

New Hall Hospital

Quality Account
2022/23



Ramsay
Health Care

Contents

Introduction Page		
Welcome to Ramsay Health Care UK		
Introduction to our Quality Account		
PART 1 – STATEMENT ON QUALITY		
1.1	Statement from the Hospital Director	
1.2	Hospital accountability statement	
PART 2		
2.1	Priorities for Improvement	
2.1.1	Review of clinical priorities 2021/22 (looking back)	
2.1.2	Clinical Priorities for 2022/23 (looking forward)	
2.2	Mandatory statements relating to the quality of NHS services provided	
2.2.1	Review of Services	
2.2.2	Participation in Clinical Audit	
2.2.3	Participation in Research	
2.2.4	Goals agreed with Commissioners	
2.2.5	Statement from the Care Quality Commission	
2.2.6	Statement on Data Quality	
2.2.7	Stakeholders views on Quality Accounts	
PART 3 – REVIEW OF QUALITY PERFORMANCE		
3.1	The Core Quality Account indicators	
3.2	Patient Safety	
3.3	Clinical Effectiveness	
3.4	Patient Experience	
Appendix 1 – Services Covered by this Quality Account		
Appendix 2 – Clinical Audits		

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

Being part of a responsible, global healthcare provider widely respected for a strong reputation of delivering, safe, high quality, patient centred care with positive outcomes is something we are incredibly proud of in Ramsay Health Care UK.

Patients are confident when they come to one of our hospitals for treatment because we are unwavering in our commitment to maintaining the highest standards of clinical quality and providing exceptional care. We see this in our consistently high patient feedback, as well as achievements such as 95% of our endoscopy services being JAG accredited, Bupa recognition as a Breast Centre of Excellence in two of our hospitals providing cancer services, and an overall 97% record of our hospitals being rated as 'Good' by the Care Quality Commission.

We are committed to being a welcoming and supportive organisation for all people who meet our services and us. We always ensure that we are listening to the needs of our colleagues, teams, and patients in order to create an inclusive and diverse organisation that is known not only for its high-quality services and clinical outcomes, but also for its welcoming and supportive culture. We were thrilled to launch our People and Culture Forum in 2022, with representatives from across the organisation joining forces to make Ramsay a truly great place to work. I am personally delighted that this forum is co-chaired by a Consultant Orthopaedic Surgeon who has chosen to establish an independent practise with Ramsay and is committed to promoting Diversity, Equity, and Inclusion.

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. At Ramsay 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. It gives us great pleasure to share our results with you.



Nick Costa

Chief Executive Officer

Ramsay Health Care UK

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

I joined Ramsay Health Care UK in December 2022, having previously worked in both the NHS and the independent sector. For me, the prospect of being clinically responsible for the services and care provided across all 34 hospitals in Ramsay UK's estate is both daunting and exciting. The extremely high standards that are expected of our clinical teams to deliver clinical services to our patients has allowed Ramsay to cultivate a strong reputation for providing excellent care with excellent outcomes.

Ramsay leads the industry by having implemented an electronic patient record across all hospital sites. With immediate access to patient records that are updated at the point of care, clinicians and staff can be confident that they have the most up-to-date information about the patient, giving confidence to both the team treating the patient and the individual receiving care. We have more plans for increasing the use of digital services to improve care in coming years.

I am looking forward as we continue this journey to support our ongoing commitment to providing high-quality health services to our patients, with continued 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.

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, progress made in 2022/2023 and plans for the forthcoming year.

2022/23 has seen the planning and building of our new development, a fifth theatre, diagnostic suite, new inpatient ward, extended day case unit and physiotherapy space. This has allowed us to offer more surgical capacity to the regions we serve. In 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 teams have continued to demonstrate courage, resilience and outstanding/safe care to the patients we have treated.

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 and patient outcomes via monitoring and Registries such as British Spine Registry and 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, Deanery's and the Ramsay Academy to train our nursing, allied health and consultants of the future.

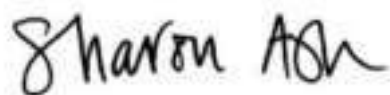
The aim of our Quality Account is to provide information to our patients and commissioners to assure them we are committed to making progressive achievements and sharing best practice and success stories. For example, we participate in the Public Health England Surgical Site Surveillance Service and 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 best practice with our regional teams to deliver first class spinal care, to share learning and best practice.

New Hall submission and commitment to continually measure our patient outcomes hold one of the highest submission rates to National Joint Registry we are awarded Quality Data Provider Status this year. In 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 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.

The experience that patients have in our hospital is of the utmost importance 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 respected at all times. 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 nationally.

We especially value patient's 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 family an individual and personal service tailored to their needs. We will continue to build our services in line with our community 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 Contract Quality Lead – Abigail James

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 year 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. Our core focus in the coming year is to operationalize our new development.

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 for 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	10
Consultants (with practicing privileges)	101
Registered Nurses	68 inc bank
Operating Department Practitioners	9 inc bank
Sterile Services Technicians	4 inc bank
Radiographers	10 inc bank
Physiotherapists	16 inc bank
Health Care Assistants	54 inc bank
Support staff	34 inc bank
Administration staff	83 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. However, due to Coronavirus restrictions we have not been operating these services since March 2020.

Direct referral services

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

GP Liaison

We employ a full time GP Liaison (GPL) 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 GP Liaison 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 GP liaison role, New Hall Hospital is well-placed to respond swiftly to any feedback received from GPs and patients. The work of the GPL has been limited due to the coronavirus outbreak as she has been unable to visit GP surgeries during the pandemic. Despite this she has kept in touch with the GP practices to ensure they have been kept informed of any developments at the Hospital.

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 2022/23

Plan for 2022/23

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 Leadership 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 2021/22 (looking back)

New Hall hospital aims to achieve the best results possible, and this can only be achieved by reflecting on what we set ourselves up for in the previous year.

Day surgery efficiency project

Last year, we continued to look at the efficiency project for the Day Surgery Unit, to ensure patient safety and clinical effectiveness and to improve patient experience. This was a carried on objective from 2020/2021.

Below is a snapshot of the objective from last year:

During 19/20 it was noted that a significant number of patients were staying overnight or being transferred to an inpatient bed from the Day Services Unit (DSU). In order to address this, we are going

to look at the process of admitting DSU patients from pre admission to post discharge to ensure we have all the correct procedures and processes in place to ensure not just efficiency but a safe and comfortable patient journey.

