

Duchy Hospital

Quality Account  
2022/2023



**Ramsay**  
Health Care

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# Welcome to Ramsay Health Care UK

Duchy Hospital is part of the Ramsay Health Care Group

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

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

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

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

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

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



**Nick Costa,**  
Chief Executive Officer  
Ramsay Health Care UK

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

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

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

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

A handwritten signature in black ink that reads "Jo Dickson". The signature is written in a cursive style with a large, stylized initial 'J'.

**Jo Dickson**

Chief Clinical and Quality Officer

Ramsay Health Care UK

## Introduction to our Quality Account

This Quality Account is Duchy 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 did not provide enough in-depth information for the public and commissioners about the quality of services within each individual hospital and how this relates to the local community it serves. Therefore, each site within the Ramsay Group now develops its own Quality Account, which includes some Group wide initiatives, but also describes the many excellent local achievements and quality plans that we would like to share.

## PART 1

### 1.1 Statement on quality from the Hospital Director

At the heart of all our work has been our continued commitment to providing our patients with the safest and highest quality care. At Duchy Hospital we recognise the value of every individual and are guided by our commitment to excellence and leadership.

We are incredibly proud of the post pandemic recovery achieved to date. This work has seen teams innovate and collaborate in ways never seen before to ensure patients are treated as quickly and as safely as possible, the importance we place on quality is critical. This is why our key priorities for the next year remain unchanged:

- PROMS: improvement in response rate and patient engagement.
- Focus on outlier status in clinical audit programme: complaints, haemorrhage, falls, and VTE.
- Clinical recruitment: apprenticeships.
- Clinical Staff development.
- Reduction in average length of stay (AVLOS)

I am so proud to report that following our CQC inspection, Duchy was awarded a “**Good**” rating and has maintained contact with our CQC relationship manager throughout the year.

Our philosophy of ‘people caring for people’ remains at the centre of everything we do. We are committed to listening and responding to the needs of our people, patients, and doctors, being an employer of choice through modern workplace practices, maintaining the highest standards of quality and safety in everything we do.

The mission and vision have remained consistent and embedded in the everyday working practices of staff throughout Duchy Hospital, where delivering excellent care is recognised as everyone’s responsibility.

The tenacity, dedication, creativity, and compassion shown by all our staff over the past year has been exemplary and our learnings, knowledge and skills will enable us to deliver more dynamic, outstanding, and robust healthcare services in the future.

Duchy has delivered a comprehensive programme of clinical audits throughout the year, with several actions taken because of the audit findings. Delivery of the quality improvement and clinical audit programme is reported to the Clinical Governance Committee, and Medical Advisory Committee. The Hospital also has a Patient Participation Group, which met throughout



the year and patients have continued to share their experiences of their care through our monthly patient feedback medium and via personal correspondence.

This Quality Account details the progress made with delivering our agreed priorities and our achievement of national performance indicators, highlighting the challenges faced during the year. Over 2022/2023, this work included:

- NJR Quality data award 5th year running.
- JAG accreditation renewed.
- 6 silver customer service excellence awards and 4 bronze customer service excellence awards presented to our staff.

This account outlines our quality improvement priorities for 2023-24, and we believe it provides confidence that excellent quality patient care remains our overarching priority.

Excellent quality care would not be possible without having great staff in place to deliver it, and we're committed to attracting, developing, and retaining the wide range of expertise and talent which we need.

We ended the year in a strong financial position, and this has given us the flexibility to continue to invest in improving patient care and the development of our staff. However, Duchy continues to face several significant challenges which will be a particular focus for the coming year.

