

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.

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QUALITY REPORT 2009



Governance

Risk Management and Safety

Learning and Development

Working with Doctors

Clinical and Cost Effectiveness

Fitness and Wellbeing

Patient and Client Focus

Public and Staff Health

Highlights of 2009

Winner in the Risk Management category of The Laing & Buisson Independent Healthcare awards to Dr Andrew Jones and the Clinical Team

FLAME award received by the Bristol Fitness & Wellbeing Centre recognised as the best mid-sized fitness club in the country

Zero recorded MRSA blood stream infections in our hospitals

Launch of the Patient Reported Outcome Measures (PROMs)

50% reduction in complaints from patients in hospitals and 3% increase in overall satisfaction with hospital services

Launch of Recovery Plus, a programme provided in our Fitness & Wellbeing centres to aid rehabilitation of patients following orthopaedic surgery

Re-accreditation ISO 27001 for information security

Accreditation of all our hospitals with the General Medical Council as Advanced Practice Centres

Launch of our new industry leading online Learning Management System

Completion of hospital migration to Hospital Sterile Services Units with our investment programme, complying with EC Medical Device Directive and full registration with the Medicines and Healthcare products Regulatory Agency (MHRA)



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Introduction

I have great pleasure in presenting our third Annual Quality Report which sets out our integrated governance achievements in 2009. To the best of my knowledge the information presented in this report is accurate at time of publication.

This is published at the same time as our annual accounts, once again signalling our commitment to the quality of our services, the importance of patient safety and the outcomes customers expect from their treatment. Coupled together, this investment in quality clearly differentiates our services and ambitions in the independent healthcare market.

Our investments include refurbishing a portfolio of five hospitals

As a charity, we have no financial stakeholders and our entire financial surplus is reinvested to develop our services. For the first time, we are also publishing a statement of our charitable benefit signalling our ongoing commitment to accessible and affordable healthcare services.

In 2009, Nuffield Health has the strongest balance sheet in the independent sector. Our asset base is worth over £815 million and our debts were down to under £200 million at the end of 2009. Our ability to reinvest everything we earn into our business means we can continue a level of investment that will outpace the rest of the industry in 2010 and beyond. Our investments include refurbishing a portfolio of five hospitals, enhancements to the majority of the remaining hospital portfolio, the introduction of new clinical services, such as health assessments and physiotherapy, into eighteen Fitness & Wellbeing centres, and new health improvement products to promote the wellbeing of the UK population. Our innovative approach was recognised in the top three Health Investor Power Fifty 2009 awards.



Our collective achievements in 2009 were impressive and I particularly wish to acknowledge the FLAME award at our Fitness & Wellbeing centre in Bristol, recognised as the best mid-sized fitness club in the country; and to Dr Andrew Jones and the clinical team for winning the prestigious Laing and Buisson Award for risk management.

2010 promises many exciting developments. Following the early challenges of 2009, we have seen business growth in the final quarter with our patients, customers, consultants and GP partners increasingly choosing our services. Our integrated wellbeing products have also attracted new fitness members and we continue to offer services that cross the traditional barrier between hospital care and recovery by supporting rehabilitation from orthopaedic surgery in our wellbeing centres. We will be offering exciting packages for diabetes, depression, back care, weight management, hypertension and breast screening throughout the year.

Finally, I wish to thank Lord Glenarthur for his commitment and service as Chairman of the Board Integrated Governance Committee, Simon stands down after nine years of service having overseen the transformation of our approach to clinical governance.

David Mobbs

David Mobbs
Group Chief Executive
Nuffield Health



Nuffield Health in 2009 has the strongest balance sheet in the independent sector

Foreword

Prudent risk management is a key feature of all modern management techniques. As a leading healthcare charity, Nuffield Health has been delivering services to patients and customers for over 50 years, and risk management has always been key to managing care safely.

The purpose of our strategy cannot realistically eliminate risks. Rather it is to decide how the risks inherent in health and wellbeing services can be managed and minimised for patients and others, so as to provide the most positive outcomes.

Nuffield Health has been delivering services to patients and customers for over 50 years

In 2008, the Government published the paper 'High Quality Care for All', which proposed that all providers of healthcare should produce annual 'Quality Accounts' just as they publish financial accounts. Nuffield Health has consistently supported this initiative and this is our third Annual Quality Report.

Public disclosure of information on healthcare performance has been advocated as a mechanism to drive improvement through a variety of means including public and professional accountability, patient-informed choice and the purchasing process.

We have always believed that whilst public disclosure is important, it is the organisational response that we put in place that maintains and drives quality improvement.

Our approach of 'Board to Ward' accountability signals a commitment that has never wavered.

We present our Annual Quality Report so that the quality of our services can be reviewed, to provide transparency over issues relating to patient safety and to gain the engagement of, and feedback from, the patients and customers we serve.

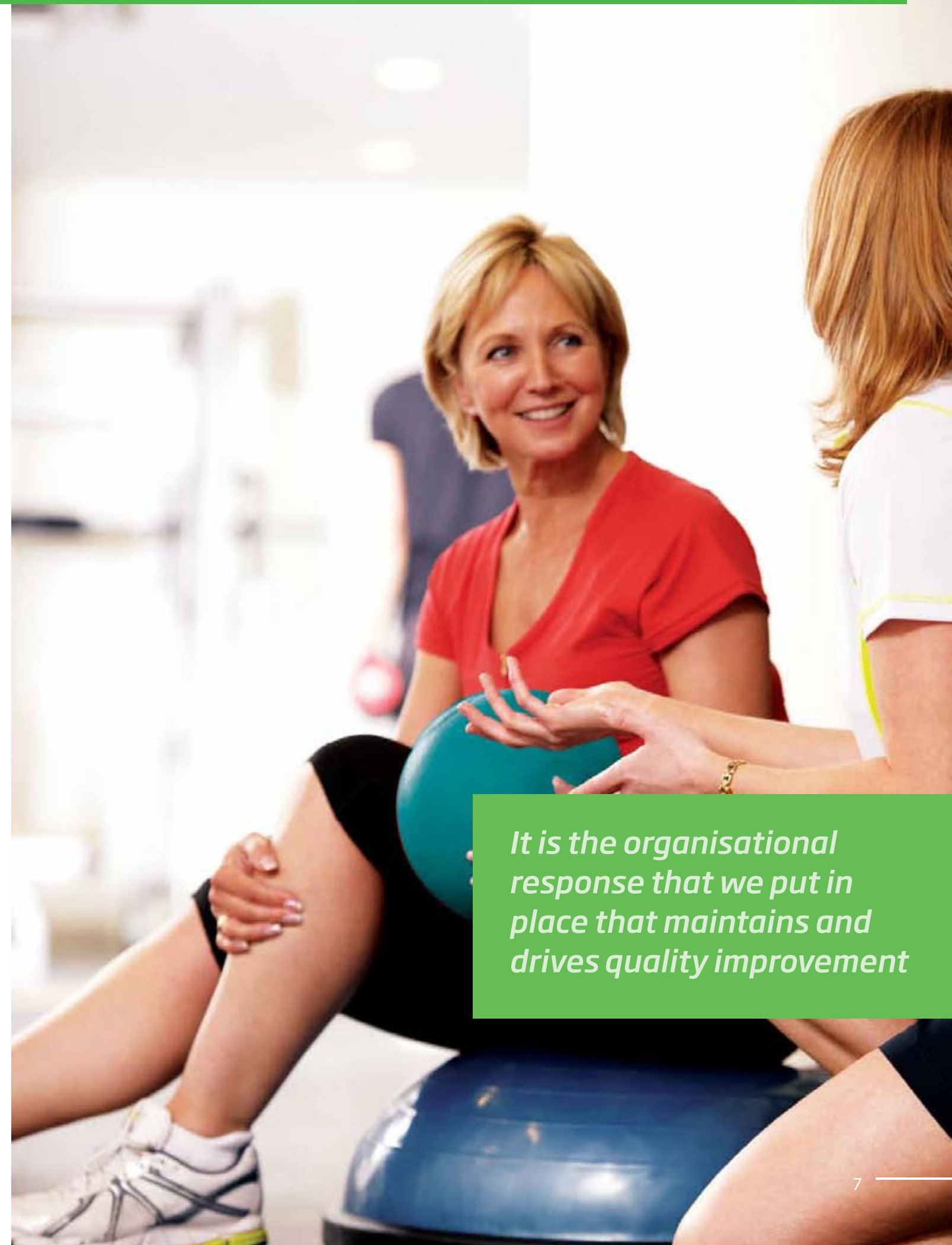
I am grateful to my fellow Governors for the support they give to the Board Integrated Governance Committee. I stand down after six years as its Chairman and nine years as a Governor and can reflect positively on the transformation to our array of services over that time. I wish to thank warmly all the staff I have met in my time with Nuffield Health whose professionalism and attention to service is outstanding.

I know that their collective achievements will be keenly supported and developed by my successor, Mrs Jane Wesson, and I wish Nuffield Health every success for the future.



Glenarthur

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



It is the organisational response that we put in place that maintains and drives quality improvement

Executive Summary

We recognise that working for Nuffield Health is special. We are not-for-profit, we invest any financial surplus back into the business, we drive performance and we really value our relationship with customers.

As clinicians, we can direct our passion and care for patients across a wide range of specialties and needs. With our independence and enterprise, we are innovating and offer risk assessments and disease management programmes beyond the traditional remit of healthcare. We value our staff by accepting a pay freeze and protected the front line in a tough year, and we introduced a best in class training system.

We won three awards and have a list of credible achievements from tremendous teamwork.

I hope you enjoy this report to celebrate our success but also an honest appraisal of our shortcomings and collective learning. For us, openness will always be the ultimate barometer of clinical governance.

The Board of Governors is responsible for establishing Nuffield Health's risk management policy and strategy, and overseeing the risk management and assurance framework. They are assisted by two committees: the Board Integrated Governance Committee, focusing on the clinical and health and safety risks, and the Audit Committee, which is responsible for financial controls. Board assurance through non-executive oversight is assisted by quarterly reviews of major incidents by exception, quality account data trends and benchmarks, quality improvement reviews and analysis of strategic and operational risk in business planning.

"Nuffield Health should be commended for their excellent work on integrated governance, recognising the importance of risk management in demonstrating the standard of quality being provided and the safety of the care of patients."

Professor Sir Ian Kennedy, Chair Independent Parliamentary Standards Authority, former Chair of the Healthcare Commission (2003 - 2009).

The Quality Report has evolved over the past three years, taking input from the Board and Senior Executives and national regulatory requirements, but most of all from feedback at our annual Clinical Governance Consultants' Conference and Medical Advisory Committee Chairman's conference. Patient and customer feedback is incorporated from customer satisfaction comments, patient representatives at local hospitals and from our charitable members who act as lay representatives in attendance at our Annual General Meeting.



The principle of clinical quality is as important to us as financial stability

Executive Summary

High points

We embrace the challenge of Board to Ward accountability when we get things wrong but equally celebrate the success of our teams. These are just a sample of our achievements in 2009:

- Laing and Buisson Award in the category Best Practice in Risk Management
- FLAME award at our Fitness & Wellbeing centre in Bristol recognised as the best mid-sized fitness club in the UK, for our innovative approach
- No cases of MRSA blood borne infection
- Three per cent improvement in customer satisfaction
- 50 per cent reduction in complaints
- Rollout of flagship electronic Learning Management System
- New evidence-based patient information leaflets
- Integration of hospital care pathways across the clinical patient journey, linking pre-assessment, pathway documentation, patient information and patient reported outcomes
- World Health Organisation Safe Surgery Partner
- National Patient Safety Agency "Clean Your Hands" Partner
- Launch of Recovery Plus for extended physiotherapy and fitness care following orthopaedic surgery
- Completion of hospital migration to Hospital Sterile Services Units (HSSUs) with our investment programme, complying with EC Medical Device Directive 93/42 and registration with the Medicines and Healthcare Products Regulatory Agency (MHRA)
- Completion and stabilisation of electronic X-ray and imaging Picture Archiving Communication System, (PACS) improving diagnostic reporting and image transferability across the network
- Re-accreditation against information security standard ISO 27001:2005 by Lloyds Register Quality Assurance
- General Medical Council Approved Practice Setting Accreditation

Learning points

We generated learning from a number of issues:

- Care Quality Commission Improvement Notice at the Nuffield Health Plymouth Hospital for deficiencies in our pathology management system
- Chlorine gas leak from plant room at Nuffield Health Fitness & Wellbeing Centre
- Gap in the audit trail of 50 syringes of morphine at our Nuffield Health Oxford Hospital
- 14 out of 7388 joint replacement patients who developed an infection
- 24 stage 2 (not resolved by local management) and two stage 3 (external adjudication) complaints
- Referring three medical colleagues to the General Medical Council
- 54 RIDDOR reports filed to the Health and Safety Executive

Integrated governance is the mechanism the Charity uses to challenge and measure the quality of everything it does. The Charity fosters an open culture to enable it to respond to safety concerns, measure responses from service users, understand the root cause of adverse incidents and evaluate outcomes. We also believe in the 'health consumer' which is why this data is published in this report and on our website.

Quality management – strategic risk and planning

The Board reviews strategic risk in terms of impact and likelihood as part of the process of Audit Committee review, independent external verification and five yearly planning scenarios for the Group Strategy. Operational risk registers, which extend across the business, are collated and reviewed as a matter of Integrated Governance.

Our approach to risk management is set out in The Group Risk Management Policy.

- Risk management is critical to the delivery of the Charity's strategy and objectives
- Risks that affect or may affect the Charity are to be identified and assessed in the context of the strategic operations at all the Charity's facilities and locations
- Action plans are to be implemented to mitigate risk to the maximum extent practicable
- An assessment will be undertaken on an ongoing basis of the effectiveness of the risk management process, as this is integral to improvement of the Charity's risk management capability.

Quality audit – account indicators

"How do you define quality in healthcare?" is probably the most important and difficult question and clearly means different things to different people. As an exam question, you could write pages on it, but delivering a media sound bite is rather more challenging. Everyone wants quality and I have never had a patient ask me if I could recommend an average specialist in a Nuffield Health hospital. After nearly 2,500 years of medicine, and 60 years of the National Health Service as it evolves into a National Health System, there are few accepted definitions of a framework for the quality of patient care.

