



# Quality Report

## 2010

Governance

Risk Management and Safety

Learning and Development

Customer, Staff and Partner Focus

Fitness and Wellbeing for Clients and Staff

Future Direction



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## Highlights of 2010

- Zero MRSA blood stream infections
- Reaccreditation against ISO 27001 for information security
- ISO 9001 (2008)
- ISO 13485 (2003)
- NHSLA Level II
- Winner Flame Award for RBS Gogarburn, Edinburgh Fitness and Wellbeing Centre
- Winner Laing & Buisson Award in Management Excellence for the Hospital Sterile Service Unit project
- Winner Health Investor Third Sector Organisation of the Year
- Opening Vale Hospital in Cardiff
- Improved customer feedback with rising satisfaction and fewer complaints
- Opening of 14 integrated health centres with health assessments and physiotherapy
- Launch of new health assessments
- Launch of weight management programme in Fitness and Wellbeing Centres
- Launch of new procedures in orthopaedics, minimally invasive, weight loss and cosmetic surgery
- Completion of pathology modernisation programme
- Completion of Online Learning Management system for staff with over 35,000 modules completed.

## Learning points for 2010

- Enforcement action by Environmental Health Officers in regard to pool plant room risk assessment and storage in our Cannock Fitness and Wellbeing Centre from 2009
- Ammonia fridge leak at Nuffield Health Brighton Hospital
- Formaldehyde leaks at Nuffield Health Wolverhampton and Chichester Hospitals
- Care Quality Commission conditional registration requirements for endoscopy services at Nuffield Health Chichester and Nuffield Health Tees Hospitals
- Enquiries by Environmental Health Offices into maintenance risk assessments at our Banstead and Reigate Community Leisure Centres.



*Nuffield Health delivered excellent patient care throughout 2010 with demonstrable improvements in recorded quality measures.*

# Introduction to Nuffield Health

*David Mobbs – Group Chief Executive*

It is my pleasure to introduce our fourth Annual Quality Report setting out our credentials for Integrated Governance in 2010. This is the mechanism we use across the charity to ensure we deliver high quality care; with patient safety foremost and to help ensure that our customers enjoy the best outcomes from our services.

Our Annual Quality Report is published at the same time as our Annual Accounts, emphasising the importance of joined up healthcare to us. The provision of independent care as a charity depends on financial stability, but a reputation extending for over 50 years can only be built on the sustained delivery of high quality services for health and wellbeing.

Our Quality Account is intended to provide scrutiny and promote debate, but also to encourage reflection with internal colleagues and external stakeholders. The evidence available to us suggests that a focus on quality services promotes organisational improvement from within, stimulating peer benchmarking between sites and also a drive to improve treatment outcomes. At Nuffield Health we believe that the Quality Account should go further, presenting not only organisational high points, but also the learning we achieve from complaints and significant incidents. I believe that the most important barometer for the delivery of healthcare as it should be, is openness and transparency. To the best of my knowledge, the information presented in this report is accurate at the time of publication.

Our quality performance for 2010 was demonstrated by a sustained improvement in customer satisfaction and fewer complaints, particularly in our hospitals. Our attention to risk management saw a fall in incidents driven by better risk training for staff alongside improvement programmes in Electronic Blood Transfusion and Radiology IT services.

Despite economic challenges, Nuffield Health's overall financial performance in 2010 was very strong, with a particular highlight being the performance of the Hospital Division through self-paying and NHS customers. This growth was supported by the expansion of health screening and physiotherapy.

We continued to invest in the infrastructure of our integrated health centres, the opening of the Vale Hospital in Cardiff and the commencement of hospital redevelopments in Tunbridge Wells, Brentwood and Leicester and the modernisation of our pathology service. Our investments included the acquisitions of Mythbreaker, Bladerunner and the Guildford Clinic.

Innovation across the business continued with the re-launch of our health assessments, the creation of a health score and the addition of food calculators to our wellbeing initiatives. We developed several new procedures with Consultants in plastic and bariatric surgery and participated in over a dozen research trials across the country.

2011 promises several exciting developments as we seek to extend our range and platform of services in our Hospitals, Fitness and Wellbeing and Corporate Employee Wellbeing Divisions. Our hospitals will retain a focus on their local healthcare needs, trialling new procedures and research developments where the opportunity arises. Fitness and Wellbeing Centres will adopt some of the new Nuffield Health approaches to customer service, and will extend their pathways for physiotherapy and weight management. Our extended corporate platform will see new customer and screening initiatives and systems will be put in place linking employees through to our other sites.

Finally, I welcome Jane Wesson as Chair of the Board Integrated Governance Committee. Jane has a wealth of experience in the healthcare and charitable sectors and will ensure we retain a critical challenge to all that we deliver.

**David Mobbs**  
**Group Chief Executive**  
**Nuffield Health**



*We continued to invest in the infrastructure of our integrated health centres, the opening of the Vale Hospital in Cardiff and the commencement of hospital redevelopments in Tunbridge Wells, Brentwood and Leicester.*



# Introduction to the Quality Report 2010

*Dr Andrew Jones - Group Medical Director*

The publication of our fourth Annual Quality Report underlines the importance Nuffield Health attaches to delivering high quality services across the organisation.

*Infection prevention is our number one priority, 2010 was once again marked with zero cases of MRSA bacteraemia.*

Quality is central to the 'DNA' of Nuffield Health, with 2010 seeing a greater transformation than in previous years. This is not because of the introduction of a quality change project, nor because of a different set of measurable outcomes, but because the entire organisation recognises the importance and value of working together to deliver first class quality across the range of services it provides.

'Healthcare as it should be' is a key brand value at Nuffield Health, and is intrinsic to our core mission. It is a message that resonates around the organisation, and is one that senior leadership embraces when it comes to the delivery of quality against the balancing of operational pressures. Whilst the measures for 'Healthcare as it should be' are sometimes difficult to explain, Nuffield Health recognises that behaviour is cultural and built up over time, and that some of the indicators are 'softer' than the measures used in this report. We believe that the results from work undertaken in 2010 show clearly that significant progress has been made.

David Mobbs said recently: 'We don't do hocus pocus', a powerful statement that emphasises the refusal of our organisation to engage in over-hyped sales claims and its repudiation of 'medical quackery'. The pathways Nuffield Health develops for care and new products are carefully considered and researched in terms of quality, safety and outcomes. Medical innovation is pursued within the remits of ethics approved research. Our quality assurance framework of integrated governance which spans all activities, ensures that the needs of patients and customers are at the forefront of everything Nuffield Health does.

Integrated governance is the approach Nuffield Health uses to collectively assure the services provided to customers. The focus is on the functional disciplines encompassed by the organisation. This approach ensures that central standards are met, that service lines are carefully audited, and clinical outputs measured. Committees have wide membership from central support experts to local General Managers and Matrons.

*We believe that the results from work undertaken in 2010 show clearly that significant progress has been made.*

This collective responsibility, which helps to devolve decisions, accountability and responsibility, was particularly evident towards the end of 2010, when, in a series of discussions, senior management became aware that local operations and management were challenging the central team, their decisions and processes, in support of good standards and governance. Whilst this may not have been 'revolutionary', it was a clear indication of the importance and significance of honest debate in local forums in order to arrive at the right decisions. A fine example of accountability and responsibility in action.

## References

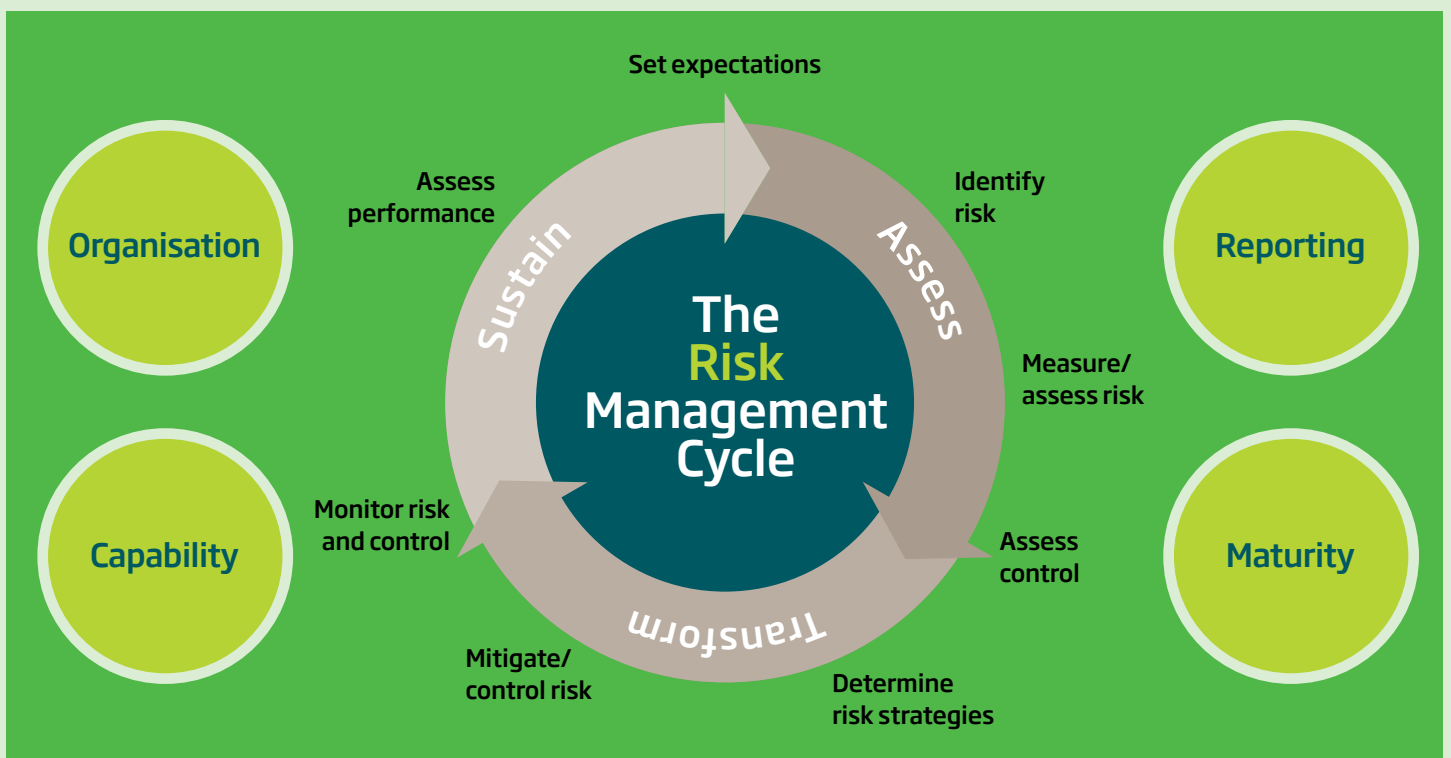
Nuffield Health is regulated by the Care Quality Commission under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, and The Care Quality Commission (Registration) Regulations 2009.

**Table 01:** Operational Risk

**Our governance framework is built around the risk management cycle:**

1. Identifying risk through our significant incidents and risk registers
2. Assessing and quantifying organisational themes from these risks
3. Assessing mitigation control measures in place
4. Determining the treatment for these risks
5. Deploying where appropriate change controls or mitigating steps
6. Ensuring appropriate monitors and controls
7. Evaluating performance
8. Reviewing expectations.

## Risk Cycle



*Incidents fell during 2010 from 2.26% of activity to 1.95%*

## Strategic Risk

In 2010 strategic risk was evaluated using the risk factors model from the Institute of Risk Management considering the four headings of: Strategic risk, Financial risk, Hazard risk and Operational risk.

Issues of strategic and financial importance are covered in the Annual Report.

### The top five themes pertinent to clinical governance were:

- Maintaining high quality leadership across the organisation
- Ensuring integration of financial, operational and clinical issues
- The risk from a breach of confidential patient information
- The risk to organisational delivery from changing health policy and future clinical trends
- The risk to operational delivery from a global pandemic or environmental disruption.

Each avenue is managed by a strategic project with Executive Team sponsorship to address the issue and make future recommendations for organisational delivery.

## Priorities for 2010

### The priorities identified in the 2009 Quality Report for 2010 included:

- The use of clinical data to focus clinical management and to improve the information available to patients
- Audit and training programmes in blood transfusion supported by a review of pathology services to ensure end to end consistent and safe delivery of care
- Stabilisation of Radiology IT imaging and management systems.

An update is included in the relevant chapters.

## Data setting context and health check

The requirement for public facing information in healthcare is clear. It is essential in order to provide benchmarks of quality performance between providers and to promote the ability of the health consumer to make an informed choice. Nuffield Health is acutely aware that the information revolution is the single most important driver in Western health policy reforms.

**An important aspect of Nuffield Health's response to these demands was the introduction of a Quality Account for 2010, to create a broader range of quality metrics that measure the performance of individual hospitals and clinics. Deviation from our clinical pathways are recorded as clinical indicator variances and cover:**

- Readmission (0.46%)
- Day case conversion (0.68%)
- Returns to theatre (0.42%)
- Unplanned transfer (0.62%)
- Death (0.08%)
- MRSA (0%).

The trends for these variables remain consistently low when measured against comparable healthcare organisations. All Incidents are recorded on an electronic risk management system (Datix) and are graded by severity and impact. Incidents fell during 2010 from 2.26% of activity to 1.95%, with significant untoward issues reducing from 4.9 a month to 3.3. Incidents of major severity also fell from over 2 to 1.3 a month.

*Nuffield Health is acutely aware that the information revolution is the single most important driver in Western health policy reforms.*

Complaints and customer service pilots were initiated in 2010, creating a focus around operational service recovery. These resulted in a sustained and continued drop in serious complaints, which have reduced from 1.07% to 0.88% of activity, with a reduction in days to close complaints from 34 to 28. The customer training programme included comparative data for General Managers and a move to reporting the 'excellent only' data from the five point scale. The 'excellent' and 'very good ratings' record over 98% which is why the decision was taken to increase the challenge that had been set. Customer recommendation for Nuffield Health services has risen by 4.8% over the past twelve months to 74%, and for satisfaction by 4.3% to 77% and cleanliness by 3.9% to 67%. The cleanliness measure lags behind some areas due to legacy estate, but remains a key focus for 2011, with the 'white glove' Matron campaign launched in December 2010.

The audit schedule is regularly updated as a measure of leading quality assurance in functional disciplines and is conducted by the central team. The key actions are to ensure audit action plans are locally owned.

Our electronic Learning Management System (LMS) now has twelve months of data. Overall, 2010 demonstrated much greater recording of training data to support staff competence and regulatory compliance. Over 35,000 training modules were completed during the year, achieving 85% compliance against the hospital target. This project will be extended to our Fitness and Wellbeing Divisions from 2011.

### Regulation

The regulatory framework for independent health providers in England has changed considerably in the past two years. The Health and Social Care Bill was introduced into Parliament in 2007, and includes measures to modernise and integrate health and social care. The Health and Social Care Act 2008 has received Royal Assent, creating the Care Quality Commission, a new integrated regulator for health and adult social care which brought together existing health and social care regulators into one regulatory body, with tough new powers to ensure safe and high quality services. All healthcare providers in England have been required to register with the Care Quality Commission in order to provide services. Nuffield Health successfully completed the transition in October 2010, which included 31 hospitals and 13 clinical Wellbeing Centres.

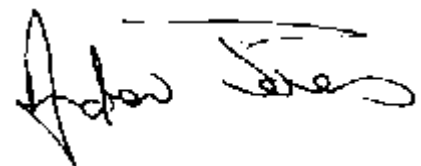
The new framework against which our services are inspected includes 28 regulations with an associated outcome of essential standards of quality and safety that are set out in 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009 Acts. All Nuffield Health services are subject to inspection against these standards in periodic provider assessments.

*Over 35,000 training modules were completed during the year, achieving 85% compliance against the hospital target.*

*Our quality assurance framework of integrated governance which spans all activities, ensures that the needs of patients and customers are at the forefront of everything Nuffield Health does.*

### Conclusion

This latest Quality Report is a celebration of the contribution of everyone who works with, and supports Nuffield Health. The delivery of patient and customer care is a matter of pride and is based on principles of openness and transparency. The evidence suggests that publication of external quality data, whilst not a key factor for patients, is certainly one that drives motivated organisations forward. The most important clinical governance check for Nuffield Health and indeed any healthcare provider, is openness and transparency. Open reporting, dealing with complaints, learning lessons and admitting mistakes, play a big part in establishing trust and a positive organisational culture. In turn these are the things that deliver safe care. Readers of this report are urged to ask the simple question: if you need help from a health and wellbeing provider, would you choose Nuffield Health?



**Dr Andrew Jones,**  
**Group Medical Director**

### References

This Quality Report complies with the NHS (Quality Account) Regulation 2010.