Advantages include:

- *Increased through-put of patients;*
- *Release of inpatient facilities for higher-acuity patients;*
- *Fixed scheduling reducing cancellations and more efficient theatre use;*
- *Reduction in staff and hospital costs as overnight stays are not usually Necessary;*
- *Better use of high cost operating theatres and supplies;*
- *Fewer risks of hospital related infections;*
- *Complications arising from day surgery are usually minor; and:*

Increased patient satisfaction due to:

- *✓ Reduced disruption to patients' daily routines with lower levels of work absence;*
- *✓ Good post-operative pain control;*
- *✓ Short waiting time before surgery;*
- *✓ Avoidance of patients feeling they are being rushed;*
- *✓ Patients feeling that they have received individual attention;*
- *✓ Follow-up phone call the following day.*

The teams in the DSU team have worked extremely hard and have effectively implemented the above project and is now become a standard practice for the team with excellent patient feedback and outcome.

Enhanced Recovery Pathways for Spinal and Orthopaedic to deliver 23-hour pathways

One of the priorities nationally and locally with our trust is to be able to deliver spinal and joint replacements going home within 23 hours of procedure. Here at New Hall Hospital, we are working closely with our Orthopaedic and Spinal MDT's to deliver these pathways to meet Get It Right First Time recommendation.

The Enhanced Recovery Pathway (ERP) is an intervention that uses evidence based standardised care at each stage of a patient journey to enable optimum recovery following a hip or knee replacement operation. Implementation of ERP has become increasingly prominent in the NHS in England as it can improve quality of care for patients and enables efficient use of resources.

The main aim of the ERP is:

- *Drive patient safety in their own environment*
- *Reduce the potential HCAI by discharging patients back to their own home environment*
- *Reduce length of stay in hospital to allow further throughput for patients*

Having focused on the above in the past year, we have improved the above greatly and most joint replacement patients are discharged on their first day after surgery thanks to the excellent work of our physiotherapy, nursing and surgical teams, as well as our anaesthetic consultants. There is a drive for the patient to be safely discharged as soon as possible and we start the discharge pathway as early as preoperative assessment. This has brought the average length of stay of joint replacement to an amazing 1.4 days.

2.1.2 Clinical Priorities for 2023/24 (looking forward)

In striving to be the best independent sector hospital that we can be, we have set some clinical priority objectives looking forward for the following year. It is imperative and key that every hospital strikes to improve on their quality every year by setting realistic targets and a plan on how these will be achieved.

Below we outline the clinical priorities for the year coming, aligned with our clinical strategy for the year.

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 support commercially by creating a set of patients ready for surgery in case of short term cancellations. It will also support the pre assessment team and the workload required of a specialist set of skills which is difficult to recruit into.

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.

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 see 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 and create positive actions which can then be shared with the teams through our Outcomes With Learning meetings. The aspiration would be to have a patient present a potential 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 loop back to all of our patients and what they want and need from an individualised pathway.

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 2022/23 we treated **7238** patients, of whom **5733** were NHS patients (79%) and **1505** were private patients (21%)

During 2022/23 New Hall Hospital provided NHS services 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 2021 to 31st March 2022 represents 100 per cent of the total income generated from the provision of NHS services by New Hall Hospital for 1 April 2022 to 31st March 2023

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 2022/23, the indicators on the scorecard which affect patient safety and quality were:

Human Resources	
Staff Cost % Net Revenue	34%
HCA Hours as % of Total Nursing	30%
Agency Cost as % of Total Staff Cost	16%
Ward Hours PPD	5.3
% Staff Turnover	28.7%
% Sickness	4.92%
% Lost Time	9%
Appraisal %	93.3%
E-Learning %	97%
Mandatory Training %	88%
Number of Significant Staff Injuries	0%

Patient	
Formal Complaints per 1000 HPD's	0.12%
Patient Satisfaction Score	95%
Significant Clinical Events per 1000 Admissions	0.42%
Readmission per 1000 Admissions	0.35%
Quality	
Workplace Health & Safety Score	96%
Infection Control Audit Score	98%
Consultant Satisfaction Score	Ongoing

2.2.2 Participation in clinical audit

During 1 April 2022 to 31st March 2023 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 2022 to 31st March 2023, 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%
National Joint Registry (NJR) ^{1,2}	97.3%
Surgical Site Infection Surveillance Service	80%

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 2022 to 31st March 2023 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, this should result in increased compliance in 23/24.

SSISS: The infection and prevention control lead, who started at the end of April 2022, is now established in the role and has implemented a thorough action plan to increase compliance. SSISS reported cases are now triangulated against site reports to ensure all cases are submitted with continued improvement 99% of cases were reported in Q123. To improve accuracy of infection rate data, all joints and spinal patients are phoned up 30 days after discharge and assessed for potential Surgical Site Infection. This process started in December 2023 and has yielded increased compliance with data submission. We are confident this process will ensure valid data to benchmark the hospital against national standards.

Local Audits

The reports of New Hall Hospital local clinical audits from 1 April 2022 to 31st March 2023 were reviewed by the Clinical Governance Committee.

The audit program follows the Tendable national Ramsay program. 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 and Heads of Department are now required to present their own department audits at clinical governance to discuss results and actions;
- There is now a greater emphasis on teaching all clinical staff to understand the audit cycle and to take part in the clinical audits themselves;
- Audit as part of the quality cycle will now be being 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 2022/23 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 2022 to 31st March 2021 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.



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 2022/23 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:

- 96.6% for admitted patient care;
- 96.6% for outpatient care; and
- NA for accident and emergency care (not undertaken at our hospital).

The General Medical Practice Code:

- 96.6% for admitted patient care;
- 96.6% 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 submitted its response on 30.6.22 for 2021/2022. The status is 'Standards Met'.

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 2022/23 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	96.6%	94.5%	100%	99.2%

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 Contract Quality Lead – Abigail James

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 Bath and North East Somerset, Swindon and Wiltshire Integrated Care Board on 2022-23 Ramsay New Hall Hospital (RNH) Quality Account

NHS Bath and North East Somerset, Swindon and Wiltshire Integrated Care Board (ICB) welcome the opportunity to review and comment on RNH's Quality Account for 2022/ 2023. 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 presentation guidance.

The ICB recognises that 2022/2023 has continued to be a difficult year due to the workforce pressures and the continued recovery of services following the COVID-19 Pandemic. The ICB would like to thank RNH's for their continued contribution to supporting the wider health and social care system during the COVID-19 recovery phase.

