

New Hall Hospital

Quality Account
2026/27



Public



Ramsay
Health Care

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Welcome to Ramsay Health Care UK

New Hall Hospital is part of the Ramsay Health Care Group

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

Founded in 1964 in Sydney, Australia, Ramsay Health Care is a leading global healthcare provider, recognised for outstanding patient care and integrated services across Australia, Europe and the United Kingdom.

Patients choose Ramsay UK because they trust us to deliver the highest standards of clinical quality and provide exceptional care. This year, we have achieved several significant milestones that recognise excellence in clinical care. Ramsay UK became the first independent provider to secure JAG accreditation across all our 25 endoscopy units; we were awarded Gold National Joint Registry (NJR) Quality Data Provider status across all hospitals, for the second consecutive year and we received consistently positive outcomes from Care Quality Commission (CQC) inspections. These achievements were further strengthened by the positive findings of the Getting It Right First Time (GIRFT) review of Ramsay's orthopaedic and spinal services.

Over the last 18 months, we have reinvested £55 million into diagnostic imaging, equipment upgrades, digital platforms, estates, and early intervention. These investments ensure our hospitals remain modern, high-performing and able to meet growing demand; alongside strengthening patient experience and doctor engagement.

With Net Promoter Scores above 90, we are prioritising patient care by launching the "It starts with me" customer service training to further improve the patient experience and uphold a patient-first culture.

Together, our achievements highlight Ramsay UK's commitment to healthcare excellence, patient experience and making a positive impact in our local communities.

I am proud to share these results with you.



Nick Costa

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

At Ramsay Health Care UK, patient safety and the quality of care are paramount. As Chief Clinical and Quality Officer and Chief Nurse, I am immensely proud of the dedication and passion demonstrated by our clinical teams. Their unwavering commitment to delivering compassionate, evidence-based care ensures that patients always remain our foremost priority.

Across the UK group, I am continually inspired by the outstanding care provided by both our clinical and operational teams. Every day, they deliver exceptional service that embodies our core value of "People Caring for People." This dedication is clearly reflected in our impressive patient feedback scores, as well as the positive engagement received from colleagues and doctors. The contribution of every team member is vital, and we remain steadfast in our commitment to recognising, supporting, and championing their efforts.

This year, I have been particularly proud of the achievement of our first 'Outstanding' rating from the Care Quality Commission for one of our hospitals. This recognition was not easily attained, but it is a well-earned reflection of the exceptional practice and service that are consistently delivered. As we look to the future, our focus is on sharing best practice and learning so that this recognition may be more widely achieved throughout our organisation.

I am eager to continue this journey, building on our unwavering commitment to providing high-quality healthcare. With sustained investment and a dedication to innovation, we will further strengthen our promise to patients and the communities we serve.



Jo Dickson

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

Mrs Elaine Long, Interim Hospital Director

New Hall Hospital

As the Hospital Director of New Hall Hospital, I am passionate about ensuring that we deliver consistently high standards of care to all our patients. Our Quality Account provides information about how we monitor and evaluate the quality of the service that we deliver.

My primary focus is ensuring the safety for all our staff and patients. Since joining New Hall Hospital in October 2025, I have been overwhelmingly impressed by the attitude of the staff and the consultants and their desire to develop the hospital. Staff are proud of their hospital and the care delivered for patients is compassionate, dignified and respectful.

This document has been developed with the involvement of our staff, who have been instrumental in developing a systems approach to risk management, which focuses on providing safe quality care to mitigate the risk of adverse events.

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, Deaneries and the Ramsay Academy to train our nursing, allied health staff, and consultants of the future.

Our Quality Account details the actions that we have taken over the past year to ensure that our high standards in delivering patient care remain our focus for everything we do. Through our vigorous audit regime and by listening to our stakeholders and patient feedback, we have been

able to identify areas of good practice and where we can improve the care patients receive. This has enabled us to refine some of our processes to make improvements to the service we offer.

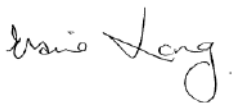
It is important we have robust training programs to deliver excellent care and service standards and throughout this year we have continued to enhance our training and education plan, involving both the administrative and clinical teams.

To ensure we have a coordinated approach to the delivery of the care we provide, we have our Clinical Governance Committee and Medical Advisory Committee, who monitor the adherence to professional standards and legislative requirements. The committees review the hospital's clinical performance and activity on a quarterly basis. The committees have reviewed and agree with the content and actions detailed within the Quality Account.

New Hall Hospital has a very strong track record as a safe and responsible provider of health care services, and we are proud to share our results.

As the Hospital Director, I am aware of all aspects of clinical quality and NHS services provided at the New Hall Hospital and can confirm the accuracy of this document.

If you would like to comment or provide feedback regarding the content of the Quality Account, please do not hesitate to contact me at elaine.longramsayhealth.co.uk or telephone 01722 435142.

A handwritten signature in black ink, appearing to read "Elaine Long". The signature is written in a cursive style with a large, looped 'L' and 'g'.

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.

Mrs Elaine Long

Interim Hospital Director

New Hall Hospital

Ramsay Health Care UK

This report has been reviewed and approved by:

NHS Bath and North East Somerset, Swindon and Wiltshire, NHS Dorset and NHS Somerset Cluster Chief Nursing Officer - Shelagh Meldrum

NHS Hampshire and Isle of Wight Interim Chief Nursing Officer - Wendy Newnham

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.

Specialist surgical and medical services provided at New Hall

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

- General orthopedics
- Spinal
- ENT
- Ophthalmology
- Maxillo –facial
- Gynecology
- Urology
- General surgery
- Plastic 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	8
Consultants (with practicing privileges)	113
Registered Nurses	93 inc. bank
Operating Department Practitioners	4 inc. bank
Sterile Services Technicians	4 inc. bank
Radiographers	20 inc. bank
Physiotherapists	23 inc. bank and technicians
Health Care Assistants	35 inc. bank
Support staff	61 inc. bank
Administration staff	81 inc. bank

Outreach clinics

We normally provide outreach clinic services for NHS outpatients at Poole, Dorchester and Blandford hospitals for spinal 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) or via direct transfer from NHS trusts.

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 2026/27

Plan for 2026/27

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 2025/26 (looking back)

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.

One of the objectives set for last year was to obtain ANTT accreditation. We successfully applied and received silver accreditation in the year. This accolade supports our commitment to reducing infections and ensuring we are working to standards set nationally by our regulators. We carry this clinical priority forward with us in hope to improve our accreditation to Gold in the coming year too.

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

As part of the Ramsay Health Care UK rollout programme, New Hall Hospital had its review during the past year and action plans were shared which have been implemented. New Hall could not receive accreditation individually as a hospital but it demonstrated that the work carried out in the specialties of Orthopaedics and Spinal is working to the gold standard and we were able to improve our governance and monitoring processes of works thanks to the feedback from the GIRFT team.

New Hall hospital will continue to work alongside Ramsay Health Care UK to obtain accreditation for GIRFT.

2.1.2 Clinical Priorities for 2026/27 (looking forward)

Improve our Aseptic Non-Touch Technique (ANTT) accreditation status to Gold

As mentioned above, New Hall hospital was accredited to Silver status in the past year. We aim to improve this to gold in the coming year, which will mean an external site assessment, in hope that this will give us an infection and prevention control benchmark for our hospital.