*Complaints have again fallen to our lowest level at 0.9% of activity.*

## Feedback from the Nuffield Health Board of Governors

*Jane Wesson – Governor and Chair of the Board Integrated Governance Committee*

The Board of Nuffield Health has always maintained independent oversight for the Hospital and Fitness and Wellbeing services we deliver. As a broad charitable provider Nuffield Health delivers services for the public, insurers, employers and the NHS.

Since 2007 we have produced our Quality Report at the same time as our Annual Accounts to openly record our clinical governance achievements and learning points.

The Quality Account required by the Health Act 2009 and supporting regulations for NHS patients also helps us to deliver high quality care for all.

The intent for our Quality Account is multifocal: to maintain the profile of quality care within the organisation by engaging clinicians, staff and patients; to reflect on our achievements; to provide feedback and to focus on new priorities and finally, to assess and inform service improvements.

The Board monitors the discharge of its responsibilities to the Care Quality Commission through the Board Integrated Governance Committee whose remit is to help the organisation deliver services far in excess of essential requirements.

### **The Committee monitors clinical processes by:**

- Ensuring that the overarching governance policy framework is in place
- Monitoring service delivery and promoting improvement through internal and external audit
- Tracking benchmarked clinical information.

Nuffield Health also delivers services which cut across our organisational divisions delivering care and screening pathways, engaging with, and supporting international research trials, and developing new products and procedures. We support local commissioners in the NHS to deliver local initiatives under the continuous quality (CQUIN) framework.

The Board has reviewed the quality of services across the organisation in 2010. Our measures of patient safety show good progress in the clinical data account. Significant incidents have fallen

steadily through the year from 2.3 to 1.95% of activity. The major component for this has been the success of our blood transfusion project and the completion of our stabilisation programme for our radiology IT systems. All major incidents have been recorded, investigated and the necessary lessons put into practice.

In terms of clinical effectiveness, our clinical variances have remained at stable, low levels including deaths, readmissions, returns to theatre and major infections. Our Patient Reported Outcome database continues to grow and is being used to assess the variables for hip and knee surgery.

Measures of patient experience have remained strong and have continued to improve with a number of new customer service initiatives throughout the year. Patients rating our hospitals as 'excellent' on a five point scale, rose from 71% to 76%, and complaints have again fallen to our lowest level at 0.9% of activity. All of our customers have the opportunity to give feedback and all complaints are logged and reviewed.


The organisation's priorities for quality improvement for the coming governance year are to champion innovations in surgical practice, to develop integrated care pathways for long term conditions identified at health screening, and to drive the information agenda forward to ensure patients have access to comparable and benchmarked clinical data.

Healthcare never stands still and our collective quality performance is reliant on sustained operational focus, linked to flexible and robust integrated governance.

**Jane Wesson**  
Governor and Chair of the Board  
Integrated Governance Committee

### References

Department of Health, Health Act 2009  
[http://www.dh.gov.uk/en/Publicationsandstatistics/Legislation/Actsandbills/DH\\_093280](http://www.dh.gov.uk/en/Publicationsandstatistics/Legislation/Actsandbills/DH_093280).

A man and a woman are walking together in a park, laughing and holding hands. The woman is wearing a bright red coat and a purple scarf, while the man is wearing a dark jacket and light-colored trousers. The background is a soft-focus landscape with trees and grass.

*Healthcare never stands still and our collective quality performance is reliant on sustained operational focus, linked to flexible and robust integrated governance.*

# 01 Governance

## Key Points

*The Quality Account is shared with commissioners of our services in keeping with our organisational values of transparency and honesty.*

Governance is a complex issue, relating to decisions that define expectations, verify performance or grant power. It includes processes that are part of both management and leadership and relates to consistent management, cohesive policies, guidance and decision making.

Governance is the exercise of management power and policy and it is also what underpins a good healthcare provider and demonstrates quality.

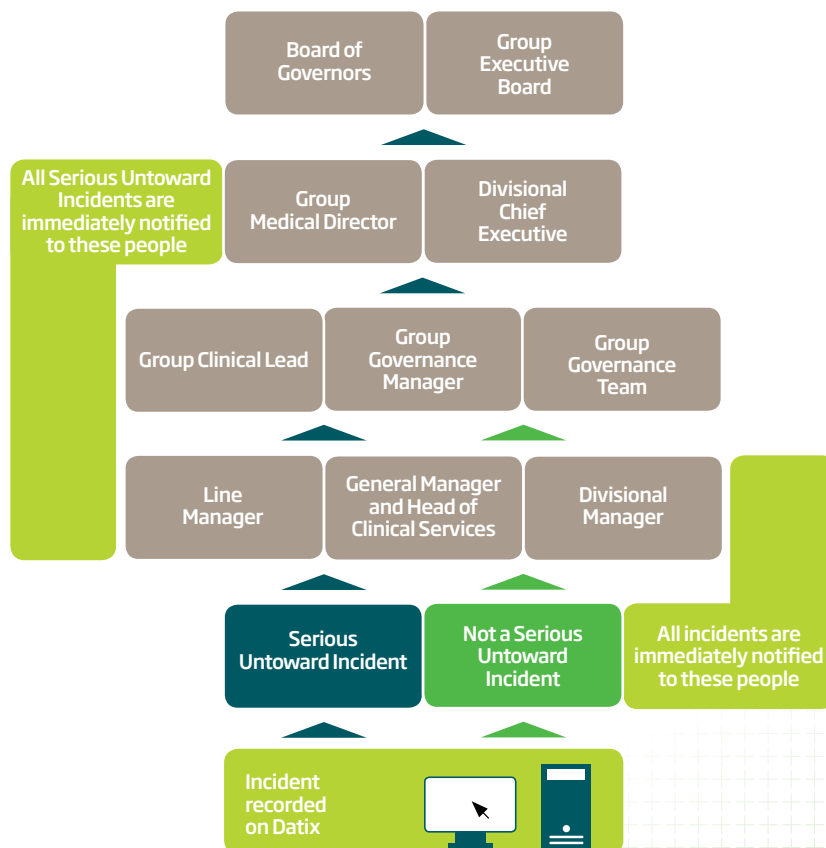
Independent healthcare is a highly regulated industry, required to meet the standards of many different bodies whilst also meeting the standards of the overarching regulator, the Care Quality Commission. Nuffield Health's performance against those standards is identified in this report.

Nuffield Health has an integrated governance structure that includes all areas of the organisation (see **Table 03**). For the purpose of this chapter it will exclude financial governance which is reviewed in the Nuffield Health Annual Accounts.

Governance within Nuffield Health can be described as both **Board to Ward** and **Ward to Board**. It is underpinned by a comprehensive Risk Management System (Datix) which is installed on the Nuffield Health intranet and is available to individual workers both employed by, and engaged within Nuffield Health. If any incident, action or omission occurs, or a risk is identified, an individual can report it through the Datix system and it is immediately notified electronically to all who require sight of it.

The system allows for regular reporting and this is continuous under the integrated governance reporting structure. This structure is constantly under revision and is monitored to ensure good reporting standards and values are applied. This structure underpins the good governance within Nuffield Health.

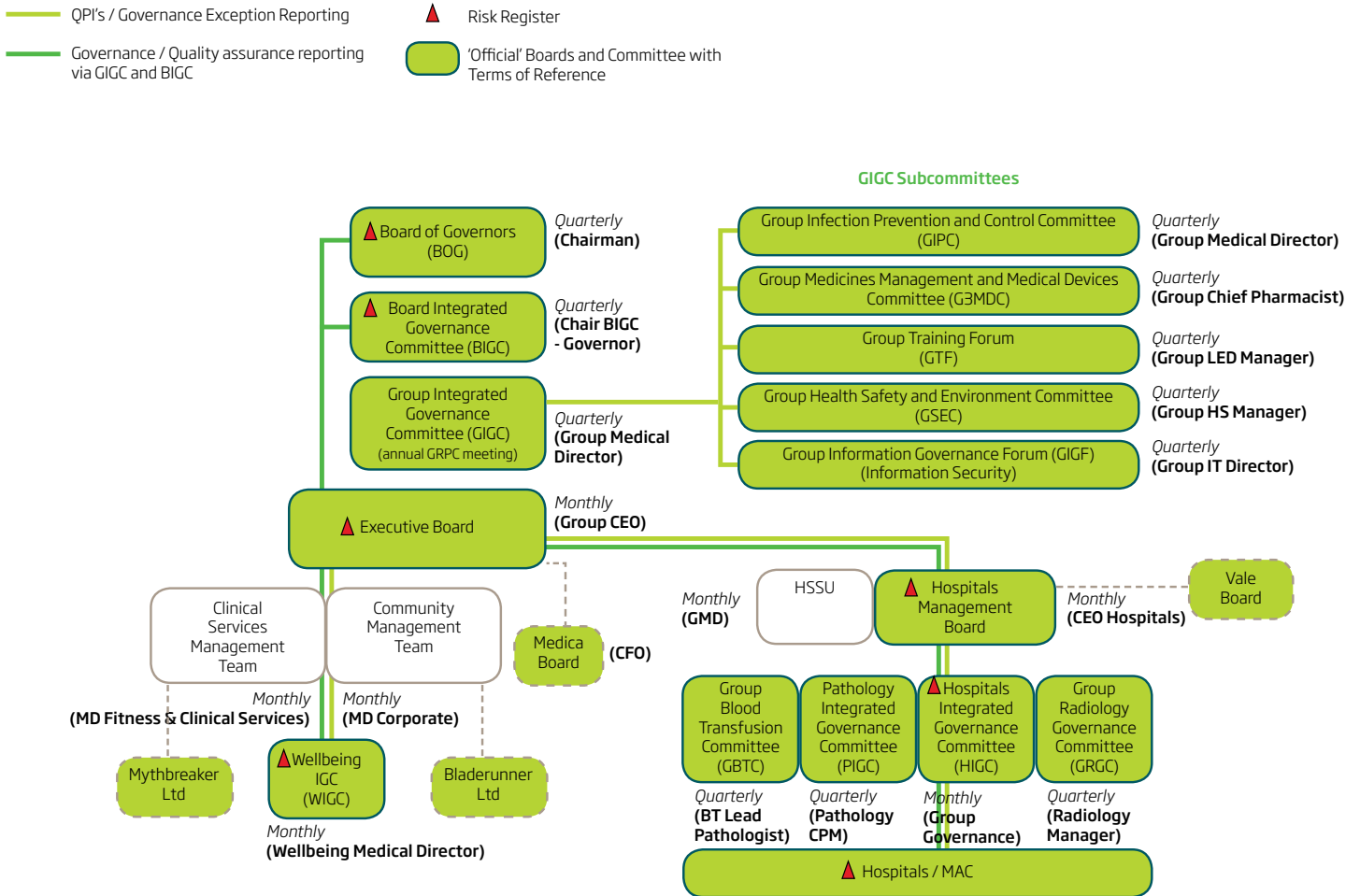
**Table 02:** The Datix System



## References

Guidance about Compliance Essential Standards of Quality and Safety CQC March 2010.

**Table 03: Nuffield Health Integrated Governance Reporting**



Nuffield Health's approach to governance enables the organisation to monitor its service delivery in a variety of ways: by individual patient and client care, individual facility, elements of care, individual procedures, concerns and incidents. The information relating to each of these elements is collected, analysed, compared and contrasted and enables Nuffield Health to build a precise picture of care and service delivery, ensuring that care is delivered to a very high standard, 'The Nuffield Way'.

As part of the governance process a standard set of Key Performance Indicators (KPIs) is developed each year into a balanced clinical scorecard, according to the needs of different parts of the organisation, and can be varied according to need. This balanced scorecard, called the Quality Account, is reviewed and updated monthly with action plans following from it as required. The Quality Account is shared with commissioners of our services in keeping with our organisational values of transparency and honesty.

Excerpts from the Quality Account for 2010 for the Hospitals Division can be seen here:

**Table 04:** Hospitals Division Quality Account for 2010

	Registered with the CQC under the Health and Social Care Act 2008 (England) and Scottish Commission for the Regulation of Care	Number of Beds Notified to CQC and Scottish Commission for the Regulation of Care	Reportable MRSA Infection % In and Day Case Activity	Incidents as % of activity	Stage 1 complaints as % Activity	% Rating of Overall Care	% of High Rating of Trust in Doctors and Nurses	% Contracted Staff completing Mandatory Training	% Contracted Staff completing Blood Transfusion Training	Radiology Audit Score
Nuffield Health Hospitals	Yes	1364	0	1.95	0.88	97	99	82	59.3	90
Bournemouth	Yes	57	0	1.28	0.73	95	100	95	55	95
Brentwood	Yes	48	0	1.75	0.91	96	99	77	58	100
* Brighton	Yes	56	0	1.45	1.06	96	99	56	87	-
Bristol	Yes	29	0	2.29	0.4	98	100	99	77	97.6
Cambridge	Yes	50	0	2.28	0.61	96	100	78	45	91.3
Cheltenham	Yes	38	0	2.51	1.22	96	100	93	78	97.1
Chichester	Yes	40	0	2.68	2.6	97	100	81	66	73
Derby	Yes	49	0	2.46	0.83	97	99	90	66	90.2
Exeter	Yes	45	0	1.89	1.03	97	100	97	62	98
Glasgow	Yes	33	0	1.8	0.84	98	100	82	63	93.1
*The Grosvenor, Chester	Yes	36	0	3.47	0.98	99	100	60	34	-
Guildford	Yes	54	0	1.49	0.48	91	99	73	63	93.1
Haywards Heath	Yes	42	0	2.28	1.96	97	100	98	62	82.4
Hereford (Wye Valley)	Yes	23	0	1.77	1.28	96	98	80	63	97.1
Ipswich	Yes	60	0	1.77	0.28	98	100	63	40	98.6
*Leeds	Yes	88	0	1.71	0.84	99	99	88	63	-
Leicester	Yes	46	0	2.19	0.71	98	100	83	63	94.1
Newcastle-upon-Tyne	Yes	40	0	1.72	1.13	98	100	72	32	94.2
North Staffordshire	Yes	40	0	1.12	0.87	98	100	61	36	94.2
The Manor, Oxford	Yes	60	0	1.61	0.78	93	99	78	76	86.5
Plymouth	Yes	41	0	1.4	0.97	97	99	91	65	98
Shrewsbury	Yes	34	0	2.41	0.7	99	100	83	65	94
Taunton	Yes	41	0	2.45	0.7	98	99	72	73	95
Tees	Yes	31	0	1.96	0.29	97	99	92	70	99
Tunbridge Wells	Yes	58	0	3.08	0.67	96	100	92	74	86.1
Warwick	Yes	42	0	1.96	0.79	98	100	73	83	99
Wessex	Yes	55	0	1.47	1.64	97	99	71	58	81.6
Woking	Yes	47	0	1.89	0.55	98	100	86	43	91
Wolverhampton	Yes	39	0	2.21	0.81	99	100	92	81	91.3
York	Yes	42	0	1.71	0.81	98	100	90	63	93.1

\*Radiology Audit scheduled for Quarter 1 2011

The Fitness and Wellbeing Centres balanced scorecard is still in the developmental stage and has been in operation for the second half of 2010 with the results being reported to the Wellbeing Integrated Governance Group (WIGG), the Group Integrated Governance Group (GIGC) and the Board Integrated Governance Committee (BIGC) on a regular basis. 2011 will see the first full year results and they will be reported in the 2011 Quality Account issued in 2012.

## Key Points

*The Quality Account is shared with commissioners of our services in keeping with our organisational values of transparency and honesty.*

*Nuffield Health has 44 facilities registered with the CQC.*

*One facility is registered with the Scottish Commission for the Registration of Care.*

*One facility is registered with the National Inspectorate for Wales.*

## External Regulation

In 2010 the law changed when the Care Standards Act was repealed on 1st October in the independent sector for England and was replaced by the Health and Social Care Act 2008. Scotland and Wales remain unchanged at the current time. 2010 saw Nuffield Health successfully transfer 31 hospitals and three Fitness and Wellbeing facilities to the new registration requirements. A further ten Fitness and Wellbeing facilities have since registered, bringing the total of Nuffield Health locations to 44.

**Nuffield Health has registered to provide seven regulated activities under Schedule 1 of the Health and Social Care Act 2008:**

- **Treatment of disease, disorder or injury (Regulated Activity 5)**
- **Surgical Procedures (Regulated Activity 7)**
- **Diagnostic and Screening Procedures (Regulated Activity 8)**
- **Supply of blood and blood derived products (Regulated Activity 9)**
- **Maternity and Midwifery services (Regulated Activity 11)**
- **Termination of pregnancy (Regulated Activity 12)**
- **Family planning services (Regulated Activity 15)**

Nuffield Health provides services to all age ranges from birth to adult; it provides services including independent healthcare, screening, diagnostic services, private GP services, physiotherapy and fitness.

The hospital facilities registered with the CQC for one or more regulated activities have been previously identified.

