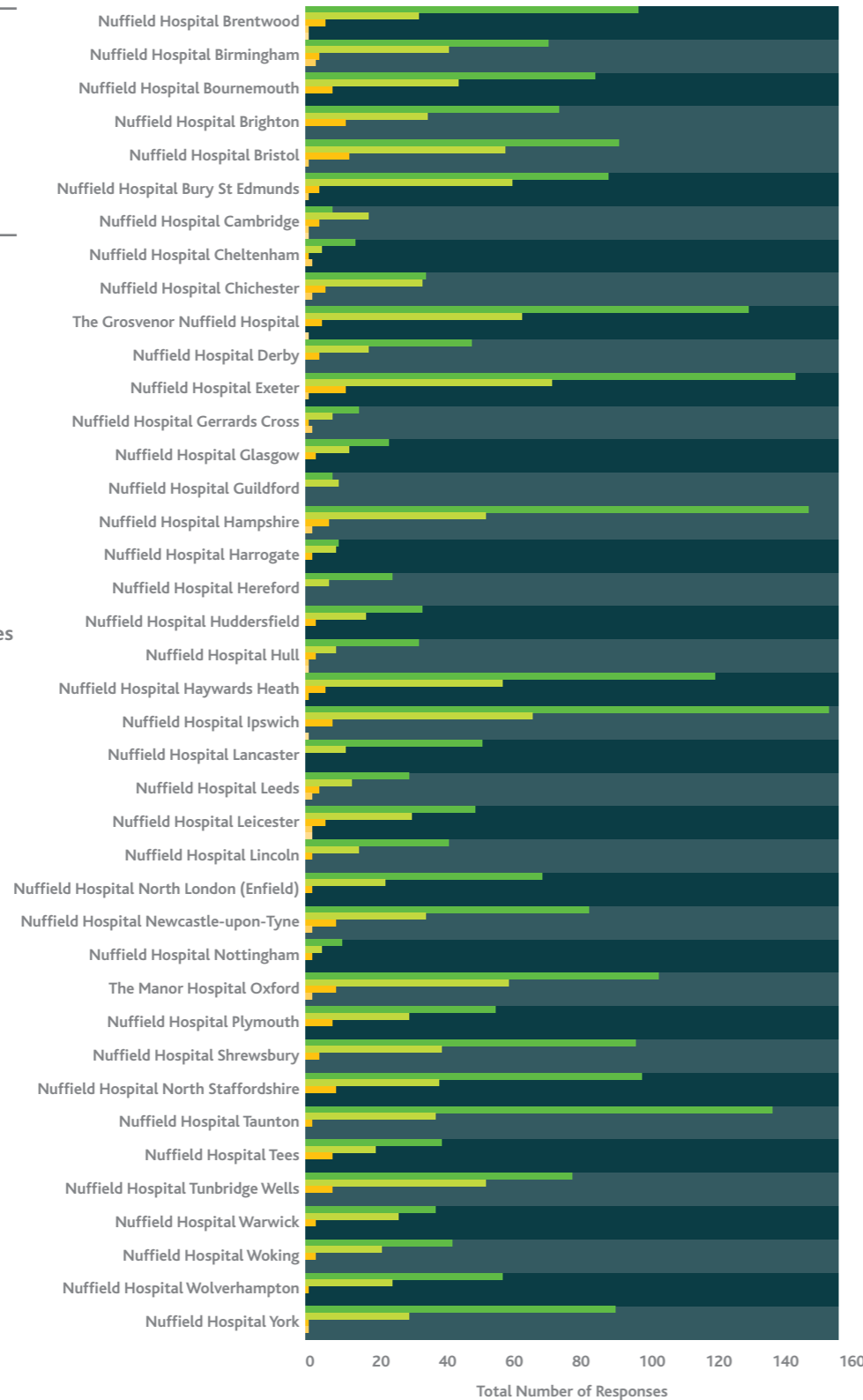
Patient Focus

Patient Satisfaction

Would recommend the hospitals to friends and family



- The monitor has also identified three areas of opportunity for future development and improvement:
 - Clarity of written or printed information about medicines (16% stated 'not clear')
 - Providing all patients with written instructions and information on what they should or should not do after leaving hospital (27% 'not provided')
 - Offering a choice of admission dates (33% were not given a choice)



Patient Satisfaction (Catering Survey)