It is the view of the ICB that the Quality Account reflects RNH's on-going commitment to quality improvement and addressing key improvement objectives in a focused and innovative way. Although achievement of some priorities during 2022/23 have continued to be affected by COVID-19, RNH has still been able to make achievements against all their priorities for 2022/23 including:

1. improving the efficiency of RNH's Day Surgery Unit, including reducing the number of patients requiring an overnight stay or transfer to an inpatient bed. This was expected to have several positive outcomes including an increase in patient satisfaction and a reduction in infection risk.
2. Development of enhanced recovery pathways for spinal and orthopedic patients in line with the Get It Right First Time recommendation, providing a greater level of standardized, evidence-based care with an average length of stay of 1.4 days being achieved.

The ICB supports RNH's identified Quality Priorities for 2023/2024. It is recognized 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 EVOLVE Pre-Assessment project with the aim to create a one-stop service for outpatients resulting in improved clinical practice, increased positive patient experience and flexibility to fill surgical slots when there have been cancellations at short notice.
2. Amalgamation of patient feedback that is received through different channels in order to analyze trends and themes and develop actions focused on quality improvement which is then shared across the organization.

We look forward to seeing progress with quality priorities identified in this Quality Account in conjunction with the continued transition to PSIRF and the formulation of the organizations

Patient Safety Incident Response Plans (PSIRPs). We would encourage alignment to focus improvement in key areas.

NHS Bath and North East Somerset, Swindon and Wiltshire ICB are committed to sustaining strong working relationships with RNH and together with wider stakeholders, will continue to work collaboratively to achieve our shared priorities as the Integrated Care System further develops in 2023/24.

Yours sincerely



Gill May

Chief Nurse Officer

BSW ICB

Quality Account 2022/23

Hampshire and Isle of Wight Integrated Care Board (HIOW ICB) welcomes the opportunity to comment on Newhall Hospital's Quality Account for 2022/23.

The ICB would like to offer its thanks to all the Trust's staff for their continued efforts in supporting our county's patients/service users, their families and carers.

2022/23 Quality priorities for improvement

We supported the Trust's 2022/23 quality improvement priorities, of which there were two. Among the achievements for 2022/23, the ICB would like to draw particular attention to:

- The Day Surgery Efficacy Project - The project gave patients increased satisfaction by reducing disruption to their daily lives, good post-operative pain control and patients feeling they had received individual attention.
- The Enhanced Recovery Pathway - Patients are discharged home following a joint replacement on the first day after surgery, this puts the resident at less risk from Health Care Associated Infection and the opportunity to recover in their own environment and reduces the length of stay.

Care Quality Commission/Improvement Plans

The ICB wishes to recognize the CQC inspection ratings of Good across all domains.

National confidential enquiries, audits and local audits

It is positive to note that the organization participated in 100% of the national clinical audits and 100% of the national confidential enquiries which it was eligible to participate in.

2023/24 Quality priorities for improvement

The ICB supports the strategic priorities for the coming year to improve the quality of healthcare for our local population.

Collaborative working

The ICB recognizes the organization's open and collaborative approach. By working in a more joined up way, we make the best use of our collective knowledge, skills and resources for the benefit of the communities that we serve. This collaborative approach will be essential in the coming year if we are to address, and resolve, our key challenges.

2022/23 Quality Review

Overall, the ICB is satisfied with the content of the quality account and believe that it meets the required mandated elements.

Over the coming year, the ICB looks forward to receiving continued assurance regarding the impact of actions taken to improve practice. We look forward to continuing to work together to improve the quality of care for our local communities.

Yours sincerely

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

Nicky Lucey

Chief Nursing Officer

Hampshire and Isle of Wight Integrated Care Board

Part 3: Review of quality performance 2022/2023

Ramsay Clinical Governance Framework 2022/23

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	
	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	

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

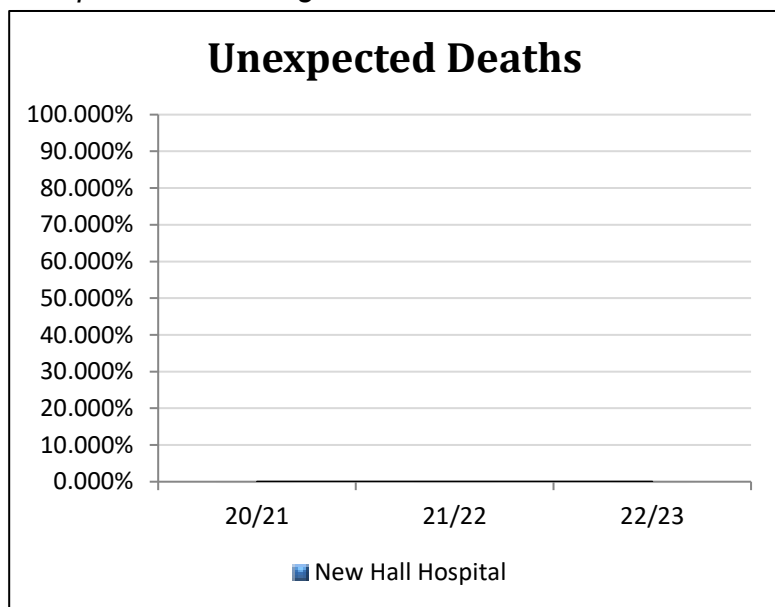
Above is a table showing mortality/death of patient data made available to New Hall Hospital by NHS digital. The table covers two reporting periods and shows the worst performer for the period, the best performer and the New Hall site performance.

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

- The value and banding of the summary hospital-level mortality indicator (“SHMI”) for the trust for the reporting period; and
- 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	
	Apr19 - Mar 20	NTPH1	25.5465	NT411	17.059	Eng	22.6867	Apr19 - Mar 20	NVC09	23.241
	Apr20 - Mar 21	NV302	25.7015	NVC20	17.335	Eng	22.9812	Apr20 - Mar 21	NVC09	23.067

New Hall Hospital considers that the data is as described since our patients are reporting good outcomes when completing their post op questionnaire. New Hall Hospital intends to continue to improve its return rates in order to further improve and so the quality of this service. Unfortunately publication has been paused for 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: Knees	Period	Best		Worst		Average		Period	New Hall	
	Apr19 - Mar 20	RR7	20.6878	R1K	12.6215	Eng	17.4858	Apr20 - Mar 21	NVC09	17.321
	Apr20 - Mar 21	NVC23	20.2502	RXP	11.9159	Eng	16.8858	Apr19 - Mar 20	NVC09	14.642

New Hall Hospital considers that the data is as described since our Patients are reporting good outcomes when completing their post op questionnaire. New Hall Hospital intends to continue to improve its return rates in order to further improve and so the quality of this service. Unfortunately publication has been paused for 22/23.

