

New Hall Hospital

Quality Account
2025/26



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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 celebrated 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 patient's 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.

Each site within the Ramsay Group 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 2024/2025 and plans for the forthcoming year.

Our Private GP service in partnership with "The Grosvenor Practice" provides patients with rapid access to primary care. Across the South - West we continue to 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 UKHSA 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 Gold 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.

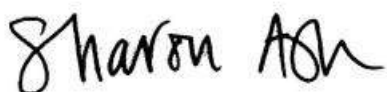
New Hall is JAG accredited for the next five years and will undertake an upgrade of Endoscopy services to ensure we remain gold standard.

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. We were excited for our unannounced CQC visit in June 2024, where 5 statements achieved outstanding ratings in our formal report. 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 Nursing Officer – Gill May

Dorset Interim Chief Nursing Officer – Pam O'Shea

NHS Hampshire and Isle of Wight 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 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 Resident Doctor (RD) 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 | 9 |
| Consultants (with practicing privileges) | 108 |
| Registered Nurses | 104 inc bank |
| Operating Department Practitioners | 8 inc bank |
| Sterile Services Technicians | 6 inc bank |
| Radiographers | 19 inc bank |
| Physiotherapists | 22 inc bank and 1 physio Tech |
| Health Care Assistants | 41 inc bank |
| Support staff | 43 inc bank |
| Administration staff | 81 inc bank |

Outreach clinics

We normally provide outreach clinic services for NHS outpatients 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 plastic surgery and, 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 centers 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, Hampshire and Isle of Wight and Dorset. She also works with GPs and other healthcare professionals 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), Hampshire and Isle of Wight, 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 2025/26

Plan for 2025/26

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 2024/25 (looking back)

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

The Serious Incident 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.

We fully implemented PSIRF in the last year, with some great improvements to our patient pathways, and response from the staff and patients has been excellent.

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.

New Hall Hospital fully embedded the new RADAR system, which has proven extremely effective in data and trend analysis to identify themes and address these effectively.

2.1.2 Clinical Priorities for 2025/26 (looking forward)

Obtain Aseptic Non-Touch Technique (ANTT) accreditation

Aseptic Non-Touch Technique (ANTT) is a contemporary and explicitly defined practice framework for aseptic technique. It provides a common practice language for this critical clinical competency, aiming to protect patients from infection during invasive clinical procedures and the management of indwelling medical devices

ANTT will benefit our hospital in several ways:

1. **Improves patient safety:** By supporting effective education, competency assessment, and safe clinical practice, ANTT helps reduce healthcare-associated infections (HAI), which result in significant mortality and morbidity
2. **Standardizes aseptic technique:** ANTT provides a foundation for effective clinical governance of aseptic technique, helping to protect and reassure patients by providing more consistent standardized aseptic technique
3. **Reduces variability in practice:** By establishing defined standards and universal definitions, ANTT helps improve patient safety by reducing variability in practice
4. **Supports effective clinical governance:** Ensuring effective clinical governance for aseptic technique across large healthcare provider organizations is best not underestimated. Effective aseptic technique includes hand hygiene plus a number of other critical components

Implementing ANTT accreditation in our hospital can lead to better patient outcomes, reduced infection rates, and improved overall clinical practice. We already practice ANTT and have link trainers to carry out assessments for our staff.

We have applied for accreditation, and we believe will meet the standards for Silver. Once obtained, we will complete a gap analysis towards reaching Gold.

New Hall hospital is hoping to support our strong work around prevention and control of infection by obtaining a mark with ANTT to showcase the great achievements completed in the last few years.

GIRFT accreditation as part of the national Ramsay Health Care UK rollout

The Getting It Right First Time (GIRFT) programme is a national NHS England programme designed to improve the treatment and care of patients through in-depth review of services, benchmarking, and presenting a data-driven evidence base to support change 2. The programme undertakes clinically led reviews of specialties, combining wide-ranging data analysis with the input and professional knowledge of senior clinicians to examine how things are currently being done and how they could be improved.

The benefits of GIRFT accreditation for a hospital include:

Reduction in inappropriate surgery: By identifying and addressing variations in clinical practice, GIRFT helps reduce unnecessary procedures.

Improved patient outcomes: The programme aims to enhance the quality of care, leading to better patient outcomes.

Cost savings: GIRFT helps deliver efficiencies, such as reducing the length of stay and improving procurement of medical devices.

Standardized best practices: The programme shares best practices between trusts, helping to improve care and patient outcomes.

Enhanced clinical governance: GIRFT supports effective clinical governance by providing a foundation for standardized and integrated patient pathways.

Implementing GIRFT accreditation in our hospital can lead to better patient outcomes, reduced infection rates, and improved overall clinical practice.

As part of the Ramsay Health Care UK rollout programme, New Hall Hospital has already had its review, with an action plan currently being developed by GIRFT. Once this is shared, New Hall Hospital will work towards completing the set of recommendations, with the ambition to obtain the GIRFT accreditation and work towards the status of Spinal Centre of Excellence.

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 2024/25 we treated 8784 patients, of whom 6783 were NHS patients (78%) and 1911 were private patients (22%)

During 2023/24 New Hall Hospital provided NHS services to BSW, HIOW, 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 on 1 April 2024 to 31st March 2025 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 hospital's 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 2024/25, the indicators on the scorecard which affect patient safety and quality were:

| Human Resources | |
|--------------------------------------|-------|
| Staff Cost % Net Revenue | 30.4% |
| HCA Hours as % of Total Nursing | 30.8% |
| Agency Cost as % of Total Staff Cost | 1.55% |
| Ward Hours PPD | 3.44 |
| % Staff Turnover | 18.6% |
| % Sickness | 3.63% |
| % Lost Time | 20.1% |

| | |
|---|-------|
| Appraisal % | 88% |
| E-Learning % | 98% |
| Mandatory Training % | 97% |
| Number of Significant Staff Injuries | 0 |
| Patient | |
| Formal Complaints per 1000 HPD's | 0.30% |
| Patient Satisfaction Score | 96% |
| Significant Clinical Events per 1000 Admissions | 0.11% |
| Readmission per 1000 Admissions | 0.40% |
| Quality | |
| Workplace Health & Safety Score | 93% |
| Infection Control Audit Score | 100% |
| Consultant Satisfaction Score | 85% |

2.2.2 Participation in clinical audit

During 1 April 2024 to 31st March 2025 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 2024 to 31st March 2025, 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 | 82% |
| British Spine Registry | 98% |
| National Joint Registry (NJR) ^{1, 2} | 100% |
| Surgical Site Infection Surveillance Service | 100% |

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 2024 to 31st March 2025 were reviewed by the Clinical Governance Committee and New Hall Hospital intends to take the following actions to improve the quality of healthcare provided.

British spinal registry and National Joint Registry: The collection of this data allows us to use pragmatic data to measure patient's outcomes and improve the care we deliver to our patients on a day-to-day basis. These are scrutinized with the help of expert surgeons on a quarterly basis to ensure we are learning from what we do on a day-to-day basis.

Local Audits

The reports of New Hall Hospital local clinical audits from 1 April 2024 to 31st March 2025 were reviewed by the Clinical Governance Committee. The clinical audit schedule can be found in Appendix 2.