- The new patient food offering is bedding in well across the hospitals. Patient satisfaction responses and scores have continued to improve during the first contract year with the new external provider of catering services – Sodexo, to a high of 93% recorded for December 2007 and January 2008, where it now appears to be stabilising.
- Derby, Exeter, Tees, Lancaster, Shrewsbury, North London and Ipswich have all achieved excellent patient feedback and have been consistently above the service level benchmark since May 2007.
- The highest scoring areas of satisfaction from the survey are:
 - Staff friendliness
 - Staff efficiency
 - Food presentation
- We are aiming to improve satisfaction with:
 - Portion size (some patients want less or a choice)
 - Menu variety (particularly for long stay patients)
 - Menu choice for Special Diets (mainly for patients with allergies to certain food groups).
- The menu development group have used the above data to continue improvement of the patient offer with a particular focus in the next quarter to address issues raised from the lowest scoring areas. The team have also started to develop a special oncology menu to meet the special needs of patients undergoing cancer treatments.

Patient Focus Complaints

- The introduction of the Datix Risk Management System data collection and alert tool for adverse incidents and complaints in August 2007 has seen a vast improvement in both the reporting and management of complaints throughout hospitals. Nuffield Hospitals apply a 3 stage complaints management process:

- Stage 1 Local resolution at the individual hospital/facility
- Stage 2 Complaints unresolved at Level 1 reviewed by Divisional Managing Director
- Stage 3 – Complaints unresolved at level 2 referred for external (to Nuffield Hospitals) adjudication

Stage of complaint	Number - 2007
1	1450
2	32 (2.24%)
3	8 (0.5%)

- There were in the region of 1,500 first stage complaints reported in 2007 of which 2.24% escalated to stage 2. The Datix application enables robust data collection and reporting of complaints at both local and national levels enabling Nuffield Hospitals to trend and analyse issues both hospital and group wide for the first time. This will enrich learning and help avert potential problems to avoid repeating mistakes.
- Within hospitals responsibility for complaints management sits with the Registered Manager i.e. the General Manager but in the majority of cases the Head of Clinical Services leads the investigation process. If a complaint is referred to stage 2 the Clinical Performance Managers, on behalf of the Divisional Managing Directors perform

an independent review of the initial investigation to assure both the General Manager and the Divisional Managing Director that a diligent process has been followed and give advice as appropriate.

- Since the implementation of Datix, the Group complaints policy has been reviewed and updated to reflect latest national guidance, and a patient information leaflet on complaints management has been developed to reflect this. The leaflet clearly outlines the stages and timeframes of the complaints process for the complainant, and what to do if they are not satisfied. The management of all complaints will be closely monitored in 2008, with the aim of learning from complaints and resolving complaints early reducing the total numbers that escalate to stages 2 and 3.

Nuffield Proactive Health-introducing a new systematic approach to managing complaints from clients

- Throughout the past year a new systematic approach to complaints handling has been introduced in Nuffield Proactive Health. The process manages complaints extremely effectively, often turning a negative into a positive, it also manages the causes of the complaints.
- On a monthly basis, three of the most common complaints are analysed and the cause of the complaint is addressed with the operations, finance and marketing teams etc. Procedures are introduced to ensure the causes are tackled and immediately resolved. This new process has led to a substantial reduction of complaints from 83 per month to 18 per month.

Accessible and Responsive Care



As at 31st December 2007, the Nuffield Group had completed 763 Inpatient Episodes covering 66 different clinical procedures.

Extended Choice Network (ECN)

During 2007 the ECN Contract was implemented in all Hospitals in England.

- The services on offer by each hospital have been decided locally by the hospital and approved by both the Divisional Financial Controllers and the Department of Health. The services vary based on the local marketplace, Consultant availability and scope for generating a suitable margin.
- As at 31st December 2007, the Nuffield Group had completed 763 Inpatient Episodes covering 66 different clinical procedures. Our work with the NHS continues to show strong growth.
- A clinical coding service is being provided by a third party supplier, 3M. There are still some technical issues to be resolved and process issues to be addressed. 3M will be assisting with these process issues by supporting a Coding Workshop for the Divisional Clinical Performance Managers, which should then be cascaded down into the clinical departments within the Hospitals.
- Hospital general information and clinical performance information has previously been submitted for the Department of Health inclusion in 'Choosing Your Hospital' leaflets and nhs.uk. The nhs.uk website has now been upgraded to the 'Choices' Website. Submission of all Nuffield Hospitals information to that site is now being managed effectively to include our infection rates and other clinical outcome data.
- Choice is being used to support the NHS in its ambitious transition to an 18-week 'Referral to Treatment' wait, and has required a number of amendments to both processes and IT pathways:
 - New Waiting List Reports required as part of a monthly reporting package
 - New data items required for the patient tracker.
 - Improved understanding of Waiting List management in Hospitals.
- The 18-week Programme has also provided an opportunity for some sites to offer more services to assist the NHS in reducing their waiting list and we welcome the patients rights to choose where they receive treatment.