**The Fitness and Wellbeing facilities registered with the CQC to provide the regulated activity of Diagnostic and Screening Procedures are:**

- Nuffield Health Wellbeing Birmingham
- Bristol Fitness and Wellbeing Centre
- Cannock Fitness and Wellbeing Centre
- City Fitness and Wellbeing Centre
- Crawley Fitness and Wellbeing Centre
- Nuffield Health and Wellbeing Centre London City Medical Centre
- Nuffield Health Wellbeing Centre London West End
- Nuffield Health Wellbeing Centre Manchester
- Nottingham Fitness and Wellbeing Centre
- Paddington Fitness and Wellbeing Centre
- Reading Fitness and Wellbeing Centre
- Stoke Poges Fitness and Wellbeing Centre
- St Albans Fitness and Wellbeing Centre
- Surbiton Fitness and Wellbeing Centre
- Warwick Fitness and Wellbeing Centre.

**Nuffield Health has a stringent process for approving new procedures and research projects.**

**Table 05:** New Procedures Approved in 2010

Title	Requesting Site	Site approved for
Use of Breform mesh for Mastopexy	Cheltenham Hospital	Cheltenham Hospital
Intravitreal Dexamethasone for macular oedema	Derby Hospital	Nuffield Health Hospitals
Trampoline Platysmaplasty using I-Guide	Glasgow Hospital	Nuffield Health Hospitals
Visonaire Knee templating system	Derby Hospital	Derby only at present time
Abiliti - a life style modification device for bariatric patients	Leeds Hospital	Leeds Hospital
POSE for bariatric surgery	Leeds Hospital	Leeds Hospital
Short Stem Shoulder Replacement	Shrewsbury Hospital	Nuffield Health Hospitals
Scaral Nerve Stimulation for faecal incontinence	Plymouth Hospital	Plymouth Hospital
ESWT - Extra Corporeal Shockwave Therapy for shoulder tendonitis	Shrewsbury Hospital	Nuffield Health Hospitals
Kinespring knee arthroplasty	Derby Hospital	Derby Hospital

## References

The Care Quality Commission (Registration) Regulations 2009  
 The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.  
 NHS (Quality Account) Regulations 2010.

**Table 06:** Research Projects Approved in 2010

Title	Investigator	Site
A study to monitor Renal and Cardiovascular function in patients before and after Bariatric surgery - a prospective, observational, single centre, pilot study	Dr P Evans, Dr G D Tan	Derby hospital
Comparison of Haptic assisted versus non assisted uni-compartmental Knee Arthroplasty	Dr Mark Blyth	Glasgow hospital
A randomised, multi-centre, open label, phase III study of Lapatinib plus Capecitabine versus Trastuzumab plus Capecitabine in patients with Anthracycline or Taxane exposed ErbB2-Positive Metastatic Breast Cancer	Dr Stephen Chan	Wolverhampton hospital
Double blind placebo controlled randomised dose escalation phase I safety study of a single vaginal administration of P2G12 antibodies into healthy female volunteers	to be appointed	Woking hospital
Post-operative pain control using continuous infusion of Levobupivacaine in women undergoing pelvic operative Laparoscopy	Dr Niraj Yanamandra	Woking hospital
Multicentre, randomised, double blind, placebo-controlled, parallel group, dose finding study to evaluate the efficacy, safety and tolerability of three of three doses of ACT-128800, an oral S1P1 receptor agonist administered for 24 weeks in patients with relapsing-remitting Multiple Sclerosis	Dr Tom Siddens	Plymouth hospital
Safety and proof of principle study of ATX-MS-1467 in patients with relapsing Multiple Sclerosis: Open label upward titration over five dose levels and using two routes of administration (intra dermal and subcutaneous)	Apitope	Derby hospital
Biogen-Iddec study of the efficacy and safety of PEGylated Interferon Beta-1a in Subjects with relapsing Multiple Sclerosis	Professor Constantinescu	Derby hospital
An exploratory and observational study to determine the effects of anti- TNF therapy with Etanercept in Rheumatoid Cachexia	Dr Gregory Summers	Derby hospital
An international, multi-centre, randomised, double-blind, placebo controlled, parallel group study to evaluate the efficacy and safety of 2 year treatment with Teriflunomide with 7mg once daily and 4 mg once daily versus placebo in patients with a first clinical episode suggestive of Multiple Sclerosis.	Corinna Mossop	Plymouth hospital
Randomised single centre study comparing Sprayshield with heparinised Hartmanns solution in Abdominal Surgery	Mr Andrew Kent	Guildford hospital
Study CA184-095: Randomised, double-blind, phase 3 trial to compare the efficacy of Lpilmumab vs placebo in asymptomatic or minimally symptomatic patients with Metastatic Chemotherapy-naïve Castration Resistant Prostate Cancer.	Professor Hardev Pandha	the Guildford Clinic
A randomised, double blind, placebo-controlled, parallel group pilot study of 1:1 and 20:1 ratio of formulated GW42003: GW42004 plus GW42003 and GW42004 alone in the treatment of Dyslipidaemia in subjects with Type 2 Diabetes.	Dr Garry Tan	Derby hospital

**Key Points**

*Nuffield Health hospitals has successfully achieved and maintained certification to the ISO27001:2005 since 2007.*

**Information Governance**

Information governance is the framework of law and best practice that regulates the manner in which information, (including information relating to and identifying individuals) is managed, i.e. obtained, handled, used and disclosed. It is of utmost importance since information lies at the heart of an organisation and the trust between it and its customers. Nuffield Health prides itself on its standard of information governance.

In 2010 the role of Group Information Governance Manager was created and the first objective was to undertake a review of the data protection policies, privacy policy, fair processing notice and consent procedures, to ensure Nuffield Health is open about the data processing it undertakes.

The review was completed and, to ensure Nuffield Health is being entirely transparent, an improved privacy and fair processing notice will be implemented.

An assurance framework was embedded in 2010 which included the implementation of a self audit tool to support the internal audit schedule and the bi-annual external audit measuring compliance with the International standard for information security ISO27001:2005.

**Table 07:** There were five serious incidents recorded in 2010. Each was thoroughly investigated to identify the root cause and determine the lessons that can be learnt to avoid a recurrence.

Incident	Action
Consultant had a laptop and external hard drive stolen. No patient information was lost, but patient correspondence was on a password protected hard disc.	Consultants reminded that any patient identifiable information should be encrypted on mobile devices.
During a collection of secure waste the collection staff were seen to be reading information from the collection.	All third party services were reviewed and subject to due diligence checks.
A local professional football club complained that information regarding their players attending hospital was printed on a website. The investigation confirmed this was not by a Nuffield Health member of staff.	All Nuffield Health staff reminded of the information security policy which includes posting of information on social networking sites.
Solicitor requested a copy of patients notes. These were found to be missing.	The process for tracking notes has been reviewed and is being audited.
Patient identifiable data relating to patients diagnostic scans stored on a CD was found on a civic amenities waste site. Investigation identified this was information held by a medico-legal company and had been delivered and signed for in accordance with regulatory and statutory requirements and Nuffield Health policy.	No action required on behalf of Nuffield Health.

**Three were outside Nuffield Health's control and did not involve any Nuffield Health staff or processes. Lessons were learnt from all incidents and these were communicated to all locations to reduce the likelihood of a repeat incident.**

**References**

Data Protection Act - 1998  
ISO 27001:2005 Since Jan. 2007.

# 02 Risk Management and Safety

## Key Points

*During November 2010, Nuffield Health hospitals also took part in the National Infection Prevention Awareness Week through 'Cleanliness and White Glove Week'.*

*HCAIs continue to be inextricably linked to cleanliness and to how quality patient care is defined and are therefore a key issue for public confidence.*

High standards of Risk Management and Safety are fundamental parts of Nuffield Health. They must meet the expectations of patients, clients and practitioners who work with Nuffield Health.

These standards, together with the Group's results and its high level of uniquely personal care, are what set Nuffield Health apart from its competitors. The following chapter outlines our programmes, positive outcomes and learning points for 2010 in the main areas identified in Risk Management and Safety.

## Infection Prevention

Health Care Associated Infections (HCAIs) still have the power to cause fear and anxiety among patients and the public. It is estimated that approximately 8% of patients admitted to a hospital will acquire an HCAI and that up to 5,000 deaths occur annually in England as a direct consequence of these infections, which also contribute to a further 15,000 deaths<sup>1</sup>.

Prevention of HCAI is a Global Patient Safety Challenge<sup>2</sup> and the Health and Social Care Act 2008: Code of Practice on the prevention and control of infections and related guidance<sup>3</sup> details the requirements to ensure patients are provided with a clean environment which is fit for purpose and where infection risks are minimised.

The Nuffield Health Operating Framework makes Management of Infection Prevention a key priority, both at Group and hospital level with a zero tolerance to HCAI. Effective Infection Prevention contributes to the overall quality and governance agenda, protecting patients, visitors and staff.

Nuffield Health believes it is important to put a local emphasis on infection prevention and as the local Director for Infection Prevention and Control (DIPC), Matrons are responsible for the development and management of the Infection Prevention Strategy. Within Nuffield Health, DIPCs are supported by a Group Infection Prevention Nurse Consultant and locally, by trained Infection Prevention Coordinators (IPC). Both the DIPC and IPC have documented responsibilities for infection prevention which includes rigorous auditing and surveillance processes to ensure prompt detection of risks and trends. IPCs work with a team of trained Infection Prevention Link Practitioners (IPLPs) who act as role models and change agents to implement best practice, minimising the risks of infection and ensuring patient safety.

Data on mandatory HCAIs<sup>4</sup> are submitted monthly to the Health Protection Agency.

## References

Health and Social Care Act 2008: Code of Practice on the Prevention and Control of Infections.

1. Plowman RM, Graves N, Roberts J A. (1997) Hospital Acquired Infection. London, Office of Health Economics.

2. Allegranzi B, Storr J, Dziekan G, Leotsakos A, Donaldson L, Pittet D. The First Global Patient Safety Challenge 'Clean Care Is Safer Care': From Launch to Current Progress and Achievements. J Hosp Infect 2007;65 (Supplement 2):115.

3. Dept of Health 2010. The Health and Social Care Act 2008: Code of Practice on the prevention and control of infections and related guidance.

4. Department of Health (2003) Surveillance of healthcare associated infections, Professional Letter from the Chief Medical Officer and the Chief Nursing Officer. London: DH.



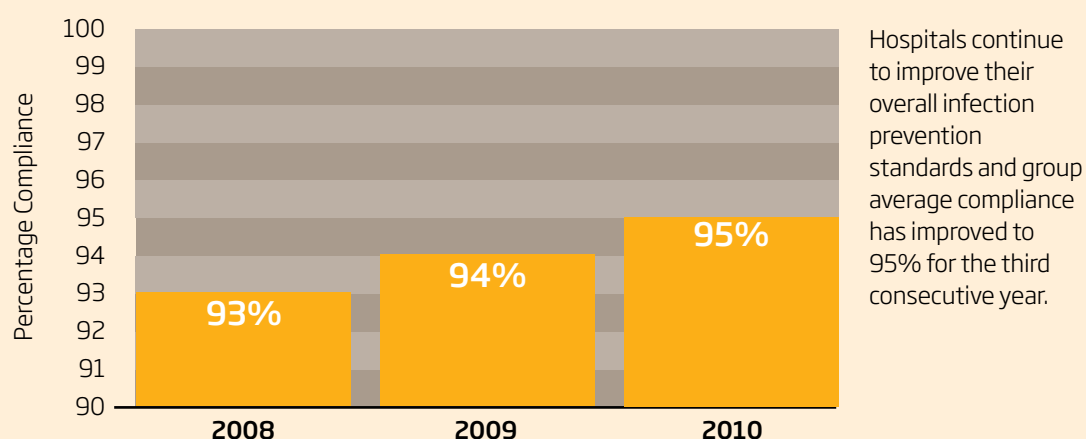
*The challenges within Nuffield Health are to continue to work towards zero tolerance of preventable infections.*

**Table 08:** Healthcare Associated and Surgical Site Infections 2008 - 2010

Healthcare Associated Infections	2008	2009	2010
MRSA Blood Stream Infection (BSI)	0	0	0
MRSA repeat episode BSI	0	0	0
MSSA Blood Stream Infection	0	0	0
Clostridium difficile Infection (CDI)	4	4	5
Surgical Site Infections (SSI)	2008	2009	2010
Total Hip Replacement (THR) SSIs	8	6	10
Total number of procedures	4387	3716	3547
SSI rate for THR	0.18%	0.16%	0.28%
Total Knee Replacement (TKR) SSI	8	8	18
Total number of procedures	4396	3672	3288
SSI rate for THR	0.18%	0.22%	0.55%
Coronary Artery Bypass Graft SSI	0	0	0

- Education and consistent and improved reporting has been demonstrated in an apparent increase of surgical site infections. We believe this to be a true reflection of the figures and not an increase in infection rate
- Zero Methicillin Resistant Staphylococcus Aureus (MRSA) and MSSA Blood Stream Infection for 36 months
- Five cases of Clostridium difficile in five separate Nuffield Health hospitals.
- Low rates of Surgical Site Infections (SSIs) for orthopaedic hip and knee procedures, coronary artery bypass grafts (CABG).

**Table 09:** Annual progress against National Infection Prevention Standards across all Nuffield Health Hospitals

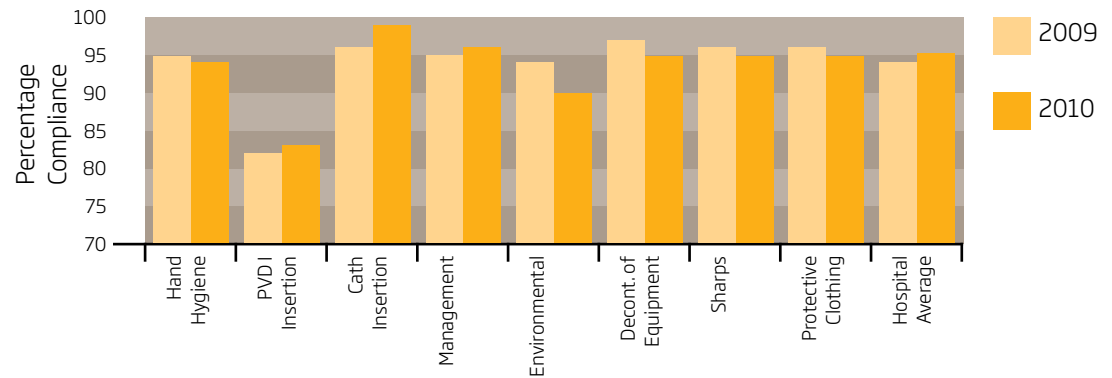


Nuffield Health maintains its participation in the WHO Global Patient Safety Challenge - Clean Care is Safe Care, as well as voluntary participation in national external Cleanliness Inspections with the Patient Environment Action Teams (PEAT), where 78.5% of hospitals were rated as 'Excellent' or 'Good'. General Managers and Matrons were encouraged to 'walk the wards' wearing white gloves to check cleanliness standards. This initiative was well received by patients and the public, with some hospitals going out into the local community (schools and shopping centres) to discuss infection prevention, hand hygiene and cleanliness.

### Key Points

Low rates of Surgical Site Infections (SSIs) for orthopaedic hip and knee procedures, coronary artery bypass grafts (CABG).

**Table 10:** Progress in compliance to Infection Prevention Standards in all hospitals 2009 - 2010



During 2010, the Fitness and Wellbeing Division became fully integrated into the Group Infection Prevention Committee, participating in the policy consultation process and group training on issues such as waste segregation.

Fitness and Wellbeing staff attended the Infection Prevention Link Practitioner meeting to share information on their work and invite hospital infection prevention staff to participate in the 'Monthly SMART event' on Immunity and Hand Hygiene.

In October, prompt infection prevention input during an outbreak of Norovirus at Cheam Fitness and Wellbeing Centre and Nursery ensured rigorous decontamination and effective management. This ensured staff and service users received accurate and timely information with prompt re-opening of the facilities.

The challenges within Nuffield Health are to continue to work towards zero tolerance of preventable infections through vigilance, timely gathering of surveillance and audit data, to detect potential risks and trends, providing expert proactive advice at national and local level and participating in, and shaping research within the independent sector. During 2011, it is proposed that new audit tools used in hospitals, will be extended to the Fitness and Wellbeing Centres.

Infection prevention challenges include the continued problems with difficult-to-treat organisms associated with the over use of antibiotics, for example, Extended Spectrum Beta Lactams and gram negative resistant organisms, as well as the continued threat of new and emerging pathogens (e.g. NDM1).

With the increasing number of patients receiving ambulatory care and shorter hospital stays, plans are in place to implement a post-discharge surveillance programme to ensure accurate information on post-operative infection rates is available. It is also proposed to undertake a Point Prevalence Survey on invasive devices to obtain information on the number of these devices being used within hospitals to help inform policy, practice and minimise the risk of phlebitis and BSIs.