As we move towards an era of quality accounts, at a time when healthcare is changing with potentially liberalised and elevated regulatory standards, those commissioning healthcare, whether Primary Care Trusts or insurers, must recognise that, procurement is not simply dominated by the price in the market or access to specific services according to targets in the state system.

The Nuffield Health Quality Account considers seven variables:

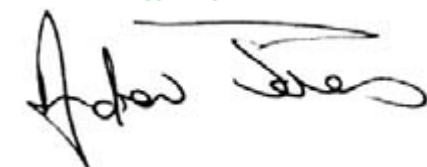
- Clinical indicator variance – mortality, morbidity, hospital acquired infections, re-admission, returns to theatre
- Range of services – as set in the Statement of Purpose
- Patient engagement – satisfaction, recommendation and complaints as a percentage of activity
- Incidents – significant untoward events
- Audit – prescribed audit for specific technical areas such as infection prevention, radiology and medicines
- Training – compliance for eligible staff in each area of risk management
- Outcomes – patient reported outcomes of clinical care.

Quality improvement – priorities

In 2009, we considered three areas for action based on an analysis of incidents, audit and operational performance across the business. The key causes were assigned performance measures and a baseline measure taken across the business before implementing targeted training and business projects to address the key identified causes. In some instances, this meant focus at certain locations with targets to meet agreed standards.

The three areas for action were:

- Clinical data
- Blood transfusion management
- Radiology IT systems



Dr Andrew Jones,
Group Medical Director



01 Governance

Nuffield Health – Governance Framework

The Board Integrated Governance Committee (BIGC) has oversight for all issues relating to quality and safety of services across Nuffield Health. The Group Medical Director has executive responsibility and chairs the Group Integrated Governance Committee (GIGC). Integrated Governance covers all non-financial elements of risk, and membership of these committees, together with a list of governance sub-committees, is included in Appendix 1 and 2, with the framework presented in Appendix 4.

These committees review information from reports, sub-committees, clinical performance reports, risk registers, accident/incident reports and clinical variance data. We manage a cycle of continuous improvement to reduce risk and enhance quality for the benefit of staff and customers alike.

Nuffield Health continues where appropriate to support proposals for research activity across hospitals

Group Risk Management Registers

Maintenance and review of risk registers at both local and Group level are an integral part of the wider strategy for effective risk management. Presentation of the top 10 (non-financial) risks, together with actions being taken to mitigate them form part of the quarterly quality report to the Board.

Research Governance

Nuffield Health continues, where appropriate, to support proposals for research activity across hospitals. The GIGC has the responsibility of ensuring that Nuffield Health facilitation of any research activity is conducted according to strict regulatory and research governance requirements and all proposals are subject to these. This includes receipt and review of the appropriate ethical committee approval. **Table 1** Shows the research proposals ratified by the GIGC during 2009.



Committees review information derived from reports, sub-committees, clinical performance reports, risk registers, accident/incident reports and clinical variance data

01 Governance

Title	Investigator	Site
Fluoroscopic Assessment of FPV Patello-femoral Arthroplasty	Mr David Shakespeare / Dr H.S. Gill	Nuffield Health Warwickshire Hospital
Obtain clinical and radiological data for the use of the Finsbury DeltaMotion THR over time	Mr J Holland	Nuffield Health Newcastle Hospital
The effects of cooling the dialysate on Systolic Dysfunction in Haemodialysis patients	Dr Chris McIntyre	Nuffield Health Derby Hospital
A study to identify the support needs of nurses caring for dying patients in a non-specialist setting	Angie Redpath	Nuffield Health Guildford Hospital
A trial to assess the efficiency of Juvista (avotermin) in conjunction with scar revision surgery for the improvement of disfiguring scars	Mr Nigel Mercer	Nuffield Health Bristol Hospital
An open label, randomised study of subcutaneous and intravenous VELCADE® in subjects with previously related multiple myeloma	Lorraine Evans	Nuffield Health Wolverhampton Hospital
A phase one study of safety, tolerability and tumor specific replication of GL-ONCI in cancer patients	Professor H Pandha	Nuffield Health Guildford Hospital
An analysis of patients' perceptions and behaviours following exposure to bedside infection prevention poster information.	Rebecca Hart	Nuffield Health Warwickshire Hospital
A phase 11b, randomised, placebo-controlled, dose-ranging study of MK5442 in the treatment of postmenopausal women with low-normal bone mineral density (BMD) or Osteoporosis	Dr Rahul Ellahbadi	Nuffield Health Glasgow Hospital
Patients experiences of physiotherapy and osteopathy within the NHS and private practice: a qualitative study	Katherine Bradbury	The University of Southampton & Wellbeing Division

Table 1: Research Proposals ratified in 2009



In excess of 230 standards were inspected across the 16 hospitals and 92 per cent, were found to be acceptable

Care Quality Commission (CQC) Registration Inspections

The Care Quality Commission (CQC) is the independent regulator of health and adult social care services in England. Currently, Nuffield Health has 29 hospitals and three wellbeing centres registered with the CQC. The new Nuffield Wellbeing & Fitness Centre at Nottingham was registered in 2009.

During 2009, all registered premises in England completed self-assessments against the National Minimum Standards – Care Standards Act 2000; 16 hospitals were selected for inspection by the CQC.

Over 230 standards were inspected across the 16 hospitals with 92 per cent found to be acceptable.

In Scotland, Nuffield Health Glasgow Hospital is registered with the Scottish Commission for Regulation of Care and received a positive report following inspection in August 2009, with all elements of quality being assessed as either very good or excellent.

The full summary reports of all inspections carried out within Nuffield Health by the Commissions can be found on their websites.

In addition to external assessments, internal quality reviews, required as part of the regulatory framework, were carried out bi-annually at all registered Nuffield Health sites by members of the clinical team with reports and accompanying action plans being submitted to the CQC.

Internal quality assurance reviews of compliance with the National Minimum Standards, NHS Litigation Authority Risk Management Standards, Nuffield Health policies and procedures and assessments of the quality of care delivery are carried out in Nuffield Health Hospitals by the Clinical Performance Managers.

From April 2010, there will be a new regulatory framework introduced under the Health and Social Care Act 2008, and Nuffield Health, in addition to the rest of the independent healthcare sector, will be required to go through a new process of registration. Work has already commenced to ensure a smooth transition to the new framework.

01 Governance

Information Governance

The importance of protecting personal and confidential information is well-recognised and during 2009, a new Information Governance Committee was established to oversee Group-wide Information Governance. To support these activities, two new posts have been appointed: a new Group Information Governance Manager and a Risk and Compliance Manager. These new roles underline the commitment Nuffield Health has made to ensure the protection of confidential information across the Group.

In January 2007, Nuffield Health was awarded the international standard for information security – ISO 27001:2005 for a three-year period. External surveillance audits have been undertaken twice a year by Lloyds Register Quality Assurance throughout the three-year cycle. In December 2009, the entire Information security framework was audited to measure compliance. The assessors reported that:

Nuffield Health has embraced the ISO27001:2005 standard and demonstrated a high level of Information Security Management. The integrated governance framework, of which Information Security management is a part, shows a level of maturity rarely seen across all sectors of industry. Following a detailed review of the system and the controls defined within it, and as no areas of major nonconformity were identified, it is recommended that the certificate be renewed.

The Group Information Governance Forum has continued to ensure compliance with the highest standards set by the Department of Health, including laptop encryption, email encryption, a confidentiality code of conduct for staff and a rigorous third-party assessment for organisations that support the delivery of Nuffield Health services. There were no serious breaches of information security across the Group in 2009.

Quality Accounts and Quality Performance Indicators

A new framework for governance reporting described as Quality Performance Indicators (QPIs) has now been in place for over 18 months across the group. Quarterly reporting of the QPIs to the Board has provided enhanced transparency and demonstrates that safety and quality of services provided are of paramount importance to Nuffield Health. Continuous measuring and monitoring of the QPIs throughout 2009 has enabled early intervention in areas of non-compliance, ensuring improvements are made to the safety and quality of services.

Medicines management has been an area where many improvements have been made to ensure statutory and regulatory requirements are met. This resulted in demonstrable improvement in compliance to standards, reporting and infrastructure for the management of medicines across the Group. The programme for improvement is covered in more depth in Section 2 under Medicines Management.

Nuffield Health developed and implemented a new clinical Quality Account in October 2009 that raises the measuring, monitoring and presentation of key internal quality indicators to a new level. The Quality Account complements the QPIs, including some existing and some new indicators within it, providing hospitals with a powerful interactive tool that enables internal benchmarking for local quality improvement purposes.

The eight indicator categories are:

- Clinical Outcomes
- Incidents
- Patient Satisfaction
- Complaints
- Efficiency
- Clinical Audit
- Training
- PROMs (from January 2010)

The key benefits of the Quality Account are:

- Indicators are presented as percentage rates based on the appropriate level of activity, providing context and enabling outliers to be easily identified
- Use of ‘moving annual totals’ for accuracy of trending indicator data
- Internal benchmarking between hospitals to inform local quality improvement programmes
- Indicators are presented using national methodology where available to enable future benchmarking against the Independent Sector and the NHS
- Visibility of the previous 12 months’ data at any given time enables trends and patterns to be identified with timely interventions to improve performance
- Consistent clinical indicator data is available to demonstrate quality of local or national services to appropriate key stakeholders of Nuffield Health, such as Insurers and the NHS
- A powerful tool for demonstrating to local governance and MAC meetings a hospital’s performance against the Group.

Hospitals Clinical Quality Account
YTD December 2009
Hospital: NH Average

		Actual	RAG	Red	Green
CIV	MAT Re-admission % of Inpatient Activity	0.41%		>1.50%	<1.00%
	MAT Daycase Conversion % Daycase Activity	0.73%		>1.50%	<1.00%
	MAT Return to Theatre % of Inpatient Activity	0.50%		>1.00%	<0.75%
	MAT Unplanned Transfer % of Inpatient Activity	0.55%		>1.00%	<0.75%
	MAT Death % of In & Day Activity (includes palliative care)	0.03%		>0.10%	<0.05%
	MAT MRSA % of In & Day Activity	0.00%		>0.10%	<0.00%
Incidents	MAT Incidents % of Activity	2.18%		>4.00%	<2.00%
	MAT SUI's	3.8		>10	<5
	MAT Incidents of Major Severity	1.3		>5	<2
	MAT Low/Minor Incidents % of Total Incidents	90.5%		<70.0%	>80.0%
Complaints	MAT Stage 1 Complaints % of Activity	0.69%		>2.00%	<1.00%
	Number of Open Complaints	10		>10	<5
	Average Number of Days to Close Complaints	38		>60	<30
Patient Satisfaction	% Recommend Hospital to Family and Friends	96.0%		<60.0%	>70.0%
	% High Rating of Overall Care	96.0%		<60.0%	>70.0%
	% High Rating of Trust in Nurses	98.0%		<60.0%	>70.0%
	% High Rating of Cleanliness	95.0%		<60.0%	>70.0%
	Returns % of Activity	15.2%		<10.0%	>20.0%

Diagram 1: Hospitals Quality Accounts year to date (YTD) December 2009
(MAT = Moving Annual Total, SUI's = Serious Untoward Events)

02 Risk Management and Safety

Infection Prevention and Control

Preventing avoidable Healthcare Associated Infection (HCAI) and provision of a clean and safe environment is a legal requirement (DH 2009) and remains a core priority within Nuffield Health hospitals.

Key achievements have been made during 2009, including maintaining a zero rate of **MRSA bacteraemia** and hospital acquired **Clostridium difficile**.

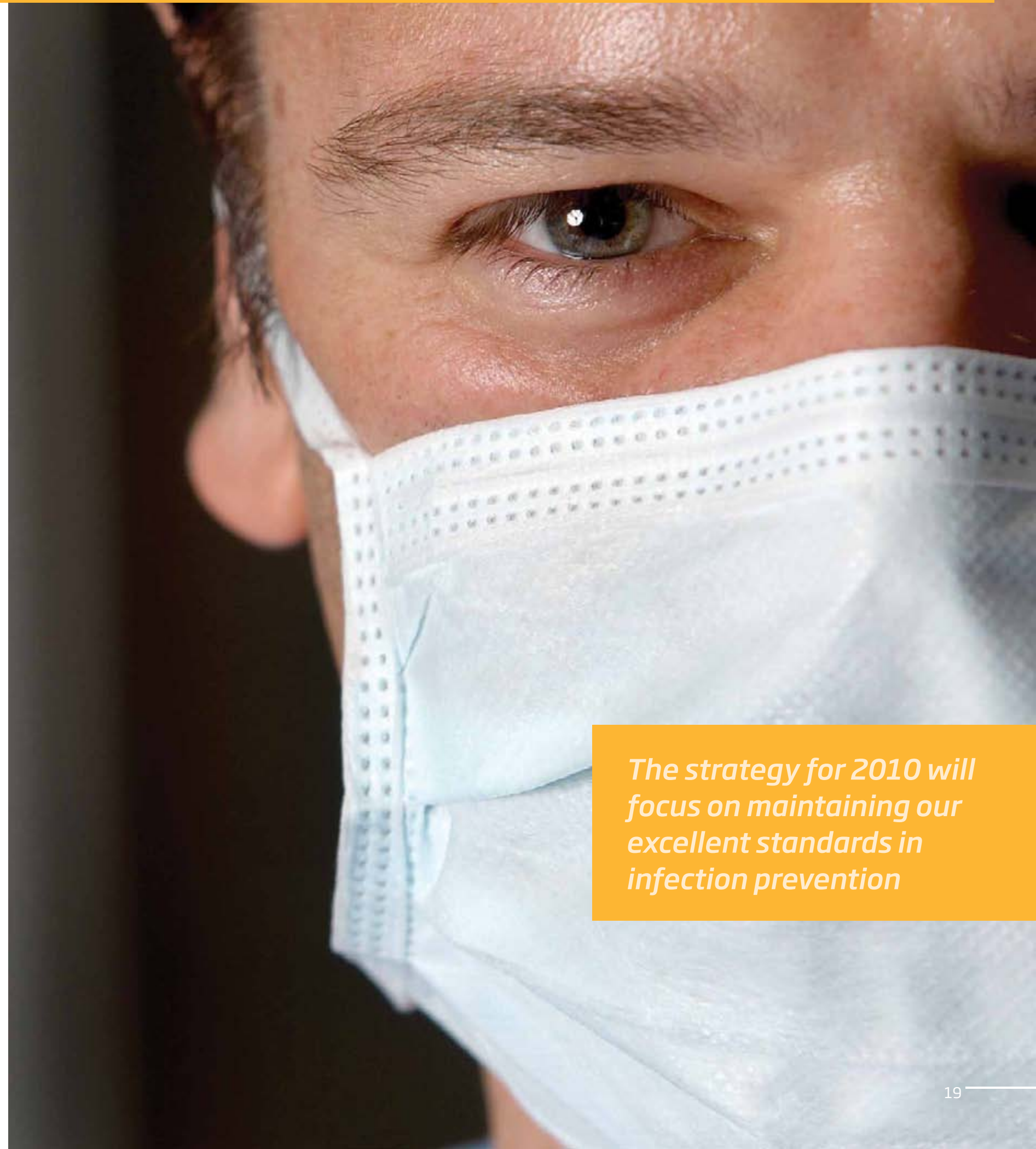
Nuffield Health actively participates in national policy directives including reporting of mandatory HCAI data and participation in external cleanliness inspections.