Accessible and Responsive Care

Vanguard & Diagnostics Mobile Services

- During 2007 the Nuffield Diagnostics Division have been working on the development and implementation of a new mobile fleet and now offers the nation's most modern mobile magnetic resonance imaging (MRI) service, featuring high-end imaging capability and flexible delivery models supported by Nuffield Hospital's experience and highly trained clinical staff. This has all been made possible by a significant modernisation and investment programme, coupled with our vision to become the leading independent provider of diagnostic services by providing the highest quality healthcare that is accessible and affordable to all.
- The most modern mobile MRI fleet in the country benefits from the latest design approach, combining warm and welcoming features with a design that promotes improved patient flow and efficiency. It is all built around a state-of-the-art imager and high-tech control room operated by Nuffield Hospital's highly experienced Radiographers who work closely with their colleagues at individual sites to develop a highly integrated service.
- This combination of leading-edge technology, thoughtful design touches and senior imaging staff, whose technical abilities are matched by their people-handling skills, means that physicians can refer their patients with confidence.
- Our units are so advanced that mobile MRI has now become a solution that both doctors and patients choose to use in the knowledge that it meets their clinical and human expectations of a patient-centred health service.
- Work has now commenced to provide mobile computed axial tomography (CT) and Mammography units due to be operational in the first quarter of 2008.



Care Environment and Amenities

Health and Safety

Introduction

This section provides an outline of current Health and Safety Issues in the Group in 2007, including changes to health and safety legislation that have occurred during the year.

Legal Changes

A number of legal changes have taken place during the year, some of which will not take full effect until 2008.

- **The Corporate Manslaughter and Corporate Homicide Act**

The Act received Royal Assent in July 2007 after a long period of Parliamentary discussion and many changes to the detail. The Act will take effect in April 2008 and will change the current legal framework in relation to corporate manslaughter. This currently prevents such a charge being successfully brought against a company unless it can be shown that at least one very senior officer, or director, was individually guilty of conduct which constituted manslaughter.

The Act creates a new offence where a corporate organisation is guilty of a gross breach of a relevant duty of care and that

breach causes the death of a person.

An organisation is only guilty of the offence if the way in which its affairs are managed or organised by its senior management is a substantial element of the breach. The duty of care extends to employees, patients, visitors, those providing services to the organisation and contractors.

The approach already adopted within Nuffield Hospitals of a clear policy framework, supported by training of relevant staff, monitoring and auditing of standards, creates a sound footing for avoiding vulnerability under the Act. However, it is of paramount importance to ensure that there is consistent and effective implementation of internal standards and that deficiency are identified and promptly corrected. This is particularly important during periods of change.

- **The Construction (Design and Management) Regulations 2007**

The new Regulations which relate to both client and contractor duties, during a wide range of construction and demolition projects took effect in April. Many aspects of the Regulation apply to more minor contract work, and Health and Safety Coordinators have been briefed on the new requirements.



Enforcement Authority Involvement

- **Health & Safety Executive (HSE) involvement in hospitals**

There have been no Health and Safety Executive inspections undertaken within our hospitals during the year to date. This follows a very successful relationship being built in the past with the HSE corporately, who have been satisfied with the internal policies, training and auditing arrangements in place.

- **Fire Authority involvement in hospitals**

A small number of hospitals have received inspections from the Fire Authority during the year, enforcing the requirements of the Regulatory Reform (Fire Safety) Order which came into effect 15 months ago. Our policy and procedures have been approved and we continue to work closely with local fire authorities. The main vulnerability during such inspections relates to the adequacy of fire safety risk assessments. A selected provider of such risk assessments for hospitals has been used for new assessment. Work is also being undertaken with the Company's health and safety consultants to develop an agreed and standardised assessment process for mobile units operated by Vanguard Healthcare.