The Annual Infection Prevention Conference in May 2011 will ensure staff are supported and updated on best practice and have the opportunity to share practice and learn lessons from each other. National Awards for Infection Prevention will also be presented, as they were in 2010.



## Key Points

*Health and Safety Management is moving towards OHSAS 18001 Accreditation in 2011.*

*Nuffield Health Implements IOSH Accredited training course.*

## Health and Safety

Health and Safety is a fundamental building block of any healthcare organisation and 2010 has seen the appointment of a Group Health and Safety Manager and the implementation of further health and safety management processes, designed to enhance good health and safety practice across Nuffield Health.

To meet this aim, work has begun on a health and safety management system across the Group that will ensure Nuffield Health will be recognised as best in class in the independent healthcare sector. Plans are in place to work towards achieving the OHSAS 18001 Health and Safety Management Standard in 2011.

2010 was a busy year for health and safety and informs the plans for 2011. The lessons learnt included two incidents of potential chlorine gas spillage from 2009 which resulted in enforcement action being taken against the company as a result of process issues, one in a Fitness and Wellbeing Centre and the other in a Community Leisure Centre.

The lessons learnt from those incidents have been used to improve and modify internal processes, so that the risk of a similar incident occurring is minimal. All enforcement authority requirements were satisfied and significant investment made to change equipment and process in order to prevent recurrence.

Nuffield Health has always been proactive in health and safety training and 2010 was no exception. Last year saw the development of an in-house industry specific health and safety management training course with a qualification accredited by IOSH (Institution of Occupational Safety and Health) which is the world's largest health and safety body.

The three day course is designed for Managers and addresses areas of health and safety management applicable to our Fitness and Wellbeing business. It will be undertaken by all Fitness and Wellbeing Managers.

The training has facilitated the development of site specific health and safety management within the framework and guidance of a Group standard, and enables local operational managers to be more involved in managing their own specific issues. This is part of the governance framework and promotes better reporting and management of local issues.

In 2010 Nuffield Health continued to retain the services of Quadriga Health and Safety Limited. They deliver operational management training in the Hospitals Division, offering health and safety training for Executives, Senior Managers, and Health and Safety Co-ordinators. As well as contributing to the e-learning module undertaken by all staff at induction and yearly within Nuffield Health. Quadriga also delivers IOSH accredited training for staff at hospital level and all hospitals have IOSH trained staff monitoring health and safety within their facilities.

Nuffield Health continued the programme of rigorous audit that informs the governance process. The process is well established within the Hospitals Division and although in its infancy in the Fitness and Wellbeing Division, development has been substantial. 2010 has seen excellent health and safety audit scores achieved across hospital sites.

**Table 11:** 2010 Health and Safety Audit Scores – Average for the Hospitals Division

Health and Safety Scores	Average Score 2010
Health and Safety Organisation	97%
Risk Assessment and Safe Systems of Work	90%
Specific Risk Topics	93%
Fire Protection and Prevention	95%
Premises and Housekeeping	97%
First Aid, Personal Protection and Safety Signs	97%
Training and Information	94%
Monitoring and Review	89%
<b>Total</b>	<b>94%</b>

The Fitness and Wellbeing Division has seen a significant improvement in health and safety management having undergone a reorganisation in 2010. This has been reflected in the audit scores.

Two audits were undertaken across this division to measure improvement following lessons learnt, and also to measure the impact of the newly implemented IOSH health and safety management training introduced earlier in the year.

In May the average audit result was 57%, whilst by October there was a substantial improvement with an average audit result of 85%. The conclusion drawn from the improvement in scores during this six month period indicates that the training and the new approach is having a positive effect.

The audit process continues to be developed in the Fitness and Wellbeing Division and comparators across the Group should be in place by the end of 2011.

Nuffield Health continues to build on the processes and improvements developed in 2010 and the main objective for 2011 is to consolidate the change in management and development of the revised health and safety framework.

*In May the average audit result was 57%, whilst by October there was a substantial improvement with an average audit result of 85%.*

As part of the drive to improve processes and audit, Nuffield Health is working towards establishing closer working relationships with the health and safety governing bodies. Efforts are underway to establish a positive relationship between the Health and Safety Executive and the Hospitals Division.

In the Fitness and Wellbeing Division the formation of a 'Primary Authority' arrangement with a local authority is well under way.

Both these partnerships allow Nuffield Health to move forward towards achieving targeted goals and objectives with the support of the relevant regulatory and statutory authorities. They also demonstrate that Nuffield Health is striving for 'best practice' and continues to offer clients, visitors and staff the highest standards of safety within its facilities.

### References

- The Health and Safety at Work Act 1974  
BS OHSAS 18001 Occupational Health and Safety- OHSAS 18000 is an international occupational health and safety management system specification.  
The Care Quality Commission (Registration) Regulations 2009 Regulations 16,18.



## Key Points

*Nuffield Health Formulary - linking formulary and best practice guidance at the touch of a button.*

## Medicines Management

Medicines remain the most common clinical intervention in the patient pathway. Nuffield Health continues to build on its continuous improvement in the management of medicines to support the quality, safety and cost-effectiveness of their use.

During 2010 Nuffield Health created a national medicine formulary using an electronic local intranet version of the British National Formulary (eBNF). The information added to individual monographs includes the formulary status of the medicine, any restrictions on use, together with information on ordering codes as well as National Patient Safety Agency (NPSA) and other relevant alerts, including specific guidance from regulators, for example the General Medical Council (GMC). Good Practice in Prescribing Medicines<sup>1</sup> has also been made directly accessible from the Nuffield Health eBNF. In support of fully integrated patient records, the medication administration record was re-designed to align with the Nuffield Health patient pathway, patient record<sup>2,3</sup> and best practice guidance from NICE and NPSA. As part of the continuous improvement in medicine prescribing<sup>4</sup> and administration, all hospitals implemented the new medication administration record in 2010.

*In 2011 the focus will be on ensuring that the new Group Medicines Management Policy is fully implemented and monitored for effectiveness.*

In common with many healthcare organisations, Nuffield Health has identified the issue of prescription medicines being taken by a small minority of its healthcare professionals. Fortunately, intelligence suggests that this is at a lower level than might be expected in healthcare organisations of a similar size. The lessons learnt from this issue have been incorporated into the Nuffield Health Group Drug and Alcohol Policy and the Group Medicines Management Policy. Additional control measures have been incorporated into the reconciliation of the stock medicine audit trail<sup>5</sup>. As a result of the lessons learnt from Penicillin related incidents, and 'near-miss' events, a focused compliance standard was developed for rapid compliance across all hospitals. This included clear annotation of medicines charts and relevant medicines 'contains penicillin', and ensuring traffic-light style warning posters were placed in all areas where penicillin containing compounds are prescribed and administered.

In 2011 the focus will be on ensuring that the new Group Medicines Management Policy is fully implemented and monitored for effectiveness, including the launch of new compliance standards to demonstrate that the policy is embedded locally. In addition there will be a focus on implementing processes and documentation to support quality improvements in relation to the management.

## References

1. Good Practice in Prescribing Medicines: Supplementary Guidance. London ©2008 General Medical Council.
2. NICE/NPSA/2007/PSG001 - Technical patient safety solutions for medicines reconciliation on admission of adults to hospital: December 2007.
3. NICE Clinical Guideline 76 - Medicines Adherence. Involving patients in decisions about prescribed medicines and supporting adherence: January 2009.
4. NPSA/2009/RRR006 - Rapid Response Report - Oxygen safety in hospitals National Patient Safety Agency, London: September 2009.
5. The Airedale Inquiry: Report to the Yorkshire and the Humber Strategic Health Authority, June 2010.



**Key Points**

*During 2011 the focus will be to continually improve the management of medical devices and equipment including standardisation and benchmarking.*

**Medical Devices**

Medical devices are an integral part of patient care and are regulated in a structured way. To support a consistent approach to the management of medical devices and equipment throughout Nuffield Health, and for compliance with the Regulation 16 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, a template Terms of Reference for the local medical device and equipment governance forum has been implemented. In accordance with the CQC essential standards, and specifically outcome 11, the local forum manages the risks associated with medical devices and equipment throughout the audit trail from acquisition to disposal. The standing agenda for the governance forum has been defined using the MHRA good practice guidance on managing medical devices and the Devices in Practice<sup>1</sup> Guidance. In addition, the launch of the Nuffield Health Medical Device and Equipment Management document management system, has provided a portal for documents, compliance standards and quick links, for example to relevant areas of the MHRA website. The national framework provides information sharing between facilities as well as a process for central review and feedback on compliance to standards. The system has a complete audit trail and supports rapid sharing of best practice.

The theft of Nitrous Oxide cylinders from medical gas stores in six hospitals has been a significant issue in 2010. The mood-lifting side effects of Nitrous Oxide (laughing gas) have been known for a long time, however the use of Nitrous Oxide in balloons at festivals and parties is a relatively recent trend. Publicity regarding the serious adverse effects from inhaling automotive grade Nitrous Oxide may have contributed to the increase in the recent number of thefts from UK hospitals, including those from Nuffield Health establishments. The lessons learnt from the medical gas store break-ins included the need for a review of security arrangements across all hospitals, and the need to reduce the number of Nitrous Oxide cylinders stored on-site as part of an audit of medical gas cylinder use. The lessons learnt were shared with all General Managers during the 2010 national training day for Registered Managers and Accountable Officers.

**References**

1. Devices in Practice - A guide for professionals in health and social care. London: © Medicines and Healthcare products Regulatory Agency 2008.

## Key Points

*A year of review and consolidation: development of Pathology KPIs, 100% CPA accreditation, installation and roll-out of a standard quality management system.*

*The achievement of 100% CPA accreditation in 2010 endorsed the improvements in quality management.*

## Pathology

During 2010 a review of Nuffield Health pathology service delivery was undertaken and the Nuffield Health Pathology hub and spoke operating model redefined. In response to the outcome of the review, the number of hub sites was reduced whilst the number of spoke sites increased to centralise more functions and improve service quality delivery.

Building on the standardisation agenda of the single networked pathology IT system, BARS blood management system and analyser platforms, 2010 saw the introduction of a standard, networked quality management system.

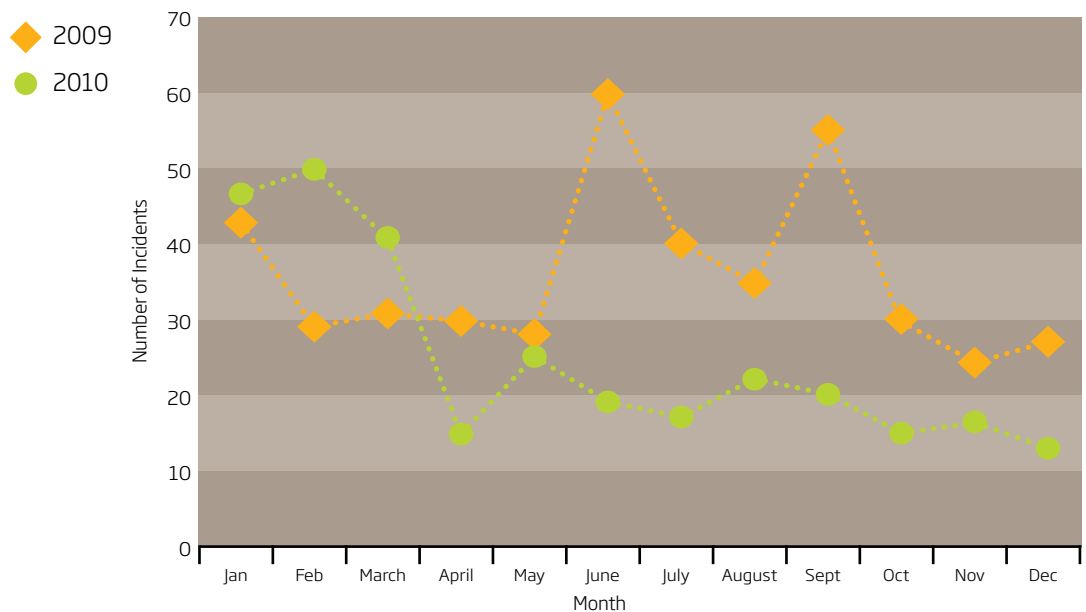
Point of care testing (POCT) is a key element in the Nuffield Health portfolio of delivering health prevention, diagnosis and monitoring, across all facilities. The formation of a Group Point of Care Committee in 2010, with membership from all areas of Nuffield Health, will provide management of POCT equipment and processes for compliance with current regulations and guidance.

The transfusion service specification policy has been developed to ensure hospitals are safely supported and that the risks around blood availability to patients are minimised.

There is continued improvement in the standards of blood transfusion and the number of transfusion incidents has reduced significantly.

Nuffield Health hospital	CPA Status	Date of next inspection	Type of inspection
Glasgow	FULL	April-11	Interim
Newcastle	FULL	Sept-12	Interim
Leeds	FULL	Apr-11	Full
Wolverhampton	FULL	Aug-11	Interim
Warwick	FULL	Jan-11	Interim
Leicester	FULL	Dec-11	Full
Oxford	FULL	Sep-11	Full
Woking	FULL	Dec-10	Interim
Brentwood	FULL	Apr-12	Full
Cheltenham	FULL	Apr-12	Full
Brighton / Tunbridge Wells	FULL	Mar-12	Interim
Hampshire	FULL	Mar-11	Interim
Exeter	FULL	Jun-11	Interim

**Table 12:** Annual comparison of Transfusion incidents - 2009/2010



## References

External audit of performance is undertaken by Clinical Pathology Accreditation Ltd (CPA) and Medicines and Healthcare products Regulatory Agency (MHRA).

**Key Points**

Another positive annual report received from the Radiation Protection Advisor.

During 2010 over 153,250 radiological examinations were carried out in Nuffield Health hospitals.

**Radiology**

Nuffield Health provides a comprehensive diagnostic and screening service across the Group with radiology forming an important part of that service.

Radiology services are provided in 31 hospitals, two Fitness and Wellbeing Centres, and through one mobile mammography service. Nuffield Health also has third party arrangements with two companies to enhance its services with the provision of mobile MRI, and CT services at sites that do not have static facilities.

**The Annual Radiation Protection Committee meeting was held in February when the Radiation Protection Advisor summarised his report for Nuffield Health as follows:**

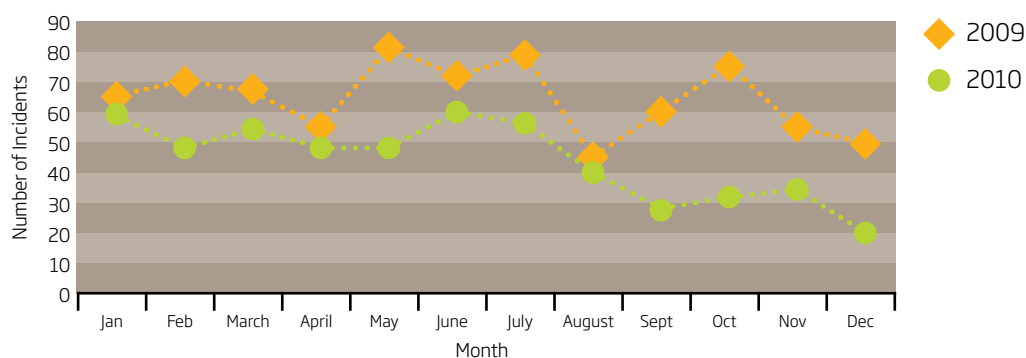
*'Radiation and laser protection for the organisation continue to be independently monitored by The Radiological Protection Centre (RPC) at St George's Healthcare NHS Trust. This includes rigorous safety testing of all X-ray equipment and regular audits to ensure suitable management systems are in place to protect the welfare of patients undergoing radiological examinations or treatment involving lasers.'*

Radiation Protection Centre Director, Dr Ishmail Badr, commented that *'radiation protection matters for the organisation remain in excellent order and there is a high degree of compliance with regulations and guidance. The quality assurance structure for radiation protection has been highly effective in maintaining safety and a proactive internal audit programme has succeeded in ensuring high standards and consistency across the group. The excellent radiation incident reporting system has been instrumental in helping the organisation learn from mistakes and as a result to continually improve the wellbeing of patients and staff.'*

Internal audits conducted by the Group Radiology Quality Assurance Manager have seen a consistent improvement in compliance across all sites. New audit tools have been developed to assess the MRI and CT services which have allowed Nuffield Health to benchmark the services with other third party providers. In conjunction with the Radiation Protection Authority, the Quality Assurance manual was reviewed and re-issued incorporating the most up-to-date Quality Assurance recommendations for digital mammography.