Making hospitals safer for patients, visitors and staff demands a comprehensive strategic approach which Nuffield Health has worked hard to develop and continues to improve year on year. The strategy is led and managed by the Group Infection Prevention Committee, which includes the Group Director of Infection Prevention and Control (G-DIPC), Infection Prevention Doctor and the Group Infection Prevention Nurse.

Quality Indicators for Infection Prevention are monitored monthly and include;

- MRSA bacteraemia (blood stream infections)
- Clostridium difficile infections (including community-acquired infections)
- Hip and knee surgical site infections
- Standards of hand hygiene practice
- Standards of environmental cleanliness
- Standards for management of peripheral vascular devices

All hospitals participate in a rigorous annual infection prevention audit programme to monitor compliance to policies and standards of Infection Prevention. The Group average for compliance during 2009 was 94.5 per cent with good standards of environmental cleanliness and hand hygiene clearly demonstrated.



The strategy for 2010 will focus on maintaining our excellent standards in infection prevention

02 Risk Management and Safety

The structure for management of hospital infection prevention has been further strengthened in 2009 through the development of Infection Prevention Coordinators' (IPC) and Infection Prevention Assistants roles, supporting the already well-established Infection Prevention Link Practitioners.

The strategy for 2010 will focus on maintaining our excellent standards in infection prevention and preventing avoidable infections through the introduction of a quality improvement programme to embed evidence-based policies into everyday practice. A particular focus will be on decontamination, asepsis and hand hygiene.

Nuffield Health hospitals comply with national guidance on mandatory surveillance of HCAI (DH 2000) and during 2009, commenced submission of key healthcare associated infection data to the Health Protection Agency (HPA), in line with NHS Trusts.

During 2009, there were zero reported cases of MRSA bacteraemia and four cases of Clostridium difficile (all of which were present on admission or detected within

72 hours of admission). There were two blood stream infections (at separate hospitals), each caused by e. coli.

There were no Surgical Site Infections (SSI) reported in Coronary Artery Bypass (CABG) procedures and the number of SSI infections reported for hip and knee replacement procedures remains very low at 0.2 per cent of all surgical activity (hip and knee replacement). See **Table 2**.

Monitoring and improving the quality of infection prevention

Systems are in place to monitor infection prevention standards using the national Infection Prevention Society audit tools (ICNA 2004) and the Department of Health Saving Lives Care Bundles (DH 2007).

Data on the quality of practice is monitored and includes hand hygiene, environmental cleanliness, management of peripheral vascular devices as well as hospital management of infection prevention. Each month, a standardised audit is carried out and reported.

Category of HCAI data	2008	2009
MRSA Blood stream infections	0	0
MRSA Blood stream infections, repeat episodes	0	0
MSSA Blood stream infections	1	0
Other Blood stream infections	1	2 (e.coli)
Alert organisms		
Clostridium difficile	4	4 (on admission)
Surgical site infections		
Coronary artery Bypass Grafts	0	0
Total hip replacement procedures		
Total number of reported infections	8	6
Total procedures	4387	3716
% Infection	0.18%	0.16%
Total knee replacement procedures		
Total number of reported infections	8	8
Total number of procedures	4396	3672
% Infection	0.18%	0.22%

Table 2: Hospital Acquired Infections (all hospitals) 2008 & 2009

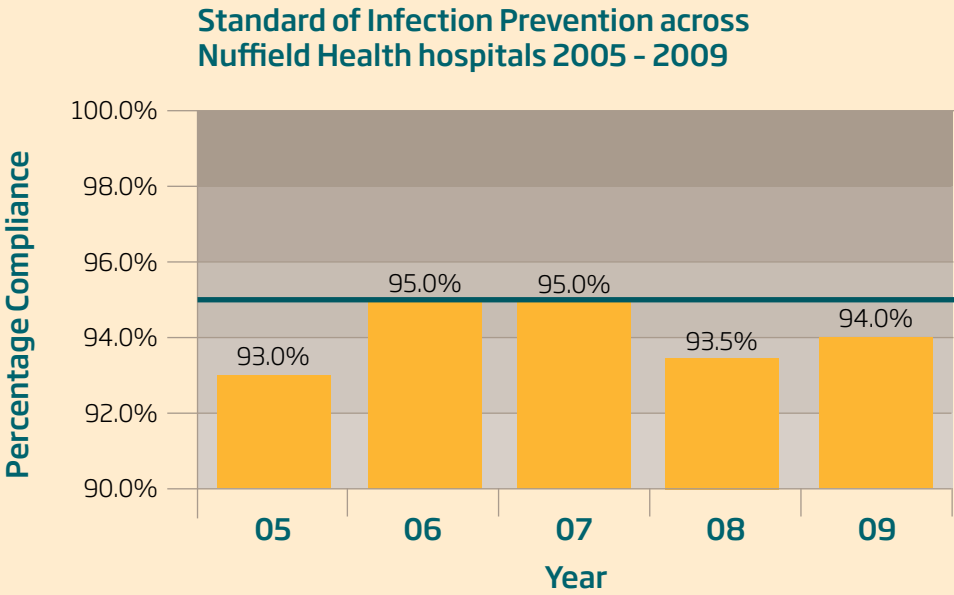
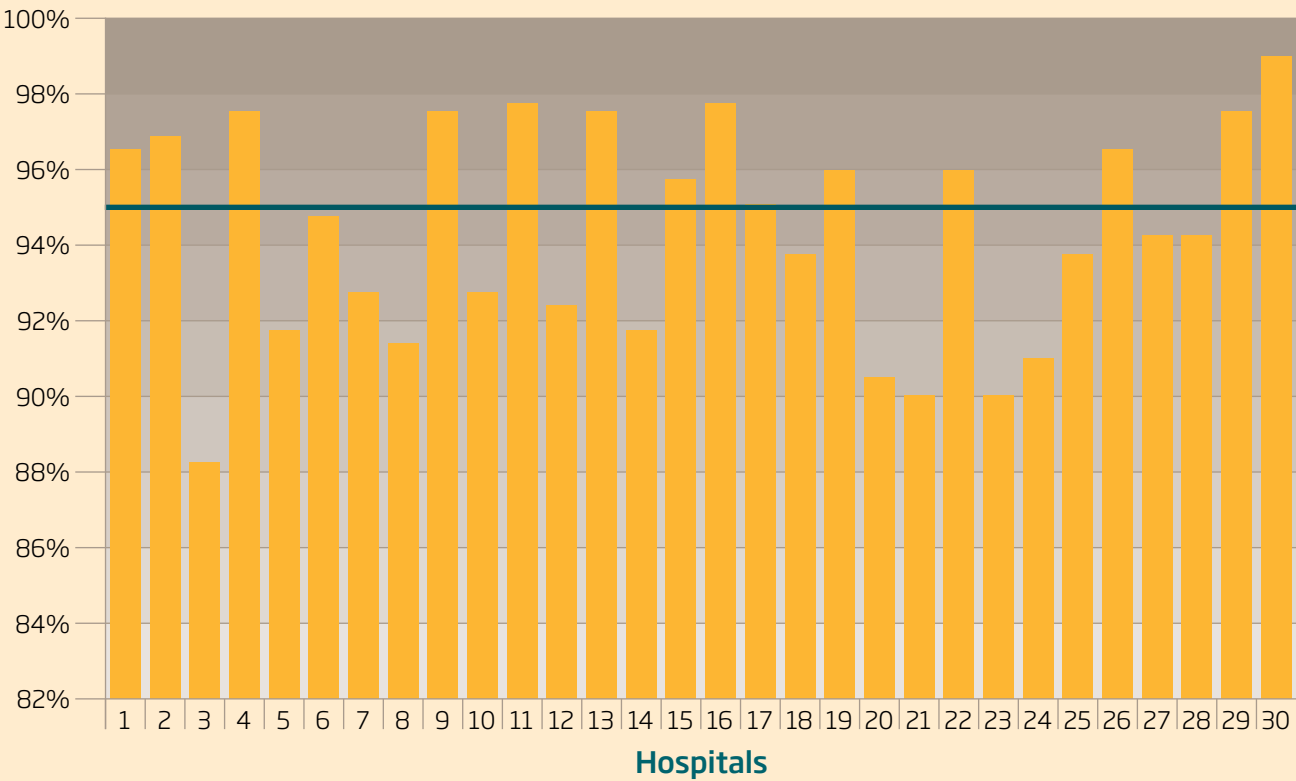


Table 3: Standards of Infection Prevention (all hospitals) Group average compliance to Infection Prevention Standards 2005-2009

The average score across all hospitals achieved was 94% compliance across all Infection Prevention Standards, a slight improvement in the overall average from 93.5% in 2008.

Table 4: Hospital annual average compliance to all Infection Prevention Standards 2009

Targets of 95% compliance were set for 2009. Where standards failed to achieve this score, action plans were developed to address the shortfall in best practice and audits repeated monthly until the target was achieved. Where compliance fell below 85%, hospitals were required to monitor and review progress on a weekly basis and take action until compliance improved. Fifteen hospitals met the hospital target of 95%.



02 Risk Management and Safety

Health and Safety

This section provides a summary of health and safety issues within the Group for 2009, including changes to health and safety legislation and significant changes to enforcement practice that have occurred during the year.

The Health and Safety Offences Act 2008

The new Act was introduced as a Private Members Bill and was subsequently supported by the Government, taking effect on 16th January 2009. The Act increased the maximum penalty to an unlimited fine and two years imprisonment. Previously there were very few offences under health and safety law which carried an imprisonment penalty.

The approach adopted by Nuffield Health of a clear policy framework, management and employee training and an overall audit programme is appropriate to minimise the risk of significant incidents, breaches of legislation and prosecution.

Health and Safety Executive (HSE) involvement in hospitals and Hospitals Sterile Services Unit (HSSU)

There has been one Health and Safety Executive Awareness Officer Visit undertaken within an HSSU unit during the year. There has also been HSE involvement with an HSSU unit, which related to an employee complaint. Whilst these both occurred at the same HSSU, at the same time, the two were not connected.

Fire Authority involvement and fire risk assessment in hospitals and mobile units

Following five major NHS hospital fires over the last 18 months, fire authorities are taking an increasing interest in the standards applied at all hospitals. A small number of Nuffield Health hospitals have received inspections from the Fire Authority during the year, enforcing the requirements of The Regulatory Reform (Fire Safety) Order 2005. A detailed fire authority inspection took place at Leeds and, following an internal review before the inspection, a number of deficiencies were identified and corrected.

Fire Authority Response to Automatic Alarms

A number of cases have occurred during the year where fire authorities have suggested withdrawing their response to automatic fire alarms from individual

hospitals unless supported by a separate call confirming an actual fire. In all cases, this has been successfully resisted because of the particular risks in hospitals. In practice, the fire authority readily accepts the need for immediate fire brigade response.

Fire or fire activations

During the year, there were 81 fire alarm activations and one minor fire which involved a faulty coffee machine. The Fire Brigade were called in 59 of these events. On the occasions when the Fire Brigade was not called, the cause of the alarm was known and did not warrant Fire Brigade action.

Health and Safety Audit Programme

A further three-year audit programme of hospitals was initiated at the beginning of 2009. The programme ensures all hospitals are audited during the three-year cycle. Audits continued to be undertaken of each HSSU prior to them becoming operational.

Generally, the scores achieved on the audits have been high and show good overall standards. Specific issues have been identified at individual units and, where these generate learning points for other parts of the organisation, information has been circulated to assist other units.

The audit programme continues to take account of the health and safety management issues associated with the outsourced Hard FM services provided by Norland Managed Services. As a result, a number of issues have been identified which have been taken up with Norland on a national basis through the Nuffield Hard FM Contracts Manager. This is resulting in progressive improvement.

Health and Safety Policy and Procedure Development

An ongoing programme of updating and revising health and safety policies, procedures and guidance, that form part of the Company Health and Safety Manual has been continued during the year. This work has been integrated with the NHSLA work so that all revised policies are compliant with NHSLA requirements. The Group Health and Safety Policy was reviewed during the year and took full account of health and safety issues across the whole group.

Group Health, Safety and Environment Committee

During the year, a decision was taken to appoint a Group Health and Safety Manager, reporting to the Group Medical Director, to oversee all Health and Safety and Fire Safety issues across the Group. The Manager started in March 2010. A new committee was established as a sub-committee of the Group Integrated Governance Committee. The committee will have a key role ensuring a greater integration of the health and safety management arrangements across the Group.

Health and Safety Training

During the year, an e-learning initiative was pursued to create a platform to enable courses to be undertaken, including mandatory health and safety induction courses. The platform enables effective recording of training records for both e-learning courses and other courses.

Within the Hospitals Division, an ongoing programme of more detailed health and safety management training has been undertaken throughout the year to provide a consistent approach to health and safety issues. This is supplemented by specific health and safety training undertaken locally.