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.

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.

Create patient focus groups through governance structure

Patient involvement is paramount for a hospital to grow and improve its services. We have a patient experience group which meets quarterly as part of the governance structure and reviews all patients feedback received via our Patient Reported Experience Measure (PREMs), social media reviews and formal complaints. We analyse themes, trends and agree on actions to improve and close the loop with our patients.

To enhance this, in the coming year we would like to invite patients into the relevant governance committees and sub committees to deliver their experience directly to the staff and members involved. We want to be able to balance patients who have had outstanding experience with patients who felt things didn't go quite right, to ensure service user voice is heard at all levels.

We will commence by planning and reviewing agenda items to ensure timely and effective participation and attendance by patients can be achieved and then will analyse patient events and feedback to include patients who will be happy to share their thoughts and experiences face to face for a strong impact at hospital level.

This will enhance patient pathway and ensure our patient voice is considered when making changes to pathways or appearances of the hospital. It will also open the opportunities for us to bring patient testimonials into our ever growing pool of patient feedback to be shared with the teams and the wider Ramsay Health Care UK, as well as strengthening our position in the local community.

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 2025/26 we treated 8619 patients, of whom 6730 were NHS patients (78%) and 1889 were private patients (22%)

During 2025/26 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 of these NHS services.

The income generated by the NHS services reviewed in 1 April 2025 to 31st March 2026 represents 100% of the total income generated from the provision of NHS services by New Hall Hospital for the period.

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 2025/26, the indicators on the scorecard which affect patient safety and quality were:

Human Resources	
Staff Cost % Net Revenue	29.3%
HCA Hours as % of Total Nursing	31.4%
Agency Cost as % of Total Staff Cost	0%
Ward Hours PPD	35.8
% Staff Turnover	9.1%
% Sickness	3.4%
% Lost Time	20.4%
Appraisal %	91%
E-Learning %	98%
Mandatory Training %	99%
Number of Significant Staff Injuries	0
Patient	
Formal Complaints per 1000 HPD's	0.40%
Patient Satisfaction Score	90%
Significant Clinical Events per 1000 Admissions	0.09%
Readmission per 1000 Admissions	0.30%
Quality	
Workplace Health & Safety Score	97%
Infection Control Audit Score	100%
Consultant Satisfaction Score	72%

2.2.2 Participation in clinical audit

During 1 April 2025 to 31st March 2026 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 2025 to 31st March 2026, 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	88%
British Spine Registry	92%
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 2025 to 31st March 2026 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 2025 to 31st March 2026 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.

2.2.4 Participation in Research

There were no patients recruited during 2025/26 to participate in research approved by a research ethics committee.

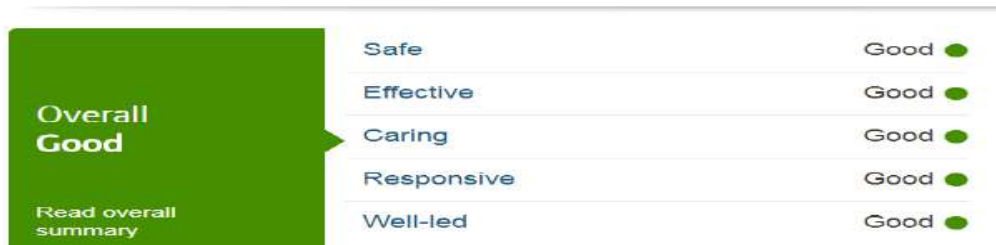
2.2.4 Goals agreed with our Commissioners using the CQUIN (Commissioning for Quality and Innovation) Framework

New Hall Hospital's income from 1 April 2025 to 31st March 2026 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 2026 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 2025/2026 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:

- 99.69% for admitted patient care;
- 100% 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 2025/2026 submission is due by 30th June 2026.

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 2025/26 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 2026

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 2026/27 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.

NHS Bath and North East Somerset, Swindon and Wiltshire, NHS Dorset and NHS Somerset Cluster Chief Nursing Officer - Shelagh Meldrum

NHS Hampshire and Isle of Wight Interim Chief Nursing Officer - Wendy Newnham

New Hall Hospital Clinical Governance Committee Chair – Dr Philippa Swayne

New Hall Hospital Medical Advisory Committee Chair – Miss Melissa Davies

Statement from NHS Bath and North East Somerset, Swindon, and Wiltshire Integrated Care Board (ICB) on New Hall Hospital Quality Account for 2026/2027

NHS Bath and North East Somerset, Swindon, and Wiltshire Integrated Care Board (ICB) welcomes the opportunity to review and comment on the New Hall Hospital Quality Account for 2025/2026. Insofar as the ICB has been able to check the factual details, the view is that the Quality Account is materially accurate, aligns with information presented to the Integrated Care Board via contractual monitoring, and meets NHS England Quality Account requirements.

BSW ICB notes the comprehensive overview of achievements, challenges, and future priorities aimed at continuing the delivery of high-quality care. It is the view of the ICB that the Quality Account reflects New Hall Hospital's ongoing commitment to continuous improvement in patient care and safety, and recognises key achievements in the following areas:

- Strong patient safety outcomes, including no unexpected National Health Service (NHS) deaths in the reporting period and very low rates of significant clinical incidents and readmissions, demonstrating a robust safety culture.
- Excellent infection prevention and control performance, including no reported *Clostridioides difficile* cases in the period and sustained low rates of healthcare-associated infections.
- Achievement of Aseptic Non-Touch Technique (ANTT) Silver accreditation, reflecting commitment to reducing infection risk and improving clinical practice standards.
- Positive performance across Patient-Led Assessments of the Care Environment (PLACE), with scores consistently above national averages in cleanliness, food, privacy, and environment.
- High levels of workforce compliance, including mandatory training (99%) and appraisal completion (91%), supporting safe and effective service delivery.
- Effective governance and a strong learning culture, including implementation of the Patient Safety Incident Response Framework and initiatives such as "Speak Up for Safety", supporting openness and continuous improvement.

The ICB recognises the continued work to deliver quality improvement priorities and notes evidence of progress in embedding existing programmes, including:

- Improving Aseptic Non-Touch Technique accreditation from Silver to Gold, strengthening infection prevention and embedding consistent aseptic practice.

- Enhancing patient involvement in governance, including the development of patient focus groups and direct participation in committees to strengthen patient voice and co-production.
- Further reducing variation in outcomes, including continued focus on readmissions, returns to theatre, and specialty-specific risks (for example, spinal surgery pathways).
- Sustaining and improving patient experience, building on existing high satisfaction while addressing areas identified through Patient-Reported Experience Measures (PREMs), complaints, and feedback.
- Strengthening data quality and intelligence, ensuring continued improvement in benchmarking, audit utilisation, and data-driven decision-making.
- Workforce development and retention, maintaining high levels of training compliance and supporting staff to deliver high-quality care.

We look forward to seeing progress with the quality priorities for 2026/2027, identified in this Quality Account, alongside the continued maturity of the Patient Safety Incident Response Framework (PSIRF) and the provider's contribution to system-wide learning and improvement.