- Our staff feedback cements the requirement to improve communication; listening and learning, and development, to enable our senior leaders to engage and lead change.
- Our ambition for 2023/2024 is to position Duchy for an outpatient expansion, and upgrade of some key clinical areas. We are in the process of developing plans for further site expansion.
- Duchy like the rest of Ramsay faces significant challenges in recruiting healthcare staff, especially nurses. We are passionate about attracting skilled, motivated staff and supporting them to develop their careers at Duchy. "The Ramsay Way" recognises that our people are key to our success. We are proud to be partnering with Truro and Penwith College and University of Greenwich to deliver the Registered Nurse Degree and Operating Department Practitioner L6 Apprenticeships.
- Ramsay Health Care's slogan "People Caring for People" was developed over 25 years ago and has become synonymous with Ramsay Health Care and the way it operates its business. "Care" is not just a value statement, but a critical part of the way we go about our daily operations. Duchy is committed to ongoing improvement of patient care in all areas to meet the expectations of our customers – our patients and our staff.

We have an excellent record in delivering quality patient care and managing risk, we pride ourselves on listening to and responding to the needs of our patients, staff, and doctors, through our formal and informal feedback processes. Our “open door” policy nurtures open, frank, and transparent feedback.

We look forward to continuing to collaborate with our partners on the Cornwall and Isles of Scilly Elective Recovery Programme Group to deliver integrated planned health and care to the people of Cornwall, both privately and through NHS provision.

I remain extremely proud of all our staff who continue to give the best of themselves to care for the people who need us, as well as supporting each other in true Duchy fashion. My thanks to the senior leadership team and staff across Duchy, our doctors, service users, and our partners for their support in overcoming and meeting the challenges of 2022/2023, through reorganisation of roles and rotas to cope with changes in services and specialities, for their selflessness, commitment, and the professionalism. I look forward to working with you all to build on this progress over the coming year.

A handwritten signature in blue ink, appearing to read 'Louise Rowbotham', with a long horizontal flourish extending to the right.

Louise Rowbotham, Hospital Director,  
Duchy Hospital  
Ramsay Health Care UK



## 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.

Louise Rowbotham, Hospital Director  
Duchy Hospital  
Ramsay Health Care UK

This report has been reviewed and approved by:  
Ms R Dunlop  
Medical Advisory Committee Chair

Mr D Jones  
Duchy Clinical Governance Committee Chair

NHS Cornwall and Isles of Scilly Integrated Care Board

Cornwall Health and Adult Social Care Overview and Scrutiny Committee

## Welcome to Duchy Hospital

Duchy Hospital, one of the South West's leading independent hospitals, provides medical and surgical services as outpatient and planned admitted care for people aged 18 years and over; the full range of specialties offered is shown at Appendix 1. Where clinical need requires it, our team of well trained, competent, and experienced staff provide 1:1 care. In the unlikely event that a higher level of care (Level 2 or Level 3 Critical Care) becomes necessary, a transfer arrangement is in place with Royal Cornwall Hospitals NHS Trust (RCHT).

Onsite facilities at Duchy include physiotherapy, radiology, and mobile MRI/CT scanning. We work closely with the RCHT which provides our blood transfusion and some pathology services.

As of the 31st of March 2023, 104 Consultants were registered as approved to practise at Duchy Hospital. The full list of consultants with practising privileges along with a comprehensive list of the disciplines and numbers of staff employed as of March 2023 can be found at Appendix 3.

We pride ourselves on the delivery of high-quality, safe, effective care in a manner and environment that respects and protects the privacy and dignity of our patients' whether they are medically insured, self-funding or referred by the NHS. Our facilities and clinical and support services are continually monitored to ensure that we are offering the absolute best service to our patients. Meals are served to patients in their rooms with a daily selection available from a pre-advised menu.

Duchy has 29 inpatient beds, a purpose-built Ambulatory Care facility with 12 patient spaces, 3 laminar flow theatres, a cardiac catheterisation laboratory, outpatient treatment facilities, 11 outpatient consulting rooms, physiotherapy, and radiology. This enables us to deliver a broad range of services to patients from a modern, well-designed environment. The nursing staff to inpatient ratio is between 1:5 or 1:8 depending on patient acuity and dependency, but 1:1 care is delivered where indicated by patient need. An experienced Resident Medical Officer on site 24 hours a day.

During the year from 1st April 2022 to 31st March 2023, 5,790 patients received treatment here as day cases or inpatients of which 2,494 were NHS patients (43%). Of that overall total, 4,044 (70%) were treated as day cases.

