

New Hall Hospital

Quality Account
2023/24



Public



Ramsay
Health Care

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Welcome to Ramsay Health Care UK

New Hall Hospital is part of the Ramsay Health Care Group

Statement from Nick Costa, Chief Executive Officer, Ramsay Health Care UK

Established in Sydney, Australia in 1964, Ramsay Health Care celebrates its 60th anniversary in 2024. Outside of the NHS, we are one of the longest running healthcare providers in the world. In the UK, we are incredibly proud to be part of a responsible, global healthcare provider widely respected with a strong reputation of delivering, safe, high quality, patient centred care with positive outcomes.

Patients are confident when they come to Ramsay because we are unwavering in our commitment to the highest standards of clinical quality and providing exceptional care. We see this in our patient feedback and independent accreditation awards. All of our endoscopy services inspected by the Royal College of Physicians Joint Advisory Group (JAG) are JAG accredited, we have 97% of our hospitals rated as 'Good' by the Care Quality Commission, and Bupa recognises two of our hospitals providing cancer services as Breast Centres of Excellence.

In 2023, we published our [Social Impact Report](#) in partnership with The Purpose Coalition, a purpose-led organisation focused on bringing together businesses that are breaking down barriers and improving social mobility. The report highlights fantastic examples of Ramsay teams supporting patients in local communities with access to care when they need it through robust partnership working within local health systems. It also showcases our continued support for staff to develop their careers through a range of training and development opportunities, often breaking down social-economic barriers for individuals. With a clear focus on delivering the highest standards of care for patients with outstanding outcomes and a commitment to being a responsible employer and member of our local communities, we acknowledge that the impact we have is both in and outside of our hospital walls.

Everyone across our organisation is responsible for the delivery of clinical excellence and our organisational culture ensures that the patient remains at the centre of everything we do. We recognise that our people, staff, and doctors are the key to our success and teamwork is the central foundation in meeting the expectations of our patients.

I am very proud of Ramsay Health Care's reputation in the delivery of safe and quality care and it gives me great pleasure to share our results with you.



Nick Costa

Chief Executive Officer

Statement from Jo Dickson, Chief Clinical and Quality Officer, Ramsay Health Care UK

I am incredibly proud of the care and service our teams, both clinical and operational, deliver for patients every single day across our 34 hospitals, mobile diagnostic fleet, three decontamination hubs and two corporate offices. The saying, 'the whole is greater than the sum of its parts,' has two very real meanings in Ramsay UK. The overall service and experience that our teams deliver for our patients continues to deliver on our organisational purpose of People caring for People, evidenced through our fantastic patient feedback scores, which includes our group NPS rating of 87 and 96% Friends and Family rating. However, those teams and colleagues are all providing an outstanding individual contribution which we seek to recognise, support and champion across our organisation.

Our ability to deliver first-class healthcare services in our hospitals is underpinned through an ongoing cycle of investment into our facilities, equipment and staff, alongside an ongoing programme of digital advancements to support the seamless delivery and management of patient services. With an exciting schedule of projects that will increase the use of digital services to improve care over the coming years, we are clear in our commitment to support our patients with greater engagement and autonomy throughout their experience with Ramsay UK.

We are committed to the professional development of all our colleagues and have an ethos of continuous improvement. We celebrate when things go well, and we improve where we can do so. Our patients can expect openness and transparency from all colleagues, and all colleagues have confidence that if they raise a concern or identify a risk then they will be listened to, and appropriate action will be taken.

I am looking forward as we continue our commitment to provide high-quality health services to our patients with investment and a focus on utilising digital systems to support the patient journey.



Jo Dickson
Chief Clinical and Quality Officer
Ramsay Health Care UK

Introduction to our Quality Account

This Quality Account is New Hall Hospital's annual report to the public and other stakeholders about the quality of the services we provide. It presents our achievements in terms of clinical excellence, effectiveness, safety and patient experience and demonstrates that our managers, clinicians and staff are all committed to providing continuous, evidence based, quality care to those people we treat. It will also show that we regularly scrutinise every service we provide with a view to improving it and ensuring that our patients' treatment outcomes are the best they can be. It will give a balanced view of what we are good at and what we need to improve on.

Our first Quality Account in 2010 was developed by our Corporate Office and summarised and reviewed quality activities across every hospital and treatment centre within the Ramsay Health Care UK. It was recognised that this didn't provide enough in depth information for the public and commissioners about the quality of services within each individual hospital and how this relates to the local community it serves. Therefore, each site within the Ramsay Group now develops its own Quality Account, which includes some Group wide initiatives, but also describes the many excellent local achievements and quality plans that we would like to share.

Part 1

1.1 Statement on quality from the Hospital Director

Welcome to New Hall Hospital's Quality Account. As Hospital Director, it gives me great pleasure to work with our outstanding teams to again deliver and improve our quality outcomes and patient satisfaction. This report outlines the hospital's approach to quality improvement, patient feedback and clinical outcome progress made in 2023/2024 and plans for the forthcoming year.

2023/24 has seen the opening of our new development, a fifth theatre, diagnostic suite, new inpatient ward, extended day case unit and physiotherapy space. We have opened a Private GP service in partnership with "The Grosvenor Practice" providing patients with rapid access to primary care. Across the South - West we act as a key site to support spinal surgery from Bristol to Cornwall to ensure patients receive vital surgery when they need it. Our patient feedback remains highly rated paired with excellent clinical outcomes. We are extremely proud to partner with the NHS to provide equity of service across the region.

New Hall Hospital has six key values, which underpin everything we do as an organisation in line with 'The Ramsay Way'.

- Place our patients at the centre of everything we do
- Work as one team to achieve the highest outcomes and share successes
- Conduct behaviour in line with the Ramsay Way Values
- Strive for continual improvement in patient outcomes via monitoring and Registries such as the British Spine Registry and the National Joint Registry
- Respect environmental sustainability and reduce our carbon footprint alongside the RAMSAY ambition to be carbon zero by 2030
- Train and grow our future workforce by collaborating with universities, Deanerys, and the Ramsay Academy to train our nursing, allied health staff, and consultants of the future.

The aim of our Quality Account is to provide information to our patients and commissioners to assure them we are committed to making progressive achievements and sharing best practice and success stories. For example, we participate in the Public Health England Surgical Site Surveillance Service and Patient Reported Outcome Measures for hip and knee replacement, hernias, and cataracts. We collect and submit data into PHIN, British Spinal Registry, and National Joint Registry. These measurable outcomes sit alongside our NHS and insured contracts to continue to provide value for money and high-quality services to our community. New Hall is a key partner to Wessex and Peninsula spinal networks

treating spinal patients both locally and regionally, sharing learning and best practice with our regional teams to deliver first class spinal care.

New Hall holds one of the highest submission rates to the National Joint Registry. We have been awarded Quality Data Provider Status this year. Being so advanced in data collection in hip and knee surgery validates our outstanding patient outcomes following orthopaedic surgery and recognises our consultant and nursing expertise.

New Hall is JAG accredited for the next five years and will undertake an upgrade of Endoscopy services to ensure we remain gold standard.

New Hall continues to work alongside the CQC to share our outcomes, safe care, and leadership with our regulators; we remain in band 1 and Good across all domains. Our emphasis is in providing customer centric pathways to ensure patients receive safe, efficient, and effective care, that they feel valued, respected, and involved in decisions about their care and are fully informed about their treatment each step of the pathway. We monitor daily how patients feel about our services and what we can do to continually improve.

The experience that patients have in our hospital is of the utmost importance to us and we are committed to establishing an organisational culture that puts the patient at the centre of everything we do. As well as being treated quickly and safely, our patients receive a personalised service, enhanced by good communication and commitment to ensuring their privacy and dignity are always respected. To do this we rely on excellent medical and clinical leadership plus an overall continuing commitment to drive on year improvement in clinical outcomes. Our data collection provides the platform to benchmark our data nationally with our aspiration to use the Ramsay global network to benchmark internationally.

We especially value patients' feedback about their stay, treatment, and clinical outcome. In the last year we have received excellent feedback from our internal and external patient surveys. We have also participated in the patient NHS Friends and Family Survey and have been delighted with the many positive comments we have received. New Hall Hospital continues to focus on delivering high standards of patient care in a friendly and approachable manner. Working with our partners who include GPs, ICB's, Consultants and our NHS Trust hospitals we deliver our patients and their families an individual and personal service tailored to their needs. We will continue to build our services in line with our community and system needs.



Sharon Ash, Hospital Director, New Hall Hospital

1.2 Hospital Accountability Statement

To the best of my knowledge, as requested by the regulations governing the publication of this document, the information in this report is accurate.

Sharon Ash

Hospital Director

New Hall Hospital

Ramsay Health Care UK

This report has been reviewed and approved by:

BSW Chief Nurse Officer – Gill May

Dorset Chief Nursing Officer – Debbie Simmons

West Hampshire and IOW Chief Nursing Officer – Nicky Lucey

New Hall Hospital Clinical Governance Committee Chair – Dr Philippa Swayne

New Hall Hospital Medical Advisory Committee Chair – Miss Melissa Davies

Welcome to New Hall Hospital



New Hall Hospital is part of the Ramsay Health Care Group and is an independent hospital delivering a full range of specialist surgical and medical services. The hospital is set in beautiful grounds, the original Georgian manor house now accommodates five theatres (4 laminar flow, 1 clean air), 39 inpatient beds, and 19-day case pods. The hospital has excellent physiotherapy, two diagnostic radiology rooms and a static MRI facility.

We are constantly seeking new ways of working and bringing in innovative clinical practices that will improve outcomes for our patients. Our approach to service delivery, which includes working in partnership with the NHS, is courteous and professional and we take great pride in our ability to innovate and look at new ways of working.

We provide fast, convenient, effective and high quality treatment for patients of all ages (excluding children below the age of 18 years) whether medically insured, self-pay or from the NHS.

Ramsay has invested £7.5 million pounds in the last 2 years and have funded the expansion of a new seven-bedded ward, 7-day case pods, a new laminar flow theatre and an additional diagnostic suite.

Specialist surgical and medical services provided at New Hall

We deliver a full range of specialist surgical and medical services (excluding cardiac, neurosurgery and oncology) as inpatient and /or outpatient services to include:

- General orthopedics
- Spinal
- ENT
- Ophthalmology
- Maxillo –facial
- Gynecology
- Urology
- General surgery
- Cosmetic surgery
- Endoscopy
- General medicine to include neurology, cardiology and respiratory medicine

Monitoring Facilities

New Hall provides a facility for closer monitoring of patients who require it, either as a short term step down facility from recovery immediately postoperatively, or following an unexpected deterioration in their condition, where they can be stabilized prior to transfer to a higher level of care.

Staffing

New Hall hospital places emphasis on both patient safety and quality of care. The staff to patient ratio is between 5 and 8 (depending on patient dependence). There is an experienced Residential Medical Officer (RMO) on site 24 hours a day.

There is no single nursing staff-to-patient ratio that can be applied across the whole range of wards to safely meet patients' nursing needs. Each ward or unit determines its nursing staff requirements to ensure safe patient care. New Hall's safe staffing strategy follows the recommendations of the NICE safe staffing guideline: "Safe staffing for nursing in adult inpatient wards in acute hospitals –Report on the potential resource implications (July 2014) Report on the potential resource implications", (July 2014)

This NICE guideline begins with recommendations for the responsibilities and actions at an organizational level to support safe staffing for nursing in individual acute adult inpatient wards. Although aimed primarily at the acute NHS setting we are committed to attain equal safe staffing levels as recommended in this guidance. The guideline also makes recommendations for monitoring and taking action according to whether nursing staff requirements are being met and, most importantly, to ensure patients are receiving the nursing care and contact time they need on the day.

Current staffing numbers, clinical and non-clinical

Consultants directly employed by Ramsay Health Care	8
Consultants (with practicing privileges)	102
Registered Nurses	85 inc bank
Operating Department Practitioners	10 inc bank
Sterile Services Technicians	5 inc bank
Radiographers	19 inc bank
Physiotherapists	20 inc bank
Health Care Assistants	48 inc bank
Support staff	43 inc bank
Administration staff	77 inc bank

Outreach clinics

We normally provide outreach clinic services for NHS outpatient at Poole and Dorchester hospitals for spinal services, and at Blandford clinic for general and spinal orthopedic services.