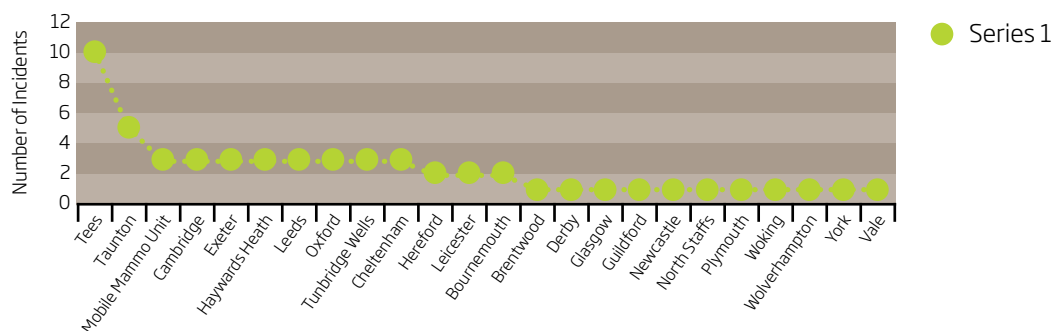
The number of incidents occurring in radiology departments reported in 2010 was 154 fewer than 2009. The greatest number of incidents continues to relate to equipment failure, mainly in the PACS system, however this has improved since 2009.

**Table 13: Annual Radiology incidents - 2009/2010**



The number of incidents involving radiation which required reporting to the Care Quality Commission was four and these occurred in Nuffield Health York, Bournemouth, Oxford and Wolverhampton hospitals. Total incidents involving radiation are identified below.

**Table 14: Incidents involving Radiation 2010**



## Key Points

*HSSU has continued to improve the standard of service to Nuffield Health hospitals as well as other organisations that have outsourced their surgical instrument decontamination function.*

*Over 11 million instruments were processed in 2010.*

*Reject rate of <1:80,000*

*HSSU team winner of the Laing and Buisson Management Excellence category.*

## HSSU

Hospital Sterile Services Units (HSSU) supply all Nuffield Health facilities with sterilised surgical equipment meeting the requirements of the Care Quality Commission. In addition, it has contracts with four external facilities to provide their services.

Commissioning of the six facilities which cover the entire Nuffield Health network was completed in 2009, this meant that during 2010 the service was able to build on the improvement of quality, productivity and cost control.

Service costs reduced significantly during 2010, and the defect rate of the packs and instruments continued to fall, with a cumulative average rate of <0.18% recorded at the year end which surpassed national standards. This was a considerable improvement on the 2009 year end figure of 0.47% which also met national standards.

*A cumulative average rate of < 0.18% recorded at the year end which surpassed national standards*

The incidence of visibly contaminated instruments, a quality measure of instruments supplied by HSSU and rejected by customers, also improved from an average rate of 1 in 50,000 instruments processed in 2009, to better than 1 in 80,000 instruments in 2010. This is a considerable achievement as a net total of 360,000 surgical instrument trays which contained almost 11 million instruments were processed by HSSU during 2010.

There was an incidence in one facility of a higher than average number of visibly contaminated instruments, see **Table 15**. An investigation and root cause analysis was undertaken and processes were reviewed and changed on the basis of lessons learnt. That situation did not recur.

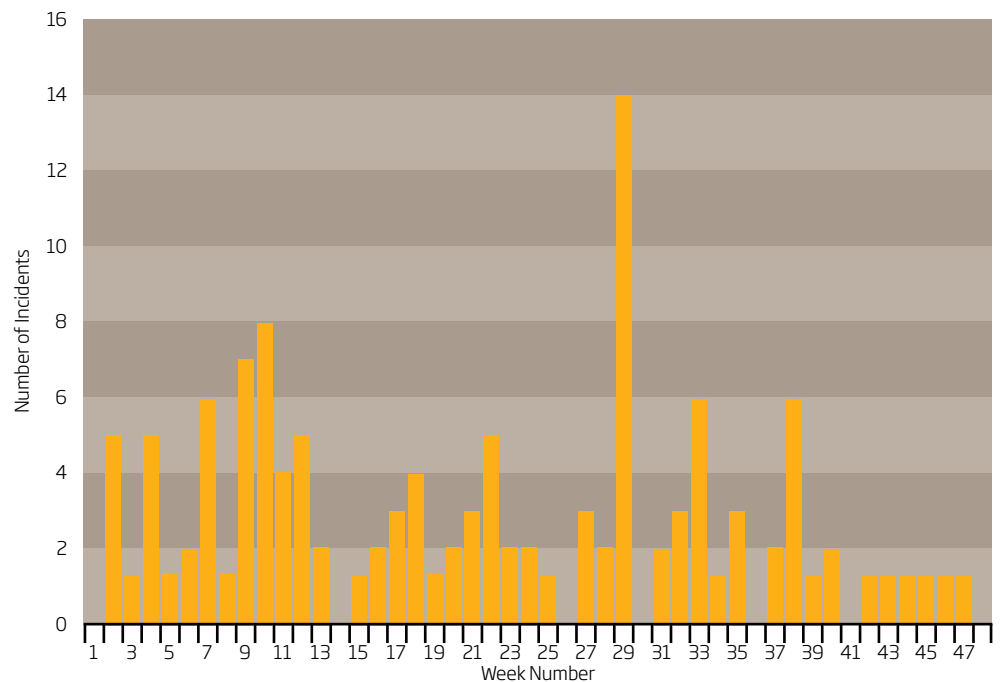
All HSSUs passed their twice yearly MHRA Notified Body audits and Wetherby HSSU successfully passed a major Reaccreditation Audit, mandatory after three years of operation.

A significant highlight in 2010 came at the Independent Healthcare Awards ceremony in September when the HSSU Team was confirmed as the winner of the Management Excellence category.

At the end of 2010 a new service level agreement was reached with Nuffield Health hospitals. One of its primary functions is to target areas of risk with a view to further improve quality. A significant aim of the new agreement is to reduce the level of fast-tracked equipment requests by hospitals and to promote more effective processing of equipment on loan from third party suppliers.

*All HSSUs passed their twice yearly MHRA Notified Body audits and Wetherby HSSU successfully passed a major Reaccreditation Audit*

**Table 15:** Nuffield Health HSSU - Incidence of visibly contaminated instruments - 2010



## References

Complying with standards ISO 9001 (2008), ISO 13485 (2003) and Medical Devices Directive EC 93/42 Annex V (Sterility Only).

**Key Points**

*In 2010 more than 6,000 staff completed the 'Safeguarding Vulnerable Adults' module on the learning management system - more than 99% of staff required to do so.*

*More than 5,300 staff completed the 'Safeguarding Children' module, also more than 99% of staff required to do so.*

**Safeguarding Vulnerable Adults and Children**

Safeguarding vulnerable adults and children in the care of Nuffield Health, is a legal requirement under the Health and Social Care Act Regulation 11 (Regulated Activities Regulations) and Outcome 7; a professional requirement under professional codes of conduct as well as a moral and ethical requirement on all those working with the organisation.

It is a responsibility the Group takes seriously and all staff working for, or with Nuffield Health, are required to have either a standard or enhanced CRB check, which is inspected regularly for any changes.

Equality, diversity and human rights are a theme running through the Nuffield Health Group integrated governance framework and the Group policies and practice comply with current legislation.

All policies ensure that clients have the full information and knowledge required to make informed decisions. All staff undertake a formal induction process which includes the need to treat service users with consideration and respect, promoting their autonomy, independence and community involvement with due regard to their age, sex, religious persuasion, sexual orientation, racial origin, culture and linguistic background and any disability they may have.

For the safeguarding of children, guidance is taken from the document 'Working Together to Safeguard Children'. All staff working with children and vulnerable adults complete a mandatory, assessed, educational programme.

In 2010 more than 6,000 staff completed the 'Safeguarding Vulnerable Adults' module on the learning management system - more than 99% of staff required to do so. More than 5,300 staff completed the 'Safeguarding Children' module, also more than 99% of staff required to do so.

Nuffield Health sites provide safe access to services for people with physical or sensory impairment and specialist facilities which are actively promoted in reception areas, client areas and on the website. Specific policies on Equality and Human Rights identify processes for implementation. Staff training and a rigorous quality assurance and audit process, ensure those policies become part of the 'business as usual' process. Nuffield Health in 2009 achieved National Health Service Litigation Authority (NHSLA) level 2 accreditation and has already demonstrated a strong policy and audit framework.

**References**

Health and Social Care Act 2008  
(Regulated Activities) Regulation 11.  
Childrens Act 2008.

NHS Litigation Authority Risk  
Management Standards 2011.

## Key Points

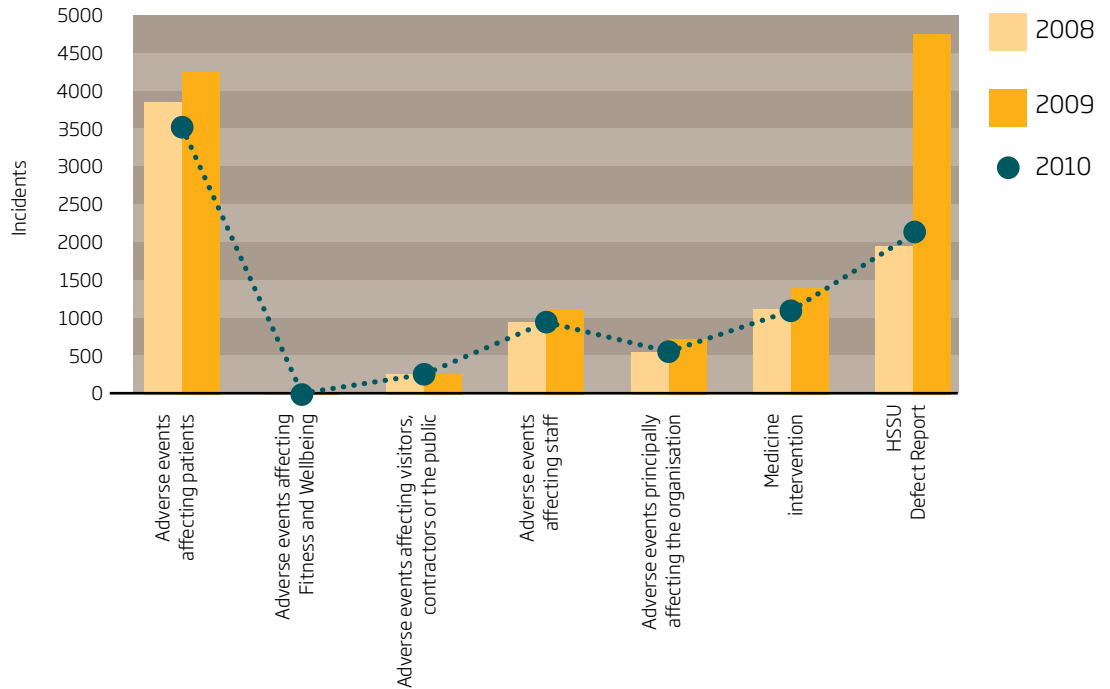
*Adverse incidents are an inevitable part of healthcare delivery. Not all are preventable, but all can be used as a learning exercise to reduce the risk of their recurrence.*

## Adverse Incidents

Using the Datix risk management system, Nuffield Health is able to monitor all adverse incidents, undertake root cause analysis and put action plans in place to reduce risk, reduce severity of incidents and change the path incidents may otherwise have taken.

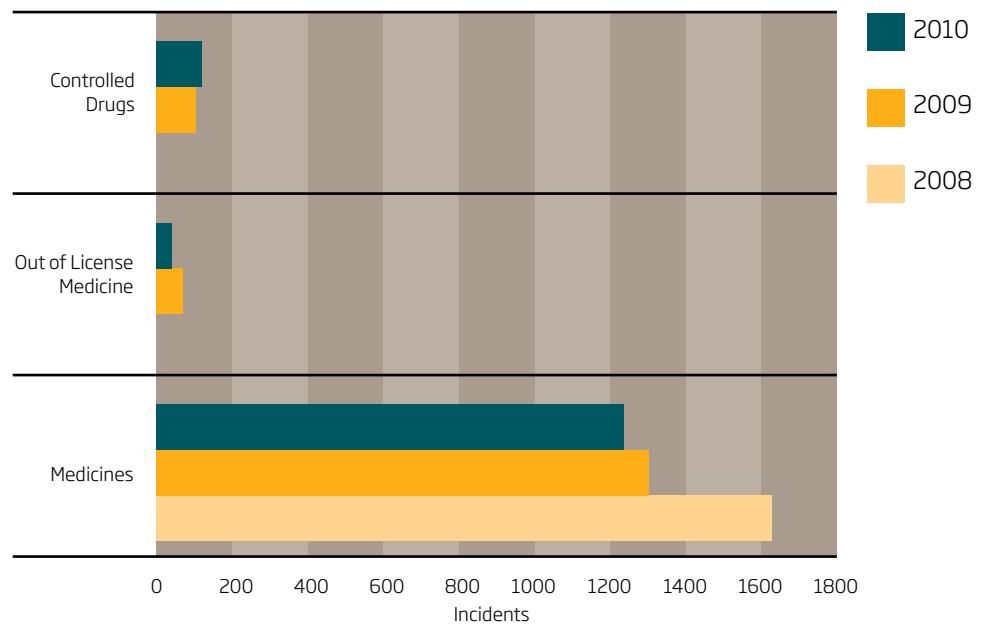
2010 saw the number of incidents in all areas either fall or remain at similar levels.

**Table 16:** Total number of incidents reported by type over the past 3 years

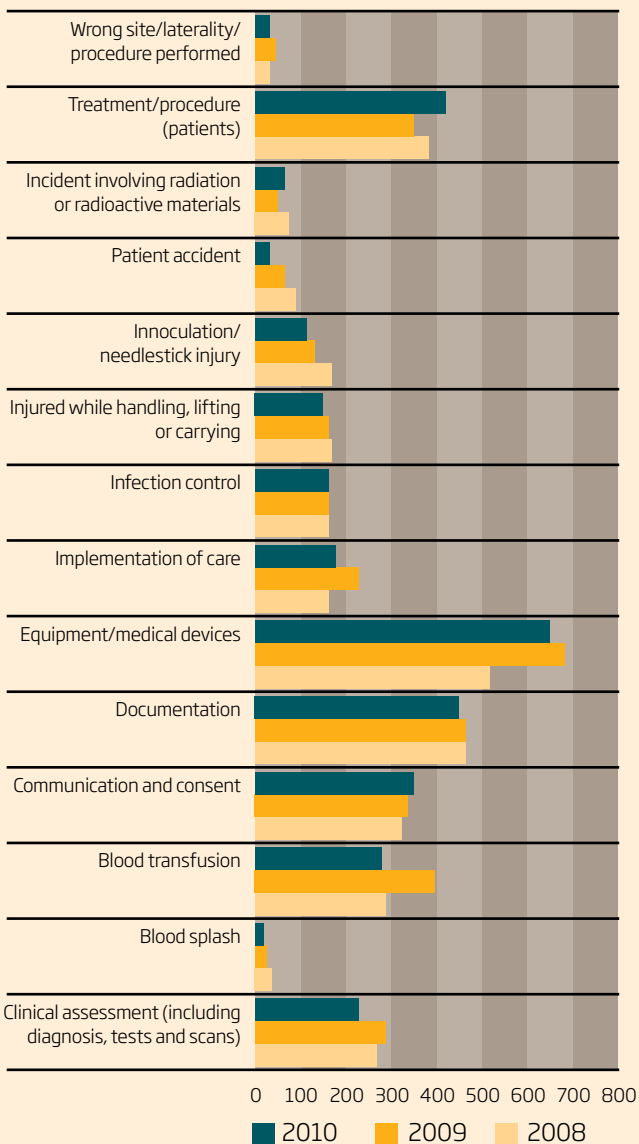


For management purposes analysis of the incidents were split into three main areas and are Nuffield Health Group figures:

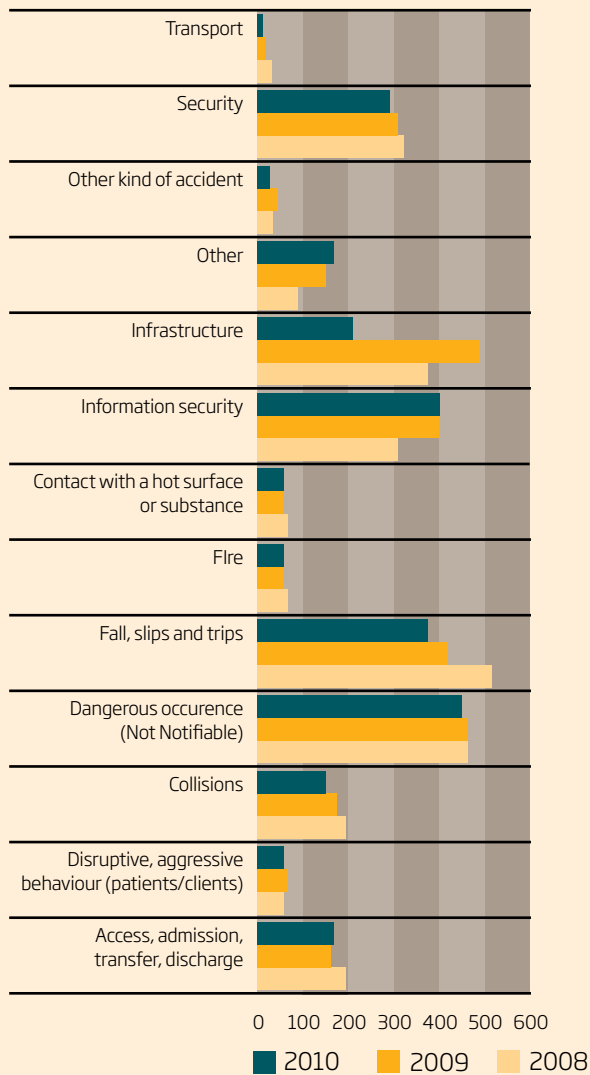
**Table 17:** Medicines management incidents over the past 3 years



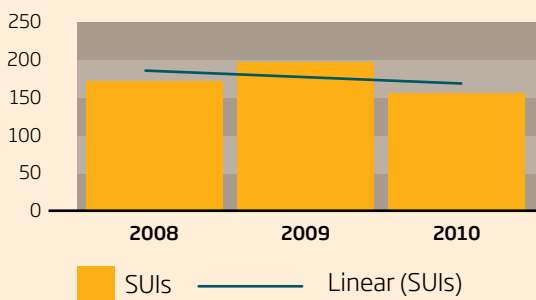
**Table 18: Clinical incidents**



**Table 19: Facilities incidents**



**Table 20: Total number of SUIs reported - 2008/2010**



The total number of serious incidents - classified under the Group Policy for the Reporting and Management of all Adverse Incidents, including Serious Untoward Incidents (SUI's), demonstrate a downward trend.