Course	Length	Target Audience	Accreditation	Number of attendees in 2009
Safety for Senior Executives	1 day	General Mangers, Directors, Senior Staff	IOSH	27
Managing Safely	5 days	New H&S coordinators, key members of Nuffield Health Diagnostics	IOSH	16
Control of Substances Hazardous to Health	1 day	Staff preparing local assessments	In house	28
Risk Assessment	1 day	Risk Assessors	In house	73
Train the Trainer	1 day	In house Health and Safety Trainers	In house	22
Health and Safety for Heads of Department	1 day	Heads of Department	In house	52
Health and Safety Course	1 day	Heads and Safety Committee Members	In house	30
Health and Safety Update	1 day	Heads and Safety Coordinators	In house	3 programmes

Table 5: Health and Safety Training key courses

02 Risk Management and Safety

Health and Safety
– Fitness & Wellbeing Division

Policy

The Fitness & Wellbeing Division adopts the ‘five steps’ management strategy set out in the Health and Safety Executive publication ‘Successful Health and Safety Management’ Health and Safety Executive Guidance number 2665. Policy forms the first step. Following a review of the 2008 Policy Statement, it was re-issued to all Commercial, Corporate and Community Fitness Sites.

Organisation (People)

In order to comply with the Health and Safety (Consultation with Employees) Regulations 1996, the division consults directly with employees through a structured four-monthly process. This process was introduced to Corporate sites in 2009 and combined with Community Fitness and Commercial sites, an average of 1030 responses were given to the consultation.

Standards

Following changes to Regulations and Statutory Guidance, six sections of the Health and Safety Management System were updated in 2009. Responsibilities, information and training, workplaces, accident and incident reporting, managing contractors, water hygiene management and blood-borne viruses, were all successfully implemented.

- To assist with the evacuating of Fitness & Wellbeing sites during an emergency, an extensive survey was carried out to assist with the introduction of new emergency evacuation plans
- New eye protection was purchased and distributed to all sites currently undertaking health MOT’s to ensure all employees are kept as safe as possible from the risk of eye splash and contact with blood-borne-viruses
- In late 2009, a successful application was made to become part of the Contractors Health and Safety Assessment Scheme (CHAS). Accreditation was awarded for the safety procedures in the corporate sector

- Following review of our Swimming Pool Technical Management procedures, action was taken to raise the level of safety around pool plant rooms; in particular, the use of hazardous chemicals. A programme to upgrade each site with pool chemical injecting to a higher safety standard was introduced.

Audit and Review

External audits were carried out by a team from the Royal Life Saving Society to check compliance with safety protocols at every swimming pool site. The outcome of the audit resulted in approval to continue teaching and training at all sites.

	Number of courses
National Pool Lifeguard Qualification (NPLQ)	52
First Aid at Work	32
Cardiac defibrillation	114
Cardiac defibrillation refresher	220
Pool Plant Operatives	12
H&S Competent Persons	8
Incident and Emergency Management	5
Food Hygiene and Safety	4
New courses for 2009	
Evac (fire evacuation) Chair Training	32
National Pool Lifeguard Qualification Trainer/Assessor	2
Total	481 Courses

Table 6: Health and Safety training courses – Fitness & Wellbeing Division

Type of injury	Number (Hospitals)	Number (Fitness & Wellbeing)
Back pain relating to manual handling	6	-
Slips, trips and falls	8	12
Head injury	1	-
Others	2	3
Contact with moving machinery	-	4
Hit by a moving object	-	2
Hit by stationery object	-	7
Injured while handling / lifting /carrying	-	5
Fall from height	-	1
Contact with electricity	-	1
Dangerous occurrences	-	2
Total	17	37 (10 employees, 25 members of public)

Table 7: RIDDOR Reports 2009

Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) reports

All potential RIDDOR reports are recorded across the group, internally verified and investigated prior to reporting externally to the Health and Safety Executive. Table 7 illustrates the number and types of RIDDOR reports across the Group.

Pathology

Pathology Modernisation

Following the implementation of the single pathology IT system (LIMS) and the electronic issue of blood, the third and final phase of developing the infrastructure for Pathology modernisation was delivered in 2009. This third phase involved installing new analytical testing platforms for Haematology, Coagulation, Biochemistry and Endocrinology across the hub laboratories.

The new equipment is all interfaced to the LIMS and facilitates further standardisation of reagents, consumables and processes across the network. Further work in 2010 will add standardisation of internal and external Quality Assurance programmes with the opportunity for real-time central monitoring of analytical performance via Instrument Manager.

Blood Transfusion

Twenty-six hospitals have now implemented full electronic and bar code scanning technology for the complete Blood Transfusion process; from sample collection from the patient, through the laboratory testing process and allocation of the blood product, to the point of transfusion to the patient. There has been significant support to enable front-line staff to become proficient with the system, including a project initiated at five sites which were given an action plan and benchmark incident numbers to work towards.

This has improved the level of competence of clinical staff and reduced the number of incidents. The Group Transfusion Committee has met quarterly throughout the year and continues to ensure that best practice in transfusion is followed at all times.

Compliance

The policy of making Clinical Pathology Accreditation (CPA) the minimum standard for the laboratories continued in 2009. The hub and spoke structure has now been implemented and all laboratories achieved CPA accreditation as integrated units.

A key focus for 2009 has been to identify a Quality Manager at every hub laboratory and to invest in external training programmes to support their development. A programme of self-audit has moved to one of peer audit and these actions have enabled continuous improvement in standards and the achievement of successful CPA and MHRA audit outcomes.

The Pathology Integrated Governance Committee (PIGC) broadened its representation to include Hospital Management and the Fitness & Wellbeing division and continues to support continuous quality improvement. The PIGC has added the management of Point of Care Testing to its remit and has started to develop policies and procedures to ensure this important facet of the group-wide business meets the highest standards.

02 Risk Management and Safety

Medicines Management

Medicines are the most common clinical intervention and are therefore an essential component of the pathway of care provided to our customers. 2009 has been another year of continuous improvement in medicines management to support the quality, safety and cost-effective use of medicines. The main focus in 2009 was again in the Nuffield Health hospitals, given low use of medicines in other areas of the business. However, as more clinical services roll out during 2010, the medicines management agenda will become more integrated across Nuffield Health.

In April 2009, a medication safety initiative was launched to further improve consistency in demonstrating compliance to regulation and standards

At the end of 2008, compliance to the NHSLA risk management standards level 2 was fully demonstrated for medicines management, both centrally and using local evidence from hospitals. In April 2009, a medication safety initiative was launched to further improve consistency in demonstrating compliance to regulation and standards, and to support assessment at level 3 of the NHSLA standards. The Nuffield Health SharePoint Document Management System (DMS) was configured to provide a compliance platform across all hospitals for specific individuals with key responsibilities in managing medicines. The tool also allowed the provision of feedback from central reviewers thereby closing the loop on 'board to ward' medicines governance. Furthermore, the tool provides traceability on all updates and changes as well as management reporting. Training on DMS was provided effectively using Webex to over 100 people with responsibilities in medicines management across all hospitals.

Safe and secure handling of medicines

The Registered Manager ensures that patients are protected against the risks associated with the use and management of medicines, by making the appropriate arrangements for the obtaining, recording, handling, using, safe keeping, dispensing, safe administration and disposal of medicines.

The Registered Managers have demonstrated **96 per cent compliance** in the provision of suitable pharmacy arrangements, designated nurses with responsibility for medicines, procedure reviews, as well as implementation, and monitoring of local medicines management forums to manage risks associated with medicines. The local medicines management forum is constituted using template terms of reference across all hospitals which provides for medicine governance from ward level through to the Board Integrated Governance Committee.

The DMS approach provides consistent central standard setting that is immediately responsive to changes. For example, following the publication of the National Patient Safety Alert (NPSA) on Oxygen Safety in Hospitals, it was possible to rapidly incorporate the Medical Gas Committee into the medicines management forum. Updated terms of reference were re-issued centrally for localising at each hospital. Achieving compliance to the alert across all hospitals is on schedule for the end of March 2010 deadline.

Safer management and use of Controlled Drugs:

Recorded events involving Controlled Drugs (CDs) are very low in Nuffield Health (1.8 per cent of all medicine related events). However, given the potential seriousness of issues involving CDs, scrutiny and monitoring remains a high focus in all hospitals. Each hospital has an individual responsible for the safer management and use of CDs, namely the Accountable Officer.

The Accountable Officers across our hospitals have demonstrated **96 per cent compliance** to the standards for the safer management and use of CDs, including monitoring of Standard Operating Procedures and detailed audit of controlled drug handling and storage. The Nuffield Health Accountable Officers have shown consistent support to the Primary Care Trust Local Intelligence Networks (LINs), which were established to share information on CD issues following the Harold Shipman inquiry. Using both the DMS compliance framework and the monthly governance reports, attendance at LIN meetings and submission of quarterly Occurrence Report can be monitored centrally. Across all hospitals, attendance at LIN meetings is excellent and concerns with CDs are extremely low and of a low risk.

Prudent use of antimicrobial medicines

Patients can be assured that Nuffield Health has designed and implemented antimicrobial prescribing policy and local guidelines that are consistent with the Code of Practice for health and adult social care on the prevention and control of infections. The inappropriate use of antibiotics is considered to be associated with an increased risk from hospital acquired infections. It is vital, therefore, that we have a consistent approach to managing prudent prescribing and administration of antimicrobial medicines throughout Nuffield Health hospitals.

The new policy and template guidelines were launched at the Nuffield Health Infection Prevention and Control Conference in June 2009. All hospitals have produced local guidelines and these are being fully implemented by the local Director of Infection Prevention and Control (DIPC). In six months, the hospitals have achieved **86 per cent compliance** and are on schedule for full compliance in the first quarter of 2010. There is an ongoing programme of audit to ensure prudent prescribing and antimicrobial stewardship which is supported by the local antimicrobial management team. The Datix risk management system is used to monitor compliance with local guidelines and includes key indicators, such as compliance with length of treatment, switches from intravenous to oral medication and referral to microbiologist for use of restricted antimicrobial agents.

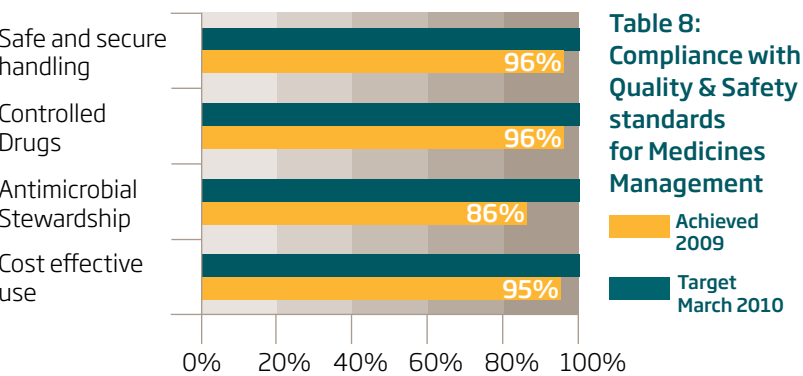
Cost-effective management of medicines

During 2009, a standardised medicine process was implemented across all the hospital pharmacy departments, encompassing the processes from 'Procure to Pay' to ensure all hospitals purchase the correct item from the correct supplier, at the correct price. All products are now added to the procurement IT system with the required information to ensure that all medicines are selected, procured and delivered with quality, safety and cost effectiveness at the forefront of the process. A set of tasks have been developed on DMS similar to those mentioned above. The pharmacy professionals have achieved **95 per cent compliance**.

Learning and leadership in Medicines Management

Training in medicines management was delivered in a variety of ways locally as well as nationally, including Controlled Drug training for Accountable Officers, Patient Group Direction training for nurses involved in vaccinations and management of 'Out of Licence' use of medicines for a range of healthcare professionals. For 2010, an e-learning module for medical gas training is being developed as part of a wider package of training in this area to support compliance with NPSA alert on Oxygen Safety in Hospitals.

Within each Nuffield Health hospital, the role of 'Medicines Management Lead' (MML) has been defined and supports the integrated, multidisciplinary team approach to the management of medicines. The MML chairs the local Medicines Management Forum and takes the lead on monitoring quality and safety with medicines. There is a structured monthly communication strategy between local and central medicine management leads, using Webex and face-to-face workshops and conferences. This provides a framework for ensuring lessons learnt from across the hospitals are integrated into risk mitigation strategies in medicines management. During 2009, changes have been incorporated into the care record documentation, the medicine chart, discharge medication summary and audit tools from the lessons learnt from internal Datix near miss interventions and best practice medicine guidance from the Department of Health, NICE and NPSA.



02 Risk Management and Safety

For 2010, the IT development focus will be on the implementation of a Nuffield Health version of the electronic British National Formulary (BNF) which will be rolled out across all hospitals by mid year. This tool will not only support the ‘procuring for safety’ agenda, but will also allow for the wide dissemination of information on risk mitigation techniques in medicines management and will incorporate information from NPSA and other relevant bodies. Compliance standards will also be developed to support the local MML, effectively implement national guidance from the NPSA, as well as support compliance to new regulatory standards for medicines from the Care Quality Commission and the General Pharmaceutical Council.

Radiation Protection

Nuffield Health continues to be supported and independently audited by the Radiological Protection Centre (RPC), which is part of St George’s Healthcare NHS Trust, London. Director Dr Ishmail Badr summarised the status of radiation protection in his 2009 report as follows:

“Radiation protection within the organisation was again found to be in excellent order and there is a high degree of compliance with regulations and national guidance. The new management structure for radiology and radiation protection has been highly effective in maintaining standards and a proactive internal audit programme has succeeded in ensuring high standards and consistency across the group. Patients are diagnosed in a safe manner and the X-ray equipment is modern and performs to a high standard.”

Radiation incidents

There were 18 radiation incidents reported to RPC in 2009, none of which was deemed serious in nature. Dr Badr reported that *“the organisation has demonstrated a strong incident reporting culture which shows transparency and a willingness to learn from mistakes. The number of incidents is consistent with an organisation of this size and staff should continue to be forthcoming about all occurrences that may adversely affect the quality of the medical exposure.”*

Decontamination
Hospitals Sterile Supplies Unit
(HSSU)

The HSSU network continues to show that Nuffield Health is proactive in the areas of developing and managing Clinical Support services in accordance with current legislation and best practice.

The year necessitated a series of challenging internal initiatives for HSSU. Following the successful roll-out, it was evident that the performance across individual units, whilst commendable, was not consistent, and a number of service improvement initiatives were undertaken in conjunction with hospitals to ensure that service levels were standardised and stabilised.

