

# NEW HALL Hospital

Quality Account  
2017/18



People caring for people



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# Welcome to Ramsay Health Care UK

## New Hall Hospital is part of the Ramsay Health Care Group

The Ramsay Health Care Group was established in 1964 and has grown to become a global hospital group operating over 235 hospitals and day surgery facilities across Australia, the United Kingdom, Indonesia and France. Within the UK, Ramsay Health Care is one of the leading providers of independent hospital services in England, with a network of 34 acute hospitals.

We are also the largest private provider of surgical and diagnostics services to the NHS in the UK. Through a variety of national and local contracts we deliver 1,000s of NHS patient episodes of care each month working seamlessly with other healthcare providers in the locality including GPs, Local Trusts and Clinical Commissioning Groups.

## Chief Executive Officer Statement

*“As Chief Executive of Ramsay Health Care UK, I am passionate about ensuring that high quality patient care is our number one goal. This relies not only on excellent medical and clinical leadership in our hospitals but also upon an organisation wide commitment to drive year on year improvement in patient satisfaction and clinical outcomes.*

*Delivering clinical excellence depends on everyone in the organisation. It is not about reliance on one person or a small group of people to be responsible and accountable for our performance. It is essential that we establish an organisational culture that puts the patient at the centre of everything we do and as a long standing and major provider of healthcare services across the world, Ramsay has a very strong track record as a safe and responsible healthcare provider and we are proud to share our results.*

*Across Ramsay we nurture the teamwork and professionalism on which excellence in clinical practice depends. We value our people and with every year we set our targets higher, working on every aspect of our service to bring a continuing stream of improvements into our facilities and services.”*

**Andy Jones, Chief Executive Officer of 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: STATEMENT ON QUALITY

## 1.1 Statement on quality from the General Manager

Welcome to New Hall Hospital's quality account. As General Manager, it gives me great pleasure to work with our outstanding teams to again deliver and improve our quality outcomes and patient satisfaction.

This report outline the hospitals approach to quality improvement, progress made in 2017 – 2018 and plans for the forthcoming year.

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

- Place patients at the centre of everything we do
- Work as one team
- Lead our organisation in line with the Ramsay Way Values
- Strive for continual improvement and patient outcomes
- Respect environmental sustainability
- Train and grow our future workforce

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. 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 varicose vein surgery. Our quality activity and measurable outcomes sits alongside our NHS and insured contracts to continue to provide value for money and high quality services to our community.


Our emphasis is on ensuring 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.

High quality patient care is at the centre of what we do and how we operate our hospital. To do this we rely on excellent medical and clinical leadership plus an overall continuing commitment to drive on year improvement in clinical outcomes. 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, Consultants and other specialists we deliver our patients an individual and personal service tailored to their needs.

We will continue to build our services in line with our community needs. Our patients can be assured of the quality of the hospital and its Consultants by referring to the Care Quality Commission (CQC) audits where we have received 'Good Rating' across all domains.



**Sharon Ash**

**General Manager**


**New Hall Hospital**

**Ramsay Health Care UK**

**May 2018**

## 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**

**General Manager**

**New Hall Hospital**

**Ramsay Health Care UK**

**May 2018**

**This report has been reviewed and approved by:**

Mr Mark Bounds, Ramsay Regional Director (South)

Mr Gurd Shergill, Consultant Orthopaedic Surgeon; Medical Advisory Committee  
Chair:

Mr David Cox, Consultant Orthopaedic surgeon; Clinical Governance Committee  
Chair:

## 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 and the original Georgian manor house now accommodates four theatres (3 laminar flow, 1 clean air ) and 34 inpatient beds and 8 day case pods .The hospital has excellent physiotherapy and radiology services including a static MRI facility.

We are constantly seeking new ways of working and bringing in fresh 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.

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

Consideration for our patients is at the heart of everything that we do.

- General orthopaedics
- Spinal
- ENT
- Ophthalmology
- Maxillo -facial
- Gynaecology
- Urology
- General surgery
- Colorectal surgery



- Cosmetic surgery
- Endoscopy
- General medicine to include neurology, cardiology and respiratory medicine
- Oncology

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 stabilised prior to transfer to a higher level of care.

In 2017/18 we treated 7530 patients, of whom 6169 were NHS patients (81.93%) and 1361 were private patients (18.07%). In 2017-18 there were also 30,459 Outpatient visits of which there were 21395 of which (70.24%) were NHS patients with 9064 (29.76%) private patients.

### **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 organisational 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**

<b>Consultants directly employed by Ramsay</b>	4
<b>Consultants (with practicing privileges)</b>	104(all specialties)

<b>Registered Nurses</b>	69+12 bank
<b>Operating Department Practitioners</b>	7
<b>Sterile Services Technicians</b>	4
<b>Radiographers</b>	4+3 bank
<b>Physiotherapists</b>	6+6 bank
<b>Health Care Assistants</b>	38+3 bank
<b>Other Support Staff</b>	38+3 bank
<b>Administrative staff</b>	55+ 10 bank

### **Outreach clinics**

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

### **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, whose role is to keep GPs 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.

### **Working closely with the Clinical Commissioning Groups**

We work closely with our local Clinical Commissioning Groups (Wiltshire, Hampshire, and Dorset) to provide a range of surgical services within the standard acute contract.

### **Working closely with our local NHS general hospital**

We work closely with the Salisbury District Hospital who provides us with blood transfusion, urgent pathology, histopathology and access to level 3 critical care

services. We support Salisbury District with theatre time as required to ensure **patients are treated in our community within an 18 week pathway.**

### **Working closely with the local community**

We work closely with our local community which is important to us, and we support a number of local events and charities. In 2017, we sponsored the Community Involvement award at the Salisbury Journal Education Awards, and in 2018 we are sponsoring Salisbury's Race for Men, raising awareness for prostate and testicular cancer".

## **2.1 Quality priorities for 2017/2018**

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 both our private and our NHS patients. We work in partnership with the NHS to ensure that those services commissioned to us, result in safe, quality treatment for all NHS patients 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 hospital's 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.

We have set measureable outcomes for each of our clinical priorities to support us to demonstrate whether we have met the goals of the following priorities. Some goals (e.g. CQUIN quality initiatives) ,have measurable outcomes mandated with each scheme and are available on line.

Other clinical indicators are measured in real time. For example for daily tracking of our length of stay, post-operative complications etc. via our on line reporting system. Using this, we are able to benchmark against other Ramsay HealthCare

sites and review any trends or outlying statistics. Some of our clinical indicators are of course measured nationally as with infections and PROMs.

We have created sustainability dashboards for all staff patients measuring risk; falls/complaints/infections/returns to theatre/readmission rates to ensure we are all focusing on quality improvement and the whole organisation understand risk monitoring

### **2.1.1 A review of clinical priorities 2017/18 (looking back)**

In 2017-18, we had several CQUIN (Commissioning for Quality and Innovation) quality initiatives priorities, some of which were clinical quality initiatives as reviewed below. Others were local quality initiatives.

#### **Commissioning for Quality and Innovation schemes (clinical) in 2017-18**

##### **Preventing ill health by risky behaviours CQUIN – smoking and alcohol**

This quality initiative was agreed as a 2 year CQUIN for 2017-18 and 2018-19 for Wiltshire, West Hampshire and Dorset CCGs. The scheme sought to help deliver on the objectives set out in the Five Year Forward View particularly around the need for a radical upgrade in ill health prevention to incentivise and support patient healthier behaviour.