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.

2.2.3 Participation in Research

There were no patients recruited during 2024/25 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 2025 is registered without conditions.

New Hall Hospital has not participated in any special reviews or investigations by the CQC during the reporting period; however New Hall Hospital had an unannounced inspection by the CQC in June 2024, with an outcome of good overall. A full inspection report is available on the CQC website.



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 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 2024/2025 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 published in the data which included:

The patient's valid NHS number:

- 99.91% for admitted patient care;
- 99.9% 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 2024/2025 submission is due by 30th June 2025.

This information is publicly 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 April 2025

| Hospital Site | NHS Admitted Care Sample 50 Episodes of Care | Primary Diagnosis % Correct | Secondary Diagnosis % Correct | Primary Procedure % Correct | Secondary Procedure % Correct | DSPTK Attainment Level |
|---------------|--|-----------------------------|-------------------------------|-----------------------------|-------------------------------|------------------------|
| New Hall | Completed July 2024 | 96% | 97% | 100% | 95% | Level 3 |

2.2.7 Stakeholders views on 2024/25 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 Nursing Officer – Gill May

Dorset Interim Chief Nursing Officer – Pam O'Shea

NHS Hampshire and Isle of Wight 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

BSW Chief Nursing Officer

NHS Bath and Northeast Somerset, Swindon, and Wiltshire Integrated Care Board (ICB) welcome the opportunity to review and comment on the New Hall Hospital Quality Account for 2024/ 2025. 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 aligns to NHSE Quality Account requirements.

BSW ICB notes the comprehensive overview of New Hall Hospital achievements, challenges and future priorities for 2025/26. It is the view of the ICB that the Quality Account reflects New Hall Hospital's ongoing commitment to evidence continuous improvement in patient care and safety, and recognises the key achievements in the following areas:

- The full implementation of the new Patient Safety Incident Response Framework (PSIRF).
- Achieving 100% compliance uptake with all required mandatory training for PSIRF and utilising all available improvement tools to enhance investigation of patient safety events and complaints.
- To integrate with the new Patient Safety Incident Response Framework, New Hall Hospital has fully embedded the new RADAR system (risk, quality and compliance software), which has improved the organisation's ability for data collection and trend analysis.
- A Care Quality Commission (CQC) unannounced visit took place in June 2024, resulting in New Hall Hospital receiving a "Good" overall rating.

The ICB also recognises the areas identified for further development for 2025/26, and supports the plans to address these clinical priorities, including:

- Obtaining Aseptic Non-Touch Technique (ANTT) Accreditation: New Hall Hospital aims to obtain ANTT accreditation to enhance patient safety and standardise aseptic techniques.
- GIRFT Accreditation as Part of the National Ramsay Health Care UK Rollout: The Getting It Right First Time (GIRFT) program will be implemented to improve patient care through data-driven reviews and benchmarking.

NHS Bath and Northeast Somerset, Swindon and Wiltshire ICB are committed to sustaining strong working relationships with New Hall Hospital and together with our wider stakeholders will continue to work collaboratively to achieve our shared priorities as an Integrated Care System in 2025/26.

Gill May



Chief Nursing Officer

Dorset Interim Chief Nursing Officer

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

2024/25 saw the full implementation of the new Patient Safety Incident Response Framework. It is assuring to learn that New Hall Hospital recognise that this framework is an effective learning tool, which has led to some real improvements to patient pathways.

New Hall has also made good progress with the embedding of a new incidents and complaints recording system, RADAR. This new system can offer many modern functionalities including effective data and trend analysis to identify themes and address these effectively.

Looking forward to 2025/26, NHS Dorset is pleased to continue to work closely with New Hall Hospital as a key partner in providing high quality healthcare. The clinical priorities laid out are acknowledged and include the aim to obtain Aseptic non-Touch Technique (ANTT) accreditation. This technique is designed to protect patients from infection during invasive clinical procedures and the management of indwelling medical devices. This will lead to better patient outcomes and improved overall clinical practice.

Furthermore, New Hall Hospital will also be striving for the Getting It Right First Time (GIRFT) accreditation. This is also anticipated to achieve better patient outcomes, reduced infection rates, and improved overall clinical practice through a reduction in inappropriate surgery, efficiencies, standardisation of best practice, and enhanced clinical governance.

NHS Dorset remains committed to working closely with New Hall Hospital over the coming year to ensure collaborative working with all health and social care partners within the Integrated Care System to improve the quality of services for the population of Dorset in 2025/26 and beyond.

Pam O'Shea



Interim Chief Nursing Officer

NHS Hampshire and Isle of Wight Chief Nursing Officer

NHS Hampshire and Isle of Wight Integrated Care Board would like to thank Ramsay New Hall Hospital for the opportunity to comment on their Quality Account for 2024/25. We are satisfied with the overall content of the Quality Account and believe it meets the mandated elements.

We have worked alongside Ramsay New Hall Hospital to seek assurances that the service delivered has met the expected standards for safe, effective, and person-centred care, acting for improvement where necessary.

We supported Ramsay New Hall Hospital's 2024/25 quality improvement priorities and are pleased that they have successfully achieved both, namely:

- implementation of the new Patient Safety Incident Response Framework (PSIRF) achieving 100% uptake with all the required mandatory training for PSIRF
- embedding the new incidents and complaints recording system. In addition to the achievement of the 2024/25 priorities, we also note the consistent performance against key quality and safety metrics.

It is recommended that these improvements are embedded and that their impact on patient outcomes continues to be monitored during 2025/26, and we acknowledge the intention to do this in relation to PSIRF, as outlined in the Quality Account.

We also recognise other achievements within the Quality Account, which include:

- achieving a 'Good' Care Quality Commission rating across all five domains following an unannounced inspection in June 2024
- notable results across all six domains in the Patient-Led Assessments of the Care Environment
- achieving a very low rate of hospital acquired infection with no reported Methicillin-resistant Staphylococcus aureus (MRSA) Bacteraemia cases in the past five years
- year on year improvement in patient satisfaction scores in the patient survey.

We commend Ramsay New Hall Hospital for their continued improvement in these areas. We would like to thank Ramsay New Hall Hospital for continuing to invite us to participate in internal quality meetings to support our quality assurance for improvement processes, along with facilitating our Quality Team visit in March 2025.

We welcome the 2025/26 quality priorities outlined in the Quality Account in relation to Accreditation for Aseptic Non-Touch Technique (ANTT) and Getting It Right First time (GIRFT), as part of the national Ramsay Health Care UK rollout. Over the next year, we look forward to Ramsay New Hall Hospital sharing improvements and examples of best practice and innovation. NHS Hampshire and Isle of Wight are pleased to endorse the Quality Account

for 2024/25 and look forward to continuing to work closely with Ramsay New Hall Hospital during 2025/26 in further improving the quality of care delivered to our population.

Nicky Lucey

A handwritten signature in dark ink, appearing to read 'Nicky Lucey', enclosed within a faint, hand-drawn oval border.