Our GP Liaison Officer (GPLO) maintains close contact with referrers throughout Cornwall. This is to ensure that communication between primary care and our secondary care facility runs as smoothly as possible, supporting a seamless pathway for the patient. In addition, they provide annual education programmes for GP's; these can be at GP surgeries, or all-day conferences to allow GPs, nurses, and physiotherapists the opportunity to interact and engage with our hospital consultants. Such events assist the GP community with their CDP in line with their appraisals.

We value our contact with GPs as 'customers' and strive to ensure we actively work in partnership with them to enhance patient care.

We work closely with our local Integrated Care Board (ICB) to provide a range of services under national contracts. We offer direct referral services for private/self-pay/insured patients. Patients requiring NHS services are referred via their General Practitioner (GP) into the Referral Management Service (RMS) where they enter a Referral Assessment Service (RAS) as part of a system-wide approach to directing patients to the most suitable service.

The Duchy Senior Leadership Team continue to work in partnership with the Commissioning team and NHS Cornwall and Isles of Scilly Integrated Care Board. We look forward to strengthening our relationship further in the coming year, as we work together on system healthcare challenges.

We work very closely with RCHT, and we have local agreements in place for provision of services which include pathology, pharmacy, infection control as well as Level 2 and Level 3 critical care services.

Duchy Hospital is a member of the Elective Recovery Programme Group, Cornwall and Isles of Scilly System Quality Group (CLOSSQG), Commissioning Policies and EBI Steering Group, and Cardiology Oversight Group (COG); working with the healthcare system to deliver integrated planned care to the population of Cornwall and Isles of Scilly.

Supporting the training of future health care professionals is an important part of our work. We provide clinical placements for Students of Nursing, Physiotherapy, and Operating Department Practitioners.

Duchy Hospital staff have participated in numerous fundraising events throughout the year to raise funds for charities including RCHT Charity Star Appeal Christmas Star, Macmillan, Cornwall Hospice, Children's Hospice SW, Christmas Jumper Day, Elf Day (Alzheimer's), and Comic Relief.

## PART 2

### 2.1 Quality priorities for 2023/24

#### Plan for 2023/24

On an annual cycle, Duchy 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 hospital's Senior Leadership Team considering 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.

#### 2.1.1 A review of clinical priorities 2022/23 (looking back)

In last year's Quality Account, we set out our priorities for the coming year. Due to altered ways of working and contract arrangements to cope with priority care groups during the pandemic, no CQUIN targets were set by NHS Kernow Clinical Commissioning Group.

##### Patient Safety

- Increase the number of Safeguarding Adults level 3 trained staff and implement an improved training programme for all clinical staff.

*Two more senior clinical staff have completed level 3 multi-agency training. This has enabled additional training to be delivered to all staff within Duchy. In addition, Ramsay has reviewed and updated its safeguarding face-to-face and online training in line with the Inter-collegiate document.*

- Ensure that the National Safety Standards for Invasive Procedures are robustly implemented in the main outpatient's department.

*Audit demonstrates that our compliance with the National Safety Standards for Invasive Procedures has improved in both Outpatients and theatres.*

- Provide onsite training in Advanced Life Support for not less than 12 additional staff.

*The first local ALS course was delivered in May 2022 and was attended by nine delegates. A second course is planned for June 2023 and there are 12 delegates booked to attend.*

### Clinical Effectiveness

- Audit our compliance with NICE guidance for pre-operative starving and make any necessary changes to our admission processes/advice.

*We are compliant with NICE when compared to admission times, and we have reviewed our guidance to enable patient to continue to take limited fluids orally until 1 hour prior to going to theatre.*

- Achieve bronze accreditation for Aseptic non-touch technique (ANTT)

*This is a rigorous process requiring significant audit evidence over at least a 12-month period. We continue to accrue excellent audit data ready for submission when the required timeframe has elapsed.*

- Achieve length of stay in line with the enhanced recovery programme for at least 75% of patients undergoing hip replacement surgery.