Care Environment and Amenities

Health and Safety Audit Programme

- A three year health and safety audit programme, undertaken by Quadriga Health & Safety Ltd, has currently completed its second year. The programme provides for all hospitals to be audited during the three year cycle and for sample audits to be undertaken within selected subsidiary company operations.
- During the two year period from January 2006, 33 locations have been audited including the majority of the hospital locations and the new Hospitals Sterile Services Units (HSSU). Audits planned for early 2008 include a post acquisition audit of Cannons Health Clubs and an audit of Nuffield Proactive Health; the specific purpose of which is to advise on synergies in health and safety management and to identify any issues within Cannons Health Clubs. Any such issues will need to be promptly addressed to avoid any exposure to Nuffield Hospitals.
- One key feedback is that the management of change continues to be a challenge as the organisation goes through a period of change. The programme of regular update days for Health and Safety Coordinators is being used to ensure that solutions to areas of common concern are addressed and three such update days have taken place during 2007.

Fire Brigade Attendance Policies

- It has been identified that a number of fire authorities have changed their policy in respect of responding to fire alarms initiated by automatic fire detection, when premises are occupied. In some recent calls made to the Fire Brigade, a telephone confirmation that there is a confirmed fire has been requested. In a hospital, which may have large areas unoccupied at night, and with lower

levels of staffing, such an approach could result in significant delay in Fire Brigade attendance, with a consequent increased risk to life and of property damage.

A review has been undertaken by Quadriga Health & Safety Ltd of the policies of fire authorities from around the country to establish where this issue is likely to occur. Where individual Nuffield Hospitals have been notified of such a change of policy by the Fire Authority, this has been challenged successfully. The importance of ensuring that false fire alarms are minimised is critical to the success of such challenges. Further work is being undertaken to establish the acceptable rate of false alarms from each Nuffield Hospitals. This is related to the size of the alarm system and the number and type of detectors used.

Significant Incidents

- **Fire or fire activations**

During the year to date there were 77 fire alarm activations and 4 minor fires reported from hospitals. The Fire Brigade were called in 68 of these events. On all but one of the occasions when the Fire Brigade was not called, the cause of the alarm was known and did not warrant Fire Brigade action. Action has been taken to reiterate staff training in this one case.

All of the minor fires which occurred inside buildings related to fire damage contained within an individual piece of electrical equipment or, in one case, a tea towel being ignited in the kitchen. In no case was Fire Brigade action needed to extinguish any of the fires in buildings (in one incident the fire occurred on grass outside the hospital buildings).

During the year to date there were 77 fire alarm activations and 4 minor fires reported from hospitals.



Care Environment and Amenities



Health and Safety Training

An ongoing programme of health and safety management training is being undertaken to provide a consistent approach to health and safety issues. This is supplemented by specific health and safety training undertaken locally. Key courses include:

Safety for Senior Executives

- This is a one day course accredited by the Institution of Occupational Safety and Health, which is intended for general managers, directors and other senior staff. Three courses have been held in 2007, with a total attendance of 21. All new General Managers are expected to attend this training and attend a further course every three years.

Managing Safety Course

- This five day course, also accredited by the Institution of Occupational Safety and Health, is provided for new Health and Safety Coordinators at hospitals and for key members of staff within Nuffield Diagnostics. Three have taken place in 2007, with a total attendance of 27.

Other Courses

A number of other health and safety training courses are undertaken as part of an overall programme centrally. These include:

- **Permit to Work**
This course is run for those who are authorised to issue permits for high risk work such as entry into confined spaces, work at height or hot work.
- **Control of Substances Hazardous to Health**
This one day course is intended for those who prepare local assessments on the use of hazardous substances. Complex assessments of the controls required with commonly used substances, or processes, are provided centrally.
- **Risk Assessment Course**
This one day course provides those who undertake legally required local risk assessments with the skills to do so.
- **Update Days for Health and Safety Coordinators**
These one day programmes are intended to keep Health and Safety Coordinators up to date with current issues and provide a framework for exchanging information on common issues. Three differing programmes have been provided in 2007.