NHS Bath and North East Somerset, Swindon, and Wiltshire ICB is 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 2026/2027.

Yours sincerely,

Shelagh Meldrum

A handwritten signature in black ink, appearing to read 'Shelagh Meldrum', followed by a period.

Statement from NHS Hampshire and Isle of Wight Integrated Care Board:

NHS Hampshire and Isle of Wight Integrated Care Board (ICB) welcomes the opportunity to comment on Ramsay New Hall Quality Account for the 2025/26 reporting period, as part of its statutory commissioning and quality oversight responsibilities. We are satisfied that the Quality Account meets the mandated requirements and provides an appropriate overview of the organisation's quality priorities and performance.

Through ongoing engagement with Ramsay New Hall, the ICB has sought assurance that commissioned services are delivered in line with expected standards of safety, effectiveness and person-centred care.

The ICB recognises the progress made by Ramsay New Hall Hospital against its 2025/26 priorities, including the achievement of Aseptic Non-Touch Technique (ANTT) accreditation and its participation in the national Ramsay Health Care UK rollout of Getting It Right First Time (GIRFT). We commend Ramsay New Hall for attaining ANTT Silver accreditation and note that, as part of its 2026/27 priorities, the hospital will work towards achieving gold accreditation.

The ICB acknowledges that Ramsay New Hall was unable to obtain GIRFT accreditation as an individual hospital. However, we are pleased that the preparatory work has demonstrated that the Orthopaedic and Spinal specialties are operating at a gold standard level. Feedback from the GIRFT team has supported improvements in governance and monitoring processes.

In addition to the 2025/26 key priorities, we note the hospital's consistent performance across key quality and safety metrics.

We also recognise several further achievements within the Quality Account, including:

- maintaining a low rate of hospital-acquired infections, with no reported MRSA bacteraemia in the past five years
- strong performance across the six domains of the Patient-Led Assessments of the Care Environment (PLACE)
- a reduction in patient falls following the introduction of proactive intentional rounding, supporting more anticipatory and patient-centred care.

The ICB acknowledges and values Ramsay New Hall Hospital's engagement in quality governance arrangements. We appreciate the continued invitation to participate in internal quality meetings, which supports our quality assurance and continuous improvement processes.

We look forward to seeing how the 2026/27 quality priorities are embedded, and how these will impact patient outcomes in the coming year.

NHS Hampshire and Isle of Wight ICB considers the Quality Account for 2025/26 to be a fair and accurate reflection of the services provided. We look forward to continuing to work with Ramsay New Hall, during 2026/27 through established assurance and oversight arrangements to support ongoing improvement in the quality of care delivered to our population.

Yours sincerely

Wendy Newnham



Interim Chief Nursing Officer

Part 3: Review of quality performance 2025/26

Statements of quality delivery

Head of Clinical Services (Matron), New Hall hospital

Review of quality performance 1st April 2025 - 31st March 2026

Introduction

Welcome to the statements of quality delivery for 2025/2026 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. To achieve this, we optimise our governance structure, ensure all incidents and complaints are thoroughly investigated under PSIRF and that any changes to pathways and processes are implemented effectively and we close the loop.

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 2025/26

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.

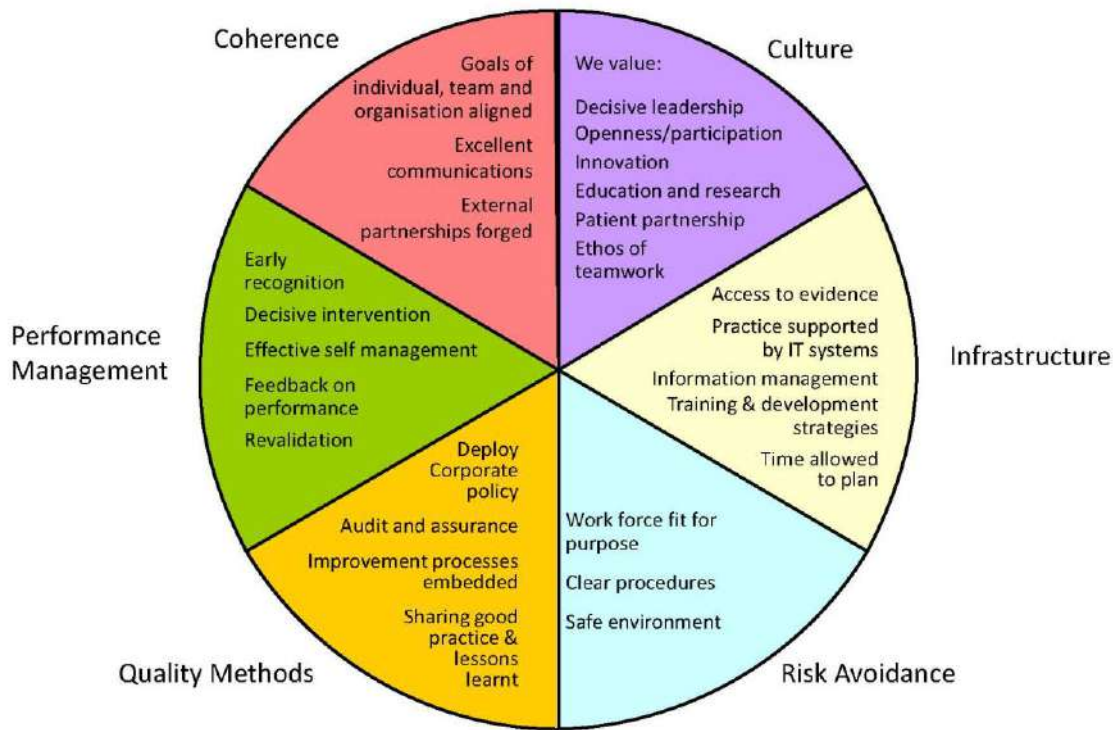
The emphasis is on providing an environment and culture to support continuous clinical quality improvement so that patients receive safe and effective care, clinicians are enabled to provide that care and the organisation can satisfy itself that we are doing the right things in the right way.

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	
	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	
Nov24 - Oct25	RVJ	0.7194	RXL	1.3183	Average	1.0092	25/26	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”

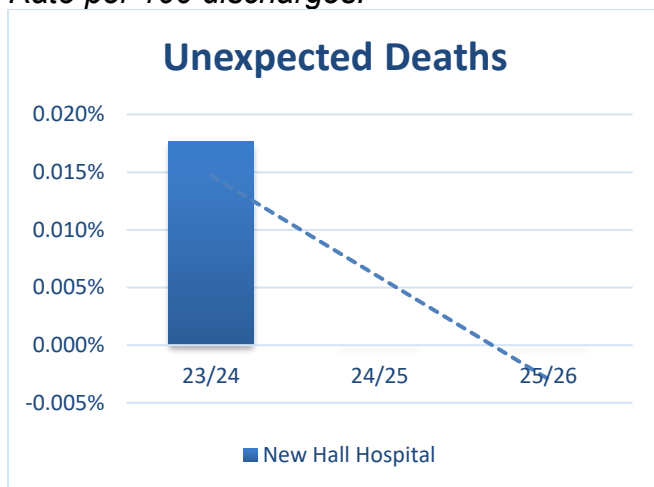
Above is a table showing mortality/death of patient data made available to New Hall Hospital by NHS digital. The table covers two reporting periods and shows the worst performer for the period, the best performer and the New Hall site performance.