*Since operating has restarted after the covid pandemic, we are finding that many patients are need longer to reach the milestones for safe discharge however we are achieving length of stay of approximately 2 days for patients having hip and knee replacements.*

### Patient Experience

- Complete refurbishment of 14 inpatient bedrooms

*Sadly, due to a range of factors it has not been possible to complete this work during 2022/23 but a revised plan is now in place for late 2023.*

- Progress the work we have started to improve the experience of patients with learning disabilities, autism, and other cognitive impairment.

*This work has continued, and we have had positive feedback from service users and their families.*

- Continue to use patient feedback, particularly using the Cemplicity patient survey dashboard and Insights reports, to improve the patient experience.

*We continue to achieve high patient satisfaction metrics but where patients are dissatisfied, they are contacted by a member of the senior leadership team and their issues discussed. Most adverse feedback relates to admin. and billing of private patients and a new system is being introduced In June 2023 that will make charging and billing simpler and more transparent.*

## 2.1.2 Clinical Priorities for 2023/24 (looking forward)

During 2023/24, Duchy will strive to continue delivering a safe, high-quality experience for all patients. Our key priorities are shown below; they have been selected because they are clinical priorities for the hospital which link to the three domains of:

- Patient Safety
- Clinical Effectiveness
- Patient Experience

### Patient Safety

- PROMS: improvement in response rate and patient engagement.
- Focus on outlier status in clinical audit programme: complaints, haemorrhage, falls, and VTE, and put in place systems and processes to reduce events where possible.

### Clinical Effectiveness

- Sufficient appropriately qualified and experienced staff: offer clinical apprenticeships and develop existing staff.
- Further education in average length of stay (AVLOS) for hip and knee replacement
- Achieve bronze accreditation for Aseptic non-touch technique (ANTT)

### Patient Experience

- Complete the refurbishment of inpatient bedrooms/bathrooms.
- Expand the capacity of our outpatient and clinical imaging departments to reduce waiting times for appointments and provide an enhanced environment.

## 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 2022/23, Duchy Hospital provided 3 NHS service lines.

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

Ramsay uses a balanced scorecard approach to give an overview of audit results across the critical areas of patient care. The indicators on the Ramsay scorecard are reviewed each year.

The scorecard is reviewed each quarter by the hospitals Senior Leadership Team together with Corporate Senior Managers and Directors. The balanced scorecard approach has been an extremely successful tool in helping us benchmark against other hospitals and identifying key areas for improvement.

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

<b>HUMAN RESOURCES</b>	
Staff Cost % Net Revenue	27.7%
HCA Hours as % of Total Nursing	29%
Agency Cost as % of Total Staff Cost	4.2%
Ward Hours per patient day (HPD)	6.02 hrs/patient
Lost time	23.1%
Appraisal	90%
Mandatory Training	87%
Staff Satisfaction Score	62%/67%
Number of Significant Staff Injuries	zero
<b>PATIENT</b>	
Formal Complaints per 1000 HPD's	6.79
Patient Satisfaction Score	95.1%
Significant Clinical Events per 1000 Admissions	3.4
Readmission per 1000 Admissions	3.15

## 2.2.2 Participation in clinical audit

During 1 April 2022 to 31 March 2023, Duchy Hospital participated in 100% of national clinical audits and 100% of 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 Duchy Hospital participated in, and for which data collection was completed during 1 April 2022 to 31 March 2023, are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

Name of audit / Clinical Outcome Review Programme	% Cases submitted
National Joint Registry (NJR)	99%
National Breast implant registry	100%
Elective Surgery - National PROMs Programme	
Surgical Site Infection Surveillance Service Public Health England (PHE)	
National Cardiac Arrest Audit (NCAA)	
National Cardiac Audit Programme (NCAP) 1, 2, 3	
Bart's Health NHS Trust / National Institute for Cardiovascular Outcomes Research (NICOR)	



## Local Audits

The reports of 283 local clinical audits, conducted between 1<sup>st</sup> April 2022 to 31<sup>st</sup> March 2023 were reviewed by the Clinical Governance Committee and Duchy Hospital intends to take the following actions to improve the quality of healthcare provided. The clinical audit schedule can be found in Appendix 2.