Chief Nursing Officer

Part 3: Review of quality performance 2024/25

Statements of quality delivery

Head of Clinical Services (Matron), Alessio Biagini

Review of quality performance 1st April 2024 - 31st March 2025

Introduction

Welcome to the statements of quality delivery for 2024/2025 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 2024/25

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

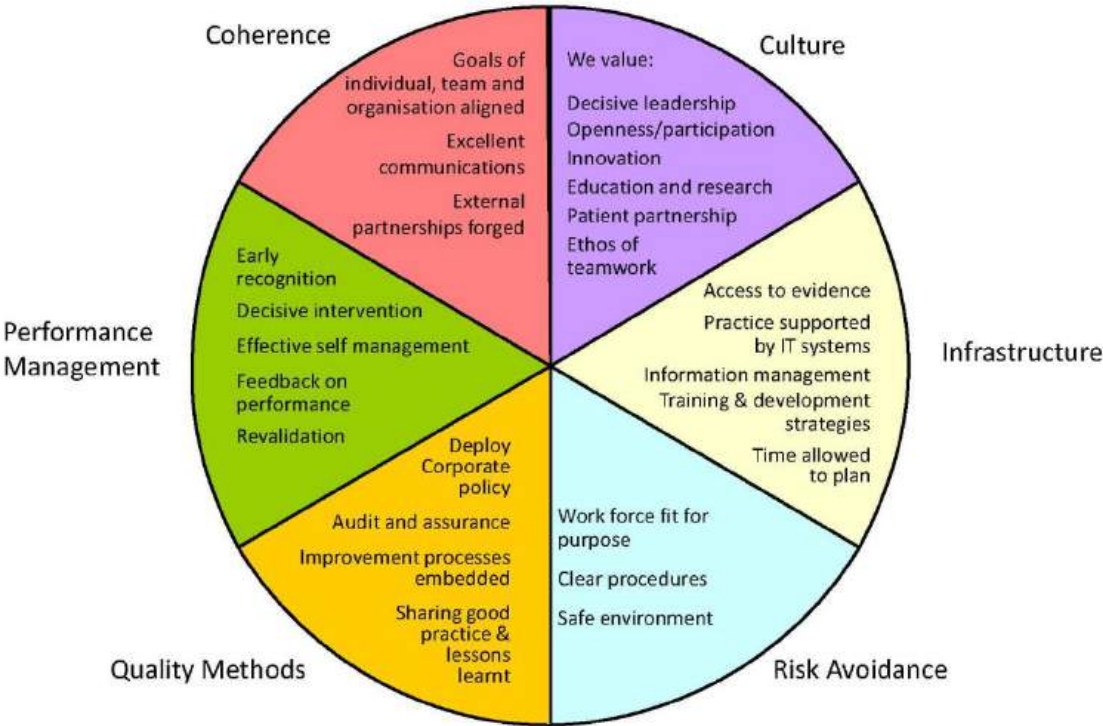
The emphasis is on providing an environment and culture to support continuous clinical quality improvement so that patients receive safe and effective care, clinicians are enabled to provide that care, and the organisation can satisfy itself that we are doing the right things in the right way.

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 | |
|------------|---------------|-------|--------|-------|--------|---------|--------|--------|----------|--------|
| | 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 |
| | Nov23 - Oct24 | RQM | 0.6967 | RXR | 1.2985 | Average | 1.0036 | 24/25 | NVC09 | 0.0000 |

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”

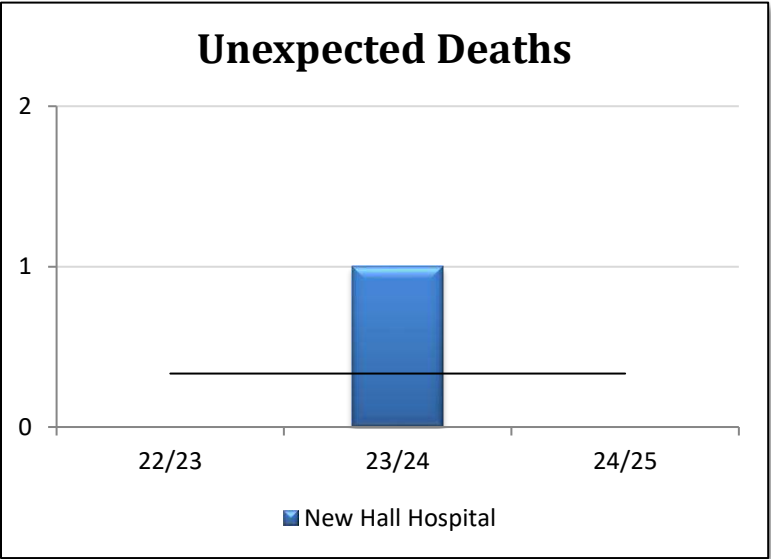
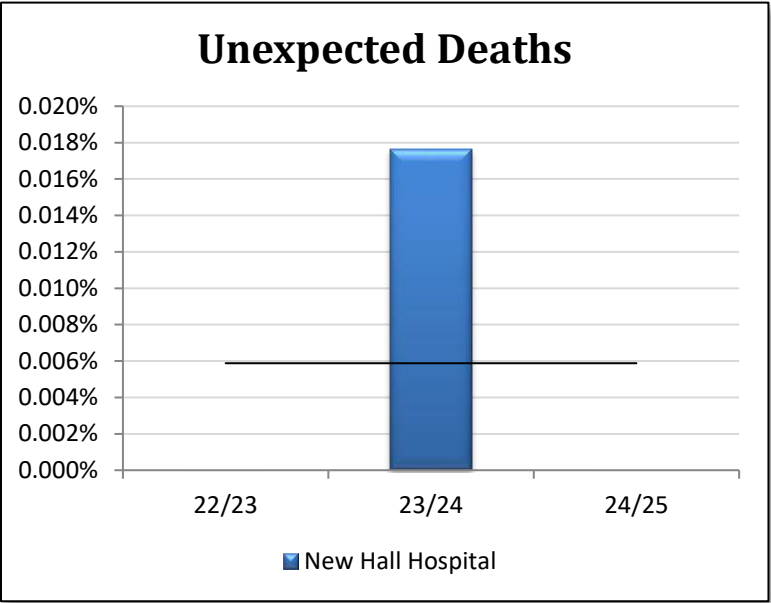
Above is a table showing mortality/death of patient data made available to New Hall Hospital by NHS digital. The table covers two reporting periods and shows the worst performer for the period, the best performer and the New Hall site performance.

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 were no unexpected deaths in the reporting period.

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: Hips | Period | Best | | Worst | | Average | | Period | New Hall | |
|----------------|----------------|-------|---------|-------|---------|---------|---------|----------------|----------|--------|
| | 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 |
| | Apr22 - Mar 23 | NT402 | 25.4426 | NVC04 | 14.9221 | Eng | 22.4505 | Apr22 - Mar 23 | NVC09 | 23.234 |

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, however is now collected as live data and actioned locally through clinical governance committee.