Direct referral services

We offer direct referral services for private cosmetic surgery and aesthetic cosmetic treatments, as well as some orthopedic services.. All patients requiring NHS services are referred via their General Practitioner (GP).

Business Relationship Managers

We employ a full time Business Relationship Manager (BRM) whose role is to keep GPs/ Triage centres and GP practice staff informed of all services available at New Hall Hospital, including information regarding our Consultants, procedures and patient pathways. The BRM is field-based and regularly visits practices in Wiltshire, West Hampshire and Dorset. She also works with GPs and other healthcare professional to provide CPD-accredited professional education. Through the BRM role, New Hall Hospital is well-placed to respond swiftly to any feedback received from GPs and patients.

Working closely with the Integrated Care Boards

We work closely with our local Integrated Care Boards (Bath, Swindon and Wiltshire (BSW) West Hampshire + IOW, Dorset, Devon and Cornwall) to provide a range of surgical services within the Standard Acute Contract.

Working closely with our local NHS general hospital

We work closely with Salisbury Foundation Trust who provide us with blood transfusion, pathology, histopathology and access to level 3 critical care services. We support Salisbury Foundation Trust with theatre time as required to ensure patients are treated in our community within an 18-week pathway.

Part 2

2.1 Quality priorities for 2024/25

Plan for 2024/25

On an annual cycle, New Hall Hospital develops an operational plan to set objectives for the year ahead.

We have a clear commitment to our private patients as well as working in partnership with the NHS ensuring that those services commissioned to us, result in safe, quality treatment for all NHS patients whilst they are in our care. We constantly strive to improve clinical safety and standards by a systematic process of governance including audit and feedback from all those experiencing our services.

To meet these aims, we have various initiatives on going at any one time. The priorities are determined by the hospitals Senior Management Team taking into account patient feedback, audit results, national guidance, and the recommendations from various hospital committees which represent all professional and management levels.

Most importantly, we believe our priorities must drive patient safety, clinical effectiveness and improve the experience of all people visiting our hospital.

Priorities for improvement

2.1.1 A review of clinical priorities 2023/24 (looking back)

Implementation of the EVOLVE pre assessment project

Pre assessment of patients is a key and vital part of every patient journey to ensure the patients are fully informed, assessed and safe prior to undertaking surgery. There has been a drive centrally within Ramsay to reduce the wait lists for pre assessment and support a more efficient service for our patients.

This is achieved by creating a one stop service for patients in the Outpatients setting, where they are listed for surgery and immediately directed to a triage station where the nursing team can screen and triage the patients, carry out relevant tests and assess the level of assessment required: screening only, telephone Pre-Assessment or face to face appointment.

This will result in improved clinical practice, increased satisfaction for the patient and a further drive and be beneficial commercially by creating a set of patients ready for surgery in case of short term cancellations. It is difficult to recruit staff with a specialist set of skills required in pre operative assessment; hence the need to improve efficiency.

New Hall Hospital is proposing to carry this process out in phases to ensure effective implementation for patient safety. There is a requirement of collaboration between the Pre-Assessment and outpatients nursing team which has already been put in place with key contacts and some side to side support to create a pool of multi skilled nurses across departments.

We will demonstrate a continued improvement in performance which will be evidenced via auditing of performance. This will include:

- Reduction in levels of legacy patients awaiting Triage.
- Improved patient optimisation and patient experience leading up to surgery.
- Learning identified via the audit process including ongoing and/or new actions being taken to improve compliance.
- Demonstrate evidence that this has been shared and actioned with all departments as appropriate.

New Hall hospital has fully implemented this pathway with success.

Patient experience group focus and centrality of patient pathways

Patient feedback, positive and negative, is key for New Hall Hospital to celebrate what we do well and learn from comments and incidents where the patients do not feel that we did as well as we could have done.

This is why New Hall Hospital's key focus on the forthcoming year will be around the patient experience group and the importance of driving good behaviours and practice secondary to what the patients want and need. New Hall Hospital want to maintain a pathway which is patient centric and evolving with what the patients let us know they would like, prefer and/or didn't experience in their visit.

The Hospital meets every month for patient experience and the recommendation going forward is to analyse all the data from Cemplicity, our online feedback portal, Friends and Family and formal complaints, in order to analyse trends and themes of feedback using the graph data and key driver analysis. We then create positive actions which are then shared with the teams through our Outcomes With Learning meetings. The aspiration would be to have a patient present a negative experience back to the team twice a year to ensure we close the loop with our patients as well.

Our patient pathway managers visit our patients daily to ensure we also capture some live feedback from our service user and address any potential concerns straight away, but also gives us a great positive insight in the great feedback that our patients leave behind.

The success measure of the above will be evidenced by an increasing Friends and Family Feedback positive response percentage and an increased Net Promoter Score in order for the hospital to communicate with all of our patients and what they want and need from an individualised pathway.

This focus has been fully met, New Hall hospital meets monthly to discuss patient feedback and improve its services, and has successfully invited patients to share their stories and experiences.

2.1.2 Clinical Priorities for 2024/25 (looking forward)

Implementation of the new Patient Safety Incident Response Framework (PSIRF)

The Serious Injury Framework was replaced by the Patient Safety Incident Response Framework during the 2023/2024 year. This change gives organisations a framework within which to work and the freedom to decide how to respond to patient safety incidents to maximise improvement. PSIRF is a learning improvement tool.

Ramsay Healthcare UK have implemented this in all of their site and have updated their policies and procedures to reflect this. Ramsay have also produced a PSIRP (Patient Safety Incident Response Plan), which New Hall hospital is working towards together with all the other Ramsay sites.

New Hall hospital has had 100% uptake with all the required mandatory training for PSIRF and have started utilising all the of the tools available to successfully investigate patient events and complaints.

The focus on the coming year will be to embed PSIRF by ensuring:

- A proportionate and timely response to each event and complaint is achieved;
- Patient inclusion remains at the heart of every investigation, ensuring that the individuals are supported and informed throughout the inquiry;
- A Patient Safety Incident Response Group meets locally weekly or as a minimum bi-monthly, ensuring that the standards set above are met.

Embedding the new incidents and complaints recording system

In August 2023 Ramsay Healthcare UK moved over from an incident reporting system (Riskman) to another (RADAR). The reason for this change was secondary to the age of the previous system and the fact that it wouldn't integrate with the new PSIRF (as above) and Learn from patient safety events (LFPSE) service. Ramsay successfully moved from Riskman to RADAR.

RADAR has many more modern functionalities and has added the ability to have an electronic risk register hospital wide, allowing for risks to be visible at corporate level too, and capability of Subject Access Requests to be undertaken online.

New Hall hospital has achieved the required training compliance and are proud to announce that 2 RADAR champions have been appointed on site.

The focus on the coming year will be for New Hall hospital to set RADAR as the new business as usual system and ensure that all the new functionalities are implemented in a timely manner. There will be

prompt escalation of incidents (in line with the objectives above), complaints, risks, legal claims and an effective use of a central repository of information.

2.2 Mandatory Statements

The following section contains the mandatory statements common to all Quality Accounts as required by the regulations set out by the Department of Health.

2.2.1 Review of Services

In 2023/24 we treated 8441 patients, of whom 6741 were NHS patients (79.9%) and 1700 were private patients (20.1%)

During 2023/24 New Hall Hospital provided NHS services to BSW, WHIOW, Dorset and Devon ICBs.

New Hall Hospital has reviewed all the data available to them on the quality of care in all 4 of these NHS services.

The income generated by the NHS services reviewed in 1 April 2023 to 31st March 2024 represents 100 per cent of the total income generated from the provision of NHS services by New Hall Hospital for 1 April 2023 to 31st March 2024

Ramsay uses a balanced scorecard approach to give an overview of audit results across the critical areas of patient care. The indicators on the Ramsay scorecard are reviewed each year. The scorecard is reviewed each quarter by the hospitals Senior Leadership Team together with Corporate Senior Managers and Directors. The balanced scorecard approach has been an extremely successful tool in helping us benchmark against other hospitals and identifying key areas for improvement.

In the period for 2023/24, the indicators on the scorecard which affect patient safety and quality were:

Human Resources	
Staff Cost % Net Revenue	29.5%
HCA Hours as % of Total Nursing	30.8%
Agency Cost as % of Total Staff Cost	10.9%
Ward Hours PPD	3.92
% Staff Turnover	15.5%
% Sickness	3.83%
% Lost Time	20%
Appraisal %	92.2%
E-Learning %	97%
Mandatory Training %	96%
Number of Significant Staff Injuries	0%
Patient	
Formal Complaints per 1000 HPD's	0.46%

Patient Satisfaction Score	92%
Significant Clinical Events per 1000 Admissions	0.12%
Readmission per 1000 Admissions	0.19%
Quality	
Workplace Health & Safety Score	97%
Infection Control Audit Score	99%
Consultant Satisfaction Score	Ongoing

2.2.2 Participation in clinical audit

During 1 April 2023 to 31st March 2024 New Hall Hospital participated in 100% national clinical audits and 100% national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiries that New Hall Hospital participated in, and for which data collection was completed during 1 April 2023 to 31st March 2024, are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

Name of audit / Clinical Outcome Review Programme	% cases submitted
Elective Surgery - National PROMs Programme	90%
British Spine Registry	100%
National Joint Registry (NJR) ^{1, 2}	95.6%
Surgical Site Infection Surveillance Service	90%

Footnotes:

¹ Project participates in the Clinical Outcomes Publication (COP)

² Projects with multiple work streams are reflected in the [HQIP National Clinical Audit and Enquiries Directory](#)
Version: January 2019

The reports of national clinical audits from 1 April 2023 to 31st March 2024 were reviewed by the Clinical Governance Committee and New Hall Hospital intends to take the following actions to improve the quality of healthcare provided.

PROMS: The rollout of the ePROMS program nationally is driving compliance and ease of use for all users, and this has been evidenced in the increased pre and postoperative response rates.

SSISS: SSISS reported cases are triangulated against site reports to ensure all cases are submitted with continued improvement 90% of cases were reported in Q1234. To improve accuracy of infection rate data, all joint replacement and spinal patients are phoned up 30 days after discharge and assessed for potential Surgical Site Infection. All infection data is then presented and monitored by the infection control committee and relevant surgeons groups.

Local Audits

The reports of New Hall Hospital local clinical audits from 1 April 2023 to 31st March 2024 were reviewed by the Clinical Governance Committee.

The audit programme follows the Tendable National Ramsay programme. This enables staff to undertake audits using an iPad to record details and photos in real time, as well as utilizing the analytic dashboard to effectively feedback to the teams and follow up on open and ongoing actions.

The Hospital intends to take the following actions to improve the quality of healthcare provided:

- Close monitoring of all audits by the Head of Clinical Services; Heads of Department are now required to present their own department audits at clinical governance to discuss results and actions;
- Audit as part of the quality cycle will now be discussed at all future staff induction and clinical mandatory training days;
- Clinical indicator data set measured in real time within general orthopaedics and spinal surgery.

Core audits were carried out throughout the period covering all aspects of clinical practice. All audits generate and action plan for shared learning and clinical development/improvement.

The clinical audit schedule for the remainder of this year can be found in Appendix 2

2.2.3 Participation in Research

There were no patients recruited during 2023/24 period to participate in research approved by a research ethics committee.

2.2.4 Goals agreed with our Commissioners using the CQUIN (Commissioning for Quality and Innovation) Framework

New Hall Hospital's income from 1 April 2023 to 31st March 2024 was not conditional on achieving quality improvement and innovation goals through the Commissioning for Quality and Innovation payment framework.

2.2.5 Statements from the Care Quality Commission (CQC)

New Hall Hospital is required to register with the Care Quality Commission and its current registration status on 31st March is registered without conditions. New Hall Hospital has not participated in any special reviews or investigations by the CQC during the reporting period.