### Key actions:

**Housekeeping and maintenance** – comprehensive departmental cleaning audits are carried out monthly. To ensure the continued exacting standards of cleanliness at Duchy Hospital a new process has been implemented to ensure an effective feedback loop from the clinical staff conducting the audits, back to the Housekeeping Team Leader. In addition to this the Housekeeping Team Leader has begun monthly local cleaning audits to ensure actions and learning within their team. The audits also revealed the need for improvements to the physical environment and have been used to secure investment in new items for many departments.

**Prescribing Medicines** – we continue to see a positive impact on our medicines management following the appointment of a new Pharmacist. Particular attention has been paid in the last year to the documentation of our prescribing practices to ensure the continued compliance with regulation.

**VTE Medical Records** – whilst we have always audited the completion of the VTE Risk Assessment, a new standalone VTE Assessment audit was added to the programme, reflecting our commitment to patient safety in this area. We have used the audit to focus on ensuring that every patient is suitably assessed for their VTE risk and appropriate prophylaxis prescribed, and that this is subsequently reviewed during their stay.

## 2.2.3 Participation in Research

There were no patients recruited during 2022/23 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

Duchy Hospital's income from 1 April 2022 to 31 March 2023 was not conditional on achieving quality improvement and innovation goals through the Commissioning for Quality and Innovation payment framework because CQUINS were suspended during COVID 19.

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

Duchy Hospital is required to register with the Care Quality Commission and its current registration status on 31<sup>st</sup> March 2023 is registered without conditions/registered with conditions.

Duchy Hospital has not participated in any special reviews or investigations by the CQC during the reporting period.

## 2.2.6 Data Quality

The latest published figures, as per the NHS Digital published figures at the below site, are as follows.

The patient's valid NHS number:

- 100% 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:

- 99.5% for admitted patient care.
- 99.5% for outpatient care; and
- NA for accident and emergency care (not undertaken at our hospital).

### Data Quality

<https://digital.nhs.uk/data-and-information/data-tools-and-services/data-services/data-quality#historic-dqmi-publications>

### Information Governance Toolkit attainment levels

This information is publicly available on the DSP website at:

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

### Clinical coding error rate

Duchy hospital was not subject to the Payment by Results clinical coding audit during 2022/23 by the Audit Commission. A number of internal Ramsay audits were performed in this time, no issues were found.

## 2.2.7 Stakeholders views on 2021/22 Quality Account

### **Medical Advisory Committee Chair & Clinical Governance Committee Chair**

We believe that the 2023 Duchy Quality Account is an accurate representation of the care provided at Duchy Hospital and gives a true impression of the culture, activity and results of this

hospital. In particular, we agree that Duchy is a safe and effective place to be treated as a patient and has a supportive working environment for clinicians and other staff. The emphasis on patient safety and freedom to speak up is apparent.

As noted, it would benefit from modernisation and expansion of its' facilities, which would certainly be welcomed by all patient groups.

### **Cornwall and Isles of Scilly Integrated Care Board**

*Thank you for providing NHS Cornwall and Isles of Scilly integrated care board (CIOSICB) with an opportunity to respond to the Duchy Hospital's quality account for the year 2022/23. The CIOSICB have reviewed the report and believe it is a good reflection of the hospital's performance and acknowledges the ongoing high quality of care provided.*

*We would like to thank all our colleagues at Duchy Hospital for their hard work and dedication in working with system partners throughout a year when significant pressure, increased demands, longer waits, and complexity continued to be placed on the health system. We would like to extend our gratitude and appreciation for your part in ensuring business continuity especially in supporting elective recovery.*

*We appreciate that due to the COVID 19 Pandemic restrictions the anticipated progress against refurbishment of 14 inpatient rooms has not been made. We are therefore pleased that this refurbishment will be carried over as a priority for 2023/2024. At a recent visit evidence of the ongoing work to improve the experience of patients with learning disabilities, autism and other cognitive impairment was visible and is progressing well. Evidence of a positive patient experience continues to be apparent in your high patient satisfaction metrics.*