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 NHS 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 virtual questionnaire before their operation and six-months after their operation. These questionnaires are known formally as the National Patient Reported Outcomes Measures (PROMs) programme and are designed to ask patients for their perspective on the effectiveness of care they received in the NHS in England.

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

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

Hip Replacement PROMS

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

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

PROMS:	Period		Best		Worst		Average		New Hall	
	Period	Best	Worst	Worst	Average	Period	New Hall			
	Apr21 - Mar22	NT333	26.0042	NVC20	7.31011	Eng	22.8474	Apr21 - Mar22	NVC09	22.947
	Apr22 - Mar23	NT402	25.4426	NVC04	14.9221	Eng	22.4505	Apr22 - Mar23	NVC09	23.234
	Apr23 - Mar24	RYJ	25.6601	RF4	18.6003	Eng	22.5744	Apr23 - Mar24	NVC09	22.477

New Hall Hospital considers that the data is as described since our patients are reporting good outcomes when completing their post op questionnaire and we remain within benchmark for outcomes reported.

Knee Replacement PROMS

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

PROMS:	Period	Best		Worst		Average		Period	New Hall	
	Apr21 - Mar22	RCF	20.6336	NT209	14.2667	Eng	17.6247	Apr21 - Mar22	NVC09	18.430
Apr22 - Mar23	RWJ	20.8622	RJ1	13.1198	Eng	17.4879	Apr22 - Mar23	NVC09	17.385	
Apr23 - Mar24	NT412	19.7877	NVC20	11.7164	Eng	16.8868	Apr23 - Mar24	NVC09	no data	

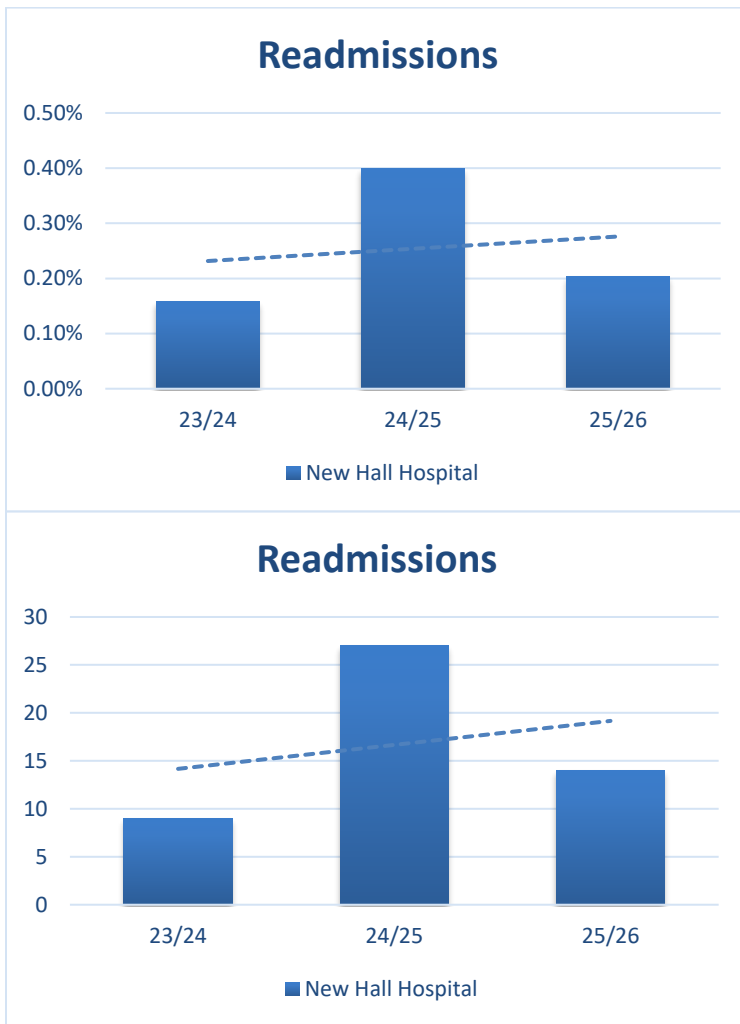
New Hall Hospital considers that the data is as described since our patients are reporting good outcomes when completing their post op questionnaire. Unfortunately, data was unavailable under the NHS publication for New Hall hospital for the previous period. Within our internal system that captures PROMS, we can see that our knee replacement results remain within benchmark.

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	
	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	
24/25	N/A	N/A	N/A	N/A	Eng	14.7	25/26	NVC09	0.00203	

Below is a bar graph for the previous 3 years' readmissions as a total number for the last 3 years. New Hall has been analysing all readmissions and data available to triangulate themes and trends to prevent reoccurrence. Whilst a formal theme was not identified except for the patients being spinal, there has been a reduction in readmissions.



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

No longer collected

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

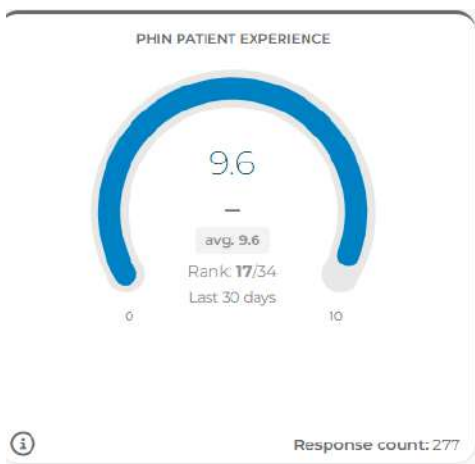
Summary of all PHIN Questions

Export

Filter set one: Preset Hospital: New Hall Hospital



	Score	National Average
PHIN Patient Experience	9.6 (3,778)	9.6 (73,707)
PHIN: Privacy	9.8 (3,606)	9.8 (69,487)
PHIN: Worries And Fears	8.8 (2,033)	9.0 (41,802)
PHIN: Respect And Dignity	9.8 (3,776)	9.8 (73,575)
PHIN: Involved In Decisions	9.5 (3,768)	9.5 (73,483)
PHIN: Side Effects	9.2 (3,247)	9.1 (60,552)
PHIN: Who To Contact	9.8 (3,681)	9.7 (70,530)