This initiative aimed for all patients to be screened for tobacco consumption, and alcohol intake and to receive advice and if necessary ongoing referral and medication offer.

The rationale for this clinical quality initiative was based on the fact that smoking is England's biggest killer, causing nearly 80,000 premature deaths a year and a heavy toll of illness and financial burden to the NHS.

A Cochrane review had shown that smoking cessation interventions were effective for hospitalised patients regardless of the admitting diagnosis. Inpatient smoking cessation had also been identified as leading to a reduced rate of wound infections, improved wound healing and an increased rate of bone healing and permanent smoking cessation had been found to reduce the risk of heart disease, stroke, cancer and premature death. Studies had found that the quit rates among patients who wanted to quit and to take up a referral to stop smoking services were found to be between 15% and 20%, compared to 3% to 4% amongst those patients without a referral.

Similar facts had been found on review of alcohol consumption in England, where, on average, 25% of the adult population (33% of men and 16% of women) consume alcohol at levels above the UK Chief Medical Officer's lower-risk guideline. This statistic increased their risk of alcohol-related ill health.

Alcohol misuse contributed wholly or partially to 60 health conditions leading to hospital admission, due either to acute alcohol intoxication or to the toxic effect of alcohol misuse over time. There were nearly 22,500 alcohol-attributable deaths per year and figures released showed that alcohol-related admissions were 32% higher in 2015 than in 2004/05.

During the preadmission processes ,prior to the CQUIN initiative, a lower proportion of smokers had been given very specific advice on the effects on smoking and the risks of above recommended safe levels of alcohol consumption. Our staff now were trained to discuss smoking and alcohol excess related effects with *specific* references to surgery , wound healing , anaesthetic risks and recovery. Understanding specific surgical risks and relating these to their own surgery, patients, during the CQUIN, were seen to more receptive to this “every contact counts” interaction than they may have been to interactions by their GP or Practice Nurse when surgery at that point might have some point in the future. Facing surgery soon *did seem* to make patients more receptive to or advice.

This initiative aimed for all patients to be screened for tobacco consumption, receive tobacco advice and if necessary have option of tobacco referral and medication offer.

### **Healthy food for Healthcare Staff, Visitors and Patients**

In 2015, it was identified that almost 25% of adults in England are obese, with significant numbers also being overweight. Treating obesity and its consequences alone was currently costing the NHS £5.1bn every year. Sugar intakes of all population groups were above the recommendations, contributing between 12 to 15% of energy tending to be highest among the most disadvantaged who also experience a higher prevalence of tooth decay and obesity and its health consequences. It was known that it was important for hospitals to start leading the way on tackling some of these issues, starting with the food and drink that is provided & promoted in hospitals.

The Healthy food for Healthcare Staff, Visitors and Patients CQUIN was agreed with West Hampshire and Dorset CCGs and was also to be a 2 year scheme.

Within the CQUIN scheme, New Hall

- Banned price promotions on sugary drinks and foods high in fat, sugar or salt on food produced and sold for healthcare staff, visitors and patients
- Banned advertisements on the hospital site of sugary drinks and foods high in fat, sugar or salt
- Ensured that healthy options were available at any point including for those staff working night shifts
- Ensured that 70% of drinks lines stocked were sugar free (less than 5 grams of sugar per 100ml).

The scheme is being carried forward in its second year for 2018-19.

### **Local quality initiatives (clinical) in 2017-18**

#### **Patient rounding**

This quality initiative is linked to both NHS Outcome framework Domain 5 “Treating and caring for people in a safe environment and protecting them from avoidable harm”, and also to Domain 4: “Ensuring that people have a positive experience of care”.

In addition to the ward safety brief, Patient rounding has been established and an additional ward manager round is completed each day to ensure compliance and ensure quality patient care is delivered.

Continual evaluation of the implemented rounding process has identified that the measures taken have already reduced communication issues, patient complaints and the number of incidents such as falls.

The above clinical CQUIN schemes for 2017-18 CQUIN schemes are running for a second year and are currently being carried forward in 2018. In addition, there is a new clinical CQUIN schemes for 2018 onwards for Wiltshire CCG .

#### **“Always Event” CQUIN initiative.**

This is linked to NHS Outcomes Framework domain 4 “Ensuring that people have a positive experience of care “

“Always Events®” are defined as those aspects of the care experience that should always occur when patients, their family members or other care partners, and service users interact with health care professionals and the health care delivery system.

Always events® were originally conceived in the United States by the Picker Institute and are now led by the Institute for Healthcare Improvement (IHI). NHS England have been working with the Institute for Healthcare Improvement (IHI) and Picker Institute Europe to look at how healthcare organisations in England can develop consistent ways to meet the individual needs of patients to make sure that care is patient centered and delivered in partnership with them and those close to them.

The IHI's Always Events® Framework provides us with a strategy and a toolkit to help us, identify great ideas that make sure care is focused on what matters to the patient, allowing us to design, reliably implement, and spread care processes

The initial phase of this CQUIN is to scope the possible options and to make a proposal to Commissioners. Following this, in subsequent quarters, New Hall will report on the progress and success of the project. Our CQUIN data source will be inclusive of reports, to include approved KPIs and measures of patient experience.

Our chosen Always event CQUIN will be focused around discharge initiatives and patient passports

### **Safer staff handover initiative**

This quality initiative is linked to NHS Outcomes Framework domain 5 “Treating and caring for people in a safe environment and protecting them from avoidable harm”.

During 2017-18, we reviewed the way that ward staff handover took place. Previously it had been a taped handover and was conducted in an office for 3 separate areas of the ward rather than one ward. A written bed state formed the basis for reporting and there was no specific patient involvement as identified by patient feedback .Moreover, there was a risk of information being missed at handover.

A new handover tool was formulated with utilising patient risk icons, a new handover sheet and allocation process to aid communication and patient involvement. New Bed Boards with risk icons have been purchased to assist confidential identification of patients with specific needs.

The implemented process followed included a whole ward safety brief (to include Patient name, diagnosis, falls risk, pressure ulcer risk, allergy and DNR status ) In

addition, a new format for clinical handover sheet was created .It was identified as being very important that remaining handover was done at patient bedside in consultation with the patient. This delivers shared goals and drives our mission that the patient must be at the heart of everything that we do.

We will continue to monitor the number of complaints/falls pressure/risk assessments and staff and patient feedback concerning the new process, identifying both positive and negative trends. There has already been a positive feedback from patients as they actually see the nursing team and the commencement of shift.

### **Patient safety – “No more Falls” initiative**

This quality initiative is linked to NHS Outcomes Framework domain 5 “Treating and caring for people in a safe environment and protecting them from avoidable harm”.

A serious incident in 2017-18 triggered a full review of our falls strategy and for 2018-19; a new strategy has been created. The strategy will involve building a team of champions/leads and a specific audit tool. Results will be collated to identify concerns and to create additional risk reduction objectives. Each quarter we will have a falls focus week with additional emphasis on staff and patient education. We have had no further falls and expect this to be a trend that continues.

### **“Speak up for Safety “initiative**

This quality initiative is linked to NHS Outcomes Framework domain 5 “Treating and caring for people in a safe environment and protecting them from avoidable harm.”