Care Environment and Amenities

Provision of new service for the Decontamination of Surgical Instruments

- During 2007 the roll-out of a unique project to develop new state of the art surgical instrument decontamination centres commenced. The new service is provided from off site centres that are referred to as Hospital Sterile Services Units (HSSU).
- This project became necessary when a National review of surgical instrument decontamination was carried out between 1999 and 2003. As a result of this review it became mandatory for all hospitals to ensure that their sterile service requirements are being provided from facilities that are compliant with the very high standards required of the Medical Devices Directive (EC93/42). Nuffield Hospital's response to this new mandate was to embark upon a centralisation programme of providing fully compliant decontamination processes in regional HSSU, each providing a service to a local cluster of 5 to 8 hospitals.
- On completion of the programme there will be 6 HSSU in total, supplying the sterile instrument requirements for Nuffield Hospitals. The units have been built and equipped in full compliance with all current legislative requirements and best practice standards in the interest of patient safety.
- The first HSSU, at Wetherby near York, opened for business on 21st May 2007, with a remit to service hospitals in Lincoln, York, Harrogate, Huddersfield, Leeds, Hull, Newcastle-Upon Tyne and Tees.
- From the outset a number of technical and operational issues emerged and proved to be challenging to the new Wetherby team. These early problems resulted in the roll-out of the other HSSU being delayed. It was essential to ensure that the services provided by the new HSSU were all thoroughly tested and quality assured. A significant amount of time and effort was spent investigating and mitigating all the start up problems so that the roll-out of subsequent HSSU would run more smoothly. Whilst this work was completed the risks associated with providing a new service were minimised by hospitals retaining the capability to sterilise instruments on site. A programme of decommissioning of the non compliant on site hospital Theatre Sterile Services Units has now commenced.
- The second HSSU, in Tiverton, Devon, opened on 4th February 2008. The other 4 units will follow over the next 12 months. By early 2009 all of our hospitals will be served by a Medical Device Directive compliant service.
- Although not a mandatory requirement, each HSSU will demonstrate compliance with EC93/42 through its Quality Management System which will be audited by an independent notified body in accordance with BS EN ISO13485 and BS EN ISO9001/2000. The Wetherby HSSU was audited in January 2008 and has achieved a successful outcome resulting in the HSSU being recommended for accreditation by the notified body, and subsequent registration with the MHRA. The second Tiverton HSSU is scheduled for audit in May 2008.



Public and Staff Health



Public and Staff Health

Staff Health

- Occupational Health (OH) services are provided to all staff within Nuffield Hospitals and are also extended to other business partners such as Sodexo. OH is concerned with protecting and promoting the health of staff at work and aims to balance the needs of individuals whilst supporting managers in meeting their obligations under Health and Safety law, employment law and the regulatory requirements monitored by the Healthcare Commission.

Structure & provision of services

- The OH service aims to tailor its services to the needs of individual business divisions within the Group. As Nuffield Hospitals continues to grow and change it is recognised that a different structure and model of delivery for OH services may be required. Currently the Occupational Health Service is managed by the Group Occupational Health Manager supported by a team of internal OH nurses, external providers of OH services and a Consultant in Occupational Medicine.
- OH nurses make regular site visits to all Nuffield Hospital sites. Staff not based within a hospital that need to see an OH nurse are seen at the Nuffield Hospital nearest to where they work or live. This particularly applies to Nuffield Proactive Health staff based in other company premises and staff employed within the mobile services, who are mostly peripatetic.

OH Policy Development

- Within the healthcare industry, there is a wealth of Department of Health guidance with which OH services are required to comply. Health and Safety regulations and Employment Law requirements also have implications for OH practice and have to be incorporated into Nuffield Hospitals OH policy.

During 2007 the following policies and guidance have been reviewed and reissued to reflect current best practice within OH:

- Guidance on Measles, Mumps and Rubella, the screening and vaccination of staff
- Guidance on MRSA screening of staff and the management of staff in outbreak situations.
- Guidance on Varicella - the screening and vaccination of staff against chickenpox.
- Policy and further guidance on Hepatitis B, the screening and vaccination of staff and managing healthcare workers with Hepatitis B.
- Pregnancy Risk Assessments
- Night workers annual health surveillance (as required by the working time directive regulations).
- Pandemic Influenza Guidance, preparing for a 'flu pandemic.

Managing risks to staff

Blood Borne Viruses

- The risk of blood borne virus transmission is a significant occupational hazard for those exposed to blood and body fluids in the course of their work. Exposure can occur through 'needlestick' injuries, cuts sustained whilst using surgical equipment or through blood splashes to mucous membranes. There is a robust Hepatitis B vaccination programme in place within Nuffield Hospitals and this remains a key focus for local OH nurses. There are no vaccines currently available against Hepatitis C or HIV: The prompt management of needlestick injuries is therefore essential to minimise the risks of transmission. There has been no known transmission within Nuffield Hospitals of a BBV to a healthcare worker during 2007.