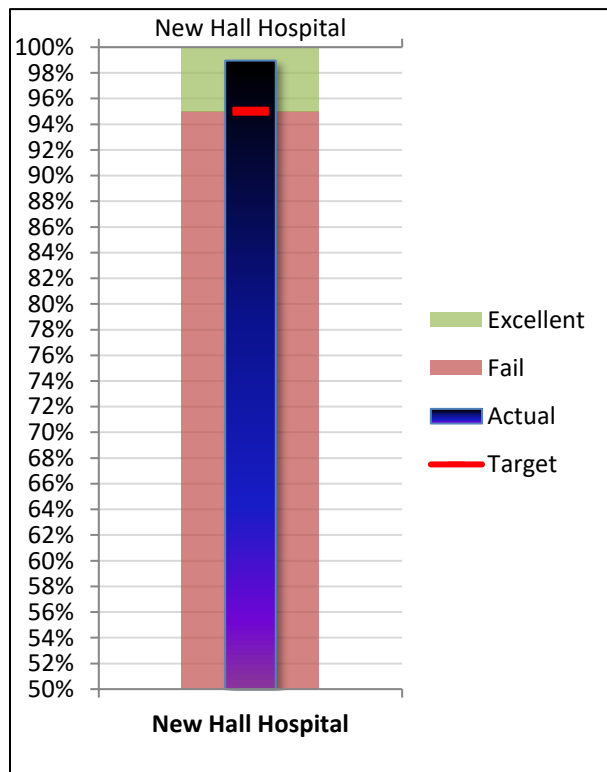
VTE Risk Assessment

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 Q3 19/20	Severall	100%	RXL	71.8%	Eng	95.5%	Q1 to Q3 19/20	NVC09
Q3 24/25	Severall	100%	RCB	13.7%	Eng	90.3%	Q3 24/25	NVC09	97.1%
Q1 to Q3 25/26	Severall	100%	NVC0Y	3.08%	Eng	91.3%	Q1 to Q3 25/26	NVC09	99.0%

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:	Period	Best		Worst		Average		Period	New Hall	
	2021/22	Severall	0	RPY	54.0	Eng	16.0	2023/24	NVC09	0.0000
2023/24	Severall	0	RPY	56.6	Eng	18.8	2024/25	NVC09	0.0000	
2024/25	RQ3	2	RPY	81.0	Eng	23.0	2025/26	NVC09	0.0000	

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:	Period	Best		Worst		Average		Period	New Hall	
	2022/23	N/A	N/A	N/A	N/A	N/A	N/A	2023/24	NVC09	0.0002
2023/24	N/A	N/A	N/A	N/A	N/A	N/A	2024/25	NVC09	0.0000	
2024/25	N/A	N/A	N/A	N/A	N/A	N/A	2025/26	NVC09	0.0000	

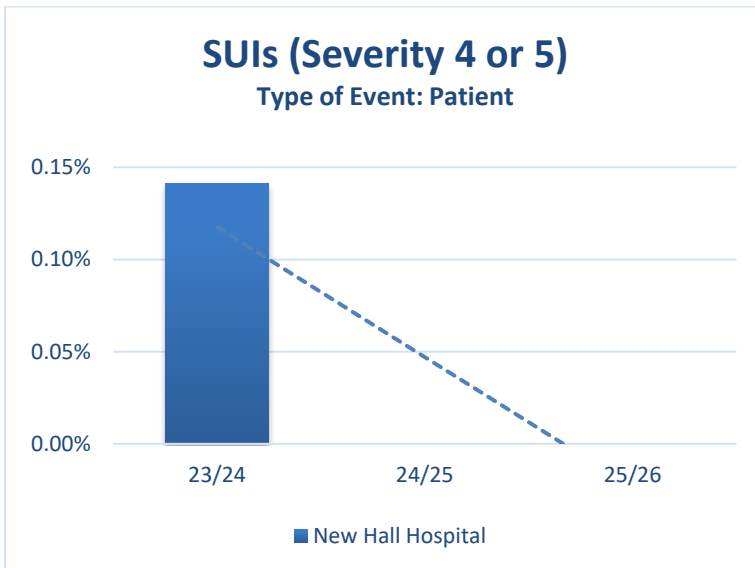
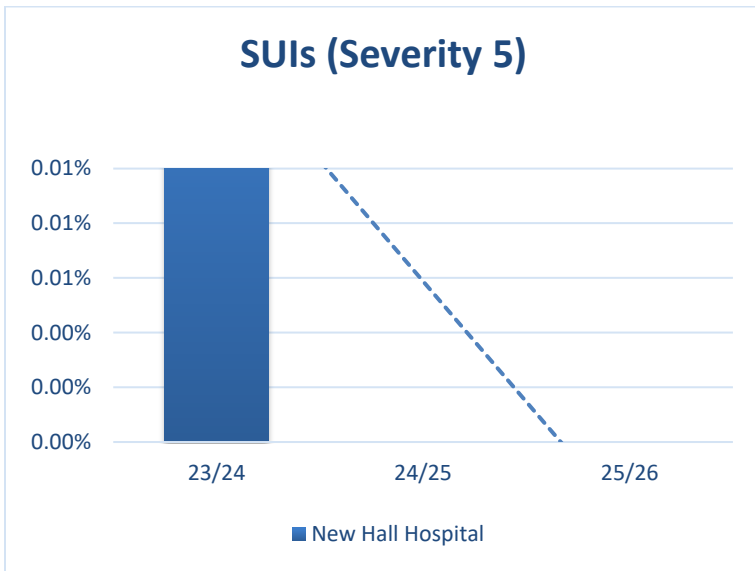
This data submission has been paused to NHS digital as of September 2023.

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 4&5.

Rate per 100 discharges:



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	
	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%
	Jan-26	Several	100%	RTK	74.0%	Eng	95.0%	Jan-26	NVC09	*

The data for 2026 is also at 100% but there was a formatting issue with the table provided.

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 are focussed on stretching our performance every year 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 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.

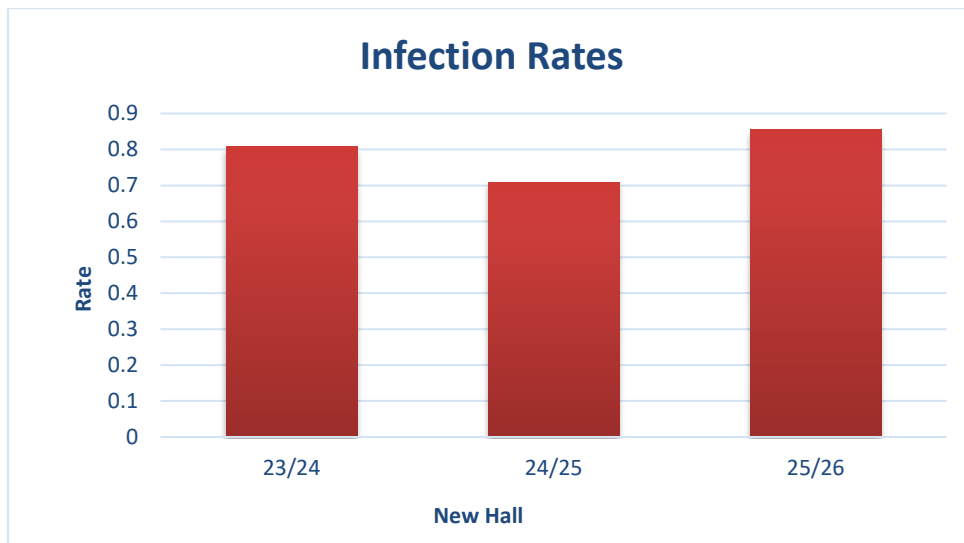
Programmes and activities within our hospital include:

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.