The Speak up for Safety initiative is focused on all health workers ( including health professionals of all disciplines, patient support staff, and all other occupations in the organisation) effectively communicating concern to colleagues that unintended harm to patients or consumers may be about to occur. For example, unintended harm refers to harm that can follow from the actions of health workers trying to do good work, but where something is going wrong, something is missed or a mistake has been made or may be about to occur The initiative is to ensure that staff are trained and supported to effectively communicate, so that a message of concern is heard and understood.



“Speaking Up” is one of the most important ways to prevent unintentional harm and has been demonstrated in health care and many other industries and the way in which concerns are raised significantly affects the likely response.

New Hall have already trained a Speak up for Safety leader ,trained and assessed as competent by the Cognitive institute ( Medical protection society) to deliver a one hour speak up for safety message; CODE ( Checks, Options. Demands, Elevates)

With our Speak up for Safety lead, New Hall will ensure during 2018-19 that all of our staff are confident in and have the correct communication skills to stress the need for a safety concern to be raised as appropriate.

This is a rolling training program that is a long term initiative to drive cultural change to speak up at the moment, and embed as part of the RAMSAY way and lives as part of everyday practice. To ensure staff have the necessary skill it will be evaluated individually of their understanding and confidence of utilising the CODE (Checks/Options/Demands/Elevates) and scenario sessions, while also monitoring the number of incidents reported.

## 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

During 2017/18 New Hall provided and/or subcontracted 45 NHS services.

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

The income generated by the NHS services reviewed in 1 April 2017 to 31<sup>st</sup> March 18 represents 77.1 %of the total income generated from the provision of services by the New Hall hospital for this 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 managers together with Regional and 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 2017/18, the indicators on the scorecard which affect patient safety and quality are listed below:

#### Score card indicators which affect patient safety and quality in 2017-18

Human Resources	
Staff Cost as % Net Revenue	24.6%
HCA Hours as % of Total Nursing	29.9%
Agency Cost as % of Total Clinical Staff Cost	9.3%
Ward Hours PPD	4.19
% Staff Turnover rolling 12 months	18.3%

% Sickness rolling 12 months	3.56%
% Lost Time	19.4%
Appraisal %	98%
Number of Significant Staff Injuries	Nil
<b>Patient</b>	
Formal Complaints per 1000 HPD's	4%
Patient Satisfaction Score	99% (Friends and Family)
Clinical Events per 1000 Admissions	4.4%
Readmission per 1000 Admissions	3.18%
<b>Quality</b>	
Workplace Health & Safety Score	98%
Infection Control Audit Score	98%

## 2.2.2 Participation in clinical audit

### **National Audits**

During 1 April 2017 to 31<sup>st</sup> March 2018, New Hall hospital participated in 100% of the national clinical audits which it was eligible to participate in.

The national clinical audits proposed are always agreed with the local CGC in advance. Any audits not participated in were because we did not have enough relevant cases.

The Hospital was not eligible to participate in any of the National Confidential Enquiries.

The reports of the two main national clinical audits, the National Joint Registry and the PROMS programme audit, for the last reporting periods are reviewed by the local Clinical Governance Committee.

The national clinical audits and national confidential enquiries that New Hall hospital participated in, and for which data collection was completed during 1 April 2017 to 31st March 2018, 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.

**National clinical audits participated in by New Hall 2017-18**

AUDIT	% Cases submitted
National Joint Registry (NJR)	99%
Elective surgery (National PROMs Programme)	98%

**Local Audits**

New Hall local clinical audits from 1 April 2017 to 31<sup>st</sup> March 2018 were reviewed by the Clinical Governance Committee and New Hall hospital intends to take the following actions to improve the quality of healthcare provided.

- I. Close monitoring of all audits, with the auditor and the Quality Improvement Manager occurs regularly .Heads of Department are now required to present their own department audits at clinical governance to discuss results and actions
- II. 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
- III. There is now an emphasis on close follow up of all audits, with the auditor and the Quality Improvement manager reviewing the data and actions etc.
- IV. Audit as part of the quality cycle will now be being discussed at all future staff induction and clinical mandatory training day.
- V. Any local audits that might be beneficial to the quality cycle will be encouraged to be undertaken as required, following the correct process.
- VI. Clinical indicator data set measured in real time within general orthopedics and spinal surgery

All clinical audit scores are flagged using a traffic light scoring system and during the year, there were no overall traffic light red audit scores and all audits remained in the green or amber brackets.

The clinical audit schedule for July 2017 to June 2018 (the Ramsay Health care audit year) can be found in Appendix 2.

### 2.2.3 Participation in Research

There were no patients recruited during 2017/18 to participate in research approved by a research ethics committee and no research proposals put forward

There were no patients recruited during 2017/18 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

A proportion of New Hall hospitals income in from 1 April 2017 to 31<sup>st</sup> March 2018 was conditional on achieving quality improvement and innovation goals agreed through the Commissioning for Quality and Innovation payment framework.

The CQUIN schemes participated in in 2017-18 were:

#### **Wiltshire**

- Risky behaviors
- E- referrals

#### **West Hants**

- Risky behaviors
- Healthy Eating
- Provider reporting

#### **Dorset**

- Risky behaviors
- Healthy Eating
- Flu vaccination
- Supporting proactive and safe discharge
- E referrals

Further details of the agreed goals for 2017/18 and for the following 12 month period are available electronically

### 2.2.5 Statements from the Care Quality Commission (CQC)

New Hall Hospital had an announced inspection on 10<sup>th</sup> and 11<sup>th</sup> August 2016 and the Quality report published 09/02/2017 gave an overall rating of “GOOD” and is registered without condition

New Hall hospital is required to register with the Care Quality Commission and its current registration status on 31<sup>st</sup> March 2017 is registered without condition

The Care Quality Commission has not taken enforcement action against New Hall hospital during 2017/18, nor participated in any special reviews or investigations by the CQC during the reporting period.

<b>Overall Good</b>  Read overall summary	Safe	Good ●
	Effective	Good ●
	Caring	Good ●
	Responsive	Good ●
	Well-led	Good ●

## 2.2.6 Data Quality

### NHS Number and General Medical Practice Code Validity

New Hall hospital submitted records during 2017/18 to the Secondary Uses Service (SUS) for inclusion in the Hospital Episode Statistics (HES) this is included in the latest published data. The percentage of records in the published data which included:

#### The patient's valid NHS number:

- 99.98% for admitted patient care;
- 99.96% for outpatient care; and
- Accident and emergency care N/A (as not undertaken at Ramsay hospitals).

NHS Number Present IP	Episodes	Percentage
Yes	247605	99.98 %
No	56	0.02 %
<b>Total</b>	<b>247661</b>	<b>100.00 %</b>

#### The General Medical Practice Code:

- 100% for admitted patient care;
- 99.99% for outpatient care; and
- Accident and emergency care N/A (as not undertaken at Ramsay hospitals).