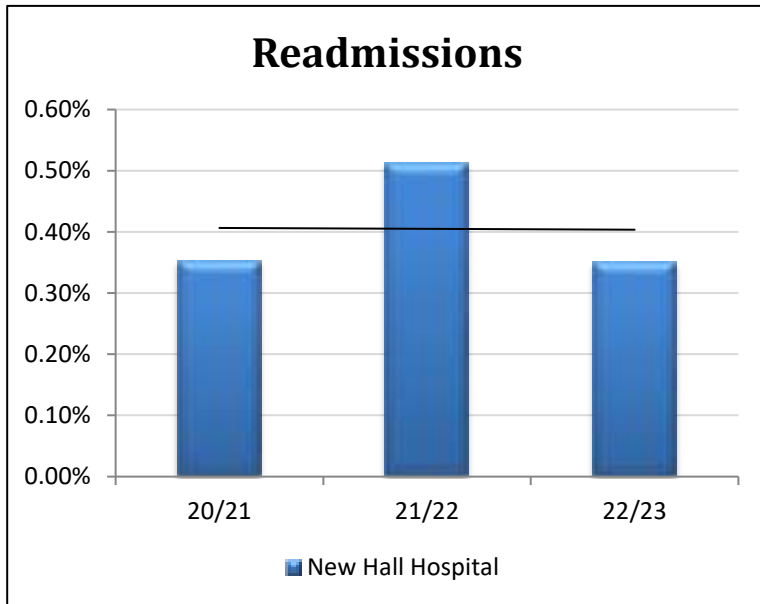
Readmissions within 28 days

The data made available to New Hall Hospital trust by NHS Digital with regard to the percentage of patients aged 18 or over, Readmitted to a hospital which forms part of the trust within 28 days of being discharged from a hospital which forms part of the trust 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	
	18/19	N/A	N/A	N/A	N/A	Eng	14.3
	19/20	N/A	N/A	N/A	N/A	Eng	13.7

Period	New Hall	
20/21	NVC09	0.00
21/22	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. The majority of readmissions are spinal patients with altered neurology who require urgent treatment to prevent further deterioration in their condition. Spinal surgery does carry an increased risk of complications, infections and operations failures and the Hospital prides itself with providing excellent care for our patients even after they are 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 Related 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.”

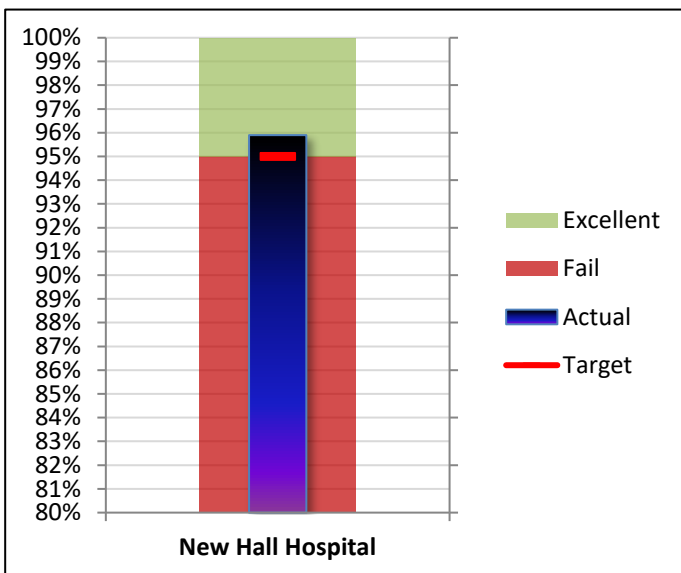
Below is a table showing the percentage of patients who were admitted to New Hall and who were risk assessed for venous thromboembolism during the reporting period is shown on the graph and was made available to New Hall by NHS digital.

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

Period	New Hall	
Q1 to Q4 18/19	NVC09	94.4%
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.



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	
	2020/21	Several	0	RPC	81.0	Eng	15.0
	2021/22	Several	0	RPY	54.0	Eng	16.0

Period	New Hall	
2021/22	NVC09	0.0
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 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.

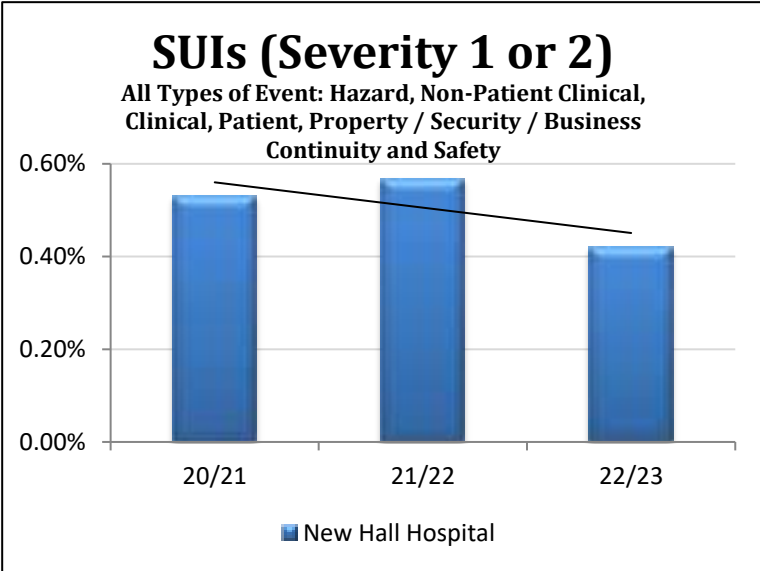
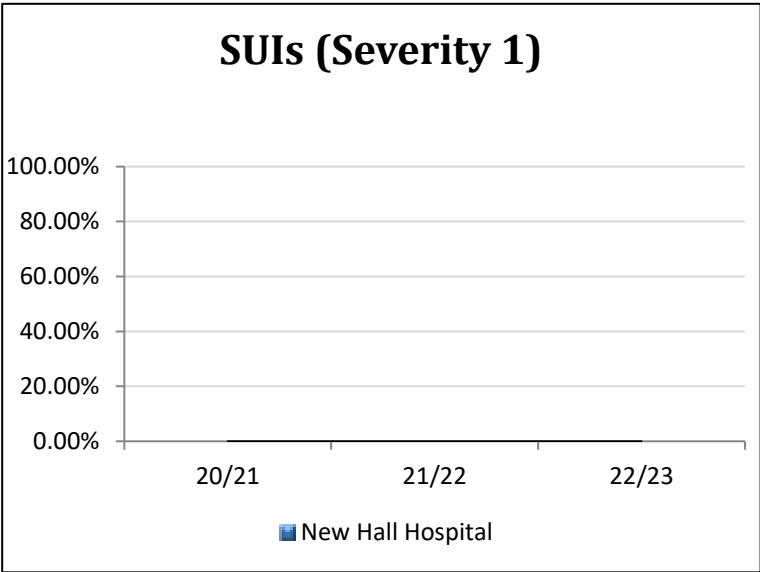
SUIs: (Severity 1 only)	Period	Best		Worst		Average	
	Oct19 - Mar20	Several	0.00	Several	0.50	Eng	0.20
	2021/22	RAX	0.03	RJR	1.08	Eng	0.30