- Patients can be put at risk if a health care worker (HCW) is infected with a blood borne virus and carries out exposure prone procedures. OH has robust pre-employment screening procedures designed to reduce this risk. There is no requirement for periodic screening of staff but they have a professional duty to come forward if they know or suspect they have become infected. We continue to work closely with the Health Protection Agency (HPA) and where necessary take advice from the UK national advisory panel on blood borne infections.

Tuberculosis (TB)

- The incidence of TB in the general community is currently increasing and there were two reported cases of TB of patients admitted to Nuffield Hospitals in 2007. Both cases were investigated by the OH service and all staff contacts followed up. In both cases there was no transmission of TB to staff or other patients.

Needle stick incidents

- From June 2002 until July 2007 the Exposure Prevention Information Network (EPINet) system had been used by the OH service to collate data on all reported needlestick injuries sustained by staff. In August 2007 this was replaced by the Datix Risk Management System. The OH Manager worked with the Datix implementation project team to adapt the new online incident form to allow all relevant 'needlestick' data to be collected via the new Datix system. The new improved reporting system alerts the OH service via email as soon as a needlestick injury is reported thus enabling prompt follow up action to take place. The data set is also providing valuable information on the main causes of injury enabling remedial action to be taken.

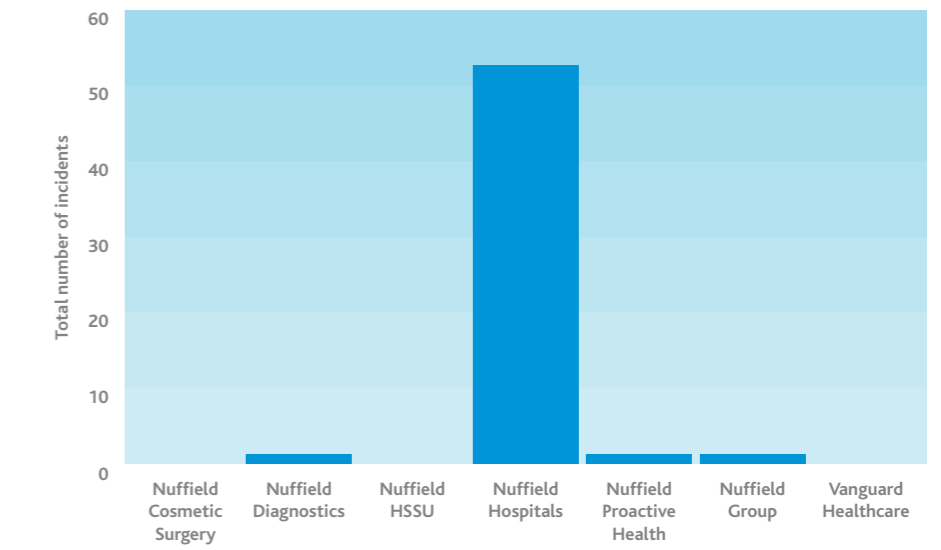
- There has been an increase in the number of needlestick injuries reported in 2007 this is thought to be due to increased reporting with the new system and the training that OH nurses have carried out locally at hospitals to increase the awareness of the importance of reporting.
- Approximately 60% of injuries occur in theatres and in over 50% of reported incidents the injured person is not the original user of the sharp. Scalpel blades and suture needles account for the majority of injuries in theatres and disposable syringes and needles account for approximately 24% of injuries in non theatre areas.
- In ward and other areas 36% of incidents occur whilst disposing of sharps. The infection control link nurses audit practice around sharps to try and maximise safety.
- In 2008 an audit on the management of needlestick injuries will be carried out. Local OH nurses will continue to provide training for staff in the management of needlestick injuries. An e-learning training package is being developed to further increase awareness and to make accessing training easier for staff.

The table below shows the number of Inoculation and Splash injuries reported over the last 4 years.

Year	Inoculation Injuries	Splash Injuries	No of Hospitals Reporting	Total incidents
2007	109	3	36	112
2006	65	3	23	68
2005	68	2	20	70
2004	61	2	21	63

The table below shows the breakdown of reported incidents for 2007 before and after the new Datix Risk Management System was introduced.