Overall Good Read overall summary	Safe	Good ●
	Effective	Good ●
	Caring	Good ●
	Responsive	Good ●
	Well-led	Good ●

2.2.6 Data Quality

Statement on relevance of Data Quality and your actions to improve your Data Quality

New Hall Hospital will be taking the following actions to improve data quality. Ramsay has invested in the information services and clinical data analyst in the business. As a result, this ensures the data integrity analyzed by site is clear and specific. This allows the Multi-Disciplinary team to use this data to benchmark the outcomes locally, regionally and nationally.

NHS Number and General Medical Practice Code Validity

New Hall Hospital submitted records during 2023/24 to the Secondary Uses Service (SUS) for inclusion in the Hospital Episode Statistics (HES) which are included in the latest published data. The percentage of records in the published data which included:

The patient's valid NHS number:

- 99.1% for admitted patient care;
- 99.98% for outpatient care; and
- NA for accident and emergency care (not undertaken at our hospital).

The General Medical Practice Code:

- 100% for admitted patient care;
- 100% for outpatient care; and
- NA for accident and emergency care (not undertaken at our hospital).

Information Governance Toolkit attainment levels

Ramsay Health Care UK Operations Ltd status is 'Standards Met'. The 2023/2024 submission is due by 30th June 2024.

Info available on the DSP website at:

<https://www.dsptoolkit.nhs.uk/>

Clinical coding error rate

New Hall Hospital was subject to the Payment by Results clinical coding audit during 2023/24 by the Audit Commission and the error rates reported in the latest published audit for that period for diagnoses and treatment coding (clinical coding) were:

Ramsay Health Care DSPT IG Requirement 505 Attainment Levels as of March 2023

Hospital Site	Primary Diagnosis	Secondary Diagnosis	Primary Procedure	Secondary Procedure
New Hall	96%	91%	94%	86%

2.2.7 Stakeholders views on 2022/23 Quality Account

Copies of this Quality Account were sent to our quality leads for the Integrated Care Boards, the MAC and Clinical Governance Committee Chair for comments prior to publication. The comments received have been incorporated as below.

BSW Chief Nurse Officer – Gill May

Dorset Chief Nursing Officer – Debbie Simmons

West Hampshire and IOW Chief Nursing Officer – Nicky Lucey

New Hall Hospital Clinical Governance Committee Chair – Dr Philippa Swayne

New Hall Hospital Medical Advisory Committee Chair – Miss Melissa Davies

Statement from commissioners: Debbie Simmons, Chief Nursing Officer NHS Dorset Integrated Care Board

NHS Dorset welcomes the opportunity to provide this statement on Ramsay Health Care New Hall Hospital's Quality Account. We have reviewed the information presented within the Account and can confirm that the report is an accurate reflection of the information we have received during the year.

In 2023/24 good progress was made against the identified priorities. The EVOLVE preassessment project has been implemented, effectively creating a one-stop service for patients in an outpatient setting. This has supported the drive to reduce waitlists for preassessment and deliver a more efficient service for their patients. It is assuring to note that this has now been fully rolled out with success.

New Hall Hospital recognised that all patient feedback, both positive and negative is key for learning and development. New Hall have now introduced a number of measures by which to collect such feedback. Through monthly meetings, the Hospital can now use this patient feedback to improve its services and have enhanced these meetings by including patients to share their personal stories and experiences.

Looking forward to 2024/25, NHS Dorset is pleased to continue working closely with New Hall Hospital as a key partner in providing high quality health care. NHS Dorset acknowledge the quality priorities set out by the organisation, including the implementation of the Patient Safety Incident Response Framework (PSIRF) which aims for a proportionate and timely response to each event and complaint, along with ensuring that patients remain at the heart of every investigation.

The coming year will also see the embedding of a new incidents and complaints recording system, which offers much more modern functionality than has previously been available.

NHS Dorset remain committed to working closely with New Hall Hospital over the coming year to ensure New Hall Hospital is involved in collaborative working with all health and social care partners within the Integrated Care System to improve the quality of services for all in Dorset during 2024/25.

Statement from commissioners: Nicky Lucey, Chief Nursing Officer NHS Hampshire and Isle of Wight Integrated Care Board:

NHS Hampshire and the Isle of Wight Integrated Care Board would like to thank Ramsay New Hall Hospital for the opportunity to comment on their quality account for 2023/2024. We are satisfied with the overall content of the Quality Account/Report and believe it meets the mandated elements.

We have worked alongside New Hall Hospital to seek assurances that the care provided by them meets the required standards for safe, effective care and that experience is key to those accessing it, taking action for improvement where necessary.

We supported New Hall Hospital's 2023/24 quality improvement priorities. It is pleasing to note that having achieved all their key priorities, considerable improvements in several areas are evident, including:

- Implementation of the EVOLVE pre-assessment project: the outlined approach to reduce wait times and enhance patient safety through a one-stop service for pre-assessment in the outpatients setting is commendable. The phased implementation plan will likely lead to improved clinical practices, patient satisfaction and operational efficiency.
- Patient experience group focus and centrality of patient pathways: New Hall Hospital's commitment to using patient feedback to drive improvements, analyse trends and implement positive action is impressive. The inclusion of patient stories to ensure continuous improvement is particularly commendable. It is recommended that monitoring of the impact the 2023/24 priorities have had on patient outcomes continues during 2024/25.

NHS Hampshire and Isle of Wight Integrated Care Board welcomes the 2024/25 priorities outlined in the Quality Account and looks forward to Ramsay New Hall sharing improvements and examples of best practice/innovation.

We would like to thank Ramsay New Hall Hospital for inviting us to participate in a quality visit to support our assurances processes.

Overall, we are pleased to endorse the Quality Report for 2023/24 and look forward to continuing to work closely with Ramsay New Hall Hospital during 2024/25 in further improving the quality of care delivered to our population.

Statement from commissioners: Gill May, Chief Nursing Officer NHS Bath and North East Somerset, Swindon and Wiltshire Integrated Care Board:

NHS Bath and North East Somerset, Swindon and Wiltshire Integrated Care Board (ICB) welcome the opportunity to review and comment on the New Hall Hospital Quality Account for 2023/ 2024. In so far as the ICB has been able to check the factual details, the view is that the Quality Account is materially accurate in line with information presented to the ICB via contractual monitoring and quality visits and is presented in the format required by NHSE/I presentation guidance.

It is the view of the ICB that the Quality Account reflects the New Hall Hospital on-going commitment to quality improvement and addressing key issues in a focused and innovative way. New Hall Hospital has been able to make achievements against both their priorities for 2023/24 including:

1. Implementation of the EVOLVE pre assessment project – This was achieved by creating a one stop service for patients in the Outpatients setting, where they are listed for surgery and immediately directed to a triage station where the nursing team can screen and triage the patients, carry out relevant tests and assess the level of assessment required: screening only, telephone Pre-Assessment or face to face appointment. The result was improved clinical practice, increased satisfaction for the patient and create a set of patients ready for surgery in case of short-term cancellations.

2. Patient experience group focus and centrality of patient pathways – This involved focusing on the patient experience group and the importance of driving good behaviors and practice secondary to what the patients want and need. The patient pathway managers visit patients daily to ensure that live feedback is captured alongside the feedback portal, Friends and Family and formal complaints data. The result of this was an increasing Friends and Family Feedback positive response percentage and an increased Net Promoter Score.

The ICB supports New Hall Hospital's identified Quality Priorities for 2024/2025. It is recognised that several of the priorities described in this Quality Account align to the NHS priorities set out in the NHS Long Term Plan and Operational Planning Guidance with a crucial focus on reducing inequalities. The ICB welcomes continued engagement in the agreed service improvement plan and focus on:

1. Implementation of the new Patient Safety Incident Response Framework (PSIRF) - The focus on the coming year will be to embed PSIRF by ensuring:

a. A proportionate and timely response to each event and complaint is achieved;

b. Patient inclusion remains at the heart of every investigation, ensuring that the individuals are supported and informed throughout the inquiry;

c. A Patient Safety Incident Response Group meets locally weekly or as a minimum by monthly, ensuring that the standards set above are met.

2. Embedding the new incidents and complaints recording system - The focus on the coming year will be for New Hall hospital to set RADAR as the new business as usual system and ensure that all the new functionalities are implemented in a timely manner. There will be prompt escalation of incidents (in line with the objectives above), complaints, risks, legal claim and effective use of a central repository of information.

We look forward to seeing progress with quality priorities identified in this Quality Account in conjunction with the continued transition to PSIRF and the implementation of the organisations' Patient Safety Incident Response Plans (PSIRPs).

NHS Bath and North East Somerset, Swindon and Wiltshire ICB are committed to sustaining strong working relationships with New Hall Hospital, and together with wider stakeholders, will continue to work collaboratively to achieve our shared priorities as the Integrated Care System further develops in 2024/25.

Part 3: Review of quality performance 2023/24

Statements of quality delivery

Head of Clinical Services (Matron), Alessio Biagini

Review of quality performance 1st April 2023 - 31st March 2024

Introduction

Welcome to the statements of quality delivery for 2023/2024 for New Hall Hospital.

As the Head of Clinical Services, it is a pleasure to lead the hospital's quality and governance agenda on a day to day basis. It is a key integral part of my working day and it helps me ensure that we are a learning organisation and our patients are kept safe.

My focus remains first and foremost ensuring patients receive safe and effective care and that they are treated as individuals each with their own set of care needs. My expectation is that all patients are treated with compassion and empathy and they are put at the centre of everything we do, that they feel valued and respected in decisions about their care and are fully informed and involved in their treatment at each stage of their pathway.

I will continue to lead on clinical safety, quality and standards and to ensure that medical and nursing care and other resources are provided at a level that is designed to ensure a safe and optimal level of patient care.

We rely on an excellent team at New Hall who are committed, dedicated and competent and who share the same values and practice according to the Ramsay way.



Alessio Biagini

Head of Clinical Services

Ramsay Clinical Governance Framework 2023/24

The aim of clinical governance is to ensure that Ramsay develop ways of working which ensure that the quality of patient care is central to the business of the organisation.

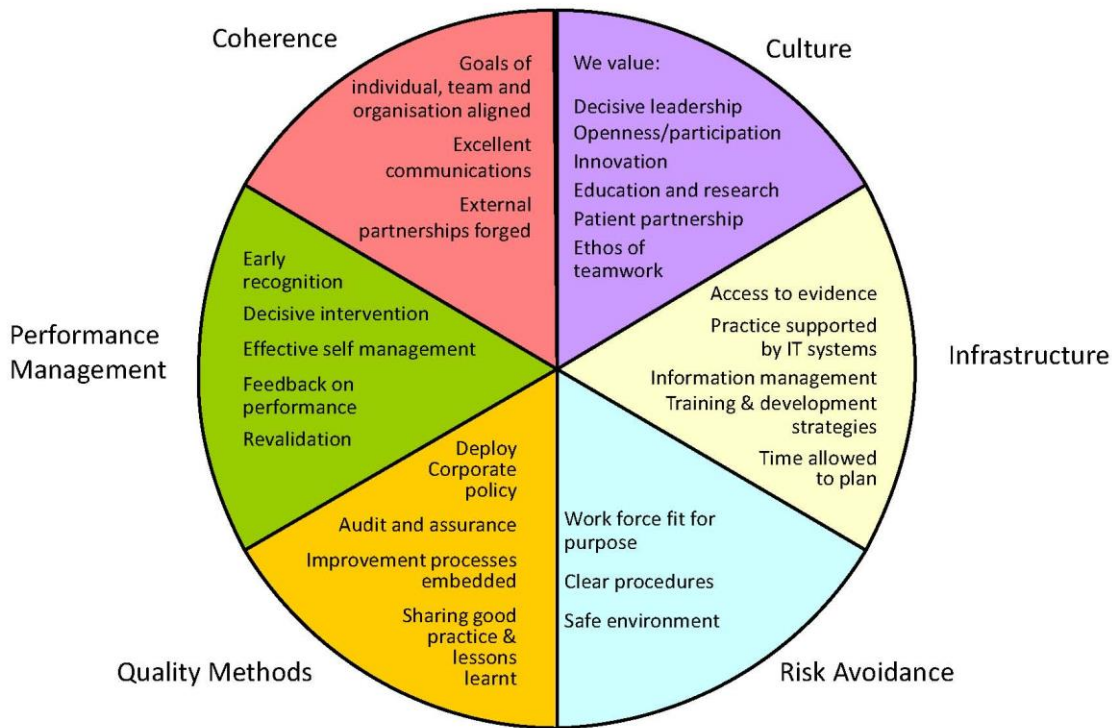
The emphasis is on providing an environment and culture to support continuous clinical quality improvement so that patients receive safe and effective care, clinicians are enabled to provide that care and the organisation can satisfy itself that we are doing the right things in the right way.