During 2009, the HSSU manufactured a net total of 350,000 surgical instrument trays, with an average defect rate of 0.47 per cent - the accepted National Comparator is 0.50 per cent. An encouraging trend was that the overall defect rate and number of serious defects showed a marked drop towards the end of the year, when all HSSUs had reached Steady State.

The excess capacity inherent within HSSU triggered a number of option appraisals during the course of the year. There is currently a shortage of decontamination providers that meet the standards set by the Medical Devices Directive 93/42 EEC. The HSSU at Wetherby continues to supply three BMI hospitals with their decontamination requirements and HSSU as a whole is now targeting other potential customers with a view to developing long-term supply contracts.

The coming year will see the HSSU Executive Management function of HSSU move from the Hospital Division to the Group Clinical Directorate and this will raise the clinical profile of HSSU and encourage further innovation.

Safeguarding Children and Adults

The Paediatric National Reference Group’s (PNRG) main aim is to safeguard children’s services across Nuffield Health. The group’s membership extended in 2009 to include the Fitness & Wellbeing Division to enable closer working relationships in key areas such as safeguarding children and young people.

Achievements to date include:

- Implementation of a group wide Safeguarding Children Policy
- Resource and expertise provided to the successful implementation of the safeguarding children training modules Levels 1 and 2, and Provision of Level 3 training
- Appointment of a Paediatric Nurse Advisor to provide expert advice in paediatric services including policy development and undertaking audit of children’s services to check compliance with best practice
- Appointment of a Lead Paediatrician on to the PNRG
- A robust Registered Nurse (Child) support network
- RN Competencies in children’s care delivery
- The Children’s Policy has been updated to reflect best practice
- Resource and expertise provided to the development of e-care pathways and care records for children and young people to embed latest policy, guidance and regulatory requirements
- Development of competencies for Physiotherapists.
- Development of New Care records for children and young people in hospitals

- Development of Quality Performance Indicators to monitor children’s services from 2010:
 - Percentage of staff trained in safeguarding level 1
 - Number of day-case patients who become overnight stay patients
 - Number of transfers to NHS/other hospitals
 - Number of returns to theatre.

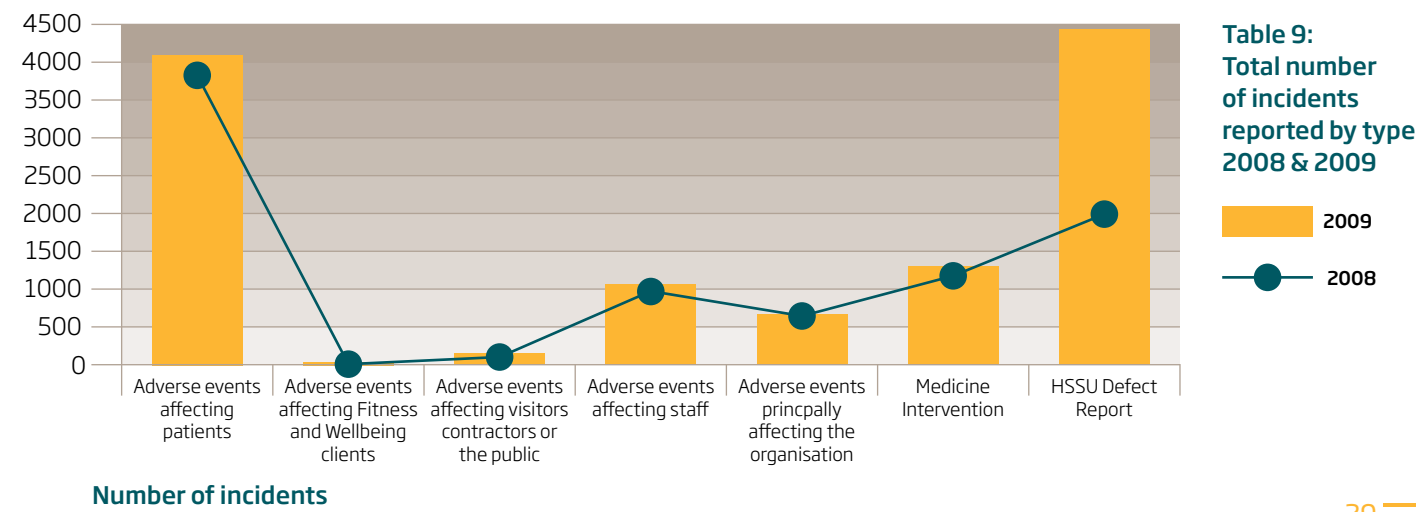
Key priorities for 2010 include:

- New Child Satisfaction surveys
- New process for managing complaints/dissatisfaction from children
- Publication of marketing materials and patient leaflets aimed at children, young people and parents
- Website development to promote Nuffield Health children’s services
- Focus on medicines management
- Focus on children’s safety within Fitness & Wellbeing.

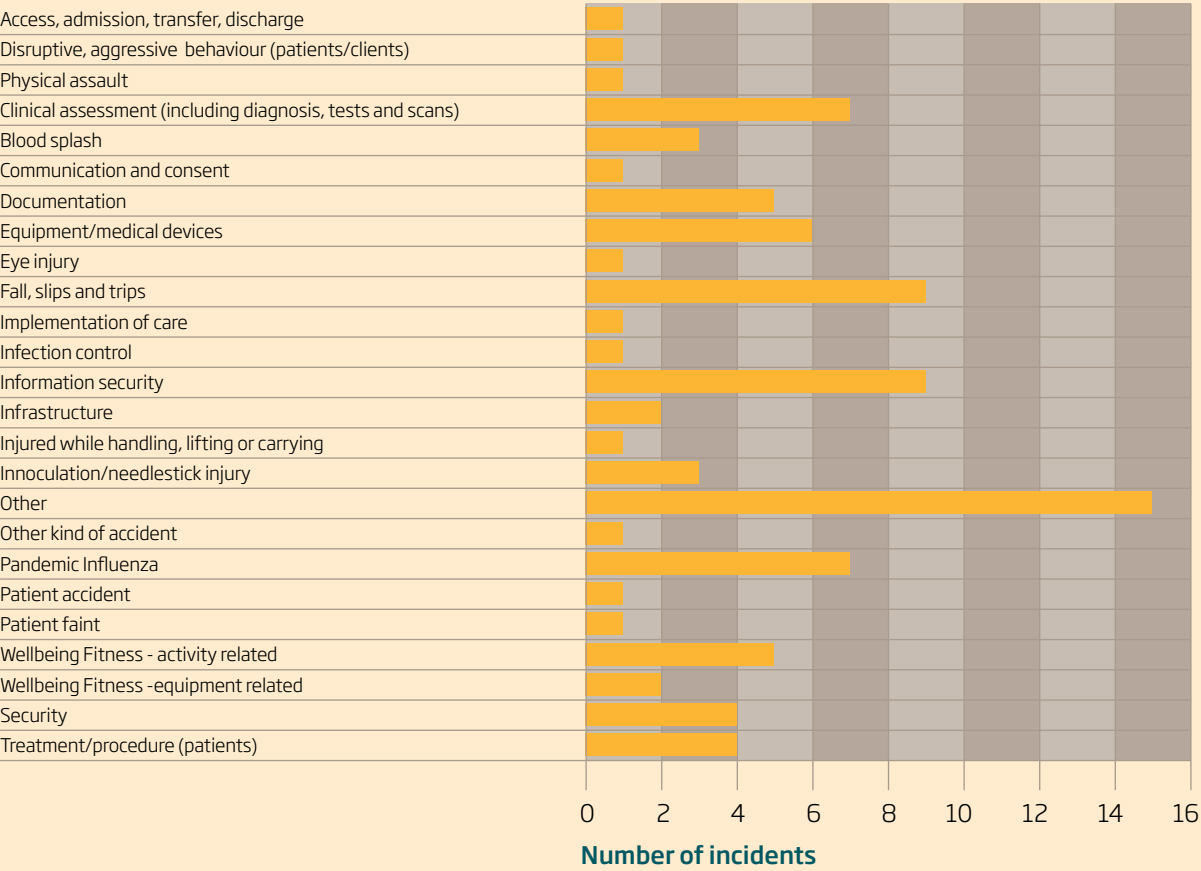
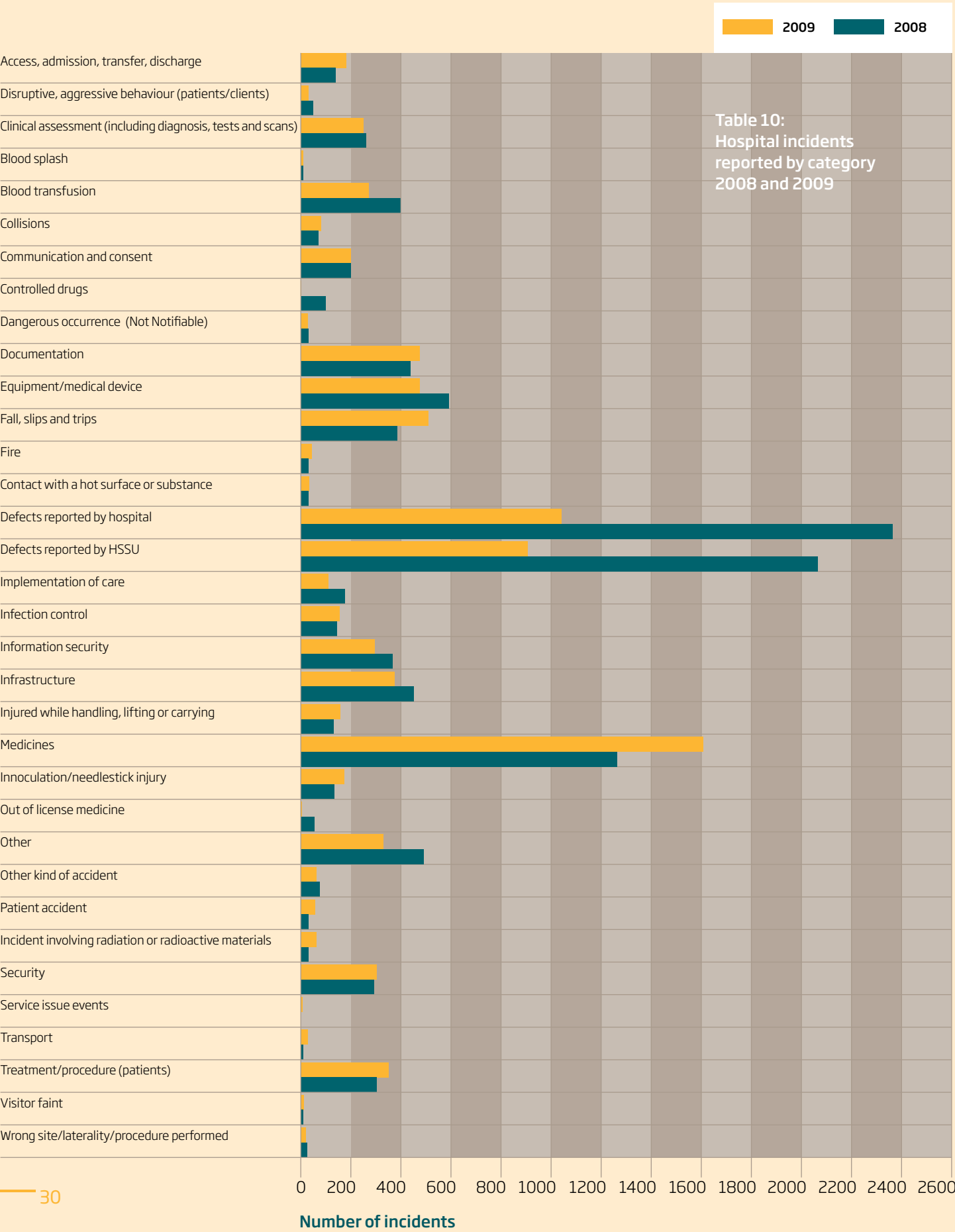
Adverse Incidents

An open and transparent culture for incident reporting is actively promoted. As a result, the number of incidents reported continues to increase. All incidents reported by staff across Hospitals and Fitness & Wellbeing Divisions are analysed to ensure trends are identified and action taken to improve the safety and quality of care and services.

Adverse incidents are regularly reviewed alongside patient and customer feedback to inform service redesign initiatives and development of patient information and care records.



02 Risk Management and Safety



Lessons learned from adverse incidents are regularly reported back to teams to reinforce changes to practice, thus avoiding a repeat incident. Learning from incidents reported as serious (SUIs) are shared at local and national meetings enabling staff to engage in healthy discussion about the incident and learn from their colleagues with the aim to prevent reoccurrence. For example the increase in medicine incidents is related to an increased reporting of near-miss events (> 70% of all medicine incidents). The focus for 2010 will be on embedding lessons learned into everyday practice to further promote a culture of learning and change.

During 2009, Nuffield Health Fitness & Wellbeing Division has been preparing for full use of Datix risk management system as an incident reporting tool. Datix is presently being used by all Wellbeing clinicians and for capturing incidents within Wellbeing Health Assessments and Physiotherapy based at Nuffield Health hospitals and within fully integrated Fitness & Wellbeing centres with clinical services.

Plans to integrate with Health and Safety reporting and other incident reporting at all the Fitness & Wellbeing centres are due for completion in 2010.

Throughout the year, the number of the reported incidents has been low and the clinical exposure very limited. Serious incidents (SUIs) are shared and there is a culture of transparency which the Fitness & Wellbeing division plans to continue and encourage into 2010.

Safety alerts

Safety alerts notified to Nuffield Health via the National Patient Safety Agency and Department of Health are electronically issued to key individuals across the business. The responses to safety alerts are recorded in the Datix risk management system and centrally monitored to ensure appropriate actions have been taken by local managers.

03 Learning and Development

Group e-learning

The Nuffield Health e-learning strategy has already delivered industry-leading risk management training and unparalleled learner flexibility in 2009. In the year ahead, we intend to build on that success with a fully automated Risk Management profiling and a Learning Guidance system that ensures our employees have the most current skills in the marketplace.

The Nuffield Health LMS

Our intuitively designed Enterprise Class Learning Management System provides our employees with instant access to the learning they need to help keep them safe and lower clinical risk. For example, within the first three months of 2009, all our 5,000 hospital-based employees were able to login, find and pass the safeguarding children module without any formal instruction.