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: Knees | Period | Best | | Worst | | Average | | Period | New Hall | |
|-----------------|----------------|-------|---------|-------|---------|---------|---------|----------------|----------|--------|
| | Apr20 - Mar 21 | NVC23 | 20.2502 | RXP | 11.9159 | Eng | 16.8858 | Apr20 - Mar 21 | NVC09 | 14.642 |
| | Apr21 - Mar 22 | RCF | 20.6336 | NT209 | 14.2667 | Eng | 17.6247 | Apr21 - Mar 22 | NVC09 | 18.430 |
| | Apr22 - Mar 23 | RWJ | 20.8622 | RJ1 | 13.1198 | Eng | 17.4879 | Apr22 - Mar 23 | NVC09 | 17.385 |

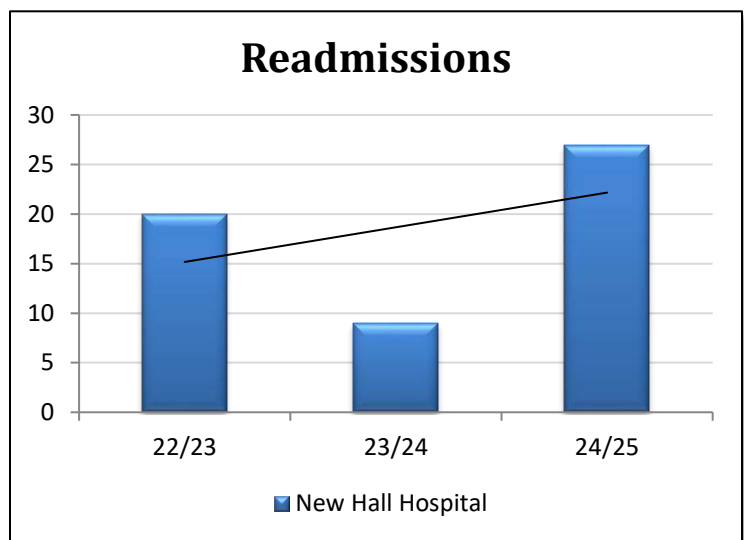
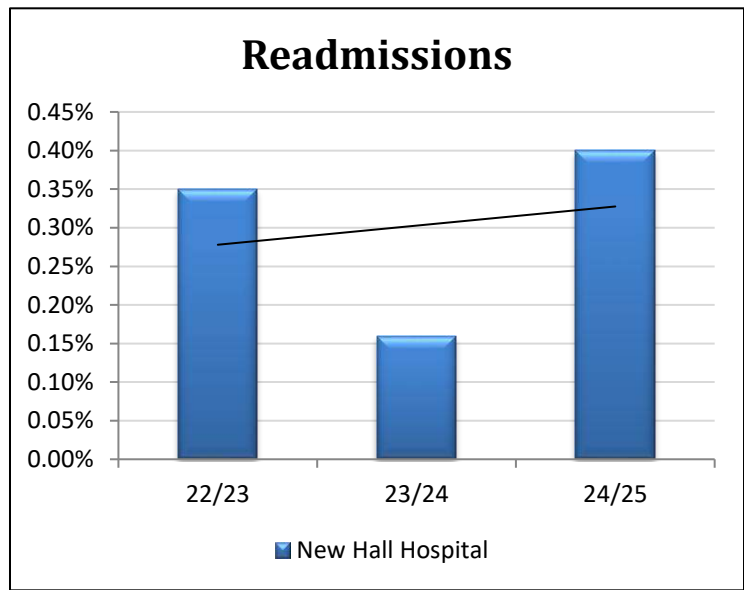
New Hall Hospital considers that the data is as described since our patients are reporting good outcomes when completing their post op questionnaire. Unfortunately, publication has been paused since 22/23, however is now collected as live data and actioned locally through clinical governance committee.

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.

| Readmissions: | Period | Best | | Worst | | Average | | Period | New Hall | |
|---------------|--------|------|-----|-------|-----|---------|------|--------|----------|---------|
| | 19/20 | N/A | N/A | N/A | N/A | Eng | 13.7 | 22/23 | NVC09 | 0.00350 |
| | 20/21 | N/A | N/A | N/A | N/A | Eng | 15.5 | 23/24 | NVC09 | 0.00158 |
| | 23/24 | N/A | N/A | N/A | N/A | Eng | 14.2 | 24/25 | NVC09 | 0.00399 |

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



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. Unfortunately, this data is no longer reported.

4b Patient experience of hospital care

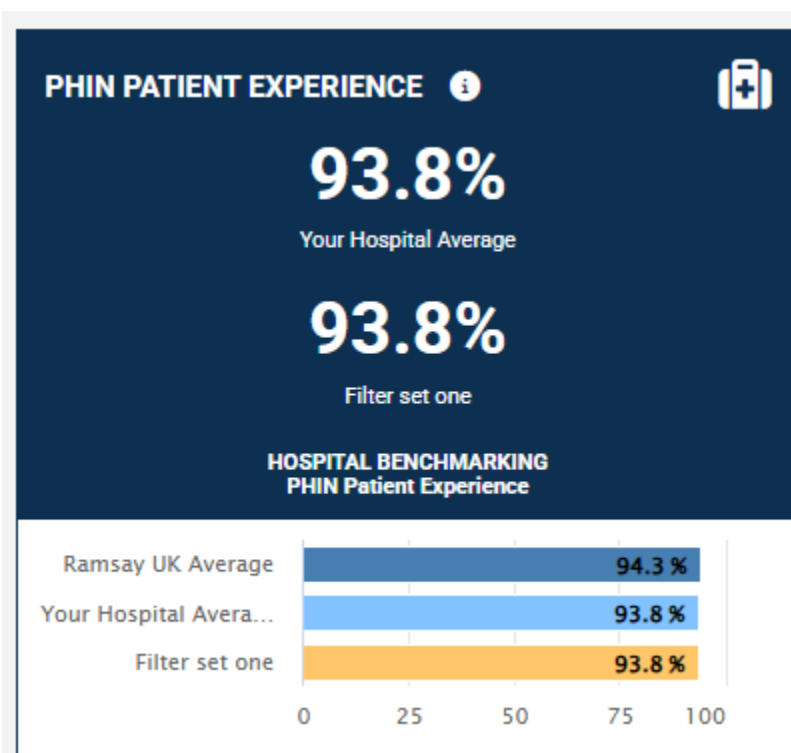
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PHIN Experience score (suite of 5 questions giving overall Responsive to Personal Needs score):

Summary of PHIN Patient Experience performance

Export

Filter set one: **Preset Hospital: New Hall Hospital**



VTE Risk Assessment

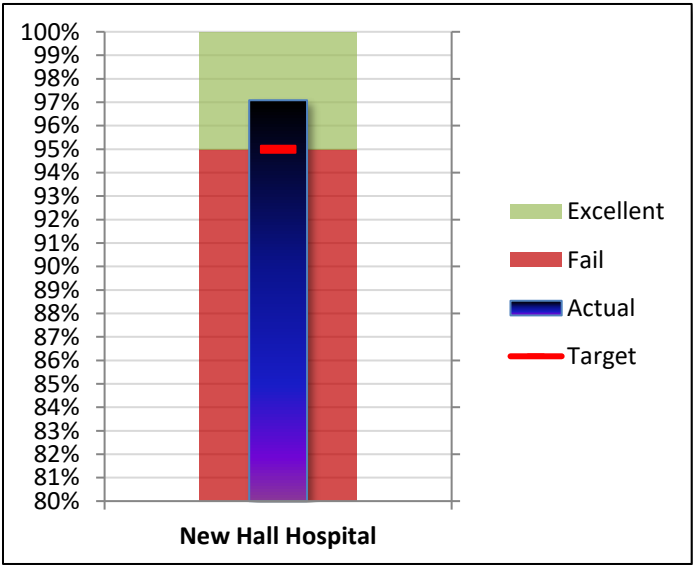
The VTE quality indicator is related to NHS Outcomes Framework Domain 5 “Treating and caring for people in a safe environment and protecting them from avoidable harm.”