It is important that Clinical Governance is integrated into other governance systems in the organisation and should not be seen as a “stand-alone” activity. All management systems, clinical, financial, estates etc, are inter-dependent with actions in one area impacting on others.

Several models have been devised to include all the elements of Clinical Governance to provide a framework for ensuring that it is embedded, implemented and can be monitored in an organisation. In developing this framework for Ramsay Health Care UK we have gone back to the original Scally and Donaldson paper (1998) as we believe that it is a model that allows coverage and inclusion of all the necessary strategies, policies, systems and processes for effective Clinical Governance. The domains of this model are:

- Infrastructure
- Culture
- Quality methods
- Poor performance
- Risk avoidance
- Coherence

Ramsay Health Care Clinical Governance Framework



National Guidance

Ramsay also complies with the recommendations contained in technology appraisals issued by the National Institute for Health and Clinical Excellence (NICE) and Safety Alerts as issued by the NHS Commissioning Board Special Health Authority.

Ramsay has systems in place for scrutinising all national clinical guidance and selecting those that are applicable to our business and thereafter monitoring their implementation.

3.1 The Core Quality Account indicators

All acute hospitals are required to report against these indicators using a standardised statement set out below. Hospitals are only required to include indicators in their Quality Accounts relevant to the services they provide.

Where the necessary data was made available to New Hall by NHS Digital, the table also includes the national average for the same; and the highest and lowest of the same, for the reporting period.

Mortality

Mortality:	Period	Best		Worst		Average		Period	New Hall	
	Apr20 - Mar 21	RRV	0.6908	RM1	1.201	Average	0.0078	21/22	NVC09	0.0000
Dec21 - Nov22	R1K02	0.2456	RHCH	2.1583	Average	1.0965	22/23	NVC09	0.0000	
Nov22-Oct23	RQM	0.7215	RXP	1.2065	Average	1.0021	23/24	NVC09	0.0002	

The mortality data is related to NHS Outcomes Framework Domain 1 “Preventing People Dying prematurely” and Domain 2 “Enhancing Quality of Life for People with Long Term Conditions”

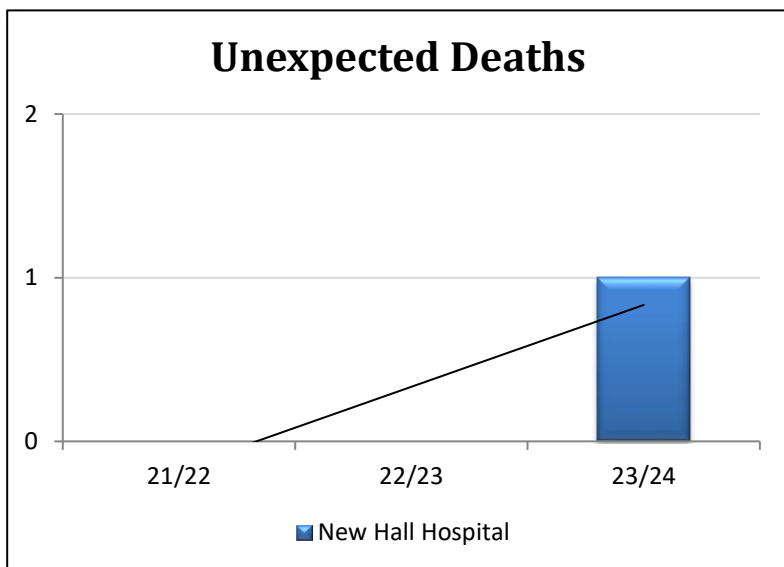
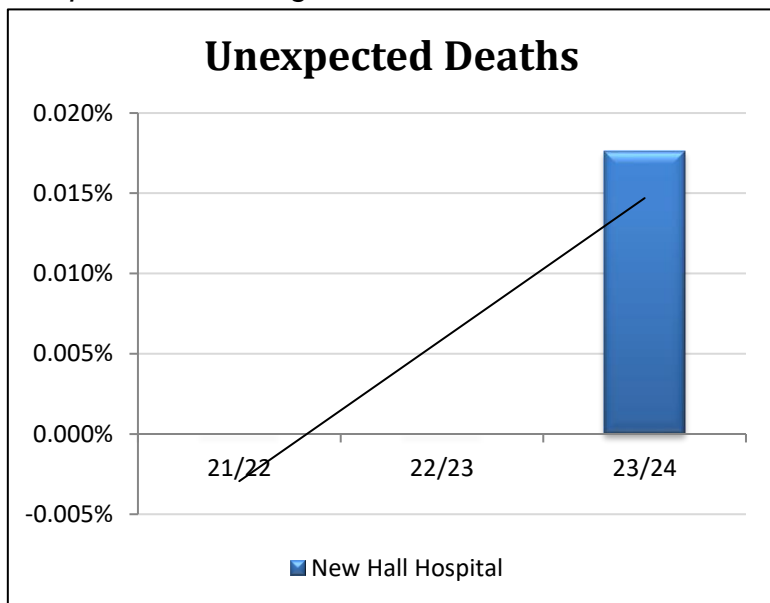
Above is a table showing mortality/death of patient data made available to New Hall Hospital by NHS digital. The table covers two reporting periods and shows the worst performer for the period, the best performer and the New Hall site performance.

The data made available to the National Health Service trust or NHS foundation trust by NHS Digital with regard to—

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

New Hall considers that this data is as described for the following reasons: there sadly was one patient who passed away following joint replacement in the 2023/2024 period. This patient’s case was referred to the coroner for review, and New Hall hospital’s full investigation was shared with them. The outcome was a natural death, and the team at New Hall hospital was fully supported and, in line with the upcoming PSIRF changes, there was extensive support to the patient’s family and relatives.

Rate per 100 discharges:



National PROMs

Patients undergoing elective NHS funded inpatient surgery for common elective procedures performed at New Hall (hip replacement and knee replacement, ENT septoplasty, transurethral prostatectomy and carpal tunnel) are asked to complete questionnaires before and after their operations to assess improvement in health as perceived by the patients themselves. This involves asking patients to complete a questionnaire before their operation and six-months after their operation. These

questionnaires are known formally as the National Patient Reported Outcomes Measures (PROMs) programme and are designed to ask patients for their perspective on the effectiveness of care they received in the NHS in England.

The PROMS quality indicators are related to the NHS Outcomes Related NHS Outcomes Framework Domain 3: *“Helping people to recover from episodes of ill health or following injury.”*

The data detailed in the graphs below was made available to New Hall hospital by NHS Digital. Full Data available at <http://content.digital.nhs.uk/proms>

Hip Replacement PROMS

Below is a table showing hip replacement PROMS data made available to New Hall hospital by NHS digital.

The table covers two reporting periods and shows the worst performer for the period, the best performer for the period and New Halls’ own site performance. The measure is the Adjusted Health Gain (Primary Oxford Hip Score).

PROMS:	Period	Best		Worst		Average		Period	New Hall	
	Hips	Apr19 - Mar 20	NTPH1	25.5465	NT411	17.059	Eng	22.6867	Apr19 - Mar 20	NVC09
	Apr20 - Mar 21	NV302	25.7015	NVC20	17.335	Eng	22.9812	Apr20 - Mar 21	NVC09	23.067
	Apr21 - Mar 22	NT333	26.0042	NVC20	7.31011	Eng	22.8474	Apr21 - Mar 22	NVC09	22.947

New Hall Hospital considers that the data is as described since our patients are reporting good outcomes when completing their post op questionnaire. Unfortunately, publication has been paused since 22/23

Knee Replacement PROMS

Below is a table showing knee replacement PROMS data made available to New Hall hospital by NHS digital. The table covers two reporting periods and shows the worst performer for the period, the best performer for the period and New Halls own site performance. The measure is the Adjusted Health Gain (Primary Oxford Knee Score).

PROMS:	Period	Best		Worst		Average		Period	New Hall	
	Knees	Apr19 - Mar 20	RR7	20.6878	R1K	12.6215	Eng	17.4858	Apr20 - Mar 21	NVC09
	Apr20 - Mar 21	NVC23	20.2502	RXP	11.9159	Eng	16.8858	Apr19 - Mar 20	NVC09	14.642
	Apr21 - Mar 22	RCF	20.6336	NT209	14.2667	Eng	17.6247	Apr20 - Mar 21	NVC09	18.430

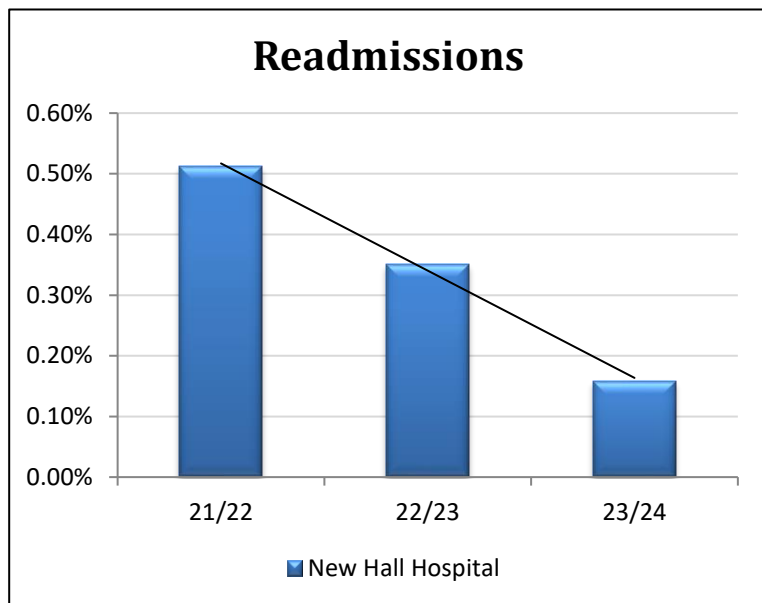
New Hall Hospital considers that the data is as described since our patients are reporting good outcomes when completing their post op questionnaire. Unfortunately, publication has been paused since 22/23

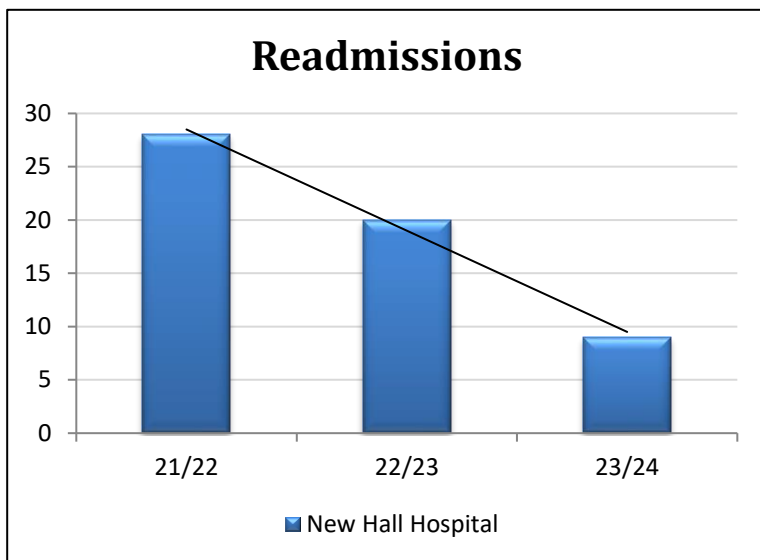
Readmissions within 28 days

The data made available to New Hall Hospital by NHS Digital with regard to the percentage of patients aged 18 or over, readmitted to a hospital within 28 days of being discharged during the reporting period. Unfortunately, this data is no longer reported and there is no published data after 19/20.