Period	New Hall	
2021/22	NVC09	0.00
2022/23	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 patient's condition is optimised prior to surgery. There were no incidents in the reporting period.

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 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."

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 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	
	Feb-22	Severall	100%	RTK	77.0%	Eng	94.0%
	Feb-22	Severall	100%	RAL	56.0%	Eng	95.0%

Period	New Hall	
Feb-22	NVC09	100.0%
Feb-23	NVC09	97.9%

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 regards 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 3 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 infections or spinal surgery.

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.

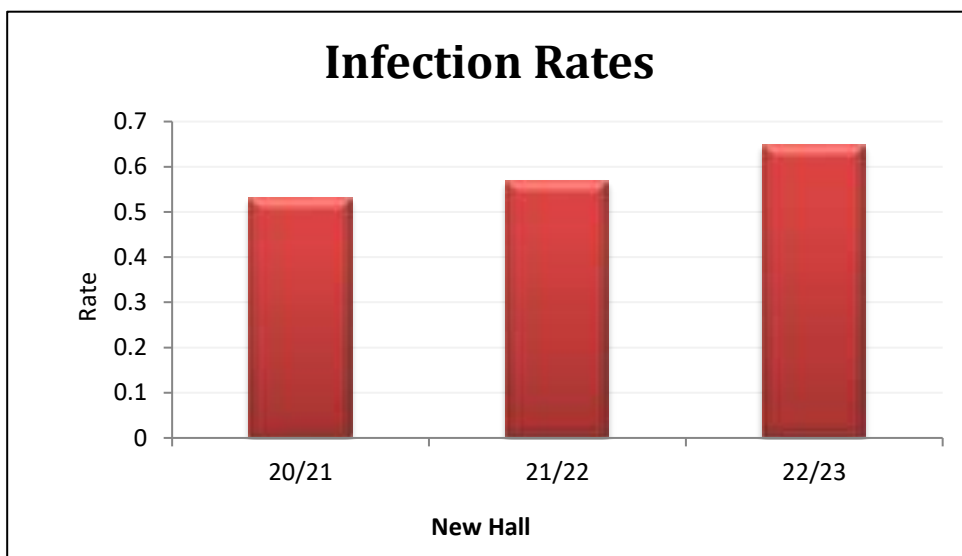
Programmes and activities within our hospital include:

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 days 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 patients 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.

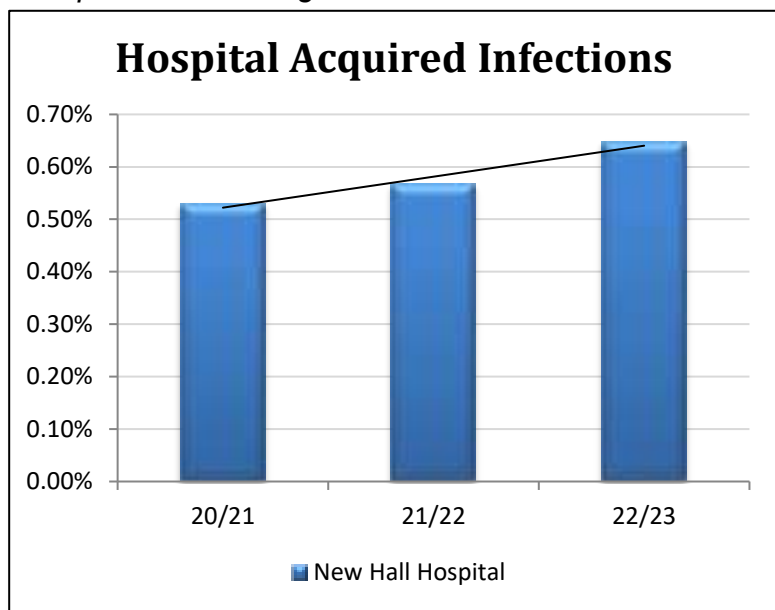


As can be seen in the above graph our infection control rate has increased slightly over the last year as our Infection Prevention and Control lead has worked closely with the teams to improve reporting. In comparison to the national average it is within confidence intervals but we have taken some action to ensure reduction of the number of infections.

There was a small cluster of spinal infections in the summer of 2022 which was robustly investigated, finding a number of minor non-conformances with the One Together program, which were all addressed. An external review of the spinal infections together with a case study revealed that New Hall Hospital

isn't an outlier over national benchmark and the Surgical Site Infection Surveillance has allowed us to benchmark ourselves both nationally and against other Ramsay hospitals. We will be monitoring our data very closely in the forthcoming year

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 2019 with 2 patient assessors and 1 member of staff. The New Hall domain scores are illustrated below but comment cannot be made as we have not been sent a copy of the report despite numerous requests.

On the PLACE audit for 2019 it made it very clear that the scores cannot be compared to 2018 due to a significant change in the questionnaire.

No PLACE audit was carried out in 2021 due to the Pandemic. No PLACE audit was unfortunately carried out in 2022 with the view of carrying out an updated audit in 2023.