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 | Severall | 100% | NVCOM | 41.6% | Eng | 95.6% | Q1 to Q4 18/19 | NVC09 | 94.4% |
| | Q1 to Q3 19/20 | Severall | 100% | RXL | 71.8% | Eng | 95.5% | Q1 to Q3 19/20 | NVC09 | 95.9% |
| | Q3 24/25 | Severall | 100% | RCB | 13.7% | Eng | 90.3% | Q3 24/25 | NVC09 | 97.1% |

Due to Covid this submission was paused. There is no data published after Q3 19/20. VTE risk assessment 2024/25 has been reinstated and is ongoing until further notice.

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 | 2022/23 | NVC09 | 0.000 |
| | 2021/22 | Several | 0 | RPY | 54.0 | Eng | 16.0 | 2023/24 | NVC09 | 0.000 |
| | 2023/24 | Several | 0 | RPY | 56.6 | Eng | 18.8 | 2024/25 | NVC09 | 0.000 |

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 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.

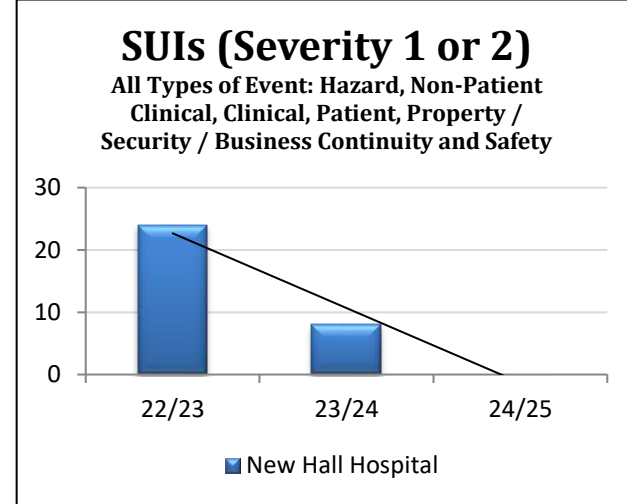
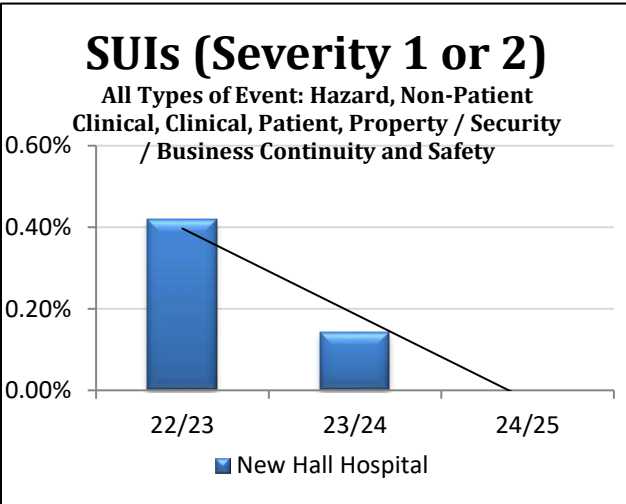
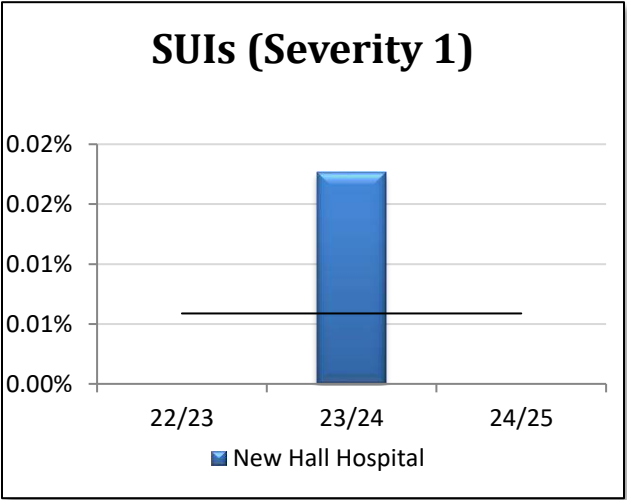
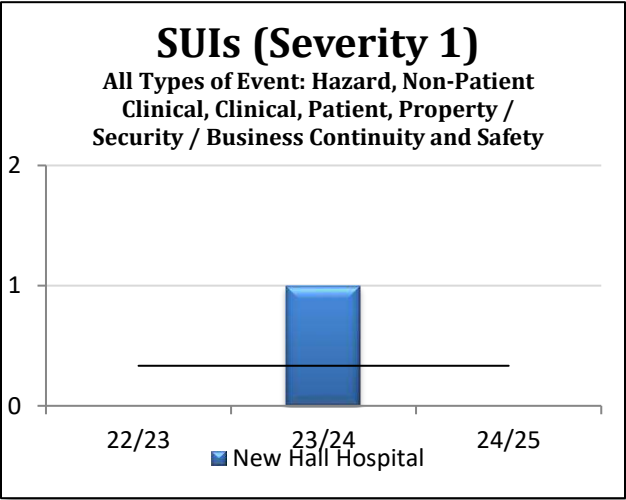
| SUIs: (Impact 5 only) | Period | Best | | Worst | | Average | | Period | New Hall | |
|--------------------------|---------|------|------|-------|------|---------|------|---------|----------|-------|
| | 2021/22 | RAX | 0.03 | RJR | 1.08 | Eng | 0.30 | 2022/23 | NVC09 | 0.000 |
| | 2022/23 | N/A | N/A | N/A | N/A | N/A | N/A | 2023/24 | NVC09 | 0.000 |
| | 2023/24 | N/A | N/A | N/A | N/A | N/A | N/A | 2024/25 | NVC09 | 0.000 |

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 preadmission process to ensure a patient's condition is optimised prior to surgery.

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-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% |
| | Jan-25 | Several | 100% | RL4 | 71.0% | Eng | 95.0% | Jan-25 | 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 a number of 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 5 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.

Ramsay participates in mandatory surveillance of surgical site infections for orthopaedic joint surgery and these are also monitored.

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.