In 2009, our hospital-based employees participated in 16,517 risk management-based learning events. This was made possible in a results-orientated environment by designing a delivery system that allows employees to participate in bite-size chunks of learning, at a time convenient to them. For instance, this could be at the end of a shift, during the weekend or from home. During 2010, this flexibility will also be available from a wide variety of mobile devices.

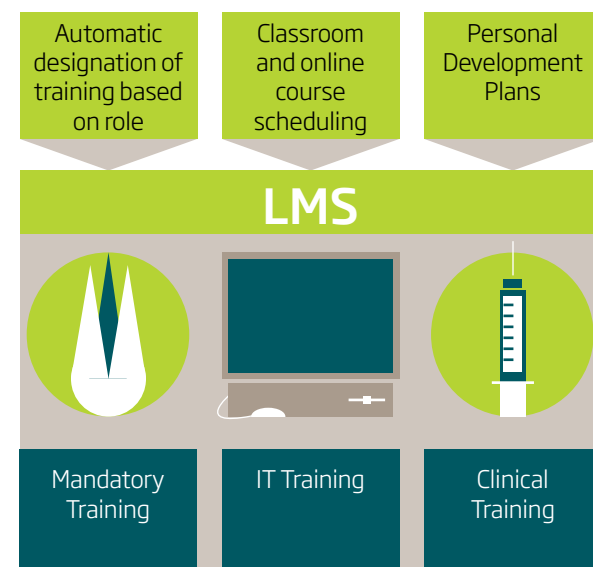


Diagram 2:
The Nuffield Health LMS

In 2009, our hospital-based employees participated in 16,517 risk management-based learning events

03 Learning and Development

E-learning content

Each online module available to our permanent consultant and Resident Medical Officer populations has an individual expert stakeholder, who ensures the learning outcomes always satisfy the standards of our governing bodies, such as the Care Quality Commission. This means that our employees always have access to the very best and current thinking in risk management learning, enabling Nuffield Health to continue to give the very best care to our patients.

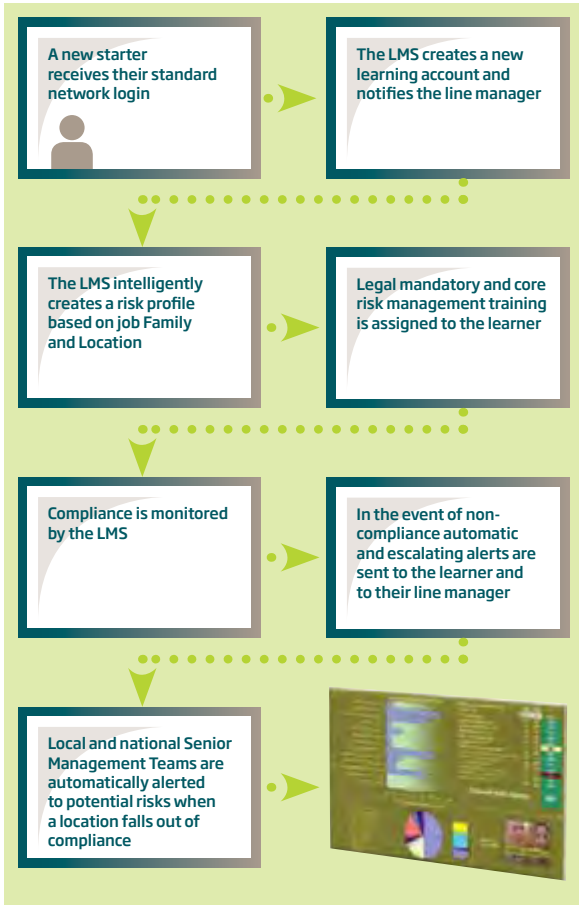
Diagram 3:
Online modules



Risk management monitoring and reporting

In 2010 we will be commissioning our industry leading and completely automated monitoring and reporting system.

Diagram 4:
Monitoring and reporting system



Learning and development – Leadership programme

The Governors and Executive Board of Nuffield Health understand the importance of a highly-skilled and effective leadership team in delivering business strategy, change, governance and compliance for an organisation. As a result, in late 2008, Nuffield Health appointed Marcus Powell as Managing Director, Organisation Development in order to introduce the expertise required to develop our leaders to the full.

The Organisation Development function aims to:

- Encourage deeper understanding of what it means to be part of Nuffield Health
- Foster a culture that encourages the delivery of strategic objectives
- Build co operative relationships across the business
- Develop a learning culture and community
- Enhance individuals’ leadership skills and their understanding of the responsibilities that come with being a people leader
- Build a pipeline of talent at all levels of the organisation.

During 2009, significant organisational resource was invested to begin the journey to improve our management capabilities through targeted training and development programmes, in addition to the regular management skills’ workshops that are delivered across the business.

Developing our current leaders

All Hospital General Managers and the Hospitals Management Board took part in an extended, workshop-based development programme aimed at helping each individual to understand their own leadership style, the impact this has on their teams and professional relationships, and their ability to deliver business objectives. This process was supported by individual coaching and team exercises in further workshops to help each manager improve their leadership approach. Every manager left with a clear vision of what is expected of them as leaders for the organisation and personalised action plans and objectives. This programme was run in conjunction with Ashridge, one of the UK’s leading business schools.

Matrons and Finance Managers also participated in targeted leadership skills’ development courses to build confidence and enhance their day-to-day management capabilities. For our Matrons, this included additional focus on development of their leadership skills so that they have the ability to lead, make informed, well balanced judgements and feel confident to act appropriately in any situation.

All Commercial Fitness & Wellbeing General Managers, as well as a number of potential Centre Managers, undertook a multi-stage development programme to improve their understanding of leadership, the difference that good leadership can make to achieving objectives, and help them step up to lead their teams through a year of considerable change.

Developing our future leaders

We recognise that to make sure clinical excellence is part of the way we work, leaders must appreciate the

personal authority they have to uphold the highest possible standards and to ensure compliance. To support this, in 2009 Nuffield Health launched a wide-ranging programme to help Heads of Departments in hospitals understand what they need to do and how they should act to lead teams, so that clinical excellence is at the heart of the decisions they make. This programme is intended to run on into 2010 to ensure that we fully embed a culture of local and personal authority, giving individuals the confidence to act decisively and in accordance with the regulatory requirements.

Developing talent within Nuffield Health

In 2009, we also developed two unique programmes that will be available to employees in 2010. Our Senior Leadership Development and our Rising Stars Programmes will help the organisation identify and develop a talent pool for the future, coming from all levels and all disciplines within the business.

Module Name	Interested Party	Type
Safeguarding Children	NHSLA \ CQC	Statutory
Radiology Managers Update	RPC	Statutory
DSE	HSE	Mandatory
Information Governance	ICO	Statutory
PROMs	NHS	Statutory
Safer Blood Transfusions	CQC	Statutory
Medical Devices	MHRA	Statutory
Medicine Management	NPC	Statutory
Fire Safety	HSE	Mandatory
Health and Safety	HSE	Mandatory
Manual Handling	HSE	Mandatory
Infection Prevention	NHSLA \ CQC	Statutory
Vulnerable Adults: level 1	NHSLA \ CQC	Statutory
Blood-Bourne Viruses	NHSLA \ CQC	Statutory

Table 12: LMS Current on line content

04 Working with Doctors

Doctor Engagement continues to be an integral part of the day-to-day management of hospitals. The central programme for doctor engagement in 2009 comprised three elements:

- Operational management, clinical and corporate governance
- Implementation of new partnerships with consultants
- Communication and Information Management programme for Consultants

New Practising Privileges Policy

Following an extensive review and participation in an industry wide working group, Nuffield Health introduced version IV of their Practising Privileges Policy. The policy was used as the basis for the Independent Healthcare Sector review of Practising Privileges and has been well received by Consultants and Registered Managers. It identifies the recent changes in legislation and incorporates the changes to licensing and revalidation that have been introduced by the General Medical Council (GMC). It also identifies changes in Occupational Health requirements, information about Data Protection, the requirement to register as a Data Controller and information on new working age legislation.

Role of the Clinical Governance Consultant

During 2009, Nuffield Health launched the Clinical Governance Consultant Policy to all hospitals, detailing the roles and responsibilities of the Clinical Governance Consultant in each hospital and replacing the role of the Designated Consultant.

The Clinical Governance Consultant is nominated by the local MAC, appointed by the Registered Manager for a fixed term of three years. The Clinical Governance Consultant provides advice and support on the local Nuffield Health Hospital Clinical Governance arrangements which include the clinical quality strategy and risk management arrangements. The role includes participation in audit, reviewing and advising on reports prepared by the hospital on the clinical implications arising from audit and other data in the hospital and ensuring that key concerns are escalated to the Registered Manager and MAC.



Nuffield Health updated and launched version IV of their Practising Privileges (PP) Policy on 1st October 2009

04 Working with Doctors

Medical Advisory Committee Policy

A new policy was tabled at the MAC Chairs conference in 2009 and further developed with the MAC Chairs. The new policy has been published with new terms of reference and details the MAC's role in the Integrated Governance structure of a hospital and more clearly defines the role of the MAC Chair. It also suggests and encourages membership of the MAC to include patient representation.

Communication and Information Management Programme

2008 focused on improving communications with Consultants. This continued in 2009 with further conferences for the MAC Chairs and the Clinical Governance Consultants. In addition, we held a conference for those Consultants interested in Bariatric surgery.

The Clinical Governance Consultants conference 'Clinical Governance in Nuffield Health Hospitals 2009 – A Good Year?' concentrated on the progress made by Nuffield Health hospitals in 2009. It reviewed the Quality Agenda and results in the last year, discussed the Clinical Governance role and terms of reference, reviewed lessons learnt in the last year and changes required as a result of those lessons, and reviewed the legal requirements for clinical governance for doctors in the independent sector.

The MAC Chairs conference was entitled 'The Healthcare Climate – The Nuffield Health Perspective', and received feedback from the delegates about overall issues in the market and Nuffield Health.

The Clinical Governance Consultants conference was entitled 'Clinical Governance in Nuffield Health Hospitals 2009 – A Good Year?'

Consultant survey

At the beginning of 2009, Nuffield Health ran its first ever online Consultant Satisfaction Survey and the first survey since 2000. It was anonymous; however, Consultants were given the opportunity to provide their name if they wanted to discuss topics further.

Over 1,300 Consultants filled in the survey (29 per cent of those invited to participate), representing Consultants from all 30 hospitals and all specialties within the Nuffield Health Group. Respondents varied from those new to private practice to those with many years in independent practice.

Overall, the results were positive, with many respondents appreciating local hospital facilities and staff. Outpatient facilities, consulting rooms and diagnostic facilities rated well. Theatre and ward staff also rated well. Overall, Nuffield Health staff are seen to offer a high level of service and are highly competent. Respondents indicated that they are happy to recommend Nuffield Health to their colleagues and patients alike, and a third expected to see their usage of Nuffield Health hospitals increase in 2009.

The survey is an important part of the ongoing programme of engagement with Consultants who choose to work within Nuffield Health and will be repeated again in 2010.

Approved Practice Setting

In 2009, Nuffield Health gained Approved Practice Setting (APS) accreditation with the GMC for all 30 hospitals. This recognises our systems for clinical governance and the effective management of doctors, systems for identifying and acting upon concerns about doctors' fitness to practise, systems to support the provision of relevant training or continuing professional development, and systems for providing regulatory assurance.

International Medical Graduates (IMGs), newly qualified UK Graduates (UKGs) and medical practitioners returning to practice after five years' absence are required to work in an approved practice setting for a period of at least 12 months. European Economic Area (EEA) graduates are also advised to work in an approved practice setting when they first take up employment in the UK under full registration.



Respondents indicated that they are happy to recommend Nuffield Health to their colleagues and patients alike

05 Clinical and Cost Effectiveness

National Care Pathway Development

During 2009, we have embedded the framework for pathways that was developed to support clinical effectiveness, risk management and clinical audit at Nuffield Health.

The e-care pathway, our library of model pathways that detail essential steps in the care of patients with a specific clinical problem, continues to be developed. This template for pathways incorporates structural design of our clinical processes, organisation and systems that support the delivery of efficient and effective healthcare.

In 2009, we published e-care pathways to support delivery of:

- A standardised approach to pre-assessment for all elective surgery
- Top orthopaedic procedures – hip replacement, knee replacement, knee arthroscopy
- Bariatric procedures – gastric banding, intra-gastric balloon
- Infection prevention pathways – MRSA, Clostridium difficile, CJD
- Diagnostic pathway to support end to end management of blood transfusion.

The following pathways have been developed and modelled:

- Medicines management ensuring we have clear guidance to support the safe and effective management and administration of medicines
- A generic pathway to support care of children and young persons, and a specific pathway for adeno-tonsillectomy that supports our approach to meeting world-class standards for children, young people and their families.



During 2009, we have embedded the framework for pathways that was developed to support clinical effectiveness

05 Clinical and Cost Effectiveness

New care records

Standardised care records for hospital patients were introduced to practice in 2009.

Formerly documents captured patient assessment, interventions and care delivery. These have been integrated into one document. The result of this initiative is that we show a significant reduction in incidents relating to documentation.

As part of the cycle of PDSA we have undertaken an organisation-wide review of the care records following introduction to practice. The next version is due to be released in January 2010 and includes updates to reflect latest evidence and recommended best practice, including integration of the World Health Organisation (WHO) safe surgery checklist.

Care records have been introduced for:

- Surgical outpatients
- Day surgery without GA
- Day/overnight stay surgery
- Inpatient surgery
- Medical care
- End of life care
- Children and young persons care records will be introduced to practice 2010.

Procedure	No. of responses April - Dec 2009	Pre-operative mean EQ5D score	Post-operative mean EQ5D score	% improve-ment overall
Hip replacement	211	38.96	12.13	68.86%
Knee replacement	182	35.44	16.15	54.42%
Varicose vein surgery	116	10.86	5.09	53.17%
Groin hernia repair	306	11.37	5.59	50.86%

Table 13:
Summary of EQ5D PROMs responses
April - December 2009

Patient Reported Outcome Measures

In compliance with Department of Health policy Patient Reported Outcome Measure (PROMs) has been introduced as a key outcome measure that is an essential component of Nuffield Health's customer-focused pathways. The measures have been administered to patients undergoing hip and knee replacement, groin hernia and varicose vein operations since April 2009.