Readmissions:	Period	Best		Worst		Average		Period	New Hall	
	18/19	N/A	N/A	N/A	N/A	N/A	Eng	14.3	21/22	NVC09
19/20	N/A	N/A	N/A	N/A	N/A	Eng	13.7	22/23	NVC09	0.00
20/21	N/A	N/A	N/A	N/A	N/A	Eng	15.5	23/24	NVC09	0.00

Below is a bar graph for the previous 3 years' readmissions as a total number for the last 3 years





New Hall Hospital considers that the data is as described. This may be due to the complexity and acuity of patients we see at New Hall under our NHS spinal contract. Most readmissions can be spinal patients with altered neurology or a known infection who require urgent treatment to prevent further deterioration in their condition. Spinal surgery does carry an increased risk of complications such as infections and recognised complications, the hospital prides itself on providing excellent care for our patients even after they have been discharged.

New Hall Hospital has taken action to improve the quality of its service by ensuring all spinal patients receive timely and appropriate intervention following discharge and will continue to do so. All patients are given a comprehensive discharge pack to ensure that they are aware of action that needs to be taken should any complications arise post-surgery.

Responsiveness to Personal Needs

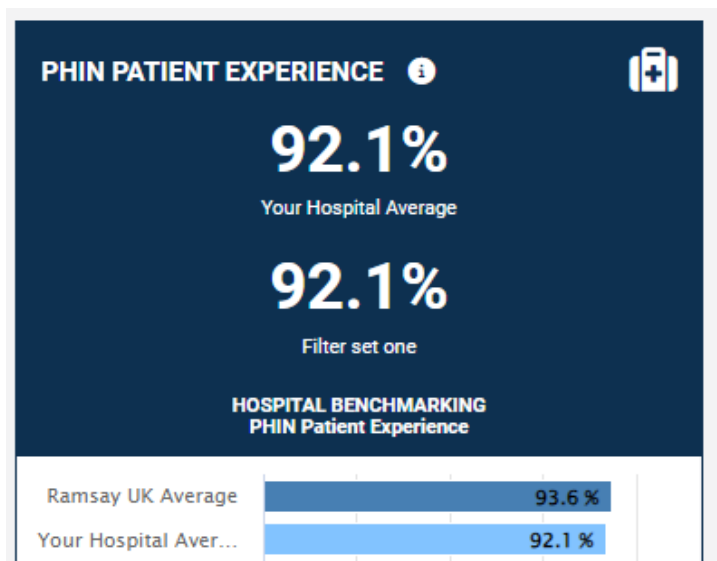
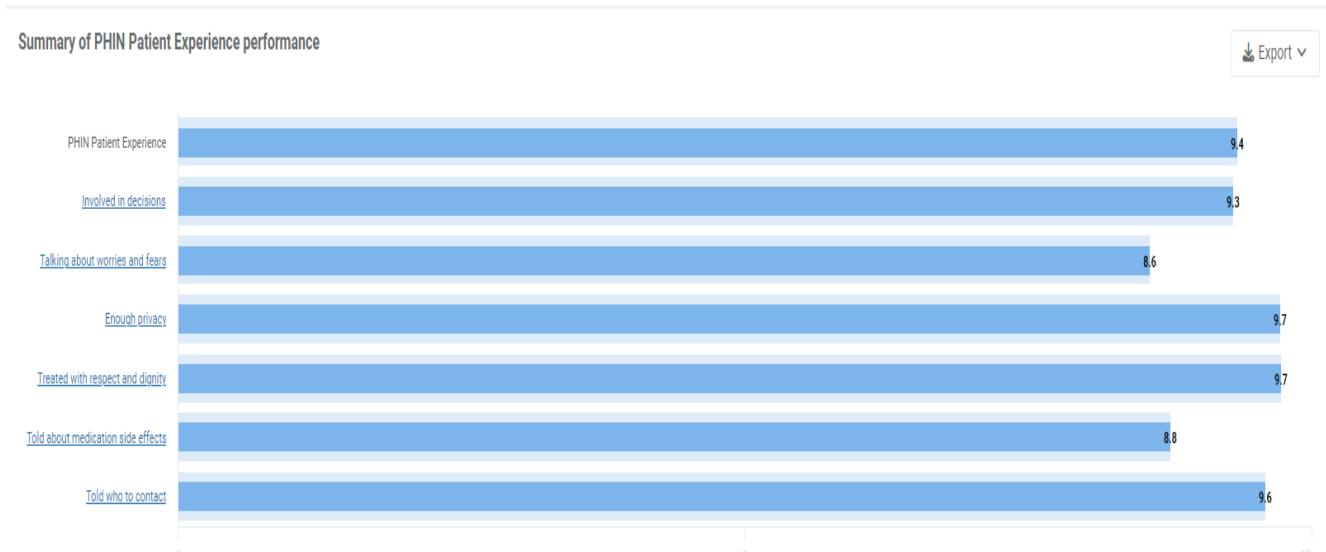
The data made available to New Hall Hospital by NHS Digital with regard to the trust's responsiveness to the personal needs of its patients during the reporting period.

The service responsiveness quality indicators are related to the NHS Outcomes Framework Domain 4: Ensuring that people have a positive experience of care

Responsiveness: to personal needs	Period	Best		Worst		Average		Period	New Hall	
	2012/13	RPC	88.2	RJ6	68.0	Eng	76.5	2013/14	NVC09	90.9
2013/14	RPY	87.0	RJ6	67.1	Eng	76.9	2014/15	NVC09	91.0	

Unfortunately, this data is no longer reported.

PHIN Experience score (suite of 5 questions giving overall Responsive to Personal Needs score):



VTE Risk Assessment

The VTE quality indicator is related to NHS Outcomes Framework Domain 5 “Treating and caring for people in a safe environment and protecting them from avoidable harm.”

Below is a table showing the percentage of patients who were admitted to New Hall and who were risk assessed for venous thromboembolism during the reporting period is shown on the graph and was made available to New Hall by NHS digital.

VTE Assessment:	Period	Best		Worst		Average		Period	New Hall	
	Q1 to Q4 18/19	Several	100%	NVCOM	41.6%	Eng	95.6%	Q1 to Q4 18/19	NVC09	94.4%
	Q1 to Q3 19/20	Several	100%	RXL	71.8%	Eng	95.5%	Q1 to Q3 19/20	NVC09	95.9%

Due to Covid this submission was paused. There is no data published after Q3 19/20

New Hall Hospital considers that this data is as described for the following reasons: All clinical staff are aware of the need for VTE assessment, our clinical care pathways direct the staff member to ensure completion and we have excellent communication with Consultants to ensure compliance. New Hall Hospital intends to take the following actions to improve this rate and so the quality of its service. We will ensure patients' VTE requirements are assessed and patients receive appropriate prophylaxis, we do not allow for patients to be sent for theatre unless the VTE risk assessment has been completed.

C difficile infection

The C. difficile data is related to the NHS Outcomes Framework Domain 5 "Treating and caring for people in a safe environment and protecting them from avoidable harm."

Below is a table showing data made available to New Hall hospital by NHS digital with regard to the rate per 100,000 bed days of cases of C difficile infection reported at New Hall amongst patients during the reporting period.

The table covers two reporting periods and shows the worst performer for the period, the best performer for the period and New Halls own site performance.

C. Diff rate: per 100,000 bed days	Period	Best		Worst		Average		Period	New Hall	
	2020/21	Several	0	RPC	81.0	Eng	15.0	2021/22	NVC09	0.0
	2021/22	Several	0	RPY	54.0	Eng	16.0	2022/23	NVC09	0.0

New Hall Hospital considers that this data is as described for the following reasons: There have been no incidents in the reporting period.

Patient Safety Incidents with Harm

The serious incident data is related to NHS Outcomes Framework Domain 5: Treating and caring for people in a safe environment and protecting them from avoidable harm

The data made available to New Hall Hospital from our Riskman and RADAR reporting system with regard to the number and, where available, rate of patient safety incidents reported within New Hall

during the reporting period, and the number and percentage of such patient safety incidents that resulted in severe harm or death. England average rates are based on data from NRLS.

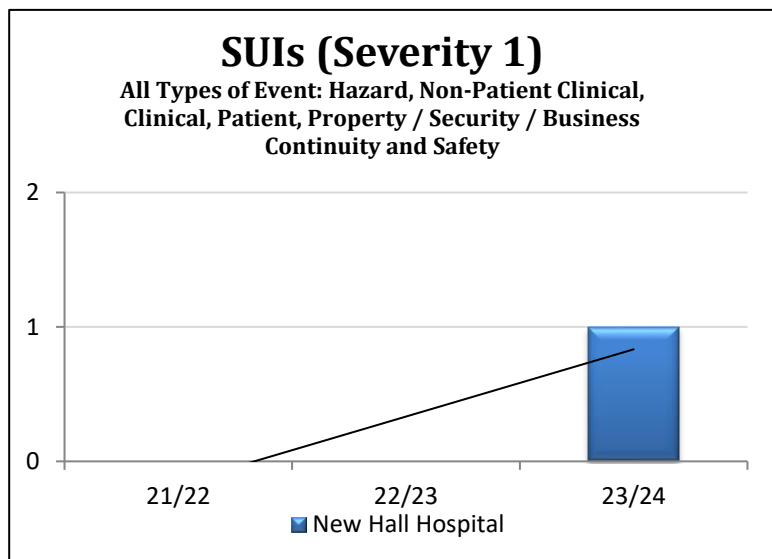
Below is a table showing serious incident data made available to New Hall hospital by NHS digital (level 1). The table covers two reporting periods and shows the worst performer for the period, the best performer for the period and New Halls own site performance.

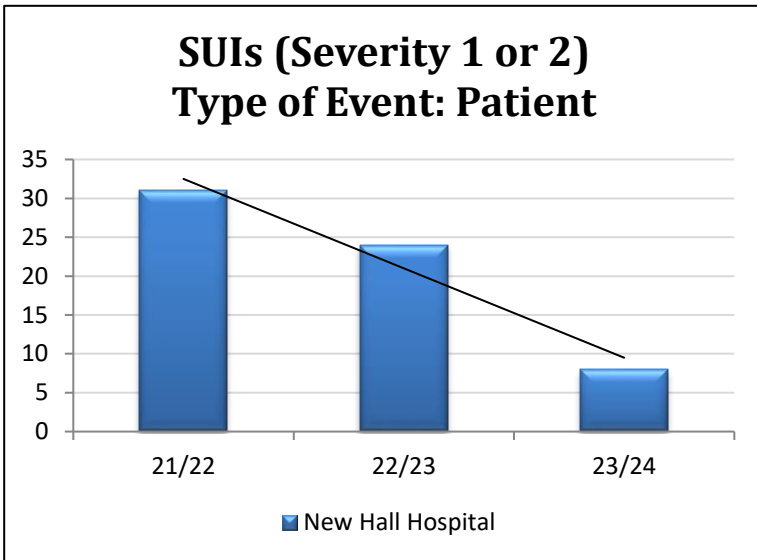
SUIs: (Severity 1 only)	Period	Best		Worst		Average		Period	New Hall	
	Oct19 - Mar20	Several	0.00	Several	0.50	Eng	0.20	2021/22	NVC09	0.00
2021/22	RAX	0.03	RJR	1.08	Eng	0.30	2022/23	NVC09	0.00	
2022/23	N/A	N/A	N/A	N/A	N/A	N/A	2023/24	NVC09	0.00	

New Hall Hospital considers that this data is as described for the following reasons: New Hall provides elective care for spinal patients with significant co-morbidities and there is an effective pre admission process to ensure a patient’s condition is optimised prior to surgery. There was one incident in the reporting period, discussed in the mortality section.

New Hall Hospital intends to take the following actions to improve this rate and so the quality of its service: We will continue to ensure all patient safety incidents are reviewed and analysed to identify areas of concern and an action plan as required and we will ensure patients are treated in a safe and comfortable environment and that staff are responsive to their needs. In addition, we will continue our initiative of the sign up to safety strategy and we have initiated our “Speak up for safety initiative.” We will also encourage a learning environment under the PSIRF.