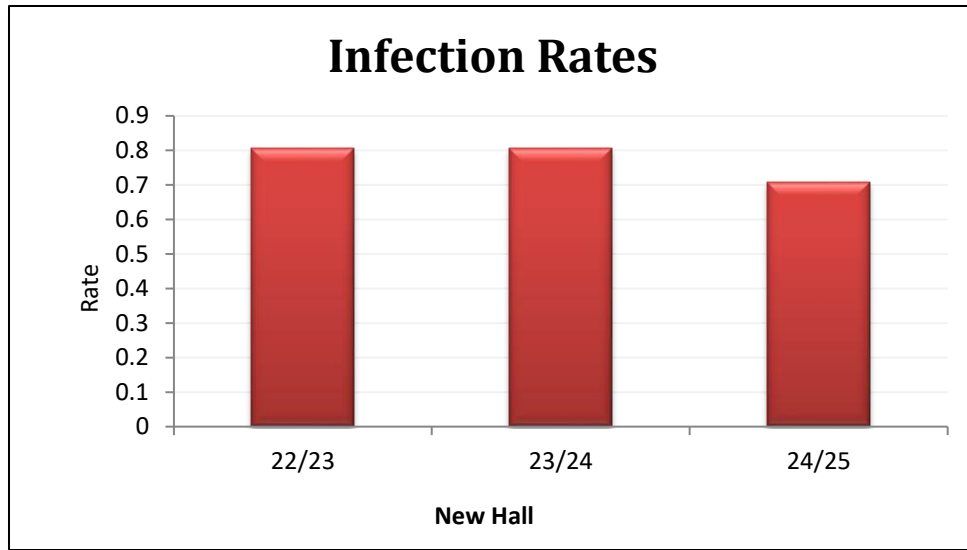
Programmes and activities within our hospital include:

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.

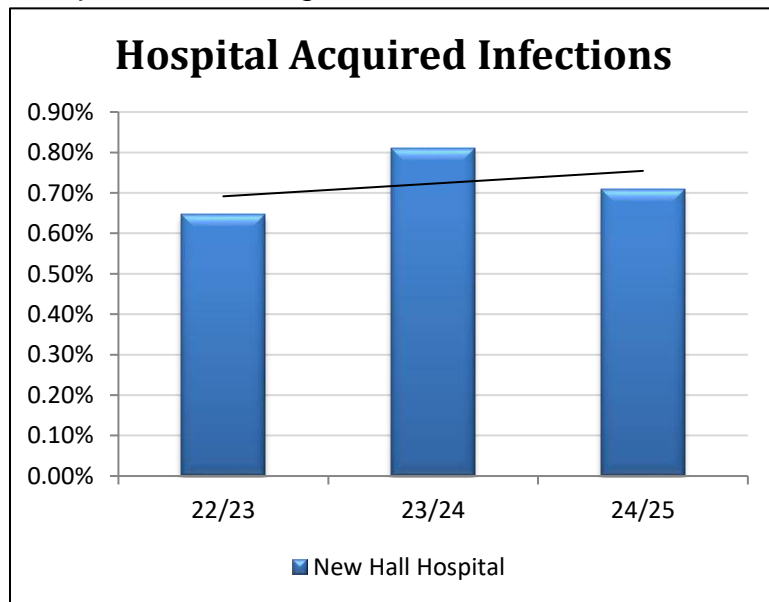
We submit strong data to SSISS for hips, knees and spines and have a 30 day follow up phone call for all inpatients who underwent this procedure to ensure we have strong data submitted and implement actions if required, to ensure best practice patient care.

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 rate has decreased over the last year. Our Infection Prevention and Control lead has worked closely with the teams to improve reporting, and we are now working towards new benchmarks 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.

Rate per 100 discharges:



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.

A PLACE Audit was carried out in 2024 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 | 99.72% | 98.31% |

| Domain | New Hall score | National average score |
|--------------------|----------------|------------------------|
| Food and hydration | 92.07% | 91.36% |

| Domain | New Hall score | National average score |
|--------------------------------|----------------|------------------------|
| Privacy, Dignity and Wellbeing | 92% | 88.22% |

| Domain | New Hall score | National average score |
|--------------------------|----------------|------------------------|
| Condition and Appearance | 100% | 96.36% |

| Domain | New Hall score | National average score |
|----------|----------------|------------------------|
| Dementia | 94.09% | 83.66% |

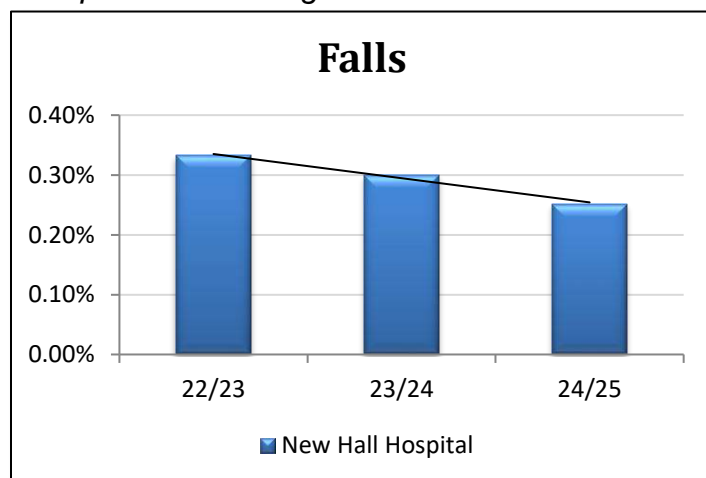
| Domain | New Hall score | National average score |
|------------|----------------|------------------------|
| Disability | 97.44% | 85.20% |

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 Hospital Director which ensures we keep up to date with all safety issues.

Rate per 100 discharges:

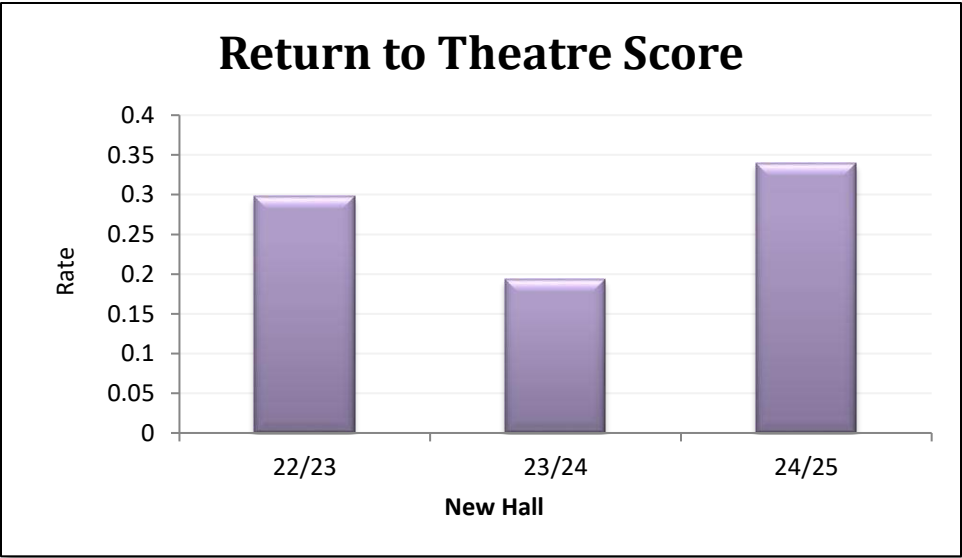


3.3 Clinical effectiveness

New Hall Hospital has a Clinical Governance 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