Practice Present	Episodes	Percentage
Yes	247660	100.00 %
No	1	0.00 %
<b>Total</b>	<b>247661</b>	<b>100.00 %</b>

NHS Number Present OP	Visits	Percentage
Yes	1499613	99.96 %
No	545	0.04 %
<b>Total</b>	<b>1500158</b>	<b>100.00 %</b>

Practice Present OP	Count(Query 4 with EpiRep)	Percentage
---------------------	----------------------------	------------

Yes	1500044	99.99 %
No	114	0.01 %
<b>Total</b>	<b>1500158</b>	<b>100.00 %</b>

### Information Governance Toolkit attainment levels

Ramsay Group Information Governance Assessment Report score overall score for 2017/18 was 83% and was graded 'green' (satisfactory) as illustrated in the table below. This information is publicly available on the DH Information Governance Toolkit website at:

<https://www.igt.hscic.gov.uk>

Assessment	Stage	Overall Score	Self-assessed Grade ?	Reviewed Grade ?	Reason for Change of Grade ?
Version 14.1 (2017-2018)	Published	83%	Satisfactory	n/a	n/a

### Clinical coding error rate

New Hall hospital was not subject to the Payment by Results clinical coding audit during 2017/18 by the Audit Commission.

### 2.2.7 Stakeholders views on 2017/18 Quality Account

#### Copies of this report have been sent externally to:

- NHS Wiltshire Clinical Commissioning Group  
Ms Jagmeet Sawhney
- NHS West Hampshire Clinical Commissioning Group  
Ms Maria Garrett- Marley
- NHS Dorset Clinical Commissioning Group  
Ms Jane Simpkin



## Part 3: Review of quality performance 2017/2018

### Statements of quality delivery

#### Statement from Director of Clinical Services, Ramsay Health Care UK:

“This publication marks the fifth successive year since the first edition of Ramsay Quality Accounts. Through each year, month on month, we analyse our performance on many levels, we reflect on the valuable feedback we receive from our patients about the outcomes of their treatment and also reflect on professional opinion received from our doctors, our clinical staff, regulators and commissioners. We listen where concerns or suggestions have been raised and, in this account, we have set out our track record as well as our plan for more improvements in the coming year. This is a discipline we vigorously support, always driving this cycle of continuous improvement in our hospitals and addressing public concern about standards in healthcare, be these about our commitments to providing compassionate patient care, assurance about patient privacy and dignity, hospital safety and good outcomes of treatment. We believe in being open and honest where outcomes and experience fail to meet patient expectation so we take action, learn, improve and implement the change and deliver great care and optimum experience for our patients.”

**Vivienne Heckford**

**Director of Safety and Clinical Performance,  
Ramsay Health Care UK**

## **Statement from Matron, New Hall hospital Ramsay Health Care UK:**

**Matron, Deborah Stott**

I am delighted to be able to contribute to the New Hall quality account for 17/18. As Matron my main focus remains first and foremost ensuring patients receive safe and effective care, that they are treated with care, compassion and empathy. 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. We are committed to ensuring high quality patient care is at the centre of everything we do and how we operate our hospital. I will continue to lead on clinical governance issues within the facility in all matters relating to clinical safety, quality and standards and use best efforts to ensure that medical, nursing and other resources are provided at a level that is designed to ensure a safe and optimal level of patient care. To do this 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. We also need medical and clinical leadership plus an overall continuing commitment to drive year on year improvement in clinical outcomes.



**Deborah Stott,**

**Matron, New Hall Hospital, Ramsay Health Care UK**

**May 2018**

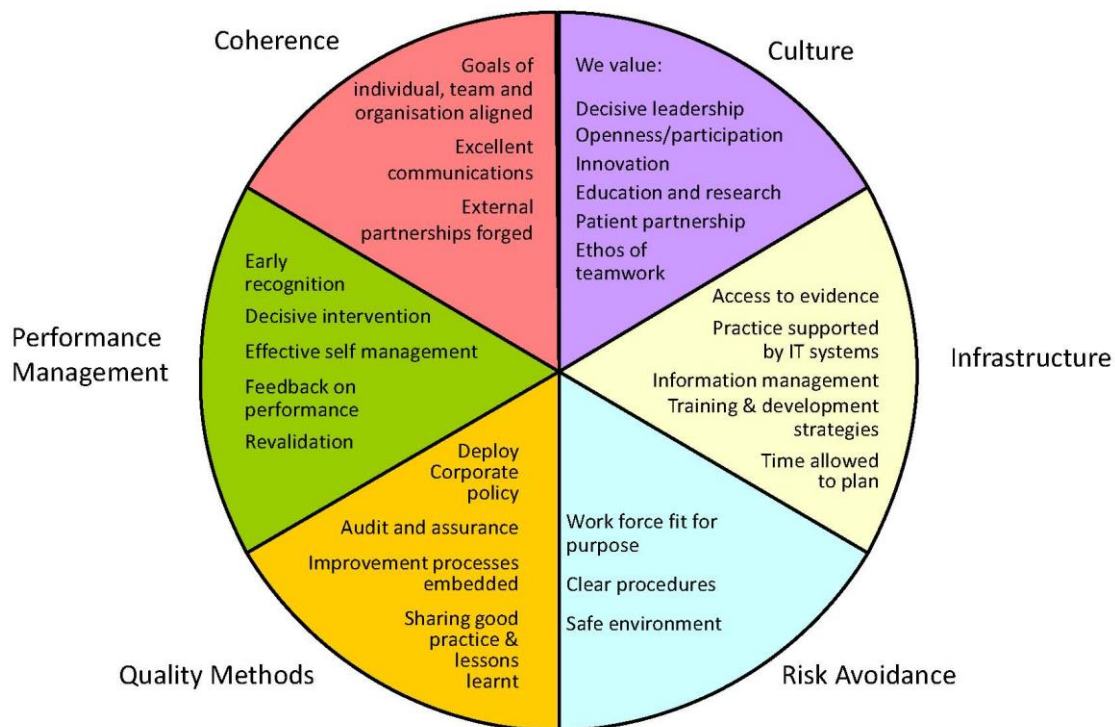
## Ramsay Clinical Governance Framework 2018

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.

### Scally and Donaldson (1998) Clinical Governance



### 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

The following core quality account indicators are relevant to the services provided by New Hall Hospital. 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, for benchmarking purposes.

#### Mortality /Death of Patient

The data made available to New Hall hospital trust by Ramsay’s Riskman reporting system with regard to :

- a. The value and banding of the summary hospital-level mortality indicator (“SHMI”) for the trust for the reporting period. However, SHMI Figures are not available for Independent Sector Hospitals
- b. The percentage of patient deaths with palliative care coded at either diagnosis or specialty level for the trust for the reporting period.

These indicators are related to the NHS Outcomes Framework Domain 1 “Preventing People from dying prematurely” and Domain 2 “Enhancing quality of life for people with long-term conditions”.

#### **Mortality/Death of Patient**

Death of Patient									
Period	Best		Worst		Average		Period	New Hall	New Hall
Jul 16 - Jun 17	RKE	0.7261	RLQ	Period	Average	1	2016/17	NVC09	0
Oct 15 - Sep 16	RKE	0.727	RLQ		Average	1	2017/18	NVC09	0

New Hall Hospital considers that this data is as described for the following reasons: There were no deaths at New Hall in the reporting period, or following treatment at this hospital.

New Hall Hospital intends to take the following actions to maintain this rate and so the quality of its service: New Hall Hospital will maintain a safe and efficient pre assessment service to ensure patients are optimised prior to surgery and to ensure all staff are appropriately trained and assessed

### **National PROMS programme for elective surgery (PROMS)**

Patients undergoing elective inpatient surgery for four common elective procedures (hip and knee replacement, varicose vein surgery and groin hernia surgery) that are funded by the NHS England 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. They are designed to ask patients for their perspective on the effectiveness of care they received in the NHS in England.