1st January – 31st July 2007 (7 Months)	1st August – 31st December 2007 (5 Months)
55	54



Total incidents reported for Inoculation/Needlestick Injury: 1st August 2007 – December 2007

Public and Staff Health

Reporting of injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR)

- For the first time the Datix Risk Management System provides the OH Manager visibility of all RIDDOR reportable events across the Group. There have been 15 staff related RIDDOR reports since 1st August 07. The OH manager follows up every RIDDOR event with the local OH nurses to ensure appropriate OH intervention takes place.

Type of injury	Number
Manual Handling	5
Slips trips and falls	5
Head injury	1
Others : injured toe, crushed finger,	4

RIDDOR reports staff accidents

Work related stress

- For the last 3 years a work related stress audit has been carried out as part of the staff satisfaction survey. Results are grouped into categories developed by the Health & Safety Executive: Demand, Control, Relationships, Support, Role and Change, and presented as a separate section of the survey results. The OH Manager works with the Internal Communications team to identify the questions for inclusion in the survey and to ensure that the questions are correctly mapped against the HSE headings. It is important that teams use the audit results to develop local stress action plans and periodically revisit them. The survey results for 2007 are expected to be received in February 2008.

- Supporting staff with stress related illness is a key function of OH. We are proud that the company will introduce in 2008 a company wide counselling service for staff to provide an employee assistance programme (EAP) to Hospitals. This will allow 24 hour access to a telephone counselling support service, with staff able to have unlimited access. This service will in future also be offered to staff in our other divisions.

Driving at work

- Driving at work is an occupational hazard which until recent years has largely not been addressed. It is now a focus for the HSE who expect companies to assess the risks of driving at work and provide suitable control measures to reduce risks. In 2006 66% of all road accidents involved vehicles being driven on company business and in the same year over a 1,000 road traffic deaths involved somebody at work.
- For the last 2 years hospitals have worked in partnership with Drivetech a national driving at work, risk management and driver training company. All staff in receipt of a car allowance or company car or who drive regularly on company business are included in a risk assessment process. This involves completing an on line risk assessment and depending on the risk rating either having on road training, or attending a safe driving workshop.
- It is recognised that other Divisions employ staff that would benefit from this type of programme and it will therefore now be offered to Mobile Services, Diagnostics and Proactive Health. HSSU have a different driver programme in place to meet the specific needs of lorry drivers.

Pandemic Flu

- The current threat of an outbreak of pandemic influenza is still considered to be high. The World Health Organisation (WHO) has identified six phases of a pandemic. The current status is level 3. This is defined as: 'Human infection(s) with a new subtype, but no new human to human spread, or at most rare instances of spread to a close contact.'
- A 'flu pandemic would have serious consequences for Nuffield Hospitals business operations and therefore a group wide contingency plan has been developed. As a result of lessons learnt from a desk top exercise carried out in November 2006, the policy has been rewritten during 2007 to expand the operational crises team and to reflect the revised management structure.
- Each Division and each hospital have been encouraged to develop local plans and most Hospitals are now engaging with their local NHS Trust and PCT. Additional guidance on planning at local level has also been issued during 2007.
- The Department of Health (DOH) are actively engaging with the independent sector and the OH Manager represents Nuffield Hospitals on the DOH working party to ensure our support and collaboration for national emergency plans.

Public and Staff Health

The new Health and Wellbeing Physiologist has now also been recognised by the scientific community through access to membership with the Society of Physiology and the British Association of Sport and Exercise Science.

Nuffield Proactive Health

The creation of a new healthcare professional – Health & Wellbeing Physiologists

- As a result of redefining preventive care, incorporating new ways of assessing potential health issues with a strong emphasis on motivation for behaviour change, a new healthcare professional role has been designed by the Nuffield Proactive Health team. The traditional model where the nurse assists the doctor in a health assessment has been replaced by a Health and Wellbeing Physiologist whose scope of practice compliments the role of the doctor.
- The Health and Wellbeing Physiologists were recruited from a pool of candidates from diverse backgrounds but with a common necessary subject knowledge, intellect, attitude and personality. Appointment to the new roles followed an extremely rigorous process for potential candidates, including exams, interviews and presentations, the new employees attended a six week demanding residential training programme, prior to commencing practice in their new role.
- The Health and Wellbeing Physiologists strengths are in their in depth understanding of those elements that could lead to ill health, reduced energy and premature ageing and the ability to motivate an individual to take ownership and control of those negative health elements and ultimately leading to a positive behaviour change.
- This new professional role has been extremely well received by Nuffield Proactive Health clients and within the health & wellbeing market as a whole. Some very positive feedback has come from both individual clients and from the audit data on achieving and sustaining behaviour change.