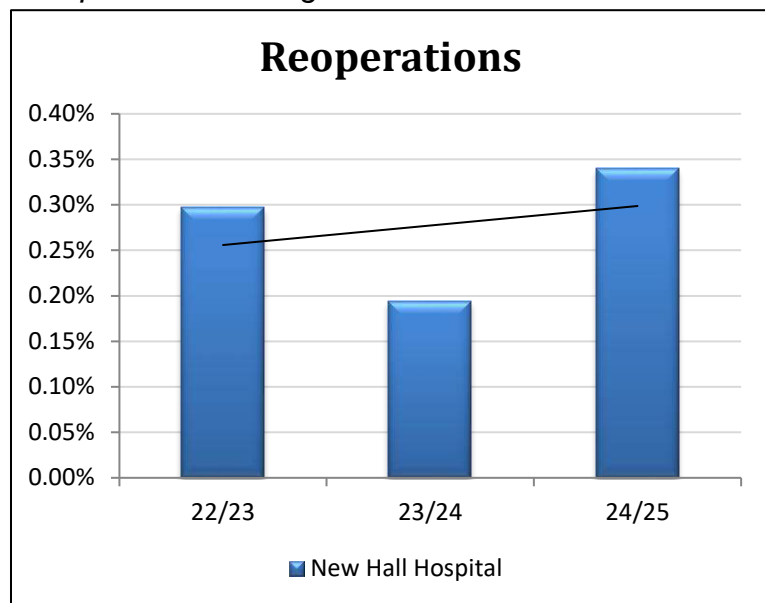
Ramsay is treating significantly higher numbers of patients every year as our services grow. The majority of our patients undergo planned surgical procedures and so monitoring numbers of patients that require a return to theatre for supplementary treatment is an important measure. Every surgical intervention 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.



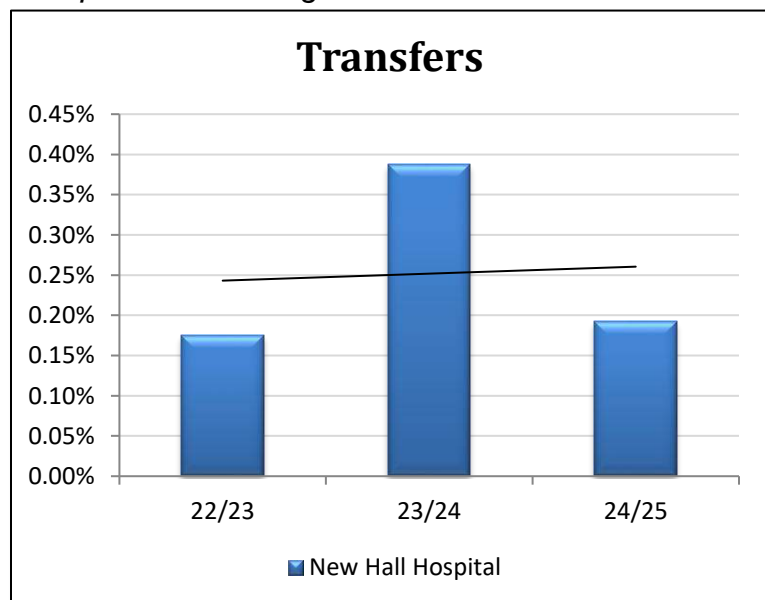
As can be seen in the above graph our returns to theatre rate has increased over the last year. In comparison to the national average, it is still above the Ramsay benchmark. As disclosed above, Ramsay takes pride in taking all patients back to our own operating theatres to ensure

the best clinical outcomes. All return to theatre incidents is 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 were no unexpected deaths in the reporting period.

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 may not be happy speaking up and identify 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.

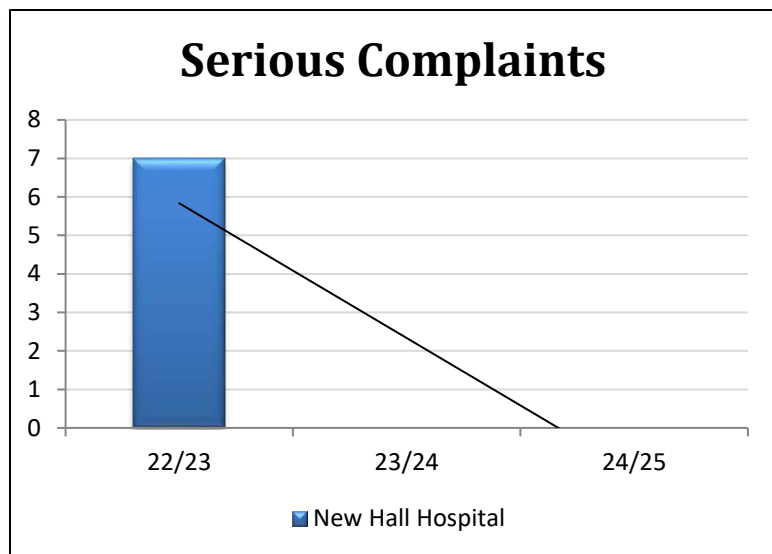
New Hall hospital has a dedicated Sparring Up for Safety Trainer who is ensuring the standards of the safety C.O.D.E. are kept up to date for all staff in the hospital. Our Freedom to speak up guardian is Angela Evans, Chief Customer Officer

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 fed back 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:

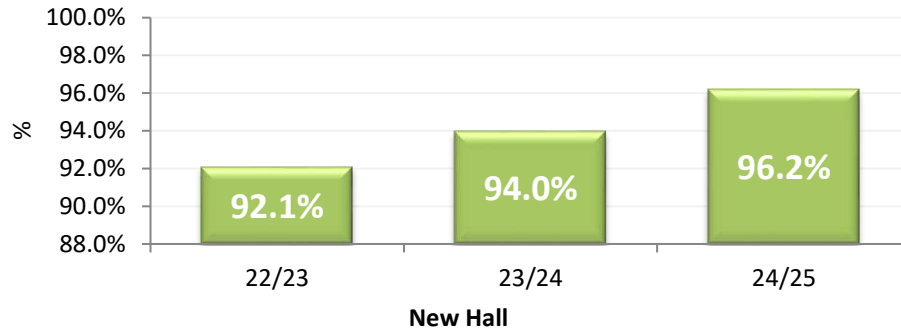
- Continuous patient satisfaction feedback via a web-based invitation
- Hot alerts received within 48hrs of a patient making a comment on their web survey
- Yearly CQC patient surveys
- Friends and family questions asked on patient discharge
- 'We value your opinion' leaflet
- Verbal feedback to Ramsay 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 – patients are encouraged to read and participate in their plan of care

3.4.1 Patient Satisfaction Surveys

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.