The latest available patient recorded outcome measures for New Hall patients are recorded below and show the Adjusted Health Gain (EQ-5D), measures which are higher than the national average in both hip and knee primary revision surgeries. In both groin/ hernia repairs and in revision hip replacement surgeries, numbers were too low for comparison.

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 made available to the National Health Service trust or NHS foundation trust by the Health and Social Care Information Centre with regard to New Hall hospital’s patient reported outcome measures scores for the reporting period April 1st 2015 – 30 Sept 16 2016 for the following procedures: Groin hernia surgery, Varicose vein surgery, Hip replacement surgery, Knee replacement surgery. The HSCIC data for PROMS includes private providers and the data table comes from this source.

Full Data available at <http://content.digital.nhs.uk/proms>

The data detailed in the graph below is made available to New Hall hospital by NHS Digital with regard to New Hall Hospitals PROMS ( patient reported outcome measures scores) for varicose vein surgery, and hip and knee joint replacement surgery during the reporting period.

**Hip Replacement PROMS**

Full hip replacement PROMS data is available at <http://content.digital.nhs.uk/proms>

The measure is the Adjusted Health Gain (Primary Oxford Hip Score).The NHS Digital data for the Patient Reported Outcome Measure includes both private providers and NHS providers .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.

**Knee Replacement PROMS**

Full knee replacement PROMS data is available at <http://content.digital.nhs.uk/proms>

The NHS Digital data for the Patient Reported Outcome Measure includes both private providers and NHS providers .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.

In addition, we have attached our PROMS data for Hernia repair however this is no longer a requirement

HERNIA REPAIR									
Period	Best		Worst		Average		Period		
Apr15 - Mar16	NT438	0.157	RVW	0.021	Eng	0.088	April16-March 17	NVC09	*
Apr16 - Mar 17	RD3	0.135	RXL	0.006	Eng	0.086	April16-March 17	NVC09	0.135

## Readmissions

The data made available to New Hall hospital by NHS Digital with regard to the percentage of patients readmitted to New Hall within 28 days of being discharged from during the reporting period is shown on the graph below and is related to the NHS Outcomes framework domain 3 “Helping people to recover from episodes of ill health or following injury”. New Hall Hospital considers that this data is as described for the following reasons: New Hall hospital has a significantly high complexity factor and has an active policy of readmitting patients rather than redirecting them to other sites. New Hall Hospital intends to take the following actions to improve this rate and so the quality of its service: To maintain a comprehensive discharge process with appropriate post discharge information and support to continue to monitor admissions to other sites

### **Chart showing readmission data made available to New Hall hospital by NHS Digital**

READMISSIONS									
Period	Best		Worst		Average		Period	New Hall	New Hall
2010/11	Multiple	0.0	5P5	22.7 6	Eng	11.4 3	2016/17	NVCO 9	0.003064 7
2011/12	Multiple	0.0	5NL	41.6 5	Eng	11.4 5	2016/17	NVCO 9	0.000989 1

## Responsiveness to personal needs

The data is no longer collected by NHS digital data Digital is no longer collected, and the data below is as last year Quality Account.

The data made available with regard to New Hall Hospital’s responsiveness to the personal needs of its patients during the reporting period April 1<sup>st</sup> 2016 - 31<sup>st</sup> March 2017. New Hall Hospital considers that this data was as described for the following reasons: We ensure all staff are aware of the need for excellent customer service and care planning is individualised and takes into account the holistic needs of the patient.

### **Chart showing responsiveness to personal needs data made available to New Hall hospital by NHS Digital**

RESPONSIVENESS TO PERSONAL NEEDS						
Period	Best	Worst	Average	Period	New Hall	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

## VTE

### Chart showing responsiveness to VTE data made available to New Hall hospital by NHS Digital

The data made available to New Hall Hospital by NHS Digital with regard to 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 below and is related to NHS Outcomes Framework Domain 5 “Treating and caring for people in a safe environment and protecting them from avoidable harm.”

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.*

VTE									
Period	Best		Worst		Average		Period		
16/17 Q3	Several	100%	NT490	65.9 %	Eng	95.6%	Q3 2016/17	NV C09	96.4%
16/17 Q4	Several	100%	NT414	60.8 %	Eng	95.6%	Q4 2016/17	NV C09	96.1%

## C difficile infection

The C.difficile quality indicator is related to the 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 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



New Hall Hospital considers that this data is as described for the following reasons: We have a good record in infection prevention and control and our antimicrobial prescribing is in line with Ramsay policy and CCG formulary

**Chart showing C. Difficile data made available to New Hall hospital by NHS Digital**

C. difficile rate per 100,100 bed days									
Period	Best		Worst		Average		Period	New Hall	New Hall
2015/16	Several	0	RPY	67.2	Eng	14.92	2016/17	NVC09	0.0
2016/17	Several	0	RPY	82.7	Eng	13.19	2017/18	NVC09	0.0

**Serious Incidents**

The data made available to New Hall Hospital from our Riskman reporting system (overall severity 1) 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.

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

New Hall Hospital considers that this data is as described for the following reasons: New Hall provides elective and non-emergency 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. New Hall Hospital intends to take the following actions to improve this rate and so the quality of its service: *We will continue 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.”*

**Chart showing Serious incident data made available to New Hall hospital by NHS Digital**

Serious incidents (Grade 1 only)									
	Best		Worst		Average		Period	New Hall	
Oct 16 - Mar 17	Several	0.01	RNQ	0.53	Eng	0.15	2016-17	NVC09	1
April 17 - Sep 17	Several	0	RJW	0.64	Eng	14.85	2017-18	NVC09	4

### **Friends and Family Test – Patient.**

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”.

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 we will constantly review our services from this feedback and learn- “You said, We heard, We did”. In addition, we are actively seeking engagement of our patients in our Always event CQUIN.

### **Chart showing Friends and Family data made available to New Hall hospital by NHS Digital**

Friends and Family									
	Best		Worst		Average		Period	New Hall	New Hall
Feb-18	Several	100%	RJ731/RTFDX	63.0%	Eng	96.0%	Feb 18	NVC09	100%
Mar-18	Several	100%	R1H13	83.0%	Eng	96.0%	March 18	NVC09	98.5%

## 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 incidence 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. 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:**

In October 2017 the CLIPC implemented the revised SSI RCA Tool. This focuses in more detail on evidence based standards of practice as outlined in the WHO Surgical Site Infection Guidelines (2016) and the One Together Programme.

a. The new tool has made it easier to identify key themes, and whilst it has only been in place for a relatively short period at the time of writing the emerging key themes are:

1. Maintenance and monitoring of normothermia

2. Skin preparation

3. Wound care practices especially by patients after discharge.

1. Normothermia monitoring has been addressed with the Anaesthetic Practitioners by the GM and going forward all patients are to have their temperature monitored during surgery, which has been our problem locally. The equipment is now in place for this to happen and we will be auditing this in the second half of 2018.

2. In 2018 the IPC will be assessing staff in their competence related to when and how to take wound swabs and what constitutes a potential infection. Local competencies will be developed to support this as it has been noted that we have seem to have a high level of skin flora contaminations to wound swabs. This will then be followed up with a local audit.