Domain	New Hall score	National average score
Cleanliness	97.8%	98.6%

Domain	New Hall score	National average score
Food and hydration	87.1%	92.6%

Domain	New Hall score	National average score
Privacy, Dignity and Wellbeing	87.3%	86.1%

Domain	New Hall score	National average score
Condition and Appearance	96%	93%

Domain	New Hall score	National average score
Dementia	71.1%	80.7%

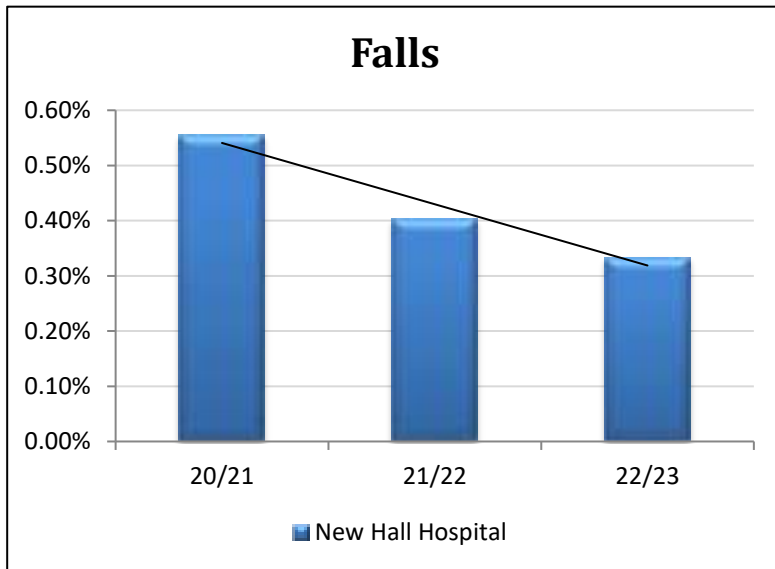
Domain	New Hall score	National average score
Disability	79.1%	82.5%

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:



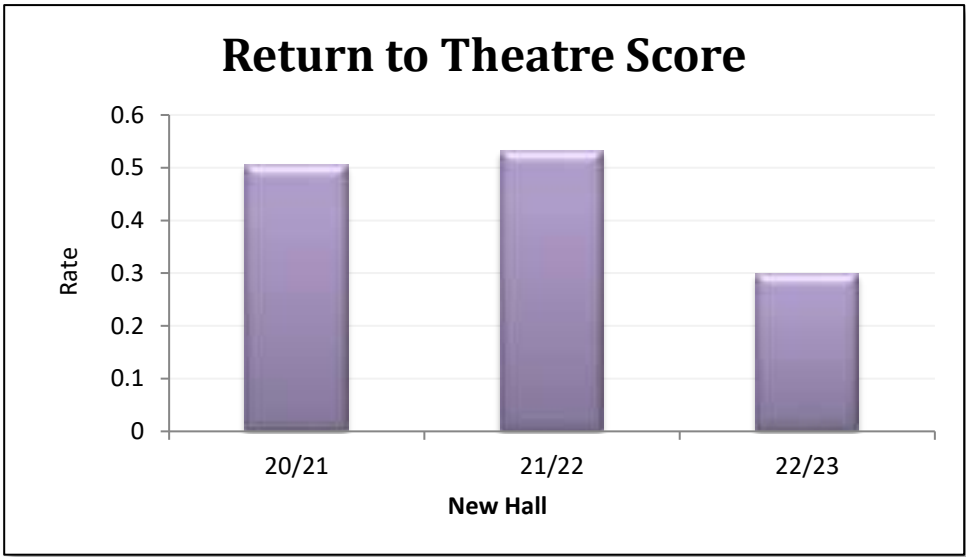
3.3 Clinical effectiveness

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

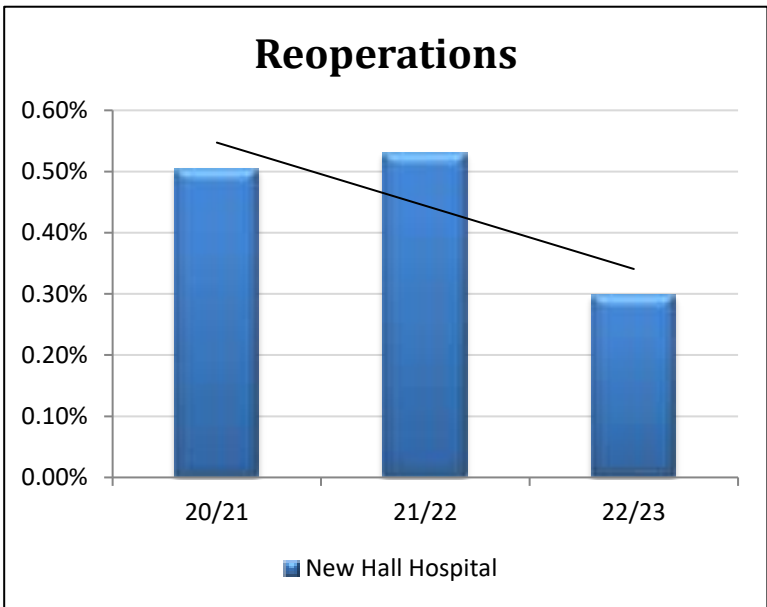
Ramsay is treating significantly higher numbers of patients every year as our services grow. The majority of our patients undergo planned surgical procedures and so monitoring numbers of patients that require a return to theatre for supplementary treatment is an important measure. Every surgical intervention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

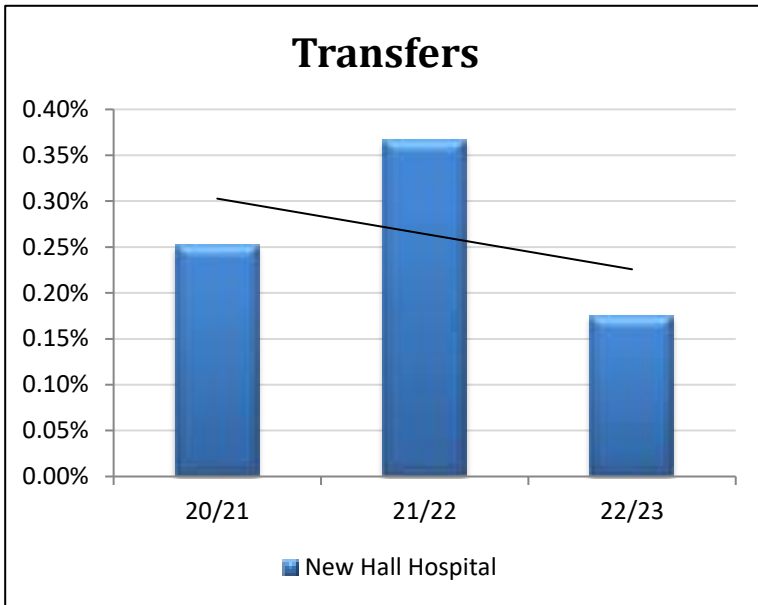


As can be seen in the above graph our returns to theatre rate has decreased over the last year. In comparison to the national average it is still above the Ramsay benchmark. As disclosed above, Ramsay takes pride in taking all patients back to our own operating theatres to ensure the best clinical outcomes. All return to theatre incidents are thoroughly investigated and there has 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 whistle-blowers). 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.