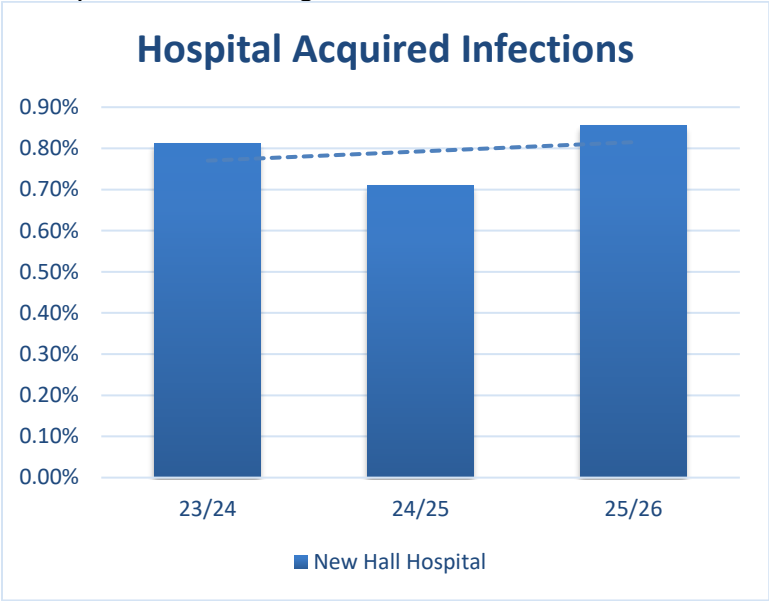
We submit strong data to SSISS for hips, knees and spines and have a 30 day follow up phone call for all inpatients who underwent this procedure to ensure we have strong data submitted and implement actions if required, to ensure best practice patient care.

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 control rate has overall remained relatively stable over the last year, and remain within benchmark. 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 2025 with 2 patient assessors and 2 members of staff. The New Hall domain scores are illustrated below. There were no scores below national average.

Domain	New Hall score	National average score
Cleanliness	99.44%	98.55%

Domain	New Hall score	National average score
Food and hydration	96.59%	92.13%

Domain	New Hall score	National average score
Privacy, Dignity and Wellbeing	91.39%	89.37%

Domain	New Hall score	National average score
Condition and Appearance	100%	97%

Domain	New Hall score	National average score
Dementia	92.39%	85.68%

Domain	New Hall score	National average score
Disability	94%	87.12%

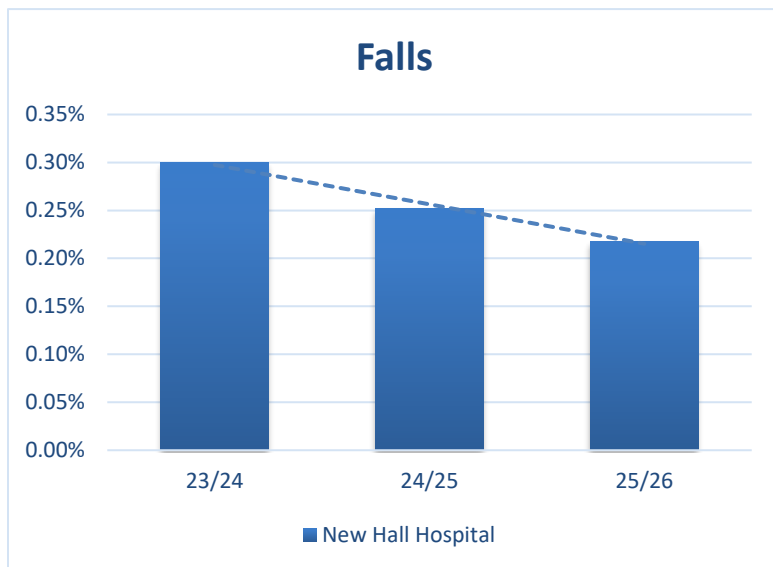
3.2.3 Safety in the workplace

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.

We introduced proactive intentional rounding in the previous year to prevent patient falls and provide more proactive care to our patients. This has clearly shown an improvement in falls as highlighted below in the graph:

Rate per 100 discharges:



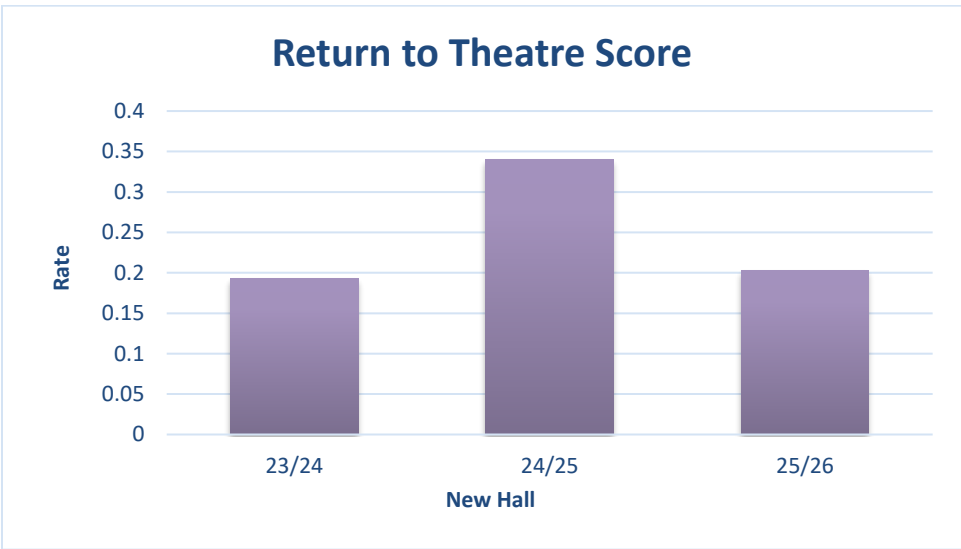
3.3 Clinical effectiveness

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.

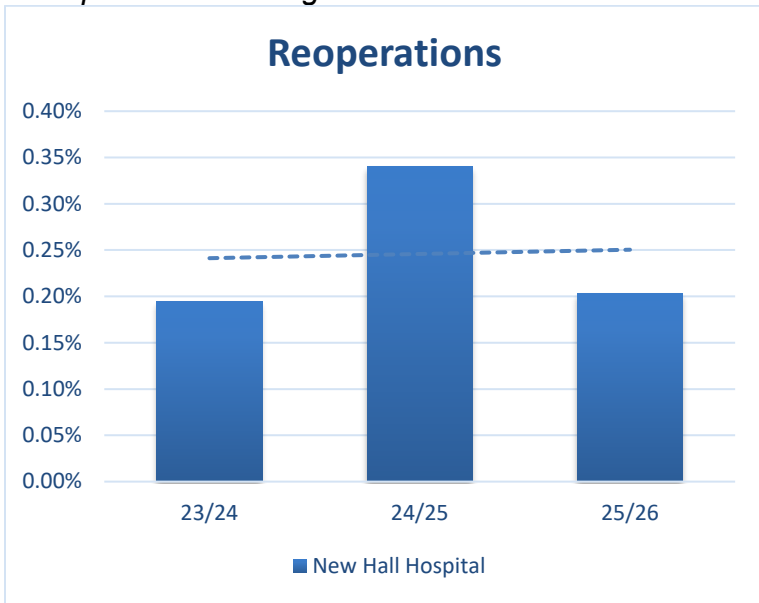
3.3.1 Return to theatre

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.