3.NHH will re-audit the skin preparation for patients prior to spinal surgery using the new 2017 “ONE Together” tool to identify areas of practice that can be improved and will then extend this to other specialities with a view to driving down the use of “prophylactic” antibiotics “just in case”.

It is hoped that this in combination with 4 will help reduce wound integrity/healing issues that are currently being potentially misdiagnosed and managed with antibiotics.

4.New Hall Spinal team are to trial the use of vacuum dressings on selected spinal wounds that meet the criteria for high risk of “oozing” or developing seroma’s which has resulted in extended length of stay locally and possibly contributed to acquired wound infections. This is currently being developed with a view to roll out in practice in late June/July.

5. There is a review group currently looking at the information given to patients with regards to their admission, stay and post discharge care and Infection control/wound care will be implementing changes to patient information and reviewing the information. General advice related to reducing the risk of HCAI will be given to patients when they call for admission times to catch patients not formally seen in pre-admission. The management of wounds and who and when to contact for advice regarding concerns post discharge is also under review as a large number of patients do not live in close proximity to the hospital and therefore are sometimes reluctant to contact NHH for advice or help.

6.A working group was convened in 2017 to standardise clinical cleaning products across Ramsay which will be ratified in 2018.

a.The group reviewed the products from 5 companies and a trial of products (wipes and blood spillage management) was conducted for the 2 companies offering products most suitable to Ramsay requirements and NHH participated as a trial site for these products.

7. Standardisation of urinary catheter packs has been undertaken with all areas now using the Bard pre-prepared trays.

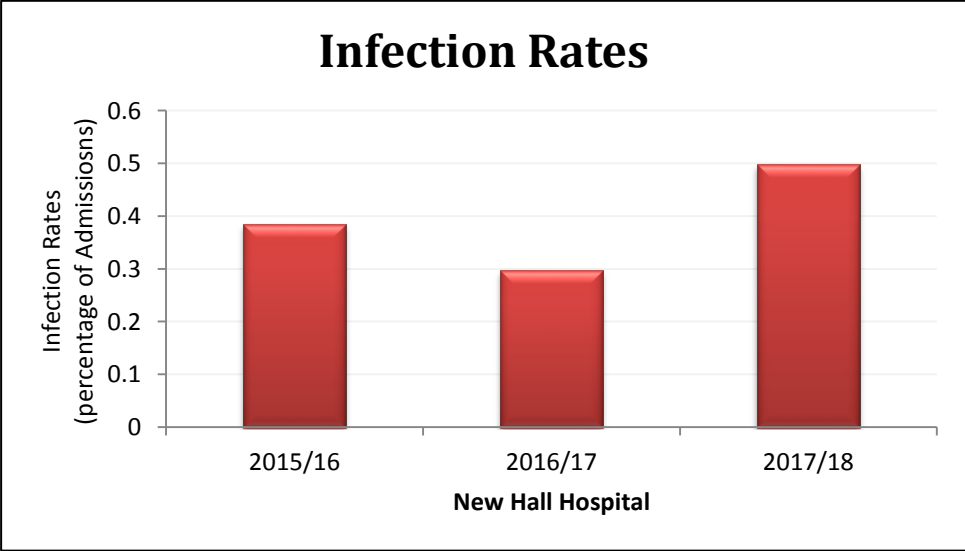
NHH will be taking action on length of time that indwelling catheters remain in patients as the local PPS has shown that short term catheters are being left in situ for too long. Better documentation of expected removal time and reasons for non-compliance are to be considered and addressed in 2018.

8. There is a need to produce a "Prevention of Surgical Site Infection" IPC Policy in order to bring best practice together in one place and provide standard across Ramsay. This is being developed in 2018.

9. Antimicrobial stewardship. There is a corporate plan to Create Ramsay Antibiotic Formulary and develop Ramsay Micro Guide App. It is hoped that this will engage local teams to improve local empowerment to challenge antibiotic prescribing practice.

NHH will continue to promote high standards in this area to minimise clinical risk. We are currently working with the spinal team and local microbiologist to formulate an agreed antibiotic policy specifically for these patients.

**Hospital acquired infection rate (percentage of admissions)**



As can be seen in the above graphs, our infection control rate has increased over the period .We still have a low rate of HCAI with a continuing increase in the number of complex surgeries, especially spinal. We continue to try and improve our reporting systems, especially for patients attending outlying follow up clinics and are currently revisiting this with regards to GDPR. We have had no Reportable Infections in the past year.”

**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. The New Hall PLACE audit for 2017 was carried out earlier this year and of the 4 assessors, 2 were staff and 2 were patient assessors .Refresher training was carried out before the PLACE audit took place.

The New Hall domain scores are illustrated below with improvement actions that we have put in place.

<b>Domain</b>	<b>Cleanliness</b>
New Hall score	<b>99.16%</b>
National average score	98.38%

The 2017 score on the cleanliness domain was both an increase on the previous year’s score and is a score that is both above the Ramsay average and above the national average which are both public and independent hospitals average scores.

<b>Domain</b>	<b>Food and Hydration</b>
New Hall score	<b>87.75%</b>
National average score	89.68%

As previously, the food and hydration scores were divided into 2 scores, organisational food and ward food. The combined score of 87.725% was below the previous 2 years score.

Improvements made to enhance this domain include revised our menu revisions, offering a greater choice of drinks & have added an extra daily special to all patients. Additional beverage services have been commenced with additional mid-afternoon beverages.

For some items, local suppliers have been commissioned giving New Hall facilitating both New Hall and the local community businesses control & ease of ordering extra. The Catering & ward team have all completed a customer care training program that covered all areas of service to the patient, guest & staff alike. These changes have already evidenced enhanced patient satisfaction by a drop in patient complaints & an increase in positive patient feedback.

<b>Domain</b>	<b>Privacy, Dignity and Wellbeing</b>
New Hall score	82.73%
National average score	83.68%

The score has decreased slightly increased from the 2016 score and is below both the Ramsay average and the national average. It is our lowest scoring domain for 2017

<b>Domain</b>	<b>Condition and Appearance</b>
New Hall score	91%
National average score	94.02%

This score has fallen and remains 2.5% below the Ramsay average and 3% below the national average. Despite refurbishment in many areas in 2015/16 this was most likely also a reflection of the age and geography of the building. An ongoing programme of refurbishment has continued throughout 2017 and will continue into 2018

<b>Domain</b>	<b>Dementia</b>
New Hall score	90.07%
National average score	76.71%

The Dementia domain showed a progressive 11% score higher than the previous year's score and indicated that we had embedded the actions highlighted from the 2016 audit review. It is 9% higher than any other Ramsay average and over 13% above the national average of 82.56%

Domain	Disability
New Hall score	82.8%
National average score	82.56%

The Disability domain was a new domain from 2016 and was our lowest scoring domain in 2016. However, the 2017 PLACE audit score had risen by 9% and although slightly below the Ramsay average, is above the national average. We aim to consolidate this result with ongoing education, training and facility investment.

The code for Ramsay New Hall was NVC09 and the full report can be accessed on <http://content.digital.nhs.uk/pubs/place17>

### 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.

All incidents remain recorded in a timely manner on Ramsay electronic risk reporting system (Risk man) and are reviewed and analysed by the senior management team, at Clinical Governance and at health and safety meetings.