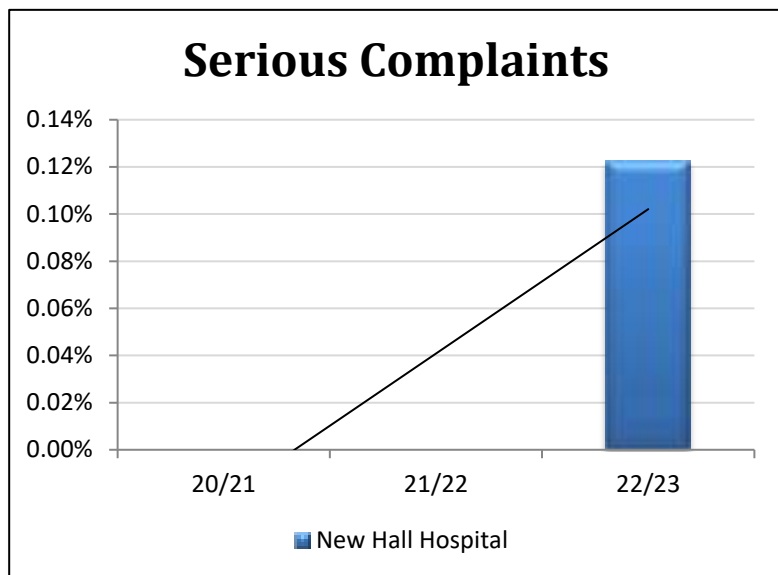
Ramsay UK is currently embedding the second phase of the programme which focuses on Promoting Professional Accountability, specifically targeted for peer to peer engagement for our Consultant users who work at New Hall Hospital and within Ramsay Health Care.

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 feedback 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.

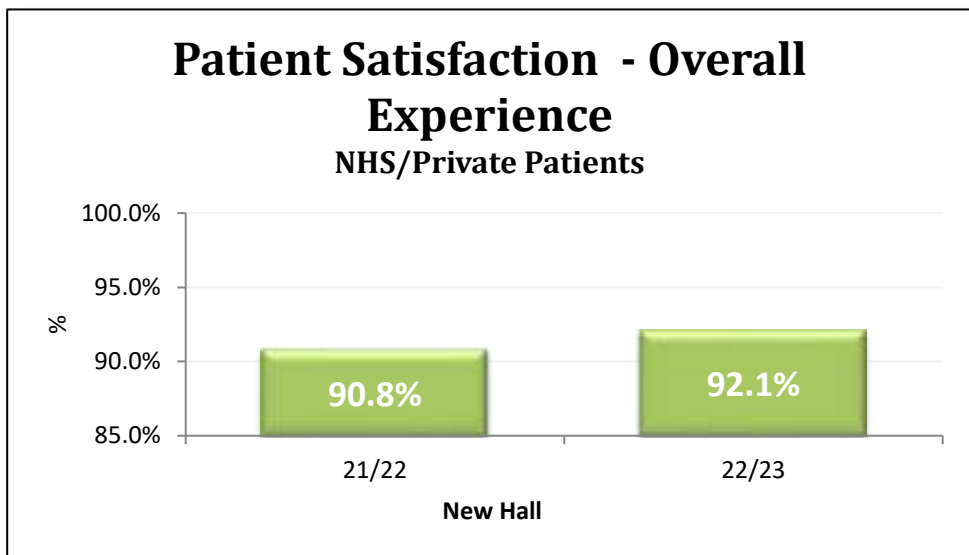
Feedback regarding the patient's experience is encouraged in various ways via:

- 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.



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.

As discussed in the clinical priorities for 2023/2024, the improvement in the patient satisfaction will be the core focus at New Hall Hospital.

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 above 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 >340 (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 2022/23. Findings from the baseline audits will determine the hospital local audit programme to be developed for the remainder of the year.

Audit Programme v12.1 2019/20		Hospital Name:										Implemented: July 2019		
Authors: S. Harvey / A. Hemming-Allen / S. Needham / H. King / A. Adebayo												For review: June 2020		
Use arrow symbol to locate required audit														
	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN		
Head of Clinical Services	Consultants PPs	→	→	local audit	Non Co PPs	Complaints	Duty of Candour	local audit	local audit	local audit	local audit	local audit		
Ward	Medical Records	→	→	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit		
Ward	Operational	→	→	Walkabout	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit		
Ward	Observational	→	→	Staff Questions	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit		
OPD	Medical Records	→	→	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit		
OPD	Operational	→	→	Walkabout	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit		
OPD	Observational	→	→	Staff Questions	NatSSIPs	local audit	local audit	NatSSIPs	local audit	local audit	NatSSIPs	local audit		
Pre-Operative Assessment	Medical Records	→	→	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit		
Controlled Drugs			Control Drugs	local audit	local audit	Control Drugs	local audit	local audit	Control Drugs	local audit	local audit	Control Drugs		
Prescribing / Medicines Management				Medicines Management	Prescribing	local audit	local audit	local audit	local audit	Medicines Management	Prescribing	local audit		
Medicine Safe and Secure	Safe & Secure	Safe & Secure	Safe & Secure	Safe & Secure	Safe & Secure	Safe & Secure	Safe & Secure	Safe & Secure	Safe & Secure	Safe & Secure	Safe & Secure	Safe & Secure		
Medicine Reconciliation	Med Rec	Med Rec	Med Rec	Med Rec	Med Rec	Med Rec	Med Rec	Med Rec	Med Rec	Med Rec	Med Rec	Med Rec		
Radiology	Medical Records	→	→	Walkabout	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit		
Radiology	Operational	→	→	Staff Questions	NatSSIPs	local audit	local audit	NatSSIPs	local audit	local audit	NatSSIPs	local audit		
Radiology - MRI / NRR		MRI Report	NRR	local audit	MRI Report	local audit	local audit	MRI Report	NRR	local audit	MRI Report	local audit		
Radiology - CT		CT Report	local audit	local audit	CT Report	local audit	local audit	CT Report	local audit	local audit	CT Report	local audit		
Physiotherapy	Medical Records	→	→	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit		
Physiotherapy	Operational	→	→	Walkabout	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit		
Physiotherapy	Observational	→	→	Staff Questions	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit		
TSSU	Operational	→	→	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit		
Decontamination	TSSU	→	→	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit		
Decontamination	Endoscopy	→	→	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit		
Theatre	Medical Records	→	→	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit		
Theatre	Operational	→	→	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit		
Theatre	Observational	→	→	Staff Questions	NatSSIPs	local audit	local audit	NatSSIPs	local audit	local audit	NatSSIPs	local audit		
Infection Prevention and Control*	Infection Control	→	→	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit		
IPC - CVCCB and Isolation (if applicable)	CVCCB	local audit	local audit	Isolation	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit		
Infection Prevention and Control*	Hand Hygiene	local audit	local audit	local audit	local audit	local audit	Hand Hygiene	local audit	local audit	local audit	local audit	local audit		
IPC - Hand Hygiene Action		Hand Hygiene Action	Hand Hygiene Action	Hand Hygiene Action	Hand Hygiene Action	Hand Hygiene Action		Hand Hygiene Action	Hand Hygiene Action	Hand Hygiene Action	Hand Hygiene Action	Hand Hygiene Action		
IPC - Environmental	Environ	→	→	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit		
IPC - Cleaning Schedules				Clean Sched	Clean Sched	Clean Sched	Clean Sched	Clean Sched	Clean Sched	Clean Sched	Clean Sched	Clean Sched		
Transfusion (if applicable)	Compliance	→	→	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit		
Transfusion (if applicable)	Autologous	→	→	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit		
Bariatric Services (if applicable)	Bariatric Services	→	→	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit		
Childrens Services (if applicable)	Childrens Services	Paed Pain	Paed OPD	Paed Xray, MRI, CT	local audit	local audit	Childrens Services	Paed Pain	local audit	local audit	local audit	local audit		