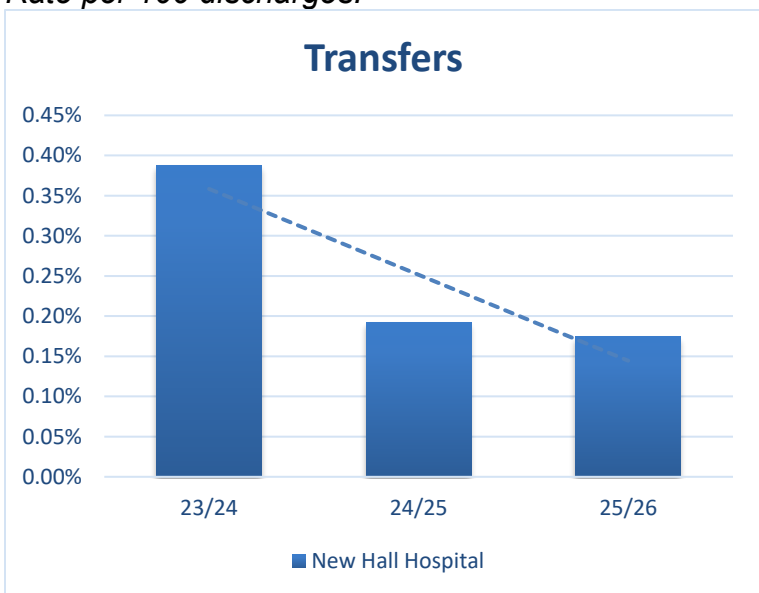


As can be seen in the above graph our returns to theatre rate has decreased over the last year. In comparison to the national average it is slightly above benchmark. We continue to analyse themes and trends but continue to serve a large amount of spinal patients at New Hall hospital who are at far greater risk of needing to return to theatre following their operation.

Rate per 100 discharges:



Rate per 100 discharges:



3.3.2 Learning from Deaths

There were no unexpected NHS 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 Costumer Officer

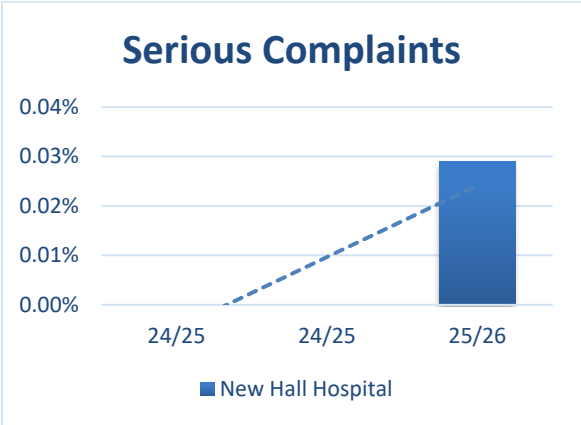
3.4 Patient experience

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 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.

In the graph below we can see an increase on reported serious complaints. This has been secondary to a change in the way complaints are formally recorded and reported. The number of complaints remains stable across the years however there were no records on previous years.



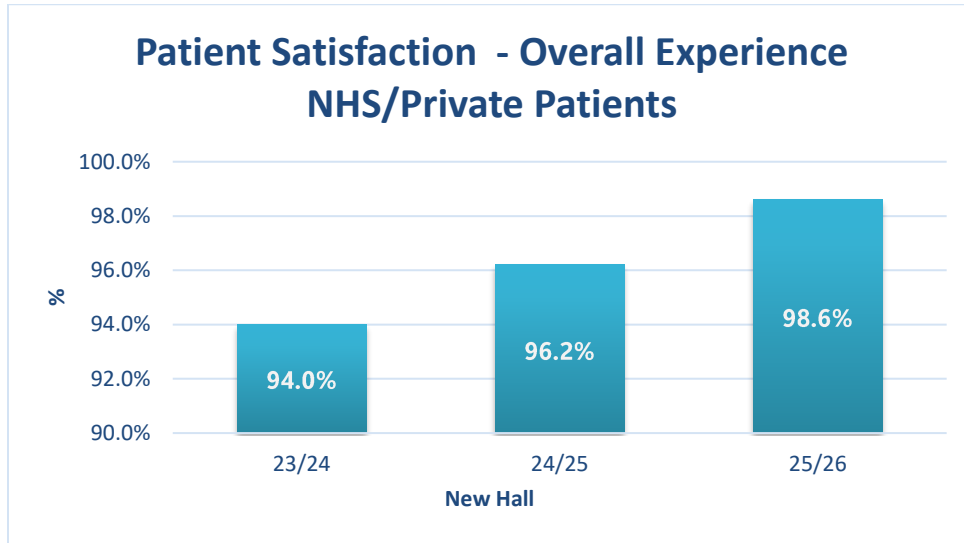
Patient experiences are feedback via the various methods below, and are regular agenda items on Local Governance Committees for discussion, trend analysis and further action where necessary. Escalation and further reporting to Ramsay Corporate and DH bodies occurs as required and according to Ramsay 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
- PREMs surveys
- Care pathways – patient 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.



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	All adults 18 yrs. and over,-excluding: <ul style="list-style-type: none"> • Patients with blood disorders (haemophilia, sickle cell, thalassaemia) • Patients on renal dialysis • Patients with history of malignant hyperpyrexia • Planned surgery patients with positive MRSA screen are deferred until negative • Patients who are likely to need ventilator support post operatively • Patients who are worst than a stable ASA 3. • Any patient who will require planned admission to ITU post-surgery • Dyspnoea grade 3/4 (marked dyspnoea on mild exertion e.g. from kitchen to bathroom or dyspnoea at rest) • Poorly controlled asthma (needing oral steroids or has had frequent hospital admissions within last 3 months) • MI in last 6 months • Angina classification 3/4 (Limitations on normal activity e.g. 1 flight of stairs or angina at rest) • CVA in last 6 months BMI >40 (non-bariatrics) <p>However, all patients will be individually assessed, and we will only exclude patients if we are unable to provide an appropriate and safe clinical environment.</p>
Diagnostic and screening	GI physiology, Imaging services, Phlebotomy, Endoscopy, Urinary, Urodynamics, Screening and Specimen collection. Satellite Outpatient services carried out at Dorset County Hospital and Poole Hospital for Dorset PCT	All adults 18 yrs. and over,=
Family Planning Services	Gynaecology patient pathway, insertion and removal of inter uterine devices for medical as well as contraception purposes	All adults 18 years and over as clinically indicated

Appendix 2 – Clinical Audit Programme 2025/26.

RHCUK Clinical Audit Programme (Jul 2025–Jun 2026)

The RHCUK clinical audit programme sets out a rolling schedule of assurance and improvement activity across RHCUK (July 2025 to June 2026). Audits span infection prevention and control (IPC) practice (e.g., hand hygiene, One Together elements, environmental infrastructure and linen management), medicines optimisation and pharmacy governance (e.g., medicines reconciliation, controlled drugs and prescribing processes), radiology governance and image quality (e.g., IR(ME)R, CT/MRI modality audits and reporting for BUPA), theatre safety and patient journey checks (including NatSSIPs elements and peri-operative observations), essential care standards (e.g., wound management, falls prevention, nutrition and hydration), and corporate/operational assurance (e.g., health & safety themes and occupational health record management and screening).