Below is a bar graph for the previous 3 years’ SUIs at both level 1&2 as a total number for the last 3 years





These SUI's are all at level 2. All SUIs are reported in line with Ramsay Health Care and ICB reporting requirements. All SUIs have a full and transparent investigation. This is shared with the patient under "Duty of Candour" regulations. All incidents will have learning with outcomes which are shared with the wider team to prevent recurrence through our Outcomes With Learning and monitored through the Clinical Governance Committee.

Friends and Family Test

The data made available to New Hall Hospital by NHS Digital as a provider of adult NHS funded care, covering services for inpatients is shown in the graph below and is related to NHS Outcomes Framework Domain 4 "Ensuring that people have a positive experience of care". The table covers two reporting periods and shows the worst performer for the period, the best performer for the period and New Halls own site performance for patients who would recommend.

F&F Test:	Period	Best		Worst		Average		Period	New Hall	
	Feb-22	Several	100%	RTK	77.0%	Eng	94.0%	Feb-22	NVC09	100.0%
Feb-23	Several	100%	RAL	56.0%	Eng	95.0%	Feb-23	NVC09	97.9%	
Jan-24	Several	100%	RTK	74.0%	Eng	94.0%	Jan-24	NVC09	100.0%	

New Hall Hospital considers that this data is as described for the following reasons: We actively encourage patients to undertake the friends and family test and we put the patient at the centre of everything we do.

New Hall Hospital intends to take the following actions to improve this rate and so the quality of its service: We will continue to encourage patients to take the test and try to make it easier for them to do so via digital means.

3.2 Patient safety

We are a progressive hospital and focussed on stretching our performance every year and in all performance respects, and certainly in regard to our track record for patient safety.

Risks to patient safety come to light through several routes including routine audit, complaints, litigation, adverse incident reporting and raising concerns but more routinely from tracking trends in performance indicators.

Our focus on patient safety has resulted in a marked improvement in a number of key indicators as illustrated in the graphs below.

3.2.1 Infection prevention and control

New Hall Hospital has a very low rate of hospital acquired infection and has had no reported MRSA Bacteraemia in the past 4 years.

We comply with mandatory reporting of all Alert organisms including MSSA/MRSA bacteraemia and Clostridium Difficile infections with a programme to reduce incidents year on year.

New Hall Hospital participates in mandatory surveillance of surgical site infections for orthopaedic joint and spinal surgery and these are also monitored. We are not an outlier for either hip, knee replacement or spinal surgery infections.

Infection Prevention and Control management is very active within our hospital. An annual strategy is developed by a corporate level Infection Prevention and Control (IPC) Committee and group policy is revised and re-deployed every two years. Our IPC programmes are designed to bring about improvements in performance and in practice year on year.

A network of specialist nurses and infection control link nurses operate across the Ramsay organisation to support good networking and clinical practice.

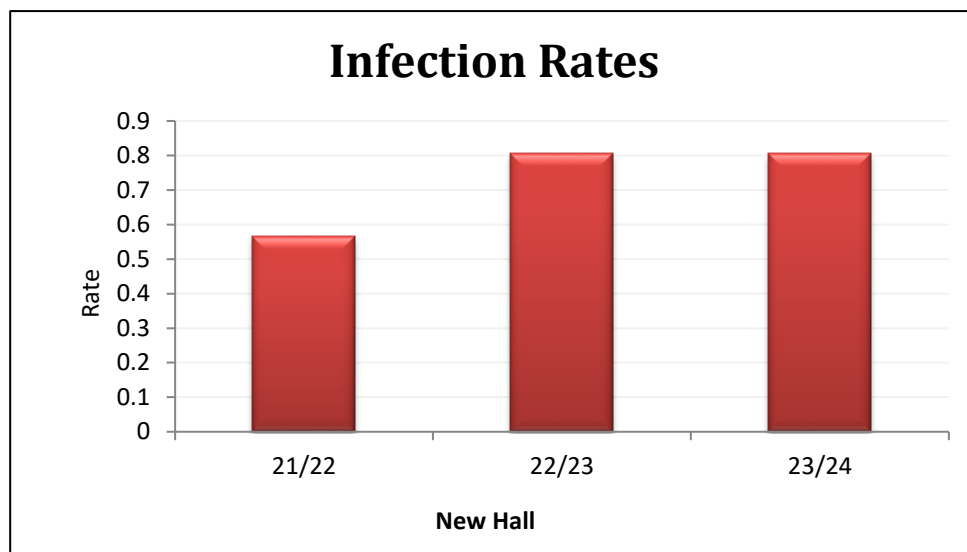
Programmes and activities within our hospital include:

We have a strong IPC program lead by our Infection Prevention and Control Lead, who has been working on programmes to ensure we are compliant with national standards and work on strong benchmark data.

We run ANTT assessment at all our induction and mandatory training day, as well as an infection control update for all staff.

We submit strong data to SSISS for hips, knees and spines and have a 30 day follow up phone call for all inpatients who underwent this procedure to ensure we have strong data submitted and are able to implement actions if there is a shortfall, to ensure patient's safety.

We run quarterly IPC meetings where we discuss data, incidents, audits and feedback and include our Microbiologist to provide support and oversight as well as a set of external eyes scrutinising the data.



As can be seen in the above graph our infection control rate has remained the same as last year. Our Infection Prevention and Control lead has worked closely with the teams to improve reporting and we are now working towards new benchmark around spinal infection data, in conjunction with our National IPC lead. In comparison to the national average it is within confidence intervals but we have taken some action to ensure reduction of the number of infections.

There was a small cluster of spinal infections in the summer of 2023 which was robustly investigated, finding a number of minor non-conformances with the One Together program, which were all addressed. Ramsay Healthcare UK will be mandating SSISS submission from all of their sites, giving a stronger national picture moving forward.

3.2.2 Cleanliness and hospital hygiene

Assessments of safe healthcare environments also include **Patient-Led Assessments of the Care Environment (PLACE)**

PLACE assessments occur annually at New Hall Hospital, providing us with a patient's eye view of the buildings, facilities and food we offer, giving us a clear picture of how the people who use our hospital see it and how it can be improved. The main purpose of a PLACE assessment is to get the patient view.

No PLACE audit was carried out in 2021 due to the Pandemic.

A PLACE Audit was carried out in 2023 with 2 patient assessors and 2 members of staff. The New Hall domain scores are illustrated below, and comments on scores below average are as follows:

Domain	New Hall score	National average score
Cleanliness	96.62%	98.1%

New Hall hospital comments: Building works ongoing throughout the site during the audit, expected improvements in audits in the next year.

Domain	New Hall score	National average score
Food and hydration	95.68%	90.86%

Domain	New Hall score	National average score
Privacy, Dignity and Wellbeing	83.61%	87.49%

New Hall hospital comments: This score has been shared across all of the nursing teams and it has been made a priority going forward to ensure that patients dignity and privacy is maintained. New curtains installed in some areas to ensure compliance.

Domain	New Hall score	National average score
Condition and Appearance	95.45%	95.91%

New Hall hospital comments: Building works ongoing throughout the site during the audit, expected improvements in audits in the next year.

Domain	New Hall score	National average score
Dementia	85.78%	82.54%

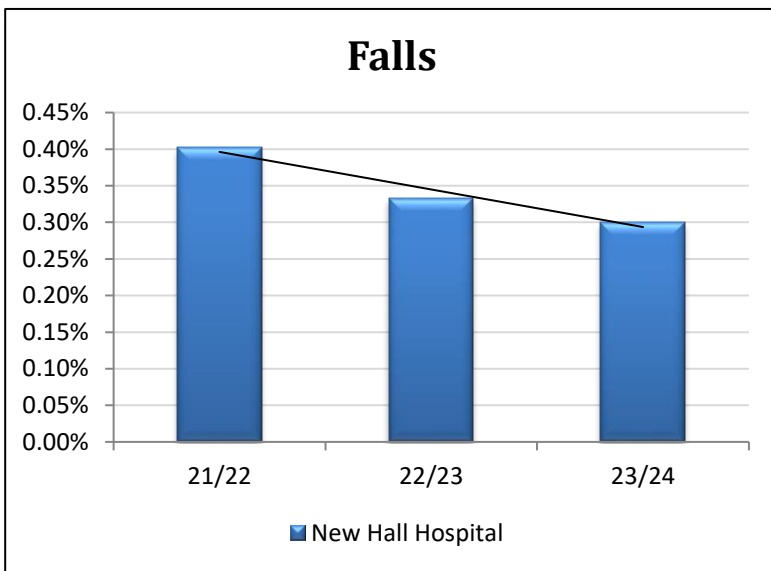
Domain	New Hall score	National average score
Disability	90.34%	84.25%

3.2.3 Safety in the workplace

Safety hazards in hospitals are diverse ranging from the risk of slip, trip or fall to incidents around sharps and needles. As a result, ensuring our staff have high awareness of safety has been a foundation for our overall risk management programme and this awareness then naturally extends to safeguarding patient safety. Our record in workplace safety as illustrated by Accidents per 1000 Admissions demonstrates the results of safety training and local safety initiatives.

Effective and ongoing communication of key safety messages is important in healthcare. Multiple updates relating to drugs and equipment are received every month and these are sent in a timely way via an electronic system called the Ramsay Central Alert System (CAS). Safety alerts, medicine / device recalls and new and revised policies are cascaded in this way to our General Manager which ensures we keep up to date with all safety issues.

Rate per 100 discharges:

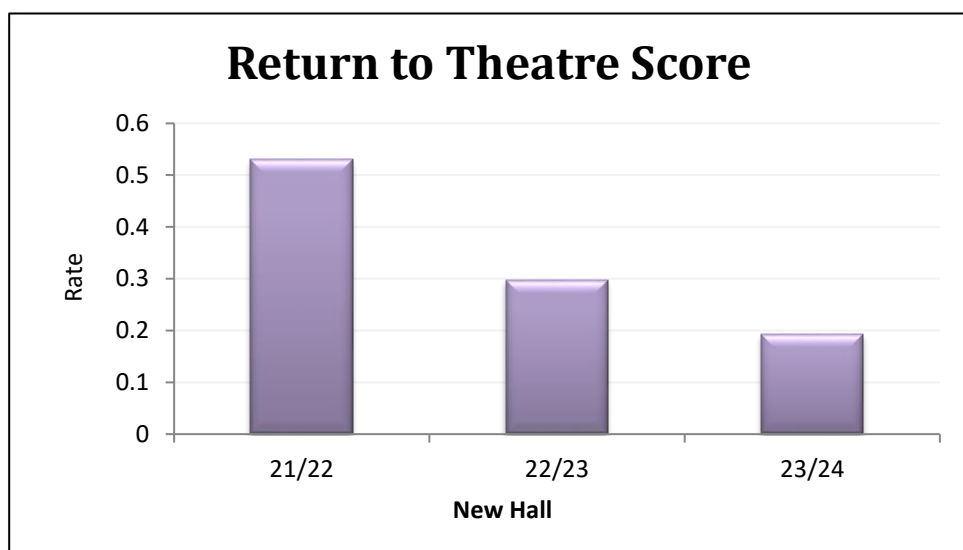


3.3 Clinical effectiveness

New Hall Hospital has a Clinical Governance team and committee that meet regularly through the year to monitor quality and effectiveness of care. Clinical incidents, patient and staff feedback are systematically reviewed to determine any trend that requires further analysis or investigation. More importantly, recommendations for action and improvement are presented to hospital management and medical advisory committees to ensure results are visible and tied into actions required by the organisation as a whole.