Action plans are developed in response to concerns raised and shared with appropriate staff.

Features installed in the previous 2 years remain very effective in enhancing security and safety within the workplace: CCTV covers all external areas of the hospital.



All patients' beds are electric allowing greater control for staff and patients and reducing the need for manual handling

Staff undergo a comprehensive programme in manual handling activities, fire and security awareness.

The Health and Safety Committee met bi-monthly in accordance with corporate policy and follow the corporate agenda.

A Health, Safety & Facilities Audit is completed annually. A score of 98% was achieved on the 25/01/2018. New Hall hospital regularly reviewed the action points from the audit and documented /updated progress. All actions are now complete.

The Risk Management/Health and Safety committee met bimonthly and all departments were represented with full reporting on the outcomes and actions of the committee, all of which were communicated and feedback to the hospital staff is disseminated through Health and safety minutes, Heads of Department meetings and Clinical Governance reviews and minutes/bulletins.

### **Key safety achievements of year 2017-18**

Key Health & Safety activities that have taken place since previous Health and Safety report period

- During the review period Ramsay Healthcare have continued to focus on H&S in the workplace, introducing further initiatives, audits and training as well as raising awareness across the hospital.
- The H&S committee meets bi monthly in accordance with company policy and follows the agenda set out in the corporate terms of reference. All departments within the hospital are represented.
- H&S facilities audit completed 25/01/2018. A score of 98% was achieved and all actions are now complete.

Overall the hospital has continued to keep a high profile on its ongoing agenda for H&S and Risk Management in general, having invested in capital and training and development to ensure safe working and treatment environments for staff and visitors to the site:

### **Key achievements of the year 2017 - 2018**

- Update internal/external signage
- New floor cleaning system introduced to reduce risk of slips, trips and falls.

- Relocated and refurbished staff dining room
- Relocated reception staff office
- Refurbished Lodge
- Improved extended steps, paths and reduce kerbs
- Installed LED lights Theatre 4
- Installed LED lights Tryon ward
- Reinstated Theatre 4 recovery bay
- Replaced flooring Theatre 4 corridor
- Upgraded Wi-Fi
- Static MRI completion

### **Key safety audits and Inspections carried since previous Health and Safety report period**

- DSE 23 assessments completed during period 06/ 2017 – 06/ 2018
- Legionella risk assessment completed due 06/2018
- Sustainability Audit completed 03/2017
- ISO self-assessment completed 08/2017.
- Business continuity plan reviewed 03/2018.
- Access & Egress/Ten steps to a safer site reviewed monthly.
- Fire risk assessment completed 02/2018. Actions plan complete.
- EHO visit 04/10/2017, remained 5 stars

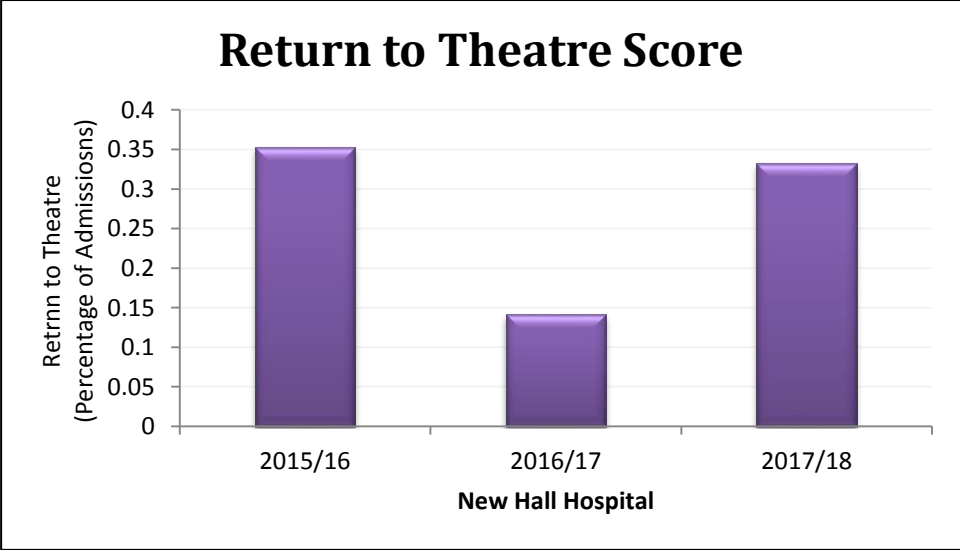
### **3.3 Clinical effectiveness**

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.

**Bar graph showing return to theatre scores at New Hall hospital for last 3 years**



As can be seen in the above graph our returns to theatre rate has increased over the last year. We still have a low rate of HCAI with a continuing increase in the number of complex surgeries, especially spinal. There is no trend or theme and patient who may require re exploration are treated quickly and effectively

### 3.3.2 Learning from Deaths

There were no deaths at New Hall 2017 18 that resulted in a coroner's case.

### 3.3.3 Priority Clinical Standards for Seven Day Hospital Services

At New Hall, our inpatients have access to radiology, haematology, biochemistry,

microbiology and histopathology, including seven-day access to diagnostic services such as magnetic resonance imaging .Moreover, Consultant-directed diagnostic tests and completed reporting can be available seven days a week as required.

Hospital inpatients must have timely 24 hour access, seven days a week, to consultant-directed interventions that meet the relevant specialty guidelines, either on-site or through formally agreed networked arrangements with clear protocols, such as:

- Critical care
- Interventional radiology
- Interventional endoscopy
- Emergency general surgery

Critical patients are considered those for whom the test will alter their management at the time; urgent patients are considered those for whom the test will alter their management but not necessarily that day.

Where a service is not available on-site (e.g. interventional radiology) there is a clear patient pathways must be in place between New Hall and Salisbury District Hospital.

### **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:

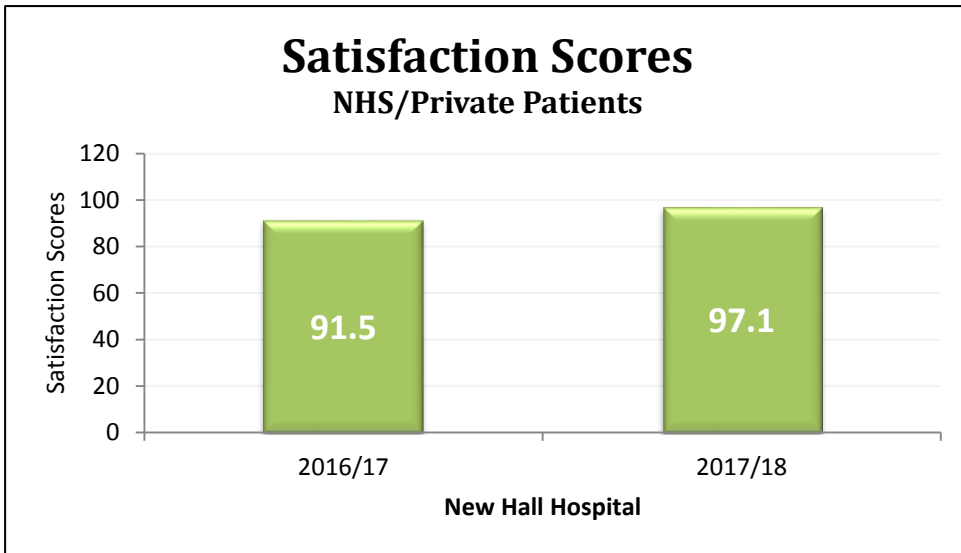
- Continuous patient satisfaction feedback via a web based invitation
- Hot alerts received within 48hrs of a patient making a comment on their web survey
- Yearly CQC patient surveys
- Friends and family questions asked on patient discharge
- 'We value your opinion' leaflet
- Verbal feedback to Ramsay staff - including Consultants, Matrons/General Managers 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.