- The new Health and Wellbeing Physiologist has now also been recognised by the scientific community through access to membership with the Society of Physiology and the British Association of Sport and Exercise Science.
 - An extensive Continuing Professional Development Programme ensures ongoing training and knowledge improvement.
- #### Physiotherapy: The creation of outpatient care pathways
- To achieve consistency of delivery and improve efficient treatment outcomes in physiotherapy practice a research team was assigned to examine the literature and produce 10 care pathways on the most common outpatient conditions.
 - To date five pathways have been produced and all 450 Nuffield Proactive Health physiotherapists and all Fusion network physiotherapists have been educated to implement the new pathways.
 - All pathways have been researched extensively and subjected to external review by specialists for each condition; they have also been subjected to internal review of clinical robustness and practicality.
 - All pathways are monitored for compliance and audited to ensure that they achieve the goal of improved treatment outcomes.

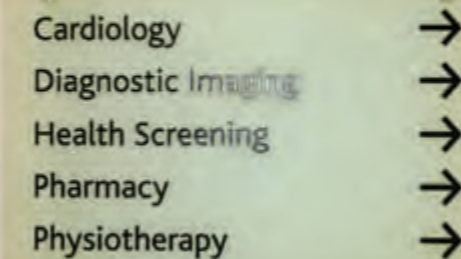
Future Direction

- Nuffield Hospitals has embarked on a journey. In the introduction we set out our vision for healthcare as a landscape, an analogy which has helped us to reflect on everything we do. Our strategic positioning now reflects this landscape with the expansion of health and lifestyle services, investment in diagnostics and hospital modernisation as we become a Health Group.
- In this first annual governance report we have demonstrated the direction this journey has taken to improve our systems and processes. The creation of a Board Integrated Governance Committee demonstrates one such step to fulfil our commitment to quality and safety. Clinical care does not happen in isolation and we recognise that diverse functions from procurement to information security all contribute to the customer experience.
- This report comes at a time when we launch our vision for Nuffield Hospitals. In clinical terms a health brand is only as strong as the care and information we provide. Our clinical teams are working hard to ensure consistent delivery of excellence in a care pathway. In the coming twelve months we shall refresh our pathways to ensure clear and consistent information is provided to patients before and after a procedure.
- Infection prevention and control remains the number one priority across the Group to ensure that everyone plays a role and that we continue to lead the pack. In 2007 we reported one case of a MRSA blood infection, which occurred as a result of screening tests not picking up carriage of the bacteria prior to admission. We are delighted to see announcements that NHS are to adopt

similar approaches to pre-admission screening. To claim to be infection free is impossible, but Nuffield Hospitals can reassure everyone today that we have a nationally audited robust system of screening and infection prevention, and that we leave no stone unturned in our search and destroy strategy should things go wrong. Every MRSA infection is raised as a significant untoward incident and reviewed by our Board. We will continue to review the international evidence to ensure that we keep MRSA and Clostridium difficile outside our facilities and commit to publishing our data freely on the NHS Choices website.

- Every year we sample at least 12% of patients on their care experience in our facilities. We use patient feedback to inform our improvement programmes and drive improvements to clinical care and building facilities. Moving forward we consider patient reported outcome measures to be an important step. We have piloted extensive work with our orthopaedic hip and knee replacements using a patient satisfaction score and specialist joint score. We plan to implement this across the Hospital Divisions through the year.
- We acknowledge that things can go wrong in healthcare. In this report we hope our commitment to continuous improvement is highlighted. Fundamentally our governance systems are guided by one principle, that quality matters. High quality specialist led care is not only more desirable for patients but it also represents greater consistency, the avoidance of complications, cost efficiency and better outcomes.
- So when we commit to quality, our customers know we mean it.

Fundamentally our governance systems are guided by one principle, that quality matters.



Cardiology →
Diagnostic Imaging →
Health Screening →
Pharmacy →
Physiotherapy →



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Feedback

We would be very pleased to receive feedback on any aspect of this report or answer any questions that the report raises for you.

Please send your feedback to:

Su Barnett
General Manager Group Governance

Nuffield Hospitals
Nuffield House
1-4 The Crescent
Surbiton
Surrey
KT6 4BN

e-mail: governance@nuffieldhospitals.org.uk
Telephone: 020 8339 7533