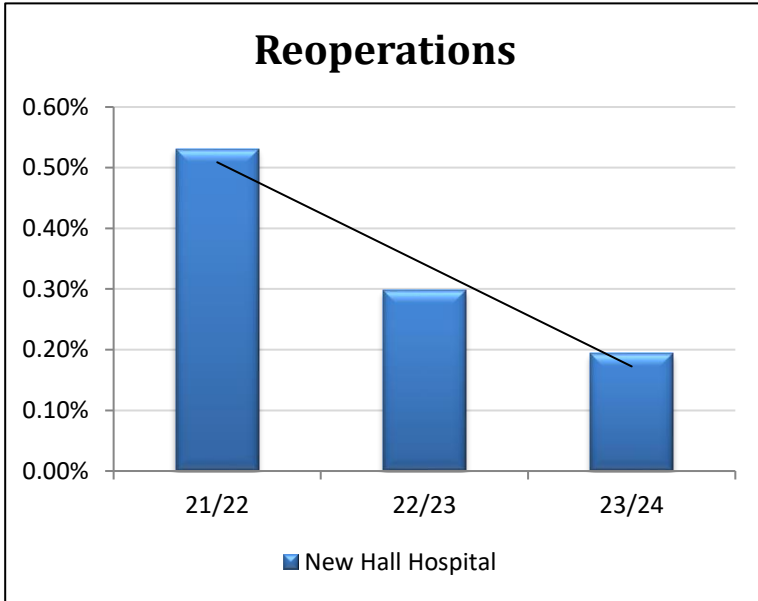
3.3.1 Return to theatre

Ramsay is treating significantly higher numbers of patients every year as our services grow. The majority of our patients undergo planned surgical procedures and so monitoring numbers of patients that require a return to theatre for supplementary treatment is an important measure. Every surgical intervention carries a risk of complication so some incidence of returns to theatre is normal. The value of the measurement is to detect trends that emerge in relation to a specific operation or specific surgical team. Ramsay's rate of return is very low consistent with our track record of successful clinical outcomes.

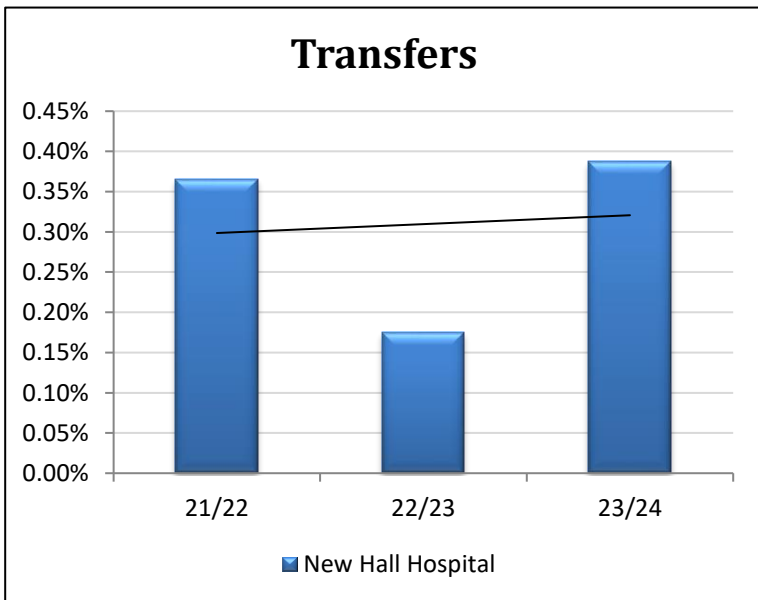


As can be seen in the above graph our returns to theatre rate has decreased over the last year. In comparison to the national average it is still above the Ramsay benchmark. As disclosed above, Ramsay takes pride in taking all patients back to our own operating theatres to ensure the best clinical outcomes. All return to theatre incidents are thoroughly investigated and there have been no common causative cause, trends or themes identified.

Rate per 100 discharges:



Rate per 100 discharges:



3.3.2 Learning from Deaths

There sadly was one patient who passed away following joint replacement in the 2023/2024 period. This patient's case was referred to the coroner for review, and New Hall hospital's full investigation was shared with them. The outcome was a natural death, and the team at New Hall hospital was fully supported and, in line with the upcoming PSIRF changes, there was extensive support to the patient's family and relatives.

3.3.3 Staff Who Speak up

In its response to the Gosport Independent Panel Report, the Government committed to legislation requiring all NHS Trusts and NHS Foundation Trusts in England to report annually on staff who speak up (including whistleblowers). Ahead of such legislation, NHS Trusts and NHS Foundation Trusts are asked to provide details of ways in which staff can speak up (including how feedback is given to those who speak up), and how they ensure staff who do speak up do not suffer detriment by doing so. This disclosure should explain the different ways in which staff can speak up if they have concerns over quality of care, patient safety or bullying and harassment within the Trust.

In 2018, Ramsay UK launched 'Speak Up for Safety', leading the way as the first healthcare provider in the UK to implement an initiative of this type and scale. The programme, which is being delivered in partnership with the Cognitive Institute, reinforces Ramsay's commitment to providing outstanding healthcare to our patients and safeguarding our staff against unsafe practice. The 'Safety C.O.D.E.' enables staff to break out of traditional models of healthcare hierarchy in the workplace, to challenge senior colleagues if they feel practice or behaviour is unsafe or inappropriate. This has already resulted in an environment of heightened team working, accountability and communication to produce high quality care, patient centred in the best interests of the patient.

Ramsay UK has an exceptionally robust integrated governance approach to clinical care and safety, and continually measures performance and outcomes against internal and external benchmarks. However, following a CQC report in 2016 with an 'inadequate' rating, coupled with whistle-blower reports and internal provider reviews, evidence indicated that some staff might not be happy speaking up or identifying risk and potentially poor practice in colleagues. Ramsay reviewed this and it appeared there was a potential issue in healthcare globally, and in response to this Ramsay introduced the 'Speaking Up for Safety' programme.

The Safety C.O.D.E. (which stands for Check, Option, Demand, Elevate) is a toolkit which consists of these four escalation steps for an employee to take if they feel something is unsafe. Sponsored by the Executive Board, the hospital Senior Leadership Team oversee the roll out and integration of the programme and training across all our Hospitals within Ramsay. The programme is employee led, with staff delivering the training to their colleagues, supporting the process for adoption of the Safety

C.O.D.E through peer to peer communication. Training compliance for staff and consultants is monitored corporately; the company benchmark is 85%.

Since the programme was introduced serious incidents, transfers out and near misses related to patient safety have fallen; and lessons learnt are discussed more freely and shared across the organisation weekly. The programme is part of an ongoing transformational process to be embedded into our workplace and reinforces a culture of safety and transparency for our teams to operate within, and our patients to feel confident in. The tools the Safety C.O.D.E. use not only provide a framework for process, but they open a space of psychological safety where employees feel confident to speak up to more senior colleagues without fear of retribution.

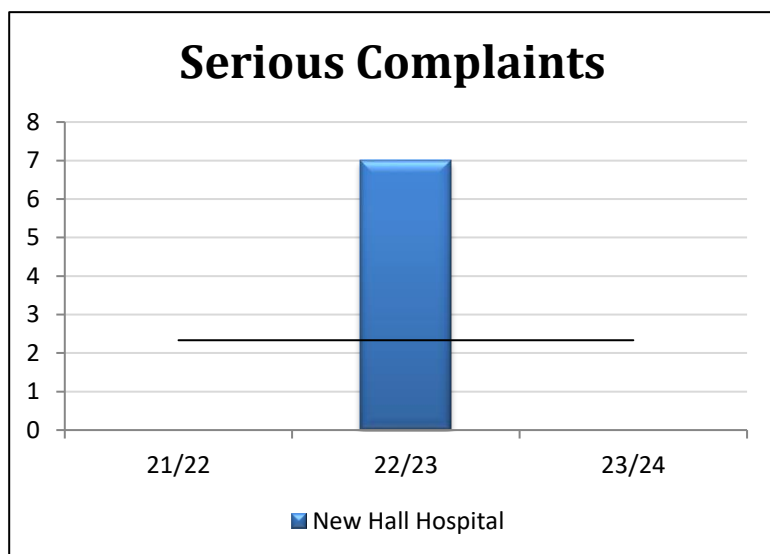
Ramsay Health Care UK is continuing with its Speaking up for Safety Programme and is currently training up some master trainers to ensure that speaking up for safety continues to be a priority within the organisation. The Promoting Professional Accountability (PPA) training will also continue in liaison with Ramsay Australia and the Vanderbilt University in America

3.4 Patient experience

All feedback from patients regarding their experiences with Ramsay Health Care are welcomed and inform service development in various ways dependent on the type of experience (both positive and negative) and action required to address them.

All positive feedback is relayed to the relevant staff to reinforce good practice and behaviour – letters and cards are displayed for staff to see in staff rooms and notice boards. Managers ensure that positive feedback from patients is recognised and any individuals mentioned are praised accordingly.

All negative feedback or suggestions for improvement are also feedback to the relevant staff using direct feedback. All staff are aware of our complaints procedures should our patients be unhappy with any aspect of their care.



Patient experiences are fed back via the various methods below, and are regular agenda items on Local Governance Committees for discussion, trend analysis and further action where necessary. Escalation and further reporting to Ramsay Corporate and DH bodies occurs as required and according to Ramsay and DH policy.

Feedback regarding the patient's experience is encouraged in various ways via:

- Continuous patient satisfaction feedback via a web based invitation
- Hot alerts received within 48hrs of a patient making a comment on their web survey
- Yearly CQC patient surveys
- Friends and family questions asked on patient discharge
- 'We value your opinion' leaflet
- Verbal feedback to Ramsay staff - including Consultants, Heads of Clinical Services / Hospital Directors whilst visiting patients and Provider/CQC visit feedback.
- Written feedback via letters/emails
- Patient focus groups
- PROMs surveys
- Care pathways – patient are encouraged to read and participate in their plan of care

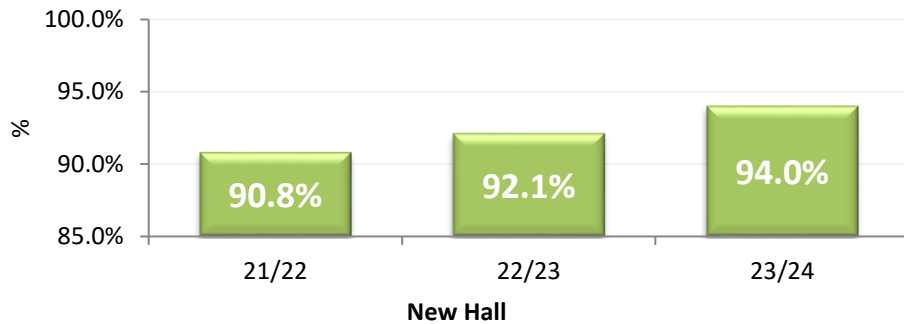
3.4.1 Patient Satisfaction Surveys

Our patient satisfaction surveys are managed by a third party company called 'Qa Research'. This is to ensure our results are managed completely independently of the hospital so we receive a true reflection of our patient's views.

Every patient is asked their consent to receive an electronic survey or phone call following their discharge from the hospital. The results from the questions asked are used to influence the way the hospital seeks to improve its services. Any text comments made by patients on their survey are sent as 'hot alerts' to the Hospital Manager within 48hrs of receiving them so that a response can be made to the patient as soon as possible.

Patient Satisfaction - Overall Experience

NHS/Private Patients



As can be seen in the above graph our Patient Satisfaction rate has increased over the last year. In comparison to the national average it is below national standards. This is due to the increased focus put in place in the last year by the patient focus group, and will remain on the agenda moving forward too.

Services covered by this quality account

	Services Provided	Peoples Needs Met for:
Treatment of Disease, Disorder Or injury	Dermatology, General medicine, Neurology, Pain management, Physiotherapy, Orthopaedic medicine, Rheumatology, Sports Medicine Satellite Outpatient services being carried out at Dorset County Hospital and Poole Hospital for Dorset PCT Outreach clinics at Blandford Community Hospital for spinal and orthopaedic consultation.	All adults 18 yrs. and over,
Surgical Procedures	Cosmetics, Dermatology, Ear, Nose and Throat (ENT), Gastrointestinal, General surgery, Gynaecology, Ophthalmic, Orthopaedic, Oral maxillofacial, Urological, Ambulatory, Day and Inpatient Surgery	All adults 18 yrs. and over,-excluding: <ul style="list-style-type: none"> • Patients with blood disorders (haemophilia, sickle cell, thalassaemia) • Patients on renal dialysis • Patients with history of malignant hyperpyrexia • Planned surgery patients with positive MRSA screen are deferred until negative • Patients who are likely to need ventilator support post operatively • Patients who are worst than a stable ASA 3. • Any patient who will require planned admission to ITU post-surgery • Dyspnoea grade 3/4 (marked dyspnoea on mild exertion e.g. from kitchen to bathroom or dyspnoea at rest) • Poorly controlled asthma (needing oral steroids or has had frequent hospital admissions within last 3 months) • MI in last 6 months • Angina classification 3/4 (Limitations on normal activity e.g. 1 flight of stairs or angina at rest) • CVA in last 6 months BMI >40 (non bariatrics) <p>However, all patients will be individually assessed and we will only exclude patients if we are unable to provide an appropriate and safe clinical environment.</p>
Diagnostic and screening	GI physiology, Imaging services, Phlebotomy, Endoscopy, Urinary, Urodynamics, Screening and Specimen collection. Satellite Outpatient services carried out at Dorset County Hospital and Poole Hospital for Dorset PCT	All adults 18 yrs. and over,-
Family Planning Services	Gynaecology patient pathway, insertion and removal of inter uterine devices for medical as well as contraception purposes	All adults 18 years and over as clinically indicated

Appendix 2 – Clinical Audit Programme 2023/24. Findings from the baseline audits will determine the hospital local audit programme to be developed for the remainder of the year.