*Achievement against the actions to ensure patient safety in regard to safeguarding adults level 3 training has progressed well with the additional delivery of local training and the update of the online and face to face training programmes in line with the inter-collegiate document. It is also positive to hear that you have trained 9 team members in Advanced Life Support (ALS) and have a further 12 being trained this month which will increase the availability of colleagues with higher level skills in emergency situations.*

*The priorities for 2023/24 build on your achievements and include the drive to focus on the outlier status in clinical audit programme: complaints, haemorrhage, falls, and venous thromboembolism (VTE), and put in place systems and processes to reduce events where possible are positive. The innovation of starting 2 apprenticeships to develop staff locally along with experienced staff development will also continue to build on the high quality of care you offer. We hope that your outpatient building development progresses well. Your stated priorities are fully supported by NHS CIOSICB.*

*We look forward to continuing to work collaboratively with Duchy Hospital and system partners to strengthen the improvement of quality and safety of services available across the health and care system to our population. We confirm to the best of our knowledge that the*

*information contained in the report is accurate and consistent with that which has been shared with CIOSICB.*

### **Cornwall Health and Adult Social Care Overview and Scrutiny Committee**

*The Cornwall Council, Health & Adult Social Care Overview and Scrutiny Committee welcomes the opportunity to review and comment on the quality statement of the Duchy Hospital.*

*The Committee notes the significant progress which has been made throughout 2022/2023 and in particular in relation to patient safety and experience. Especially recognised is the work which is targeted at improving the experience of patients with a learning disability, autism and other cognitive impairment. The Committee has also noted the improved levels of satisfactions for patients, the reduced readmission rates and the reduced number of serious incidents.*

*The Committee is encouraged to see the ambitions for the 2023/2024 performance year with a further focus on patient and clinical safety. It is worthy of note that the Duchy participates in national clinical audits and national confidential enquiries and looks to embed the learning from these back in to practice for the benefits of the people who use its services.*

## **PART 3**

### **Review of quality performance 1st April 2022 - 31st March 2023**

#### **Statements of quality delivery**

Debby Blease, Head of Clinical Services (Matron)

#### **Ramsay Clinical Governance Framework 2022**

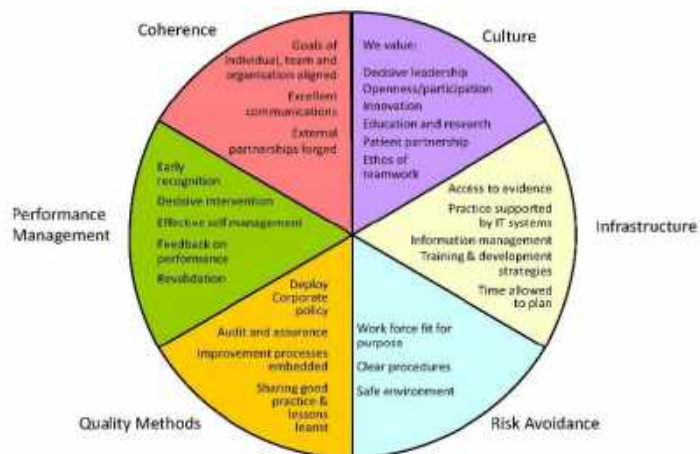
The aim of clinical governance is to ensure that Ramsay develop ways of working which assure that the quality of patient care is central to the business of the organisation.

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

### Mortality

Mortality:	Period	Best		Worst		Average		Period	Duchy	
	Apr20 - Mar 21	RRV	0.6908	RM1	1.201	Average	0.0078	21/22	NVC04	0.0018
Dec21 - Nov22	R1K02	0.2456	RHCH	2.1583	Average	1.0965	22/23	NVC04	0.0004	

SHMI Figures are not available for Independent Sector Hospitals so data from our incident reporting system, RiskMan, was used to find mortality rate.

Duchy Hospital considers that this data is as described for the following reasons:

- There are very few patient deaths at or following treatment at this hospital.