PROMs have been effectively implemented with some hospitals regularly achieving 100 per cent patient participation. By measuring the patients' perspective on their health status before and after the procedure, we can assess the effectiveness of the care we deliver. Indicators from our first full collection of pre and post operative measures show that we are making a positive impact on patients quality of life. However, early trends indicate that we need to focus our efforts on setting patient expectations for longer term outcomes throughout the patient journey and this learning will feed back into our pathway development cycle.

PROMs reports allow comparisons at organisational level with a summary by procedure, and show the percentage of patients reporting problems experienced pre and post operatively over the following five dimensions of health:

- Mobility
- Self-care
- Usual activities
- Pain/discomfort
- Anxiety/depression.

Evidence-based pathways for musculoskeletal conditions

Nuffield Health's 10 commissioned evidence-based pathways for musculoskeletal conditions have continued to underpin the objective of clinical excellence within the physiotherapy service. They have allowed the bench-marking of employed and third- party physiotherapy practice and have been key to demonstrating our market-leading approach to clinical governance.

All 10 pathways, and the associated research, will be submitted for publication in leading clinical journals in 2010. The first, entitled 'The Interaction between Published Evidence and Clinical Reasoning in Physiotherapy Treatment Selection for Shoulder

Impingement Syndrome' is currently being reviewed by 'Physical Therapy', a prominent musculoskeletal publication. By invitation from one of the editors for the British Medical Bulletin, there are plans to publish literature reviews for all 10 pathways in the near future.

The Chartered Society of Physiotherapy has invited Nuffield Health to submit the pathways for their Accreditation, which would then see them being promoted as a 'gold standard' for physiotherapy treatment throughout the profession.

Recovery Plus - an integrated care pathway for post-operative patients

With the successful integration of fitness services into Nuffield Health, underpinned by quality initiatives and clinical governance, the possibility of clinical effectiveness through wider integration was considered in 2009. Recovery Plus is a care pathway developed for some post-discharge patients integrating Nuffield Health Hospitals and Fitness & Wellbeing Centres and was piloted at three sites during 2009.

All patients undergoing a total hip replacement, Birmingham hip resurfacing, a total knee replacement, a unilateral compartmental knee replacement, a knee arthroscopy or simple spinal procedures at selected Nuffield Health Hospitals were offered the Recovery Plus Programme. After finishing the established post operative rehabilitation programme with the Nuffield Health hospital based physiotherapist, the patient is offered 12 weeks' unlimited access to a nearby Nuffield Health Fitness & Wellbeing Centre. The patient is offered a health assessment and an individually tailored exercise programme developed by a Senior Wellbeing Advisor (SWA), who has received a detailed discharge summary on the patient and is trained in understanding the orthopaedic procedures included in the programme.

During the twelve weeks, exercise is overseen by Wellbeing Advisors as well as the patient having a minimum of two further sessions with the SWA to progress exercises. Patients are able to request additional reviews at any time.

Patients are assessed by a physiotherapist pre-operatively, post-operatively and at the end of the programme and outcome data collected. The patient is supported remotely by a Personal Recovery Coach (PRC), who is a physiotherapist.

Underpinning this initiative are some key values:

- To ensure the patient has an excellent client experience and seamless patient journey
- To provide an evidence based rehabilitation outcome delivered through a 'joined up' multi practitioner base
- An agreed safe and acceptable clinical standard
- Monitoring and assessment throughout
- An ability to record patient outcome successfully for measurement
- Access to clinical support for each member of the team providing the clinical journey.

The pilot is continuing into 2010 and is now at six sites, with control sites included for comparison of outcomes. Outcomes will be analysed to ascertain the clinical effectiveness of the intervention as well as the patient reported outcome measures.

Patient information

Patient information is a key component of each patient's pathway and is central to the overall quality of each patient's experience.

Nuffield Health produces information in a branded brochure format. We have 77 Nuffield Health patient information brochures available that cover our top procedures and including titles for infection prevention.

To determine the efficacy of these brochures we looked at our in patient satisfaction scores and focused specifically on one area - rating the quality of information provided prior to coming into hospital.

Discharge information

As part of the pathway development work in 2009, we analysed the discharge pathway. Outcome data around discharge informed us that unsatisfactory information on discharge was the highest area of discontent for our patients.

In response to this indicator, we established a national working group who have developed a standardised discharge pack called 'Going Home'.

This pack is generic to all patients and provides key discharge information as well as a personal discharge checklist and patient own notes area. The prototype has been evaluated through patient focus groups, with excellent feedback that supports the focus on quality healthcare with a customer focus. The 'Going Home' pack was introduced to practice in January 2010.

06 Fitness & Wellbeing

During 2009, there has been much innovation and development within Fitness & Wellbeing and Nuffield Health's vision is to provide fully-integrated healthcare services. Innovations, such as Recovery Plus, are key to this vision, as are the provision of clinical services, a full range of health practitioners in Fitness & Wellbeing Centres, and the development of specialist programmes and services to look after individuals with specific health problems.

Public education plays a key part in the prevention and treatment of musculoskeletal problems, and our physiotherapists deliver monthly programmes of interactive educational lectures free to members of Fitness & Wellbeing Centres. Lectures have included 'Better Backs', 'How to Avoid Skiing Injuries' and 'Managing Arthritic Hips and Knees'.

It is well-recognised that public education plays a key part in the prevention and treatment of musculoskeletal problems

06 Fitness & Wellbeing

Another new clinical offering is Pilates, remedial exercises delivered by physiotherapists who have all completed internationally recognised Clinical Pilates training.

'Meet our Experts' events have been a further innovative move in 2009. Fitness & Wellbeing Centres' members are invited to have open access to visiting practitioners who educate and advise on topics such as cancer awareness, avoiding influenza, dealing with stress and general health topics.

A 12-week programme with specific exercise and nutrition content designed to manage diabetes was launched in 2009. Whilst there is a wealth of information available on how to manage diabetes clinically, there is little available to educate and motivate an individual with diabetes on the positive effects of exercise and nutrition to control the condition and reduce long-term complications.

The 12-week programme starts with a health assessment, with a wellbeing advisor trained in diabetes management, followed by a health coaching session around nutrition and activity, then a tailor made exercise programme is developed. Touch points at four and eight weeks are available which allows monitoring of progress. At the end of the programme the health assessment is repeated and long term health goals discussed. There is clinical support from a General Practitioner, available at all times.

Health MOTs

Since the introduction in October 2008 of health assessments (Health MOTs) available to all members of Nuffield Health Fitness & Wellbeing Centres, over 53,000 have been performed throughout the UK. Members have reported that completing a Health MOT, as part of their journey with us, allows them to reflect upon their lifestyle, learn more about some key determinants of health and to get some objective advice about opportunities to improve their health and how to take advantage of these opportunities. The MOT includes assessment of blood pressure, body mass index, blood glucose, blood cholesterol, activity fitness levels, smoking risk and musculo-skeletal assessment.

Health MOTs support our charitable aims and commitment to providing health assessments to all our clients with around four per cent of assessments revealing unknown medical issues for further investigation.

Nuffield Health Wellbeing Health Assessments and the Physiologist.

Healthcare has developed in the area of diagnostic capability and, as such, diseases are being screened for and identified at earlier stages, thus assisting in their treatment. However, increasingly individuals are interested in wellbeing and longevity and how certain diseases can be avoided by adopting a healthy lifestyle. These diseases include obesity, cardiovascular and metabolic diseases.

Nuffield Health Wellbeing health assessments provide both the doctor led health screening element as well as providing the individual with personalised health action points to ensure maximum disease resilience and, through education and motivational health coaching, promoting behavioural changes to achieve optimal functioning - whatever that may represent to the individual.

The Nuffield Health Physiology team have an extensive Governance structure in place to ensure the safety, quality and effectiveness of the Physiology offering.



'Meet our Experts' events have been a further innovative move in 2009

07 Patient and Client Focus

Patient Satisfaction Survey – Hospitals Division

All patients attending a Nuffield Health hospital, either as an inpatient or day patient, are encouraged to complete a detailed questionnaire to provide essential feedback and rate their experience of the hospital’s services. The anonymous questionnaire allows all patients the opportunity to feed back their experience across the customer journey and in total, **27,422** questionnaires were returned in 2009 compared to **26,960** in 2008.

Nuffield Health continues to maintain the highest levels of customer satisfaction experienced by MSB Consultancy in 22 years of undertaking this type of research with **26,161** of respondents rating their experience as ‘good’ or ‘excellent’ and **26,172** stating they would recommend Nuffield Health to friends or family. These continue to be superior ratings that evidence the high level of quality care provided within our facilities.

Table 14:
Hospital patient
survey key results

Findings of survey	2008	2009
Admissions process rated as very organised	85%	86%
Comfort and facilities rated excellent/very good	91%	92%
Cleanliness rated excellent/very good	94%	95%
Confidence in doctors, mostly/always	100%	100%
Confidence and trust in nurses, mostly/always	98%	98%
Involved in decisions, adequately/very involved	94%	96%
Kept informed about care and treatment	97%	97%
Clear explanation of risks and benefits	99%	99%
Printed materials, coming into hospital useful	95%	95%
Explanation of complications, clear/very clear	96%	94%
Point of contact given, at point of discharge	84%	88%
Privacy and dignity always respected	94%	94%
Explanation of outcome of procedure clear/very clear	97%	97%



Nuffield Health continues to maintain the highest levels of customer satisfaction experienced by MSB Consultancy in 22 years of undertaking this type of research

07 Patient and Client Focus

The Patient Satisfaction Survey for 2009 highlighted that **96 per cent** of all patients rated their overall satisfaction as ‘good’ (**71 per cent**) or ‘excellent’ (**25 per cent**).

The independent analysis of the questionnaires undertaken by MSB Consultancy, also showed that patients would ‘strongly recommend’ (**69 per cent** - up **three per cent** on 2008) or ‘recommend’ (**27 per cent**) to their family and friends, notably none (**zero per cent**) would not recommend a Nuffield Health Hospital.

– The analysis of the survey results has established improvements in five aspects of patient care since 2008. Seven areas surveyed have stayed the same with only one decreasing by two percentage points.

During 2009, we also introduced a new customer satisfaction questionnaire for our Health Assessment clients and we periodically contacted a cross-section of customers to obtain feedback on the content of the assessment, performance of the clinicians and our overall service. The main findings are presented in **Table 15**.

General feedback highlighted a number of areas for improvement:

- A number of clients found the locations difficult to find due to the maps provided and signage
- Some clients found the blood results in the report difficult to interpret
- Not all clients were happy with the food and drink provided after bloods were taken.

Findings of survey	2009
Strongly agree or agree that they have managed to implement the advice offered in the health assessment into their regular routine	89%
Strongly agree or agree that they clearly understood the actions needed to better manage their health and wellbeing	99%
Strongly agree or agree that the experience was meaningful, relevant and highly personalised	95%
Strongly agree or agree that they felt that they were in the hands of experienced professionals	96%
Strongly agree or agree that based on their experiences, they were happy to recommend the Nuffield Health Vi Assessments	95%

Table 15: Results of key areas of satisfaction - Health Assessment clients

Summary of Formal Complaints Received - 2007, 2008, 2009			
Stage of Complaint	2007	2008	2009
Stage 1. Local resolution at hospital level	1450	1573	960
Stage 2. Escalated for Director's Review	32	38	24
Stage 3. External Adjudication	8	3	3

Table 16: Summary of formal complaints (Hospitals Division)

Complaints and concerns

Nuffield Health takes all complaints and feedback received seriously and endeavours to investigate and resolve concerns raised swiftly and to the satisfaction of the individual or company involved. We learn from these complaints and as a result adapt our services to improve quality and increase satisfaction.

In 2009, the Hospitals Division again signed up to the Independent Sector Complaints Adjudication Service (ISCAS). The purpose of this Code of Practice is to establish a clear policy framework within which complaints should be managed by members.

We have seen a continued downward trend in number of stage one and two complaints. Analysis of complaints has enabled significant improvements to be made to the patient experience at all levels.

The reasons for complaints are carefully reviewed and local action plans developed to resolve key issues. The top five reasons for complaints are presented in **Table 17** (below).

The total number of complaints received in 2009 remains at less than one per cent of all inpatient and day case visits (0.69 per cent) which is an improvement on the 2008 rate of 0.75 per cent.

2008	2009	Reason
29%	27%	Concerns related to clinical care
17%	19%	Communication/information
15%	16%	Finance and billing
11%	12%	Attitude
9%	7%	Hotel services

Table 17: Summary of formal complaints (Hospitals Division)

Fitness & Wellbeing complaints

At the beginning of the year, centre managers were encouraged to take more ownership of complaints and ensure their teams resolved them at a local level where possible. This concerted approach by all centres resulted in a drop of over 50 per cent in the number of complaints made to central office.

2008: 2,619 complaints made to central office
2009: 1,281 complaints made to central office

The top five reasons for complaints were:

- Terms and conditions regarding cancellation of memberships
- Service-related issues
- General facilities' issues
- Cleanliness
- Membership administration issues.

Health Assessment complaints

2008: 251 complaints - as a % of screens against complaints 0.62%
2009: 229 complaints - as a % of screens against complaints 0.54%

The top five reasons for complaints were:

- Appointment cancellation 17 per cent
- Test not completed / unavailable due to equipment failure 11 per cent
- Clinical complaint 11 per cent
- Absent clinician on day of assessment nine per cent
- Finance and billing issues seven per cent

Fusion Physiotherapy complaints

There were 16 complaints related to the Fusion physiotherapy service in 2009
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Summary

We aim to be open and transparent, using the information obtained from complaints and the satisfaction questionnaires to continually review and improve the quality of the service we provide. Complaints are a valuable source of feedback and aid us in continually reviewing and improving our services. We have a new approach for 2010, with all areas of the business being integrated for both complaints and satisfaction surveys. This new approach will enable us to compare all areas of the business and identify areas for improvement or where best practice may be shared, where before this may not have been possible.

08 Staff and Public Health

Staff health

Occupational Health (OH) activity is driven by the occupational demands and hazards of the jobs.