In 2010 there were 180 safety alerts that were cascaded electronically to the business through the Datix system, compared to 146 in 2009. These are notified to Nuffield Health via the National Patient Safety Agency (NPSA), Medicines and Regulatory Healthcare Agency (MHRA) and the Department of Health (DoH). The responses to these alerts are recorded on the Risk Management System (Datix) and monitored to ensure appropriate actions have been taken by local management teams.

Two alerts required patient recalls, these were the DePuy ASR acetabular cups used in hip arthroplasty and total hip replacements from 2005 to date, and Poly Implant Prosthèse, a breast implant. These incidents are ongoing.

# 03 Learning and Development

## Key Points

*Launch of the Senior Leaders and Rising Stars talent management programmes. Over 100 leadership modules were delivered in 2010.*

*The creation of a Nuffield Health Academy brand that sets the benchmark for all L&D activity in Nuffield Health in 2011.*

## Organisational Development

In 2010 the key focus was to introduce a range of Leadership and Talent Management programmes for managers at all levels of the business. Their aim was to develop leadership skills, identify talent, build inter-divisional relationships and help managers understand and implement strategic priorities for Nuffield Health.

Senior Leaders and Rising Stars were two talent management programmes aimed at identifying potential high level leaders. The six month Senior Leadership Programme was facilitated by Ashridge Business School and included eighteen senior managers from across the business. The programme provided an opportunity to develop and assess some of Nuffield Health's most talented leaders through a variety of interventions, including their ability to deliver one of three strategic organisational projects set by the Board of Governors.

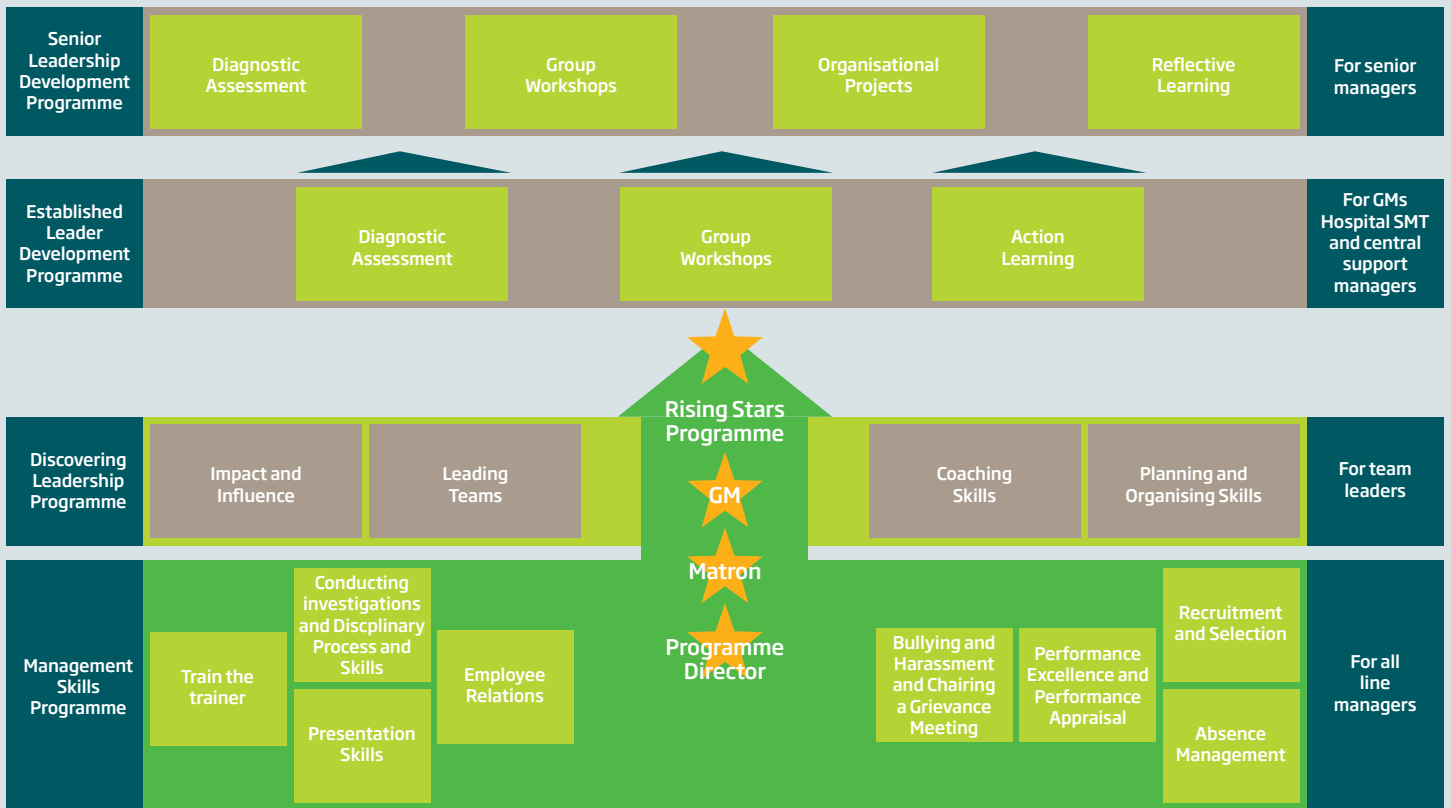
Sixteen potential leaders participated in Rising Stars, a talent management programme designed to identify and develop future Matrons for Hospitals and General Managers for Fitness and Wellbeing Centres. Whilst the programme highlighted some potential, it also identified that further development is required with our team leaders at an earlier stage. Four of the participants have subsequently stepped into Matron or General Manager positions.

Over 80% of the senior operational management teams in Fitness and Wellbeing Centres and Hospitals have participated in leadership development programmes since the inception of the programme. In addition 150 clinical heads of departments from Hospitals attended a leadership programme to ensure they are able and confident to lead the clinical agenda within their areas. A range of leadership and technical management skills modules for team leaders across all divisions of the business was also launched. Almost 100 programmes were delivered to over 1,000 participants in 2010.

**During 2011 Nuffield Health will continue to offer the existing leadership programmes, though these will now include refinements and improvements based on feedback received in 2010. In addition, the following initiatives will be launched:**

- Learning and Development (L&D) interventions to support a cultural change programme in hospitals
- Additional leadership programmes for hospitals targeting the senior leadership team, General Managers, Finance Managers and identifying a talent pool of future Matrons
- A group wide induction programme
- Customer service programmes across all divisions
- A comprehensive Continual Professional Development (CPD) programme for Fitness teams
- L&D interventions to improve the integration of clinical services into Fitness and Wellbeing Centres
- The creation of a Nuffield Health Academy brand that sets the benchmark for all L&D activity in Nuffield Health.

Table 21: Leadership model



.....  
*Almost 100 programmes were delivered to over 1,000 participants in 2010.*  
 .....

## Key Points

Significantly better support for our Consultants and the launch of the Automatic Compliance Engine to better ensure patient safety.

2010 saw the e-Learning Management System (LMS) extend access to all Nuffield Health Divisions and deliver 62,017 courses with over 31,000 hours of learning.

## Mandatory Training and Skills Development

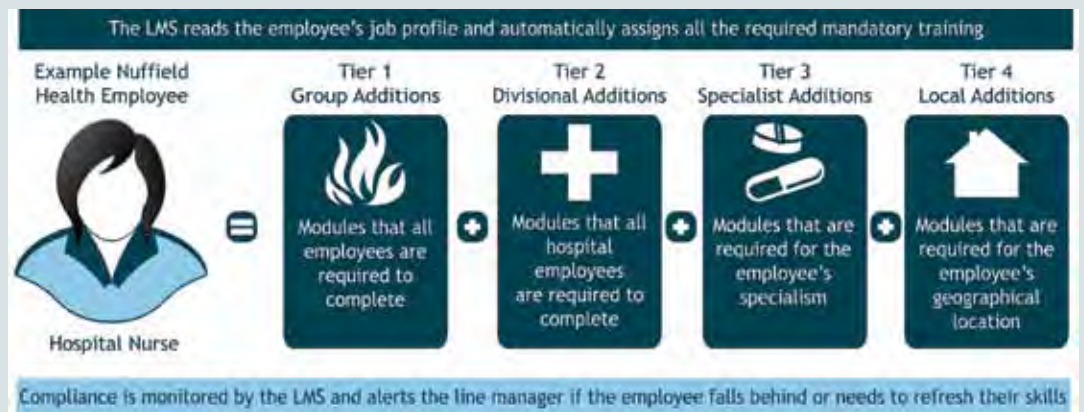
Nuffield Health aims to improve patient, client, member and staff safety, through the acquisition and maintenance of a high level of skills for all contracted and engaged staff.

The mandatory training levels continued their year-on-year improvement with the total hospital average achieving greater than 80% compliance. This is an extremely high level considering staff turnover, the number of staff working shifts, and clinical commitments. The Learning Management System is currently being introduced to the Fitness and Wellbeing Division, once this process is completed, comparative data can be produced.



The analysis of hospital wide mandatory training in February 2011 delivered encouraging results with 92% compliance. Of the two areas that were low, the Basic Life Support module requires hands-on training in the classroom and therefore not all records are accurate, whilst the Datix training was introduced at the end of 2010 with little time to improve compliance.

2010 saw the introduction of a Nuffield Health Automatic Compliance Engine (ACE) to further increase compliance to mandatory training and the employee's progress is monitored and their line manager automatically alerted if they start to fall behind the programme. In the event that compliance training needs to be updated, for example due to the issuing of a National Patient Safety Alert (NPSA), then the relevant skills module can be updated and deployed to the specific audience within seven days.



In 2011 Nuffield Health will pilot the **Nuffield Health Consultant Portal**.

This innovation will provide each Nuffield Health Consultant with a secure method of recording their Continuous Professional Development (CPD) activity and evidencing it electronically to their respective CPD authorities. Another benefit of the portal will allow each Consultant to take their locally relevant compliance training, for example 'Safeguarding Children', and then instantly evidence it in order to support their practice. This helps to reduce the frequency of repeating the same compliance training in other healthcare settings.

Included in the Consultant Portal is an innovative piece of technology called Mobile CPD. Each participating Consultant will be issued with an encrypted USB pen drive that contains a mobile version of the Nuffield Health LMS. The device performs a two-way update of the Consultant's CPD and compliance training when they have access to the internet, and enables the Consultant to take compliance based e-learning or update their CPD offline.



# 04 Customer, Staff and Partner Focus

## Key Points

In 2010 29,798 of questionnaires were returned compared to 27,422 in 2009 and 26,172 in 2008.

Nuffield Health continues to learn from the complaints and feedback received from patients and customers, and in turn aims to develop and improve the services offered to best reflect their needs.

In 2010 Nuffield Health continued to use an external agency, MSB Consultancy, to manage the hospitals patient satisfaction survey; and retained management of the customer satisfaction survey for Fitness and Wellbeing in-house. 2010 saw the implementation of a new member satisfaction survey for the Fitness and Wellbeing Centres as well as the start of a similar survey for physiotherapy clients, and the extension of the Health Assessment survey to the majority of customers.

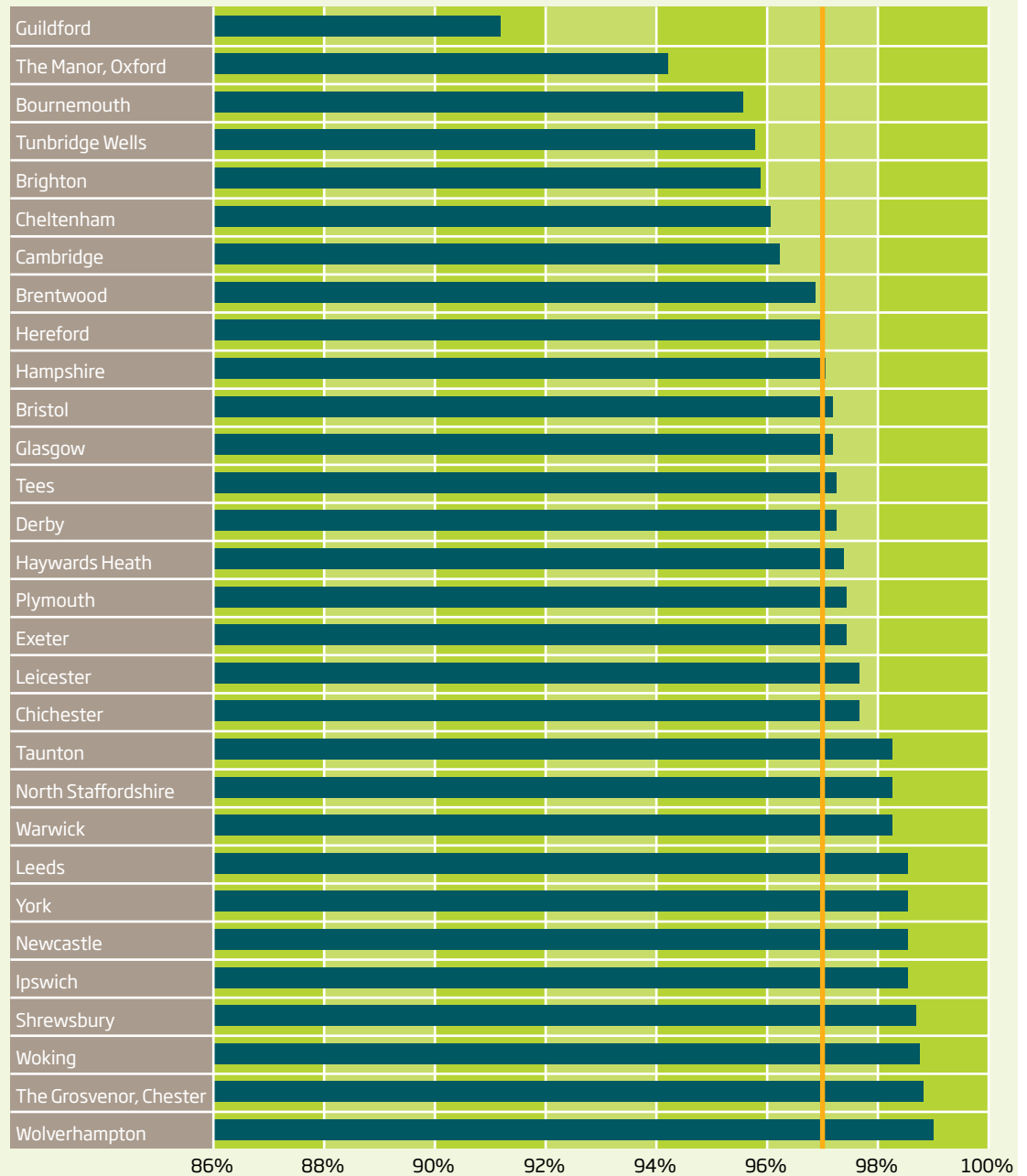
All patients attending a Nuffield Health facility are encouraged to complete a detailed questionnaire. The questionnaires are anonymous and provide all patients and customers with the opportunity to feedback their experience of the Nuffield Health pathway.