Clinical Audit Programme

The Clinical Audit programme for Ramsay Health Care UK runs from July to the following June each year, 2020 saw the migration of audit activity from the traditional excel programme to an 'app' base programme initially called Perfect Ward. In 2022 Perfect Ward rebranded to "Tendable." Staff access the app through iOS devices and ease of use has much improved. Tailoring of individual audits is an ongoing process and improved reporting of audit activity has been of immediate benefit.

Ramsay Health Care UK - Clinical Audit Programme v16.3 2023-2024 (list version)

AUDIT	Department Allocation / Ownership	QR Code Allocation	Frequency	Deadline for Submission	Delegated Auditor (Hospital Use)
Hand Hygiene observation (5 moments)	Ward, Ambulatory Care, SACT Services, Theatres, IPC (all other areas)	Ward, Ambulatory Care, SACT Services, Theatres, Whole Hospital	Monthly	Month end	
Hand Hygiene observation (5 moments)	RDUK	RDUK	Monthly	Month end	
Surgical Site Infection (One Together)	Theatres	Theatres	October, April	Month end	
IPC Governance and Assurance	IPC	Whole Hospital	July	Month end	
IPC Environmental infrastructure	IPC	Whole Hospital	August, February	Month end	

IPC Management of Linen	Ward	Ward	August, February (as required)	End of August No deadline for February	
Sharps	IPC	Whole Hospital	August, December, April	Month end	
50 Steps Cleaning (Functional Risk 1)	HoCS, Theatres, SACT Services	Theatres, SACT Services	Weekly	Month end	
50 Steps Cleaning (Functional Risk 1)	HoCS, Theatres	Theatres	Fortnightly	Month end	
50 Steps Cleaning (FR2)	HoCS, Ward, Ambulatory Care, Outpatients, POA	Ward, Ambulatory Care, Outpatients, POA	Monthly	Month end	
50 Steps Cleaning (FR4)	HoCS, Physio, Pharmacy, Radiology	Physio, Pharmacy, Radiology	July, October, January, April	Month end	
50 Steps Cleaning (FR4)	RDUK	RDUK	July, October, January, April	Month end	
50 Steps Cleaning (FR5)	SLT (Patient facing: reception, waiting rooms, corridors)	Whole Hospital	July, January	Month end	
50 Steps Cleaning (FR6)	SLT (Non-patient facing: Offices, Stores, Training Rooms)	Whole Hospital	August	Month end	

Peripheral Venous Cannula Care Bundle	HoCS (to delegate)	Whole Hospital	July to September	End of October	
Urinary Catheterisation Bundle	HoCS (to delegate)	Whole Hospital	July to September	End of October	
Patient Journey: Safe Transfer of the Patient	Ward	Ward	August, February	Month end	
Patient Journey: Intraoperative Observation	Theatres	Theatres	August/September February/March (if required)	End of September No March deadline	
Patient Journey: Recovery Observation	Theatres	Theatres	October/November April/May (if required)	End of November No deadline	
LSO and 5 Steps Safer Surgery	Theatres, Outpatients, Radiology	Theatres, Outpatients, Radiology	July/August January/February	End of August End of February	
NatSSIPs Stop Before You Block	Theatres	Theatres	September/October March/April	End of October End of April	
NatSSIPS Prosthesis	Theatres	Theatres	November/December May/June	End of December End of June	
NatSSIPs Swab Count	Theatres	Theatres	July/August January/February	End of August End of February	
NatSSIPs Instruments	Theatres, Outpatients, Radiology	Theatres, Outpatients, Radiology	September/October March/April	End of October End of April	

NatSSIPs Histology	Theatres, Outpatients, Radiology	Theatres, Outpatients, Radiology	November/December	End of December	
			May/June	End of June	
Blood Transfusion Compliance	Blood Transfusion	Whole Hospital	July/September	End of September	
Blood Transfusion – Autologous	Blood Transfusion	Whole Hospital	July/September (where applicable)	No deadline	
Blood Transfusion - Cold Chain	Blood Transfusion	Whole Hospital	As required	As required	
Complaints	SLT	Whole Hospital	November	Month end	
Duty of Candour	SLT	Whole Hospital	January	Month end	
Practising Privileges - Non-consultant	HoCS	Whole Hospital	October	Month end	
Practising Privileges - Consultants	HoCS	Whole Hospital	July, January	Month end	
Practising Privileges - Doctors in Training	HoCS	Whole Hospital	July, January (where applicable)	No deadline	
Privacy & Dignity	Ward	Ward	May/June,	End of June	
			November/December	End of December	
Essential Care: Falls Prevention	HoCS (to delegate)	Whole Hospital	September / October	End of October	

Essential Care: Nutrition & Hydration	HoCS (to delegate)	Whole Hospital	September / October	End of October	
Essential Care: Management of Diabetes	HoCS (to delegate)	Whole Hospital	TBC	TBC	
Medical Records - Therapy	Physio	Physio	July/August	End of August	
			November/December (if req)	No December deadline	
			March/April	End of April	
Medical Records - Surgery	Theatres	Whole Hospital	July/August	End of August	
			November/December (if req)	No December deadline	
			March/April	End of April	
Medical Records - Ward	Ward	Ward	July/August	End of August	
			November/December (if req)	No December deadline	
			March/April	End of April	
Medical Records - Pre-operative Assessment	Outpatients, POA	Outpatients, POA	July/August	End of August	
			November/December (if req)	No December deadline	
			March/April	End of April	
Medical Records - Radiology	Radiology, RDUK	Radiology, RDUK	July/August	End of August	
			November/December (if req)	No December deadline	
			March/April	End of April	
Medical Records - Cosmetic Surgery	Outpatients	Whole Hospital	July/August	End of August	

			November/December (if req) March/April	No December deadline End of April	
Medical Records - Paediatrics	Paediatrics	Paediatrics	July/August November/December (if req) March/April	End of August No December deadline End of April	
Medical Records - NEWS2	Ward	Whole Hospital	October, February, June	Month end	
Medical Records - VTE	Ward	Whole Hospital	July, November, March	Month end	
Medical Records - Patient Consent	HoCS	Whole Hospital	July, December, May	Month end	
Medical Records - MDT Compliance	HoCS	Whole Hospital	December	Month end	
Non-Medical Referrer Documentation and Records	Radiology	Radiology	July, January	Month end	
MRI Reporting for BUPA	Radiology	Radiology	July, November, March	Month end	
CT Reporting for BUPA	Radiology	Radiology	August, December, April	Month end	
No Report Required	Radiology	Radiology	August, February	Month end	
MRI Safety	Radiology, RDUK	Radiology, RDUK	January, July	Month end	
CT Last Menstrual Period	Radiology, RDUK	Radiology, RDUK	July, October, January, April	Month end	

RDUK - Referral Forms - MRI	RDUK	RDUK	August, October, December, February, April, June	Month end	
RDUK - Referral Forms - CT	RDUK	RDUK	July, September, November, January, March, May	Month end	
RDUK - Medicines Optimisation	RDUK	RDUK	October, March	Month end	
RDUK - PVCCB	RDUK	RDUK	July, January	Month end	
Bariatric Services	Bariatric Services	Whole Hospital	July/August November/December (if req) March/April	End of August No December deadline End of April	
Paediatric Services	Paediatric	Paediatric	July, January	Month end	
Paediatric Outpatients	Paediatric	Paediatric	September	Month end	
Paediatric Radiology	Paediatric	Paediatric	October	Month end	
Safe & Secure	Pharmacy	Outpatients, SACT Services, Radiology, Theatres, Ward, Ambulatory Care, Pharmacy	August, February	Month end	
Safe & Secure (RDUK)	Pharmacy	RDUK	August, February	Month end	
Prescribing	Pharmacy	Pharmacy	October, April	Month end	

Medicines Reconciliation	Pharmacy	Pharmacy	July, October, January, April	Month end	
Controlled Drugs	Pharmacy	Pharmacy	September, December, March, June	Month end	
Pain Management	Pharmacy	Pharmacy	July, October, January, April	Month end	
Pharmacy: Medicines Optimisation	Pharmacy	Pharmacy	November	Month end	
Pharmacy: Medicines Optimisation	Pharmacy	RDUK	November	Month end	
SACT Services	Pharmacy, SACT Services	Pharmacy, SACT Services	September/October	End of October	
Departmental Governance	Ward, Ambulatory Care, Theatre, Physio, Outpatients, Radiology	Ward, Ambulatory Care, Theatre, Physio, Outpatients, Radiology	October to December	End of December	
Departmental Governance (RDUK)	RDUK	RDUK	October to December	End of December	
Safeguarding	SLT	Whole Hospital	July	Month end	
IPC Governance and Assurance (RDUK)	RDUK	RDUK	July, January	Month end	

IPC Environmental infrastructure (RDUK)	RDUK	RDUK	August, February	Month end	
Decontamination - Sterile Services (Corporate)	Decontamination (Corp)	Decontamination	As required (by corporate team)	No deadline	
Decontamination - Endoscopy	Decontamination (Corp)	Decontamination	As required (by corporate team)	No deadline	
Medical Records - SACT consent	SACT Services	SACT Services	May	Month end	
Occupational Delivery On-site	HoCS	Whole Hospital	November to January	End of January	
Managing Health Risks On-site	Corporate OH	Whole Hospital	As required	No deadline	

Glossary of Abbreviations

ACCP	American College of Clinical Pharmacology
AIM	Acute Illness Management
ALS	Advanced Life Support
CAS	Central Alert System
CCG	Clinical Commissioning Group
CQC	Care Quality Commission
CQUIN	Commissioning for Quality and Innovation
DDA	Disability Discrimination Audit
DH	Department of Health
EVLT	Endovenous Laser Treatment
GP	General Practitioner
GRS	Global Rating Scale
HCA	Health Care Assistant
HPD	Hospital Patient Days
H&S	Health and Safety
IHAS	Independent Healthcare Advisory Services
IPC	Infection Prevention and Control
ISB	Information Standards Board
JAG	Joint Advisory Group
LINK	Local Involvement Network
MAC	Medical Advisory Committee
MRSA	Methicillin-Resistant Staphylococcus Aureus
MSSA	Methicillin-Sensitive Staphylococcus Aureus
NCCAC	National Collaborating Centre for Acute Care
NHS	National Health Service
NICE	National Institute for Clinical Excellence
NPSA	National Patient Safety Agency
NVC09	Code for New Hall Hospital used on the data information websites
ODP	Operating Department Practitioner
OSC	Overview and Scrutiny Committee
PLACE	Patient-Led Assessment of the Care Environment
PPE	Personal Protective Equipment
PROM	Patient Related Outcome Measures
RIMS	Risk Information Management System
SUS	Secondary Uses Service
SAC	Standard Acute Contract
SLT	Senior Leadership Team
STF	Slips, Trips and Falls
SUI	Serious Untoward Incident
TLF	The Leadership Factor
ULHT	United Lincolnshire Hospitals Trust
VTE	Venous Thromboembolism

New Hall Hospital

Ramsay Health Care UK

We would welcome any comments on the format, content or purpose of this Quality Account.

If you would like to comment or make any suggestions for the content of future reports, please telephone or write to the Hospital Director using the contact details below.

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