Below is a bar graph showing New Hall Hospitals Patient Satisfaction Index scores for last 3 years (taken from our Patient t Satisfaction reports).



As can be seen in the above graph our Patient Satisfaction rate has increased significantly over the last year and all complaints and feedback are monitored closely by our Customer Quality team, being analysed for themes and trends. New Hall Received 25 complaints in 2017/18 and received 500 positive responses and is 4.5 star rated on NHS choices, this shows a 0.05% complaint rate.

Our patient satisfaction along with patient safety and good clinical outcomes underpin everything we do.

## Appendix 1

### Regulated Activities – New Hall Hospital

	Services Provided	Peoples Needs Met for:
<b>Treatment of Disease, Disorder Or injury</b>	Bariatrics, Dermatology, General medicine, Neurology, Oncology, Pain management, Physiotherapy, Psychiatry (outpatients only), Psychology, 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. Outreach in Plymouth and Cornwall Spinal consultation	All adults 18 yrs. and over,
<b>Surgical Procedures</b>	Bariatrics, 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"> <li>• Patients with blood disorders (haemophilia, sickle cell, thalassaemia)</li> <li>• Patients on renal dialysis</li> <li>• Patients with history of malignant hyperpyrexia</li> <li>• Planned surgery patients with positive MRSA screen are deferred until negative</li> <li>• Patients who are likely to need ventilatory support post operatively</li> <li>• Patients who are above a stable ASA 3.</li> <li>• Any patient who will require planned admission to ITU post-surgery</li> <li>• Dyspnoea grade 3/4 (marked dyspnoea on mild exertion e.g. from kitchen to bathroom or dyspnoea at rest)</li> <li>• Poorly controlled asthma (needing oral steroids or has had frequent hospital admissions within last 3 months)</li> <li>• MI in last 6 months</li> <li>• Angina classification 3/4 (Limitations on normal activity e.g. 1 flight of stairs or angina at rest)</li> <li>• CVA in last 6 months BMI &gt;340 (non bariatrics)</li> </ul> <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>
<b>Diagnostic and screening</b>	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,-s
<b>Family Planning Services</b>	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 2017/18.

Findings from the baseline audits in 2017-18 determined the hospital local audit programme to be developed for the remainder of the year.

Audit Programme v10.0 2017/18		Hospital Name:											Implemented: July 2017	
Authors: S. Harvey / A. Hemming-Allen / S. Needham / N. Carre / A. McDonald													For review: June 2018	
Use arrow symbol to locate required audit														
	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN		
Medical Records - PDA, admission, theatre, discharge	Med Rec	→	→	→	→	→	→	→	→	→	→	→	→	→
Patient Journey	Patie Journey	→	→	→	→	→	→	→	→	→	→	→	→	→
Ward	Ward Operational	→	→	→	→	→	→	→	→	→	→	→	→	→
Outpatients	OPD M Rec	→	→	→	→	→	→	→	→	→	→	→	→	→
Outpatients	OPD Operational	→	→	→	→	→	→	→	→	→	→	→	→	→
Controlled Drugs			Control Drugs	→	→	Controlle Drugs	→	→	Control Drugs	→	→	Control Drugs	→	→
Prescribing / Medicines Management				Medicine Management	→	Prescribing	→	→		Medicine Management	→	Prescribing	→	→
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	Safe & Secure	Safe & Secure
Medicine Medical Records	Med Reos	Med Reos	Med Reos	Med Reos	Med Reos	Med Reos	Med Reos	Med Reos	Med Reos	Med Reos	Med Reos	Med Reos	Med Reos	Med Reos
Medicine Missed Dose	Missed Dose	Missed Dose	Missed Dose	Missed Dose	Missed Dose	Missed Dose	Missed Dose	Missed Dose	Missed Dose	Missed Dose	Missed Dose	Missed Dose	Missed Dose	Missed Dose
Radiology	Med Rec	→	→	→	→	→	→	→	→	→	→	→	→	→
Radiology	Operational	→	→	→	→	→	→	→	→	→	→	→	→	→
Radiology - MRI / MRR		MRI Report	NRR	→	MRI Report	→	→	MRI Report	NRR	→	MRI Report	→	→	→
Radiology - CT		CT Report	→	→	CT Report	→	→	CT Report	→	→	CT Report	→	→	→
Physiotherapy	Med Rec	→	→	→	→	→	→	→	→	→	→	→	→	→
Physiotherapy	Operational	→	→	→	→	→	→	→	→	→	→	→	→	→
TSSU	Operational	→	→	→	→	→	→	→	→	→	→	→	→	→
Decontamination	TSSU	→	→	→	→	→	→	→	→	→	→	→	→	→
Decontamination	Endoscopy	→	→	→	→	→	→	→	→	→	→	→	→	→
Theatre	Operational	→	→	→	→	→	→	→	→	→	→	→	→	→
Theatre	Observa	→	→	→	→	→	→	→	→	→	→	→	→	→
Infection Prevention and Control*	Infect Control	→	→	→	→	→	→	→	→	→	→	→	→	→
IPC - CYCCB (if applicable)	CVCCB	→	→	→	→	→	→	→	→	→	→	→	→	→
IPC - Isolation (if applicable)	Isolation	→	→	→	→	→	→	→	→	→	→	→	→	→
Infection Prevention and Control*	Hand Hygiene	→	→	→	→	→	→	→	→	→	→	→	→	→
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	Hand Hygiene Action	Hand Hygiene Action
IPC - Environmental	Environ	→	→	→	→	→	→	→	→	→	→	→	→	→
IPC - Cleaning Schedules	Clean Sched	→	Clean Sched	Clean Sched	Clean Sched	Clean Sched	Clean Sched	Clean Sched	Clean Sched	Clean Sched	Clean Sched	Clean Sched	Clean Sched	Clean Sched
Transfusion (if applicable)	Compliance	→	→	→	→	→	→	→	→	→	→	→	→	→
Transfusion (if applicable)	Autologus	→	→	→	→	→	→	→	→	→	→	→	→	→
Bariatric Services (if applicable)	Bariatric Services	→	→	→	→	→	→	→	→	→	→	→	→	→
Childrens Services (if applicable)	Childrens Services	→	→	→	→	→	→	→	→	→	→	→	→	→

Traffic li

Green

Amber

Red

\* or above previous a



**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 General Manager using the contact details below.

**Sharon Ash, General Manager, New Hall Hospital, Bodenham, Salisbury, Wiltshire, SP54EY**

For further information please contact:

**01722 422333 ext. 140**


**[www.newhallhospital.co.uk](http://www.newhallhospital.co.uk)**

The Care Quality Commission have officially rated New Hall Hospital as:

**Good**

Inspected and rated  
**Good**  
Care Quality Commission

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 **New Hall Hospital**  
Part of Ramsay Health Care