**Table 22:** Hospitals Satisfaction Survey

Findings of Survey	2008	2009	2010
Admissions process rated as very organised	85%	86%	88%
Comfort and facilities rated excellent / very good	91%	92%	93%
Cleanliness rated excellent / very good	94%	95%	96%
Confidence in doctors mostly / always	100%	100%	100%
Confidence and trust in nurses mostly / always	98%	98%	99%
Involved in decisions adequately / very involved	94%	96%	96%
Kept informed about care and treatment	97%	97%	98%
Clear explanation of risks and benefits	99%	99%	98%
Printed materials coming into hospital useful	95%	95%	96%
Explanation of complications clear / very clear	96%	94%	98%
Point of contact given at point of discharge	84%	88%	93%
Privacy and Dignity always respected	94%	94%	95%
Explanation of outcome of procedure clear / very clear	97%	97%	97%

**Table 23:** Independent Hospital Survey carried out by MSB

Independent analysis of the survey carried out by MSB consultancy has shown that the number of patients who would 'strongly recommend' or 'recommend' Nuffield Health hospitals averaged 97% in 2010, with the lowest being 91% and the highest 99%. Individual hospitals are shown in the attached figure.



## Key Points

In 2010 Nuffield Health received 6,415 replies to the Health Assessment Survey.

## Fitness and Wellbeing Division

**Table 24:** The survey highlighted the number of customers who:

'Strongly agree' or 'agree' that they clearly understood the actions needed to better manage their health and wellbeing	98%
'Strongly agree' or 'agree' that the experience was meaningful, relevant and highly personalised.	93%
'Strongly agree' or 'agree' that they felt that they were in the hands of experienced professionals.	94%
'Strongly agree' or 'agree' that their clinical team were competent and caring at all times	97%
'Strongly agree' or 'agree' that based on their experiences, they would be happy to recommend the Health Assessment	88%

General feedback highlighted a number of areas for improvement:

- 'A number of clients did not realise that they would only have access to their results and full report online and would also have liked a hard copy sent to them'.
- 'More information on specific requirements, before the assessment and at the time of booking. Also in the documentation sent prior to the appointment'.

Each month a cross section of **Fitness and Wellbeing members** were surveyed from each facility to provide an indication of the satisfaction levels at the Fitness and Wellbeing Centres. The survey also gave the opportunity to request that a member of the team at the centre should contact the member to discuss any concerns they may have.

The introduction of a survey for our **Physiotherapy** customers has provided valuable feedback from across the network which was not previously available.

## Complaints

Complaints are part of the governance framework and feedback is actively sought from all Nuffield Health patients, clients, customers and members. Whilst it may not be pleasant to receive complaints, Nuffield Health recognises that if the information is used correctly complaints can be a valuable tool.

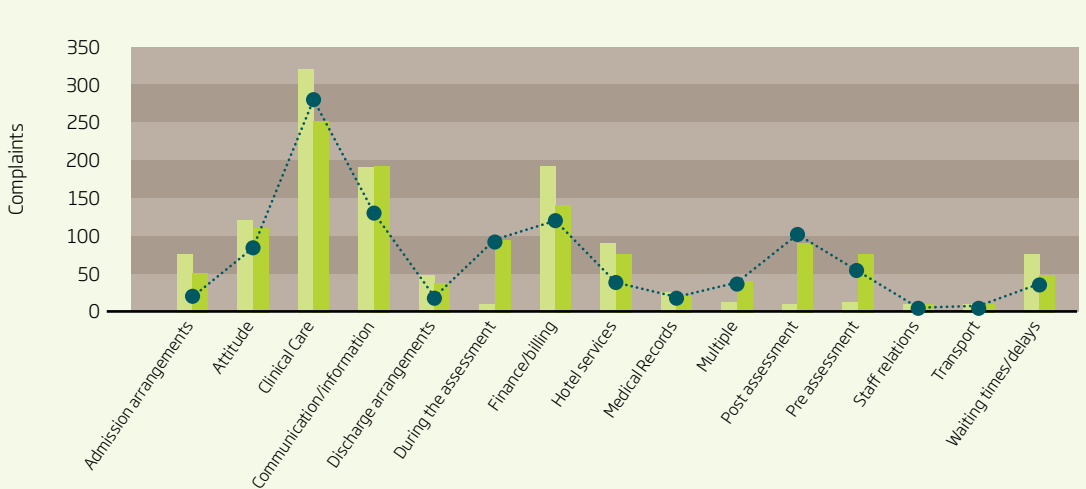
The number of Stage 1 complaints made against Nuffield Health hospitals has increased slightly in number, but at 0.88%, the level remains at less than one per cent of all inpatient and day case visits. The number of complaints requiring escalation to Stages 2 and 3 has reduced considerably on previous years.

**Table 25:** Summary of formal complaints for Nuffield Health hospitals.

Stage of Complaint	2007	2008	2009	2010
Stage 1. Local resolution at hospital level	1450	1573	960	1051
Stage 2. Escalated for Directors review	32	38	24	19
Stage 3. External adjudication	8	3	3	0

Complaints are analysed by type, and the analysis for hospitals can be seen. The highest number of complaints relate to clinical care delivery, communication, information and finance. They have reduced since 2009 and all were resolved without progressing beyond Stage 2.

**Table 26:** Complaints reported by subject over the past 3 years



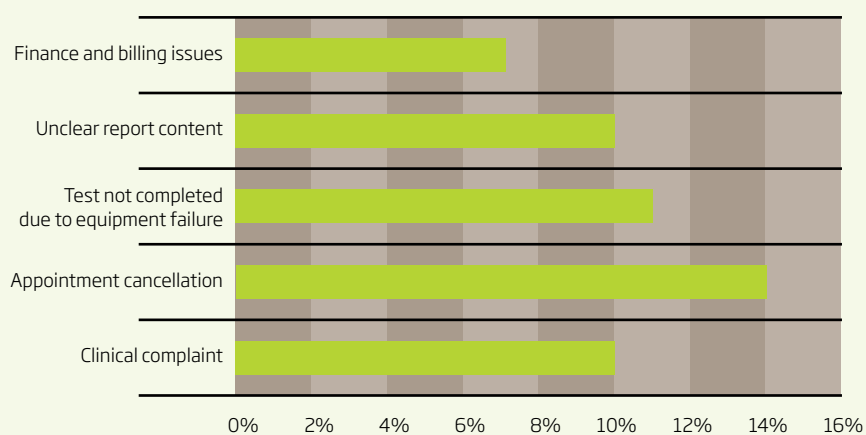
**Table 27:** Fitness and Wellbeing complaints data

Area of Fitness and Wellbeing Division	2008	2009	2010
Health Assessments (expressed as a % of all visits)	0.62%	0.54%	0.50%
Physiotherapy	Not measured	16	73
Fitness and Wellbeing	2619	1281	1073

As can be seen from the table above there is a continuous improvement in the level of complaints from Health Assessments and Fitness and Wellbeing. This is a considerable success resulting from the attention that has been paid to these areas.

Nuffield Health has only been measuring data for a short time and will continue to monitor the trends which are currently fluctuating.

**Table 28:** The main reasons for complaints in all areas have been identified by customers as:



Nuffield Health is committed to managing complaints in a fair and honest manner and strives to increase the level of feedback obtained by making it easier for customers to provide.

# 05 Fitness and Wellbeing for Clients and Staff

## Key Points

*86% of employees are committed to delivering the highest quality of care for our patients and members.*

## Staff Survey

In June 2010 Nuffield Health carried out its first group-wide employee opinion survey. Employees were invited to complete the electronic questionnaire on-line either at work or at home.

Almost 50% of employees responded, providing the organisation with a wealth of data about their attitude to working for Nuffield Health, to the work environment, health and safety, working practices and leadership.

The primary purpose of this opinion survey was to ascertain how 'engaged' Nuffield Health employees were with the Company's ethos and strategy. The survey revealed that overall employee engagement was a healthy 63%. Further compelling evidence of employees' commitment and advocacy is shown by the results below:

- **77% of respondents were proud to say they work for Nuffield Health**
- **87% would recommend Nuffield Health's products and services**
- **81% believed Nuffield Health's customers received an excellent standard of service**
- **86% were committed to delivering high quality work.**

Overwhelmingly Nuffield Health employees stated that the leadership and support provided by management and their immediate teams was a highly positive factor:

- **87% believed that colleagues were treated with fairness and respect**
- **85% co-operated with their colleagues to get the work done**
- **81% discussed and managed the work that needed to be done as a team**
- **74% believed their manager provided the support they needed to do their job successfully.**

These results reflect very positively, the training and development that has been carried out to improve leadership skills and capabilities across the organisation during the last two years.

Governance and Health and Safety are central to the ethos and quality focus of Nuffield Health. However, the organisation still has more to do to ensure that all employees think likewise - the survey indicated that 15% of employees did not believe that Health and Safety was taken seriously.

The most important part of this survey is the discussion and action planning on a national and local level that follows the exercise itself. This an ongoing process and is being led by local managers who use the data and conversations with teams to better understand the survey results, and identify ways in which the teams can work together to improve the way Nuffield Health staff feel about the work they do and the environment in which they work.



*Governance and Health and Safety are central to the ethos and quality focus of Nuffield Health.*

## Key Points

*The Consultants who attended 'Your Partner in Private Practice', scored it at 78% for its content.*

*Overall, Consultants see Nuffield Health staff as offering a high level of service and being highly competent.*

## Consultants and GP Partners

Engaging with doctors remains an integral part of the day-to-day management of Nuffield Health hospitals.

In 2010 a Welcome Pack was launched for Consultants new to private practice at Nuffield Health. Entitled 'Your Partner in Private Practice. Consultant Welcome Pack', the pack consists of a booklet which introduces Consultants to the Group, and information sheets providing specific information and guidance on a variety of topics. In addition, Nuffield Health held its first event designed specifically for Consultants new to private practice within the organisation.

The feedback from the Consultants who attended the day was very positive with all attendees saying they found it useful and would recommend it to colleagues. The Consultants who attended scored the day at 78% for its content.

In May Clinical Governance Consultants attended a Conference the theme of which was 'The Future of Quality in the Healthcare Agenda - What is required from Clinicians?' The Consultants enjoyed presentations from external organisations including the Chief Executive of the GMC, a Director of Reform and a lawyer from Capsticks LLP. The presentations covered subjects including the future of health policy in the UK, conflicts of interest for Consultants and appraisal and revalidation for medical practitioners.

Later in the year Medical Advisory Committee (MAC) Chairmen came together at an event themed 'The Economy - Financial Drivers for Independent Healthcare'. This event provided the attendees with an update from the Nuffield Health Group, as well as a discussion on economic implications for UK health policy. The Keynote speaker was the Chief Economist of The King's Fund. The day was well received and the delegates rated the day 75% for content.

In 2010 Nuffield Health continued with its programme of engagement with a second online Consultant survey.

Over 1,400 Consultants accessed the survey in 2010, giving an overall response rate of 29% the same rate as 2009 but with an increased level of responses.

The results in 2010 were positive and improvements from the 2009 results were evident in most areas, in particular facilities and communications. Overall, Consultants see Nuffield Health staff as offering a high level of service and being highly competent. Most respondents would be happy to recommend Nuffield Health to colleagues and patients alike.

Nuffield Health is proud to offer a programme designed to help GPs with Continued Professional Development and Revalidation. It offers GPs an opportunity to earn CPD credits through a programme which complies with the latest Revalidation requirements from the RCGP. GPs are invited to book into free learning events at their local hospital. Events are led by Consultant practitioners and provide an opportunity for referring GPs in the local communities to share ideas and learning with colleagues.

The national programme is now in its third season and following its success, Nuffield Health is extending its reach to GPs by offering 'Lunch and Learn' and 'Outreach Events' in GP practices within a 35 mile radius of hospitals across the organisation.



## References

GMC Revalidation Programme the Medical Profession (responsible officers) Regulations 2010.

## Key Points

*Over 88% of patients undergoing total hip replacement have reported an improvement in their quality of life following surgery at Nuffield Health.*

*'Hip surgery has changed my life, restoring my mobility and helping me to get back to some of the things I used to do'*

*Adding real value to the patient journey.*

## PROMS

Over 88% of patients undergoing total hip replacement have reported an improvement in their quality of life following surgery at Nuffield Health.

PROMS (Patient Reported Outcome Measures) are measures of a patient's reported health status or health related quality of life. Changes in the patient's health status can be attributed to the healthcare delivered and are an important dimension in supporting continuous quality improvement.

These measures look at several aspects of the patient's health and, from the data collected in 2010, Nuffield Health can demonstrate improvement as reported by patients across the hospitals in all four of the procedures that are measured using a PROMS tool, and in particular the marked improvement in hip and knee replacement:

- **Hip replacement reported improvement - 88.13%**
- **Knee replacement reported improvement - 83.73%**
- **Hernia repair reported improvement - 44.74%**
- **Varicose vein surgery reported improvement - 38.24%**

Whilst the majority of patients showed improvement in some area of their health, there were also a number who identified a level of deterioration in some areas, ranging from 3.96% for hip replacement to 14.71% for varicose vein surgery. Those patients who identified no change in some identified outcomes range from 16.55% for hip replacement to 52.94% for varicose vein surgery.

Nuffield Health is currently achieving a pre-operative response rate to the PROMS questionnaire of 52% and a post-operative response rate of 62% across all hospitals, and the focus for 2011 is to increase patient participation in the PROMS survey to over 90%.

The verbatim section collected from the PROMS tools provides valuable insight and a focus for future action. From the PROMS verbatim section in 2009 a need was identified to set patient expectations around short to medium term outcomes and specifically around managing post-operative pain. This became a focus in 2010 and at the end of the year patient satisfaction indicated a 94% satisfaction rate with 'how clear was the explanation of what you might expect during your recovery at home and what complications, if any, you should be aware of?'

## Recovery Plus

Recovery Plus represents the first formalised integrated programme involving Nuffield Health Hospitals and Fitness and Wellbeing Divisions. The aim was to deliver an extended package of care that addressed the patient's general health and wellbeing as well as their post-surgical recovery. It began as a pilot in 2009 and was evaluated in 2010.

The programme was offered to patients scheduled for selected orthopaedic procedures, including hip and knee replacements. They were offered the opportunity to extend their period of rehabilitation in a Nuffield Health Fitness and Wellbeing Centre with a 12 week supervised exercise programme. Many of these patients had suffered a degree of disability leading up to their surgery and the gym-based exercise not only continued their post-surgical recovery, but also aimed to improve general fitness and wellbeing, encouraging the patient to maintain a healthy level of activity.

The most significant challenge the programme faced was to ensure consistently safe transition of patients from the clinician to the fitness professional across a number of different sites. Clear protocols were drawn up and Physiotherapists provided training and assessment for each fitness team member who was involved with the delivery of the programme.

The programme ran for a total of thirteen months and involved 49 patients with data collected on a number of clinical indicators. Whilst the programme did not demonstrate any significant improvement in outcomes directly relating to the surgery, the feedback from patients taking part in Recovery Plus was very positive with all respondents rating the programme as very good or excellent.

Importantly, all patients were safely and effectively cared for by the fitness teams and no clinical incidents or exacerbations were reported.

Feedback from Nuffield Health Orthopaedic Consultants involved in Recovery Plus was also very positive, with many seeing this programme as adding real value to the patient journey.

This initiative has demonstrated that patients can be successfully rehabilitated by both physiotherapists and fitness professionals within Nuffield Health, and provides a sound governance model for future programmes.

At a national level, the Chartered Society of Physiotherapy and the Fitness Industry Association currently have a Joint Working Party which is looking at referral pathways, and Nuffield Health has been invited to give input into this process and share its experience of programmes such as Recovery Plus.