Each audit has a named owner to ensure accountability for data collection, analysis and reporting. Findings are reviewed through local governance structures (e.g., IPC, Pharmacy, Radiology, Theatres and SLT/Ops oversight as appropriate) to agree actions, assign leads and timescales, and assess risk. Where audits identify gaps in compliance or variation in practice, each site is responsible for implementing targeted quality improvement (QI) activity. Where organisational trends are identified, QI initiatives may be led by the corporate clinical team (for example: refresher training, process redesign, documentation changes, environmental or equipment controls, or focused observational re-checks). Progress and impact are monitored through repeat measurement at the next scheduled audit point (monthly/fortnightly cycles for high-frequency measures and seasonal blocks for specialty audits), with re-audit providing assurance that changes have been embedded and sustained.

RHCUK Clinical Audit Programme v18.1 Summary		
Month / frequency	Audit	Owner(s)
Monthly	Hand hygiene observation (5 moments) 50 Steps Cleaning (FR2)	Ward, Ambulatory Care, SACT, Theatres, IPC, RDUK Ward, Ambulatory Care, Outpatients
Fortnightly	50 Steps Cleaning (FR1)	SACT; Theatres
Annually	One Together Patient Washing; Hair Removal; Antiseptic Skin Preparation; Preventing Skin Recolonisation; Reducing Nasal Recolonisation; Prophylactic Antibiotics; Maintaining Asepsis (Surgical Practice; Instrument Management); Surgical Environment; Incision Management (Closure; Wound Care)	IPC
As required	IPC Aseptic Non-Touch Technique: Standard; Surgical Blood Transfusion – Cold Chain; Autologous; Compliance Decontamination – Sterile Services; Endoscopy OH: Occupational Health Delivery On-site; Managing Health Risks On-site Privacy & Dignity Resuscitation & Emergency Response Patient Journey: Intraoperative Observation; Recovery Observation; Safe Transfer of the Patient Department Governance	IPC Blood Transfusion Decontamination (Corp) Corporate OH; HoCS, RDUK Ward HoCS Theatres; Ward

		Ward, Ambulatory Care, Theatres, Physio, Outpatients
July	<p>One Together Peri-Operative Warming: Pre-Operative; Intra-Operative; Post-Operative (Jul–Aug)</p> <p>One Together Surveillance of Surgical Site Infection (Jul–Aug)</p> <p>One Together Practice Review (Jul–Aug and Jan–Feb)</p> <p>IPC Governance and Assurance (Jul–Sep)</p> <p>Safe & Secure (Jul–Sep and Jan–Mar)</p> <p>50 Steps Cleaning (FR5) – Receptions (Jul; Jan)</p> <p>Practising Privileges – Doctors in Training (Jul; Jan, where applicable)</p> <p>Medicines Reconciliation (Jul; Oct; Jan; Apr)</p> <p>MRI Reporting for BUPA (Jul; Nov; Mar)</p> <p>H&S Fire Safety (Jul; Jan)</p>	<p>IPC</p> <p>IPC</p> <p>One Together Practice Review</p> <p>IPC</p> <p>OPD, SACT, Radiology, Theatres, Ward, Ambulatory Care, Pharmacy</p> <p>SLT</p> <p>HoCS</p> <p>Pharmacy</p> <p>Radiology</p> <p>Ops Managers, RDUK</p>
August	<p>IR(ME)R (Aug–Sep)</p> <p>Complaints (Aug–Sep and Feb–Mar)</p> <p>CT (Aug–Sep and Mar–Apr)</p> <p>Sharps (Aug; Dec; Apr)</p> <p>CT Reporting for BUPA (Aug; Dec; Apr)</p> <p>IPC Management of Linen (Aug; Feb)</p> <p>Essential Care: Wound Management (Aug; Nov; Feb; May)</p> <p>Duty of Candour (Aug–Sep and Feb–Mar)</p>	<p>IR(ME)R Lead, RDUK</p> <p>SLT</p> <p>Radiology, RDUK</p> <p>IPC</p> <p>Radiology</p> <p>Ward</p> <p>HoCS</p> <p>SLT</p>
September	<p>Paediatric Outpatients</p> <p>H&S Slips Trips & Falls</p> <p>LSO and 5 Steps Safer Surgery (Sep–Nov and Feb–Apr)</p> <p>Essential Care: Nutrition & Hydration (Sep–Oct)</p> <p>Controlled Drugs (Sep; Dec; Mar; Jun)</p> <p>OH: Vaccination Records (Sep; Mar)</p> <p>SACT Services (Sep–Oct)</p> <p>X-Ray; Ultrasound (Sep–Oct and Mar–Apr)</p>	<p>Paediatric</p> <p>Ops Managers, RDUK</p> <p>Theatres, Outpatients, Radiology</p> <p>HoCS</p> <p>Pharmacy</p> <p>Corporate OH</p> <p>Pharmacy; SACT</p> <p>Radiology</p>
October	<p>H&S COSHH</p> <p>IPC Environmental infrastructure (Oct–Dec)</p> <p>Urinary Catheterisation Bundle (Oct–Dec)</p> <p>Antimicrobial Stewardship & Prescribing; Prescribing, Supply & Administration; Medical Records – Patient Consent (Oct–Dec and Apr–Jun)</p> <p>Pain Management (Oct; Apr)</p> <p>50 Steps Cleaning (FR4) (Oct; Jan; Apr; Jul)</p>	<p>Ops Managers, RDUK</p> <p>SLT</p> <p>HoCS</p> <p>HoCS; Pharmacy</p> <p>Pharmacy</p> <p>Physio, POA; Pharmacy; Radiology, RDUK</p>
November	<p>H&S Electrical Safety</p> <p>IRR (Nov–Dec)</p> <p>MRI; Interventional Fluoroscopy (Nov–Dec and May–Jun for MRI)</p> <p>OH: Immunity Screening (Nov; May)</p> <p>OH: Case Management Referrals (May; Nov)</p>	<p>Ops Managers, RDUK</p> <p>RPS, RDUK</p> <p>Radiology, RDUK;</p> <p>Radiology</p> <p>Corporate OH</p> <p>Corporate OH</p>
December	Safeguarding	SLT

	H&S Violence at Work	Ops Managers, RDUK
January	One Together Warming Intravenous & Irrigation Fluids (Jan–Feb) MHRA (Jan–Feb) Medicines Governance (Jan–Mar)	IPC MR Lead, RDUK Pharmacy
February	IPC Management of Linen (Aug; Feb) Peripheral Venous Cannula Care Bundle (Jul–Sep)	Ward HoCS
March	H&S PUWER/LOLER OH: UKAP & Hep B Non-Responders	Ops Managers, RDUK Corporate OH
April	H&S Management	Ops Managers, RDUK
May	H&S Moving & Handling Medical Records – SACT Consent	Ops Managers, RDUK SACT
June	Cleaning Standards Efficacy H&S Work at Height	Head of Operations Ops Managers, RDUK

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
EVLТ	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
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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