Traffic light score - All except CDs		
Green	95%	
Amber	80 - 94%	
Red	79% and under	

Traffic light score - CD's		
Green	100%	
Amber	80 - 99%	
Red	79% and under	

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Appendix 2a – Local Clinical Audit Programme

Audit	Department Allocation	Frequency
Hand Hygiene Technique (Assurance)	Ward, Theatres, Radiology, Physio, Outpatients, Amb Care, Pharmacy	July, October, January, April
Hand Hygiene observation (5 moments)	Ward, Theatres, Radiology, Physio, Outpatients, Amb Care, Pharmacy	Monthly
Surgical Site Infection (One Together)	Theatres (IPC)	October, April
IPC Governance and Assurance	IPC	July, January
IPC Environmental infrastructure	IPC	August, February
IPC Management of Linen	Ward	August <i>February (as required)</i>
Sharps	IPC	August, December, April
High Risk PPE	IPC	August, February
Standard PPE	IPC	July, January
Cleaning (49 Steps)	Ward, Theatres, Radiology, Physio, Outpatients, Amb Care, Pharmacy	Monthly
Peripheral Venous Cannula Care Bundle	Ward, Theatres, Ambulatory Care	July to September
Peripheral Venous Cannula Care Bundle	Theatres, Ambulatory Care	July to September
Surgical Site Infection	IPC	October, April
Urinary Catheterisation Bundle	Ward, Theatres	July to September
Isolation	IPC	October
Patient Journey: Safe Transfer of the Patient	Ward	July/August, January/February
Patient Journey: Intraoperative Observation	Theatres	August/September, February/March
Patient Journey: Recovery Observation	Theatres	September/October, March/April
NatSSIPs LSO	Theatres, Outpatients, Radiology	July/August, January
NatSSIPs Safety Brief	Theatres, Outpatients, Radiology	August, February
NatSSIPs Sign In, Time Out & Sign Out	Theatres, Outpatients, Radiology	September, March
NatSSIPs Site Marking	Theatres, Outpatients, Radiology	October, April

NatSSIPs Stop Before You Block	Theatres	November/December, May/June
NatSSIPs Prosthesis	Theatres	December July
NatSSIPs IOLs	Theatres	July, January
NatSSIPs Swab Count	Theatres	July, February
NatSSIPs Instruments	Theatres, Outpatients, Radiology	August, Mar
NatSSIPs Histology	Theatres, Outpatients, Radiology	September, April
Blood Transfusion Compliance	Blood Transfusion	July/September
Blood Transfusion - Cold Chain	Blood Transfusion	As required
Walkabout	SLT / HoCS	As required
Staff Questions	SLT / HoCS	As required
Complaints	SLT	November
Duty of Candour	SLT	January
Practicing Privileges - Non-consultant	HoCS	October
Practicing Privileges - Consultants	HoCS	July, January
Practicing Privileges - Doctors in Training	HoCS	July, January (as applicable)
Observation Audits - Physio	Physio	July/August <i>January/February (as required)</i>
Observation Audits - Ward	Ward	August/September <i>March/April (as required)</i>
Observation Audits - OPD	Outpatients	July/August <i>January/February (as required)</i>
Privacy & Dignity	Ward	May/June, November/December
Medical Records	Physio, Theatres, Ward, Pre-Op Assess, Radiology, RDUK	July/September January/March (as required)
Medical Records - Cosmetic Surgery	Outpatients	July/September January/March (as required)
Medical Records - NEWS2	Ward	October, February, June

Medical Records - VTE	Ward	July, November, March
Medical Records - Patient Consent	HoCS	March September
Non-Medical Referrer Documentation and Records	Radiology	July, January
MRI Reporting for BUPA	Radiology	July, November, March
CT Reporting for BUPA	Radiology	August, December, April
No Report Required	Radiology	August, February
MRI Safety	Radiology, RDUK	January, July
CT Last Menstrual Period	Radiology, RDUK	July, October, January, April
RDUK - Referral Forms - CT	RDUK	July, September, November, January, March, May
Safe & Secure	Pharmacy	August, February
Prescribing	Pharmacy	September, March
Medicines Reconciliation	Pharmacy	September, March
Controlled Drugs	Pharmacy	September, December, March, June
Governance - Pharmacy	Pharmacy	July
Operational (Ward)	Ward, Theatres, Physio, Outpatients, Radiology, RDUK	October to December
Operational - Safeguarding	SLT / HoCS	July
Decontamination - Sterile Services	Decontamination (Corporate)	June
Decontamination - Endoscopy	Decontamination (Corporate)	June

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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