## Key Points

*The Occupational Health Service has integrated services into the Fitness and Wellbeing Division. It has introduced new technologies to reduce needlestick injuries and continues to provide a range of support services to staff.*

## Occupational Health

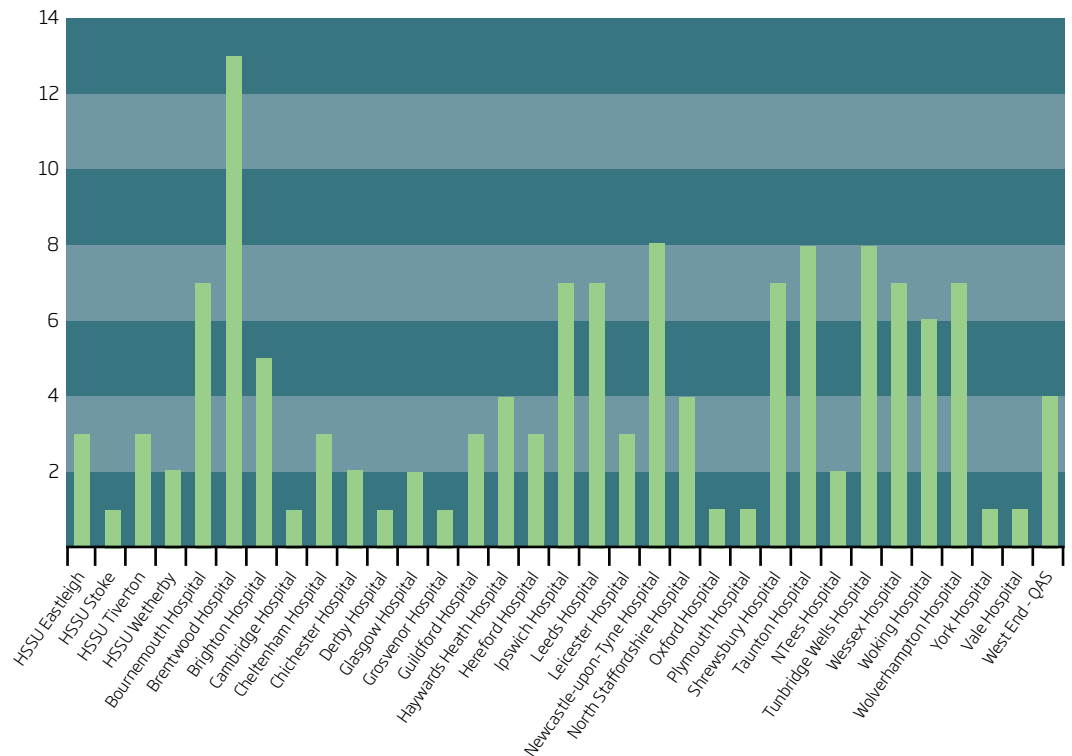
Nuffield Health's commitment to staff includes providing a comprehensive Occupational Health (OH) service. This service is provided across all business units by a small team of qualified OH nurses with services tailored to the needs of each workforce.

A key focus for the OH service during 2010 has been the integration of services across the Fitness and Wellbeing Division. Activity has focused on providing Hepatitis B vaccination programmes to the gym staff carrying out health MOT's, assessing the immunity of nursery and crèche staff to common childhood illnesses, with vaccinations offered where indicated, and assisting managers with sickness absence management and the rehabilitation of staff back into work following illness. In addition, training has been provided for managers in stress risk assessment.

Needlestick injuries, with the associated risk of blood borne virus transmission, are a key occupational hazard for healthcare workers in hospitals. This year, in response to the new European Union Needlestick Framework agreement approved by the European Parliament in February 2010, to further reduce the number of injuries that occur, the use of safety engineered devices has been explored, and safety cannula have been introduced. During 2011 the use of safety devices in other areas of practice such as phlebotomy will also be considered.

Datix recorded 122 Needlestick injuries (a decrease from 133 in 2009) and 18 blood splashes in 2010 (the same as 2009). There are robust procedures for the management of such injuries in place, but it is recognised that should an incident occur with a patient who is HIV positive, post exposure treatment must be administered within an hour. Instant point of care testing is currently being explored to further enhance the screening procedures. The table below shows the number of needlestick injuries reported by site.

**Table 29:** Needlestick Injury report by facility



The importance of supporting staff through difficult times is recognised and an Employee Assistance Programme (EAP) is in place across the Hospitals Division. The programme offers a range of services from counselling, to legal and financial advice lines, and includes access to a wide range of information online. The service was used on 349 occasions during 2010. A breakdown of key activity is given in the table below:

Activity 2010	Usage
PPC Online services	219
Telephone counselling	54
Information	28
Legal	19
Face To Face counselling	16
Financial	6
Management consultation	2
OH Referral for online CBT	2
Online CBT other	1
Management referral	1
Debt - telephone	1
<b>Total</b>	<b>349</b>

Although the EAP service is not currently available in the Fitness and Wellbeing Division, referral for face-to-face counselling is provided through OH, and support is provided to the whole site should a traumatic incident occur. Support was provided to five Fitness and Wellbeing sites during the 2010.

To further support the Stress Management Programme, an e-learning stress awareness training programme was written and launched during 2010 and is accessed via the learning management system. Stress awareness is now included as part of the mandatory training for all staff.

### Weight Management Programme

The Nuffield Health Weight Management Programme (WMP) was launched in May 2010 and is currently being delivered in eleven Fitness and Wellbeing Centres, two hospitals and one standalone medical centre. Currently 250 people have signed up to the programme. The WMP consists of eight one-to-one sessions with a Health and Wellbeing Physiologist over a nine month period, and addresses key lifestyle areas related to poor weight management, including sleep, stress, exercise and nutrition.

To monitor the effectiveness of the programme, a control group of 49 individuals who had previously undergone a Health MOT, and stated weight loss as a key goal, were used to allow comparison. After three months, there was a clear difference between the individuals on the WMP and the control group.

	Average change in initial body weight (%)	Average change in Body Mass Index	Average change in initial waist size (cm)	Proportion of clients achieving significant reduction in body weight*	Proportion of clients achieving a significant reduction in waist size**
WMP (n = 126)	-3.2	-1.0	-4.0	37.0	47.6
Control (n = 51)	-1.6	-0.7	-1.9	13.7	23.5

\* Significant weight loss at 3 months is >4% reduction in initial body weight

\*\* Significant reduction in waist size at 3 months is >4cm from initial waist size

At six months, the WMP continues to show greater benefits when compared to the control group.

	Average change in initial body weight (%)	Average change in Body Mass Index	Average change in initial waist size (cm)	Proportion of clients achieving significant reduction in body weight***	Proportion of clients achieving a significant reduction in waist size****
WMP (n = 126)	-3.3	-1.0	-4.8	44.7	71.0
Control (n = 51)	-1.4	-0.2	-1.4	9.1	27.2

\*\*\* Significant weight loss at 6 months is >5% reduction in initial body weight

\*\*\*\* Significant reduction in waist size at 6 months is >5cm from initial waist size

In addition, analysis of Patient Recorded Outcomes Measures (PROMs) at three and six months on the WMP show average increases in subjective wellbeing of 21.5% and 35.9%, respectively.

## Key Points

90,000 MOTs have been performed.

## Health MOT Quality Assurance

The Health MOT was launched into the Nuffield Health Fitness and Wellbeing network in October 2008 and over 90,000 MOTs have been performed so far. During November and December 2010, a Quality Assurance (QA) review of Health MOT delivery was conducted to allow benchmarking of performance.

The QA review was led by six Regional Clinical Lead Physiologists who reviewed over 160 Senior Wellbeing Advisors (SWAs) and Wellbeing Advisors (WAs) in 46 Fitness and Wellbeing Centres by assessing them as they performed 'live' Health MOTs on Nuffield Health clients. They were assessed in a number of key areas:

- **Overall performance**
  - **Technical competence**
  - **Engagement skills**
  - **Exercise and lifestyle prescription**
- **Safety.**

**Table 30:** A Red-Amber-Green (RAG) system was created to allow for benchmarking of performance:

Overall performance	< 59.9%	60.0% to 79.9%	> 80%	Range
	Red	Amber	Green	
Overall Performance		72		59 - 88
Technical competence		75		55 - 93
Engagement		73		60 - 91
Exercise and lifestyle prescription		68		48 - 88
<b>Safety</b>	< 89.9%	90% to 94.9%	> 95%.	
Average safety score				89 - 100

Only one team member was found to be unsuitable to continue delivering Health MOTs (equivalent to a removal rate of 0.62%).





## Future Direction

*Dr Andrew Jones – Group Medical Director*

2010 was a challenging year for the UK economy as a whole, and the independent healthcare sector was no exception. We believe that these challenges are set to continue well into 2011. A change in Government and the publication of the **White Paper: Liberalising the NHS**, signalled future changes to the way health will be delivered in the UK.

*2011 will see a shift across health and wellbeing to provide personalised, predictive, preventative and participatory care for all customers.*

The early stages of a recession require management discipline in concert with clinicians to identify new customer groups, manage costs and expand market share. The emergence from recession requires discipline around strategy, differentiation and new products and services. Good, integrated governance underpins these activities, and helps to secure a healthcare brand. This report encompasses a balance of measures in our clinical framework that have built the Nuffield Health name to ensure we have got the governance processes and policies right, and to ensure that we manage and audit our services and measure clinical data to drive service improvements.

Over a period of time we believe that professionals and patients are likely to become far more equal partners. Evidence will become steadily more important as we understand the molecular basis of disease and are able to make predictive assumptions from genetic tests. Future health assessments will be based on genes, molecules and environment. The megatrends in global healthcare are evolving rapidly as the industry recognises an ageing generation, and 'patient power' is increasingly demanding a shift in favour of consumer health information. Self-care or ambulatory care will become steadily more important as suggested by the emergence of one-stop shops and more widespread home care.

Patients will soon have the same access to knowledge and information as professionals, and this, in part, has already signalled the switch to personalised healthcare. Disease and risk management pathways will develop, supported by nanotechnology and minimally invasive devices, themselves supported by the advancement in tailored prostheses, pharmaceuticals and biomaterials. Healthcare systems will increasingly be concerned with chronic rather than acute disease. The demand for predictive diagnostics and pre-symptomatic treatments will continue to develop and wellbeing programmes will need to assess, explain and contextualise individual risk.

Health will increasingly be at the centre, rather than the periphery of politics, simply because there is a chasm between what healthcare could do and what it does. Patients are seeking greater involvement in their healthcare, personalised health records, interconnected services and clinics. Some things, however, such as clinical governance, ethics, learning, leadership and communication, will continue to be important whatever else happens or changes. **Table 31** shows our best estimate of the future. Our risk management approaches have taught us to monitor trends and the severity of the risk we face, and respond with quality improvement projects.

Following discussions with patients and stakeholders, we will focus activity in 2011 on:

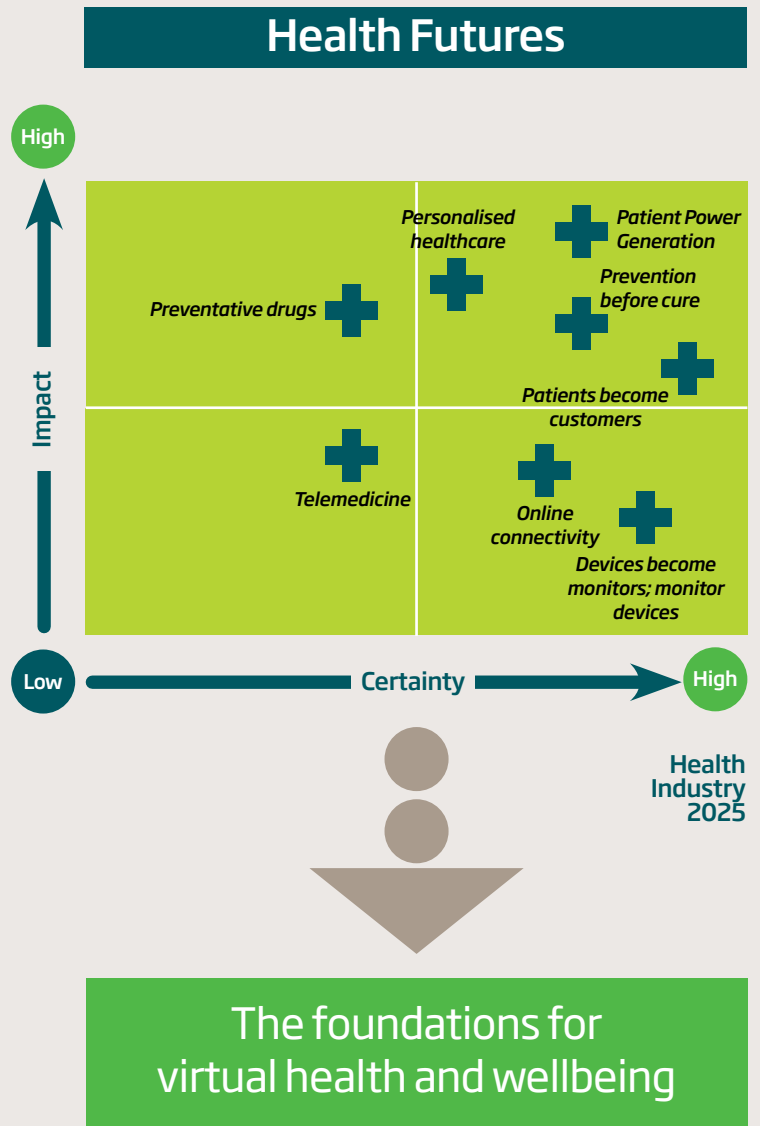
- Surgical innovation to improve the effectiveness of our theatre teams, to develop new procedures and to consider the changing nature of minimally invasive healthcare
- Integrating our pathways of care between Hospitals and Fitness and Wellbeing and ensuring that identified risks and long-term conditions become embedded within care programmes
- Continuing the information revolution that supports patient access to health information, health records and comparative data about Nuffield Health services.

The rising demographic and cost pressures represent a challenge to everyone involved in healthcare. The leading providers of future healthcare will deliver this value in a personalised manner.

**Dr Andrew Jones,**  
Group Medical Director

Table 31: Health Futures

Key Trend	Now	2015	2020
Power Patient Generation	Patients gain access to health quality information	Patient centred care Baby Boomer retirement starts	Patient sovereignty
Patients become customers	Consumerism Holistic health and wellbeing	One stop shops Customised products	Home services
Prevention before cure	Early treatment	Implementation of IT Wellness care	Precise therapy becomes reality
Personalised healthcare	Genetic testing Targeted clinical trials	Information based medicine Major diseases understood at molecular level	Patient sovereignty
Smarter drugs		Non-invasive delivery	Drug cocktails will enhance productivity, memory and physical performance
Hospitals go virtual	Connectivity within hospitals	Medical communities (1°, 2° care) become interconnected	International connectivity
Devices become monitors	Disease management	Remote patient monitoring	Self-monitoring
CyberDocs	Disease management	Virtual face to face doctor - patient relationship	Perform routine diagnostics with predictive precision



# Appendices

## Appendix 1

### Membership of Governance Committees

#### Membership of the Board Integrated Governance Committee

Jane Wesson (Chairman) .....	Governor
Guy McCracken.....	Governor
Neil Causland .....	Governor
David Holben (Secretary) – Group Secretary and Solicitor	

#### Membership of the Group Integrated Governance Committee

Dr Andrew Jones (Chair) – Group Medical Director	
Sarah West (Secretary) – PA to Group Medical Director	
Vivienne Heckford – Group Governance Manager	
Karen Harrowing – Group Chief Pharmacist	
Dr Sarah Dauncey – Medical Director - Wellbeing Division	
Gail Thomson – Hospitals Governance Manager	
Andrea Paterson – Group Occupational Health	
Duncan Roper – General Manager HSSU	
Nathan Ivens – Group Procurement and Supply Chain Director	
Gary Birney – Human Resources Director - Hospitals Division	
Sue Millward – Group Consultant Infection Prevention Nurse Manager	
Harvey Seale – Group Learning and Development Manager	
Jon Wood – Group IT Director	
Annette Sparks – Clinical Performance Manager – Region A	
Matt King – Group Information Governance Manager	
Paul Wheatley – Group Pathology Manager	
Ian Clements – Managing Director of Quadriga Health and Safety Ltd	
Graham Cowan – Group Health and Safety Manager	
Stephen Outhwaite – Group Property Director	
Kathryn Vincent – Assistant Company Secretary	
Linda Ncube – Integrated Governance Assistant	

## Appendix 2 Governance Sub-Committees

### Sub-Committees of the Group Integrated Governance Committee

Hospitals Integrated Governance Committee (HIGC)

Wellbeing Integrated Governance Committee (WIGC)

Group Infection Prevention Committee (GIPC)

Group Medicines Management and Medical Devices Committee (G3MDC)

Group Safe Environment Committee (GSEC)

Group Training Forum (GTF)

Group Information Governance Forum (GIGF)

Group Blood Transfusion Committee (GBTC)

Radiology Integrated Governance Committee (RIGC)

Pathology Integrated Governance Committee (PIGC)

Group Human Resources Forum (GHRF)

## Appendix 3

### Independent Expert Advisors to Group Medical Director 2010

Professor Ian Lyburn – Consultant Radiologist and Radiology Advisor

Dr Matthew Dryden\*, MD FRCPath – Consultant Microbiologist  
and Infection Prevention and Control Advisor to the Group Infection Prevention 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

Ian Clements – Managing Director, Quadriga Health and Safety Ltd

\*Replaced Professor Tom Elliott who retired in March 2010.

#### References

All our hospitals and health screening facilities are registered with the Care Quality Commission under the Health and Social Care Act 2008.

Our Hospital in Glasgow Scotland is registered with the Scottish Commission for the Regulation of Care.

Our hospitals and facilities are subject to periodic inspection by the Commission(s) including unannounced visits and the outcomes of these inspections are published on the Commission(s) website: [www.cqc.org.uk](http://www.cqc.org.uk).