The range of services provided are described in the OH Operational Plan. Key activities include:

- Assessing fitness for work – to ensure compliance with the requirements of the Care Quality Commission and other regulations such as the Disability Discrimination Act
- Protecting health at work - by providing relevant immunisation programmes, statutory health surveillance and assistance with risk assessment
- Supporting staff at work by advising on sickness absence, to include fitness to work, rehabilitation of employees following illness and advice on ill-health retirement and providing relevant training.

Stress management – employee assistance programme

In June 2008, in support of our stress management policy and in order to provide access to timely, reliable and confidential support for staff, an employee assistance programme (EAP) was introduced. The EAP service is available 24 hours a day, seven days a week, and is open to staff and their immediate household family.

Occupational Health (OH) activity is driven by the occupational demands and hazards of the jobs

08 Staff Health and Public Health

Pandemic influenza

April 2009 saw the emergence of a new H1N1 flu virus capable of causing a global pandemic. Nuffield Health developed timely policies and strategies in line with the Health Protection Agency advice that ensure effective management of the issues.

A planning group was implemented and the actions taken included:

- Monitoring of staff absence and disruption to business
- Reviewing and publishing pandemic flu plans
- Increasing supplies of the antiviral drug Tamiflu
- Issuing a template Patient Group Directions for the use of Tamiflu
- Supply and distribution of high filter face masks
- Supply of 'fit' testing hoods for use in hospitals and teaching key staff how to carry out fit testing
- Development and provision of a training course to increase the number of nurses able to administer vaccinations
- Developing template Patient Group Directions on pandemic flu vaccination
- Roll out of the pandemic flu vaccination programme.

A key component of the Government's contingency plan was the production of a pandemic flu vaccine. A patient group direction template was prepared for pandemic flu vaccines and the OH manager and Chief Pharmacist ran a series of vaccination training days around the country to enable more nurses to help with the vaccination programme. Ninety nurses from 28 hospitals attended the training.

The OH manager liaised with the Independent Health Advisory Service (IHAS) to ensure that PCTs included private hospitals in their distribution. Where vaccine has been available, uptake of the vaccine amongst front line healthcare workers has been variable with as few as eight per cent taking up the offer of the vaccine on some sites and as high as 88 per cent on other sites.

It has been fortunate that the virus proved to be mild for the majority and the impact on the business has been minimal, although some hospitals have been more affected by absence than others. In the Hospital Division a total of 160 staff reported flu-like illness thought to be the H1N1 flu virus.

Blood-borne viruses - needlestick injuries

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. Whilst there is a vaccination programme to protect against Hepatitis B, there are no vaccines available against Hepatitis C or HIV. The prompt management of needlestick injuries is therefore essential to minimise the risks of transmission.

An e-learning training programme for clinical staff on the prevention and management of needlestick injuries was written and launched in August 2009. A total of 529 staff have completed the module to date. In addition three classroom sessions have been held to give staff the skills to seek consent from patients for testing following an incident.

Blood-borne viruses - infected healthcare workers

Patients can be put at risk if a healthcare worker (HCW) is infected with a blood borne virus and carries out exposure prone procedures (EPP). In view of the small but significant risk to patients from such incidents, the blood-borne virus screening requirements have been strengthened, and since March 2009, all EPP staff applying to work within Nuffield Health for the first time are required to provide validated evidence of their HIV, Hepatitis B and Hepatitis C status.

Public health

Nuffield Health Weight Management Services

There is a clear link between obesity and serious healthcare conditions. The prevalence of obesity in adults in England is currently estimated at 38.5 per cent and expected to rise.

To achieve successful and sustainable health outcomes, obese patients must understand how to treat and manage their condition. Services for treatment and management of obesity are being provided across Nuffield Health.

In 2009, we had nine hospitals offering Bariatric surgery including intra-gastric balloons and gastric bypass surgery for over 1,000 patients. We also have a further eight hospitals in England that set up services and will treat patients for bariatric surgery in 2010.

The health benefits of modest (10%) weight loss (SIGN, 1996). (The precise benefits will vary in individuals depending on initial body weight, current health and degree of weight loss).	
Mortality	20-25% reduction in premature death 30% reduction in the risk of dying from diabetes-related complications 40% reduction in the risk of dying from cancer
Blood pressure	10mmHg decrease in systolic blood pressure 20mmHg decrease in diastolic blood pressure
Diabetes	50% fall in fasting blood glucose levels
Lipids	10% fall in total cholesterol 15% fall in LDL cholesterol 8% increase in HDL cholesterol

Table 18: The health benefits of modest (10%) weight loss (SIGN, 1996)

Classical attempts to reduce weight and obesity have focused on reduction in caloric and dietary fat intake. Unfortunately, evidence suggests that the majority of individuals who attempt to lose weight regain 90 per cent of it within five years. Current evidence suggests that, in addition to caloric balance and fat intake, other physiological factors may play a significant part in the success of weight management strategies. These should be focused on to maximise attempts to maintain a healthier weight and body composition. The Nuffield Health Weight Management programme that begins in May 2010 at selected Fitness & Wellbeing centres across the UK will use a holistic approach, with modification in **three key areas**:

1. **Dietary (including caloric balance, fat intake, diet quality and blood sugar balance)**
2. **Lifestyle (including stress, sleep health and emotional links to eating)**
3. **Activity (including general activity and exercise).**

Success is likely to be linked to the ability to target specific strategies from each of the three areas to the actual lifestyle/physiology of individuals, rather than applying a generic one-size-fits-all approach.

Pathway development for bariatric surgery

As a high-risk procedure, given the physiology of morbidly obese patients, it is essential to have standard risk-assessed guidelines.

Nuffield Health hospitals have developed a pathway for bariatric services that defines processes, facilities, equipment and consumables within a package of care that also includes psychological, diet, exercise and lifestyle management.

This pathway is underpinned by risk assessment, but with a sensitive understanding of the support this patient group needs.

The pathway has now been adopted by the Independent Healthcare Association as the standard Bariatric Guidance.

Accreditation

In 2010, we will seek accreditation for our Bariatric Forum Group. The aims of the Bariatric Forum Group are:

To establish and provide excellent patient care and proficient practice within the speciality of bariatric surgery

Future Direction

2009 was a challenging year in the delivery of health and wellbeing services. We saw growth in our balance sheet the final quarter and, despite the excitement of substantial investment and integration of services, we know that we will need to work hard in 2010. We know that it is the quality of our services and our commitment to customer care that really differentiate our services.

There has never been a single measure of quality and, as we have outlined, we use a variety of indicators, including clinical variances, range of services, customer satisfaction, complaints, incidents, audit, training and outcome measures. Our focus in 2010 will be to drive performance in these areas and to be open about our collective achievements.

Our goal in 2010 is to establish ourselves as the leading quality independent provider

The challenges for 2010

The domestic challenges we will all face in healthcare will be dictated by four external pressures:

- Our ageing population demographics are creating a precedent where we will have more people past traditional retirement age than in employment. The demand for healthcare services, integration, and long-term condition programmes, plus maintaining the commitment of a talented and motivated workforce, will be key.
- The country will face hard choices on spending, with an annual budget deficit of £175 billion and a cumulative deficit that will clear £500 billion by the end of 2011. The need to raise taxes and look at public service efficiency are political choices which will impact everyone. Two of the only four areas to see growth in spending in the 20th century were healthcare and leisure. Our commitment to customer service must ensure that we are the consumer choice for health and wellbeing.

- Most businesses define success by the value they generate for their shareholders. As a charity, we are different. We have always used a balanced set of measures that include financial stability, but also recognise quality and safety, customer services, operational efficiency and our staff. We believe a new challenge for healthcare and government will be to redefine longer term measures of success
- Global competition is here to stay and no organisation can hope to succeed, indeed survive, unless it shapes up against international leaders. We believe that healthcare data and benchmarks are all part of this to transparently publish information that allows the healthcare consumer to make informed decisions and determine the real quality choices. Healthcare will become increasingly personalised, with personal screening, genetic testing and tailored treatments. We will be developing integrated services to remove the boundaries between hospitals, screening programmes, fitness and disease management.

The key requirement for healthcare at the current time is leadership, therefore ***"Change will not come if we wait for some other person or some other time."***
(Barack Obama)



Dr Andrew Jones,
Group Medical Director



Our focus in 2010 will be to drive performance in these areas and to be open about our collective achievements

Appendices

Appendix 1 Membership of Governance Committees in 2009

Membership of the Board Integrated Governance Committee

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

Membership of the Group Integrated Governance Committee 2009

Dr Andrew Jones (Chair) – Group Medical Director
Su Barnett – Group Governance Manager
Ian Clements – Managing Director of Quadriga Health & Safety Ltd
Karen Harrowing – Group Chief Pharmacist
Stephen Outhwaite – Group Property Director
Nathan Ivens – Group Procurement & Supply Chain Director
Andrea Paterson – Group Occupational Health Manager
Duncan Roper – General Manager HSSU
Gary Birney – Human Resources Director – Hospitals Division
Gail Thomson – Hospitals Governance Manager
Sue Millward – Group Consultant Infection Prevention Nurse Manager
Dr Sarah Dauncey – Medical Director – Wellbeing Division
Harvey Seale – Group Learning & Development Manager
Linda Tomlinson – Group Radiology Manager
Jon Wood – Group IT Director
Annette Sparks – Clinical Performance Manager (Diagnostics)
Kathryn Vincent – Assistant Company Solicitor
Edward Parkes – Outcomes Manager
Linda Ncube – Group Integrated Governance Assistant
Sarah Geraghty (Secretary) – PA to Group Medical Director
Matt King – Group Information Governance Manager

Appendix 2 Governance Sub-Committees

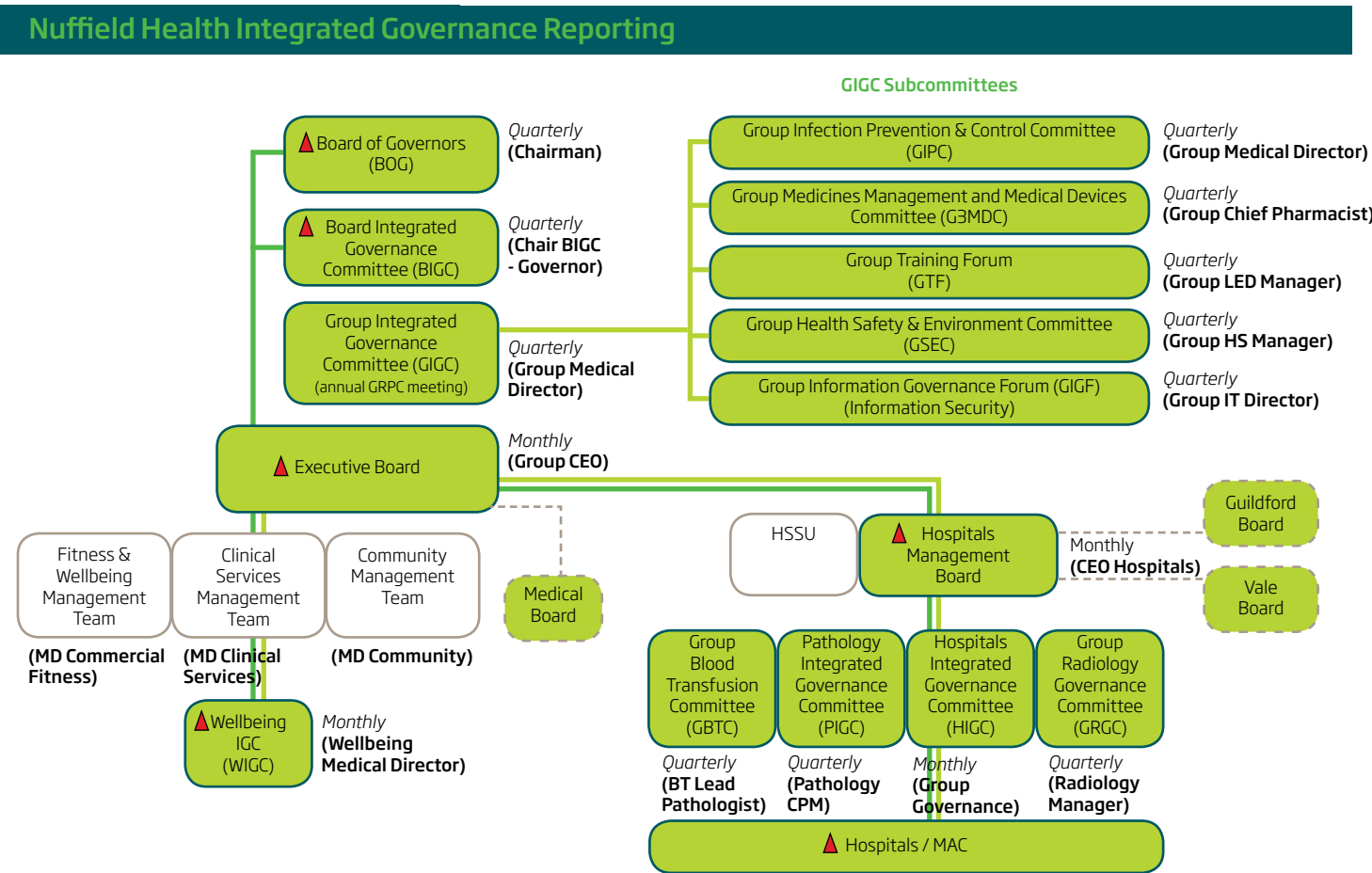
Sub-Committees of the Group Integrated Governance Committee

Group Infection Prevention Committee
Group Medicines & Medical Devices Committee
Group Training Forum
Group Information Governance Forum
Group Blood Transfusion Committee
Group Radiation Protection Committee
Group Pathology Governance Committee

Appendix 3 Independent Expert Advisors to Group Medical Director 2009

Professor Ian Lyburn – Consultant Radiologist & Radiology Advisor
Professor Tom Elliott – Consultant Microbiologist and Infection Prevention & Control Advisor to the Group Infection Control Committee
Professor Mayur Lakhani – General Practitioner and former Chair Royal College of General Practitioners – GP Services Advisor
Duncan McRobbie – MRI Protection Advisor
Dr Ishmail Badr – St Georges Radiation Protection (IRMER) and Ultrasound Protection Advisor
Dr Steve McVitte – Consultant in Occupational Health Medicine.
Dr Hafiz Quereshi – Consultant Haematologist, Advisor to the Nuffield Health Group Blood Transfusion Committee

Appendix 4 Governance Framework



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