Appendix 1

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 | <p>All adults 18 yrs. and over,-excluding:</p> <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

The Clinical Audit programme for Ramsay Health Care UK runs from July to the following June each year. “Tendable” is our electronic audit platform. Staff access the app through iOS devices. 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 v17.3 2024-2025

| AUDIT | Department Allocation / Ownership | Frequency |
|---|---|-------------------------------|
| Hand Hygiene observation (5 moments) | Ward, Ambulatory Care, SACT Services, Theatres, IPC (all other areas) | Monthly |
| Hand Hygiene observation (5 moments) | RDUK | Monthly |
| Surgical Site Infection (One Together) | Theatres | October, April |
| IPC Governance and Assurance | IPC | July to September |
| IPC Environmental infrastructure | SLT | October to December |
| IPC Management of Linen | Ward, Ambulatory Care | August, February |
| IPC Aseptic Non-Touch Technique: Standard | IPC | As required |
| IPC Aseptic Non-Touch Technique: Surgical | IPC | As required |
| Sharps | IPC | Fortnightly |
| 50 Steps Cleaning (Functional Risk 1) | HoCS, Theatres, SACT Services | Monthly |
| 50 Steps Cleaning (Functional Risk 1) | HoCS, Theatres | July, October, January, April |
| 50 Steps Cleaning (FR2) | HoCS, Ward, Ambulatory Care, Outpatients, POA | July, October, January, April |
| 50 Steps Cleaning (FR4) | HoCS, Physio, Pharmacy, Radiology | July to September |

| | | |
|---|---|--|
| 50 Steps Cleaning (FR4) | RDUK | July to September |
| 50 Steps Cleaning (FR5) | SLT (Patient facing reception, waiting rooms, corridors) | July to September |
| 50 Steps Cleaning (FR6) | SLT (non-patient facing: Offices, Stores, Training Rooms) | October to December |
| Peripheral Venous Cannula Care Bundle | HoCS (to delegate) | August, February |
| Urinary Catheterisation Bundle | HoCS (to delegate) | July to September January to March (if required) |
| Patient Journey: Safe Transfer of the Patient | Ward, Ambulatory Care | October to December April to June (if required) |
| Patient Journey: Intraoperative Observation | Theatres | July to September January to March |
| Patient Journey: Recovery Observation | Theatres | July to August December to January May to June |
| LSO and 5 Steps Safer Surgery | Theatres, Outpatients, Radiology | July to August December to January May to June |
| NatSSIPs Stop Before You Block | Theatres | July to August December to January May to June |
| NatSSIPs Prosthesis | Theatres | October to December April to June |
| NatSSIPs Swab Count | Theatres | October to December April to June |
| NatSSIPs Instruments | Theatres, Outpatients, Radiology | October to December |
| NatSSIPs Histology | Theatres, Outpatients, Radiology | July/September (where applicable) |
| Blood Transfusion Compliance | Blood Transfusion | As required |
| Blood Transfusion – Autologous | Blood Transfusion | August/September February/March |
| Blood Transfusion - Cold Chain | Blood Transfusion | August/September February/March |
| Complaints | SLT | July, October, January, April |
| Duty of Candour | SLT | July, October, January, April |
| Practising Privileges - Non-consultant | HoCS | July, January (where applicable) |

| | | |
|--|-----------------------|---------------------------------------|
| Practising Privileges - Consultants | HoCS | May/June (as required) |
| Practising Privileges - Doctors in Training | HoCS | September / October (as required) |
| Privacy & Dignity | Ward, Ambulatory Care | September / October |
| Essential Care: Falls Prevention | HoCS (to delegate) | TBC |
| Essential Care: Nutrition & Hydration | HoCS (to delegate) | July, October, January, April |
| Essential Care: Wound Management (to be developed) | HoCS (to delegate) | July to September January to March |
| Resuscitation & Emergency Response | HoCS (to delegate) | July to September January to March |
| Medical Records - Therapy | Physio | July to September January to March |
| Medical Records - Surgery | Theatres | July to September January to March |
| Medical Records - Ward | Ward | July to September January to March |
| Medical Records - Pre-operative Assessment | Outpatients, POA | July to September January to March |
| Medical Records - Radiology | Radiology, RDUK | July to September January to March |
| Medical Records - Cosmetic Surgery | Outpatients | July to September January to March |
| Medical Records - Paediatrics | Paediatrics | July to September January to March |
| Medical Records - NEWS2 | Ward | October to December April to June |
| Medical Records - VTE | Ward | July to September January to March |
| Medical Records - Patient Consent | HoCS | July, January |
| Medical Records - MDT Compliance | HoCS | July, November, March |
| Non-Medical Referrer Documentation and Records | Radiology | August, December, April |
| MRI Reporting for BUPA | Radiology | August, February |
| CT Reporting for BUPA | Radiology | January, July |

| | | |
|---|--|---|
| No Report Required | Radiology | July, October, January, April |
| MRI Safety | MRI, RDUK | August, October, December, February, April, June |
| CT Last Menstrual Period | Radiology, RDUK | July, September, November, January, March, May |
| RDUK - Referral Forms - MRI | RDUK | October, March |
| RDUK - Referral Forms - CT | RDUK | July, January |
| RDUK - Medicines Optimisation | RDUK | July to September January to March (if required) |
| RDUK - PVCCB | RDUK | July, January |
| Bariatric Services | Bariatric Services | September |
| Paediatric Services | Paediatric | October |
| Paediatric Outpatients | Paediatric | October to December April to June |
| Paediatric Radiology | Paediatric | July to September January to March |
| Antimicrobial Stewardship & Prescribing | HoCS (to delegate) | October to December April to June |
| Safe & Secure | Pharmacy | July to September January to March |
| Prescribing, Supply & Administration' | Pharmacy | September, December, March, June |
| Medicines Reconciliation | Pharmacy | October, April |
| Controlled Drugs | Pharmacy | January to March |
| Pain Management | Pharmacy | January to March |
| Medicines Governance | Pharmacy | September/October |
| Medicines Governance | Pharmacy | October to December |
| SACT Services | Pharmacy, SACT Services | October to December |
| Departmental Governance | Ward, Ambulatory Care, Theatre, Physio, Outpatients, Radiology | December |
| Departmental Governance (RDUK) | RDUK | August, February |
| Safeguarding | SLT | As required |
| IPC Environmental infrastructure (RDUK) | RDUK | As required (by corporate team) |

| | | |
|--|------------------------|---------------------|
| Decontamination - Sterile Services (Corporate) | Decontamination (Corp) | May |
| Decontamination - Endoscopy | Decontamination (Corp) | November to January |
| Medical Records - SACT consent | SACT Services | As required |
| OH: Managing Health Risks On-site | Corporate OH | As required |
| OH: Occupational Health Delivery On-site | HoCS, RDUK | November to January |
| OH: Clinical Records | Corporate OH | July, January |
| OH: Case Management Referrals | Corporate OH | May, November |
| OH: Pre-Placement Clearance | Corporate OH | October, April |
| OH: UKAP & Hep B Non-Responders | Corporate OH | March |
| OH: Vaccination Records | Corporate OH | September, March |
| OH: BFE Exposure Management | Corporate OH | Monthly |
| OH: Skin Health Surveillance | Corporate OH | Monthly |
| OH: Management of OH Records | Corporate OH | August, February |
| H&S Legionella | Ops Managers | February, August |
| H&S PUWER/LOLER | Ops Managers | March |
| H&S Management | Ops Managers | April |
| H&S Moving & Handling | Ops Managers | May |
| H&S Work at Height | Ops Managers | June |
| H&S Slips Trips & Falls | Ops Managers | September (25) |
| H&S COSHH | Ops Managers | October (25) |
| H&S Electrical Safety | Ops Managers | November (25) |
| H&S Violence at Work | Ops Managers | December (25) |

Appendix 3

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 | Endo venous 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 |
| 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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