Duchy Hospital will maintain a strong focus on pre-admission assessment, and appropriate and effective staff education and competence assessment to ensure death rates remain at least as low as this.

### National PROMs

PROMS:	Period	Best		Worst		Average		Period	Duchy	
	Hips	Apr19 - Mar 20	NTPH1	25.5465	NT411	17.059	Eng	22.6867	Apr19 - Mar 20	NVC04
	Apr20 - Mar 21	NV302	25.7015	NVC20	17.335	Eng	22.9812	Apr20 - Mar 21	NVC04	*

Requirement is for ADJ. Health Gain Oxford Hip Score - Primary Hip Publication has been paused for 22/23

Duchy Hospital considers that this data is as described for the following reasons:

- Patients report good outcomes when returning for follow-up.
- We have some excellent outcomes on our PROMS data, and this is due to the processes we currently have in place and the work we do with our consultant surgeons to ensure that we gain the best possible outcomes for our patients.

Duchy Hospital intends to take the following actions to further improve this:

- Provide information to patients to explain the importance of returning their post-operative questionnaires to increase return rates.
- Ensure patients have realistic post-operative expectations and appropriate rehabilitation.

PROMS: Knees	Period	Best		Worst		Average		Period	Duchy	
	Apr19 - Mar 20	RR7	20.6878	R1K	12.6215	Eng	17.4858	Apr20 - Mar 21	NVC04	19.419
Apr20 - Mar 21	NVC23	20.2502	RXP	11.9159	Eng	16.8858	Apr19 - Mar 20	NVC04	*	

Requirement is for ADJ. Health Gain Oxford Knee Score - Primary Knee. Publication has been paused for 22/23

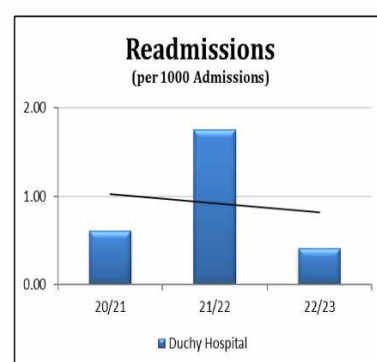
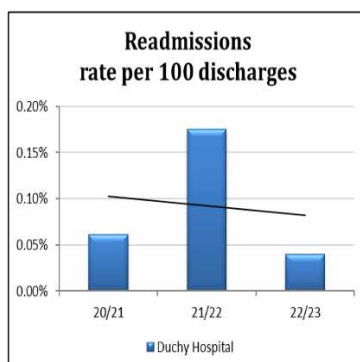
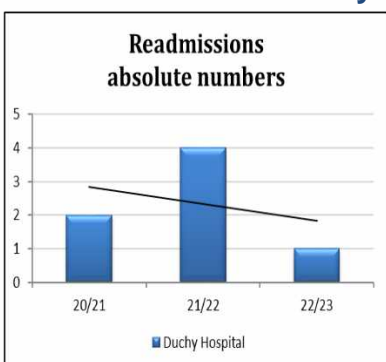
Duchy Hospital considers that this data is as described for the following reasons:

- Patients report good outcomes when returning for follow-up
- We have good systems for ensuring post-operative questionnaires are returned but patients do not always understand the importance of returning their post-operative questionnaire

Duchy Hospital intends to take the following actions to further improve this:

- Provide information to patients to explain the importance of returning their post-operative questionnaires to increase return rates
- Ensure patients have realistic post-operative expectations and appropriate rehabilitation

### Readmissions within 28 days





## VTE Risk Assessment

VTE Assessment:	Period	Best		Worst		Average		Period	Duchy	
	Q1 to Q4 18/19	Several	100%	NVCOM	41.6%	Eng	95.6%	Q1 to Q4 18/19	NVC04	93.3%
	Q1 to Q3 19/20	Several	100%	RXL	71.8%	Eng	95.5%	Q1 to Q3 19/20	NVC04	80.9%

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

Duchy Hospital considers that this data is as described for the following reasons:

- Staff understand the importance of VTE Risk Assessment, and no patient attends the operating theatre without an appropriate hardcopy VTE risk Assessment being in their hard copy records
- The data is drawn from the Electronic Patient Record (EPR) and recording in the EPR continues to improve and we continue to educate staff and strive for further improvement

Duchy Hospital has taken the following actions to improve this:

- Ongoing staff education covering proper completion of electronic VTE risk assessment
- Local audit and ensure risk assessment is completed where indicated, and patients receive appropriate prophylaxis
- Scrutiny of data reports to ensure omissions can be corrected

## C difficile infection

C. Diff rate: per 100,000 bed days	Period	Best		Worst		Average		Period	Duchy	
	2020/21	Several	0	RPC	81.0	Eng	15.0	2021/22	NVC04	0.0
	2021/22	Several	0	RPY	54.0	Eng	16.0	2022/23	NVC04	0.0

Benchmarking Data as published up to 2021/22 as at 14/04/23.

Duchy Hospital considers that this data is as described for the following reasons:

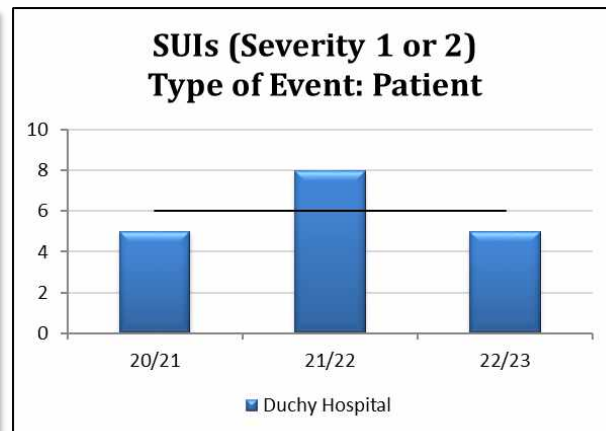
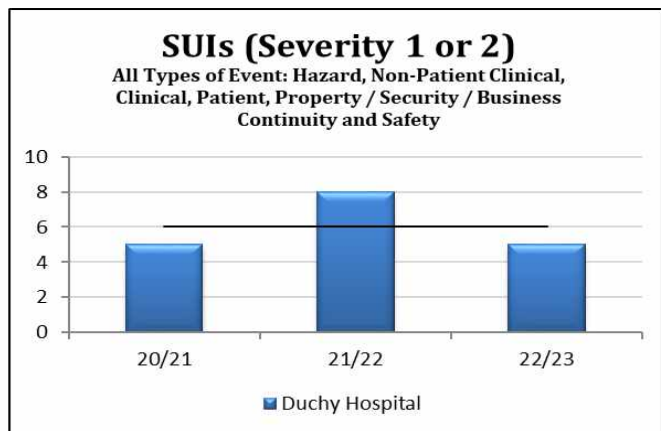
- Our careful pre assessment processes and Infection Control processes within the hospital mean that we have not had any cases of C-Diff.
- There is low use of anti-microbials, and any prescribing is in line with national best practice and the CCG Formulary

Duchy Hospital intends to take the following actions to maintain this:

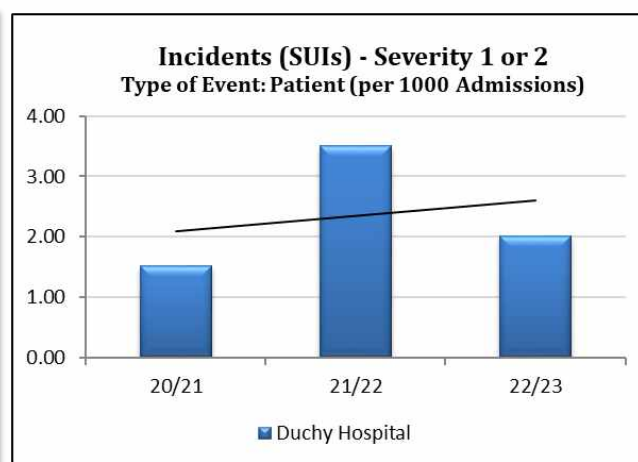
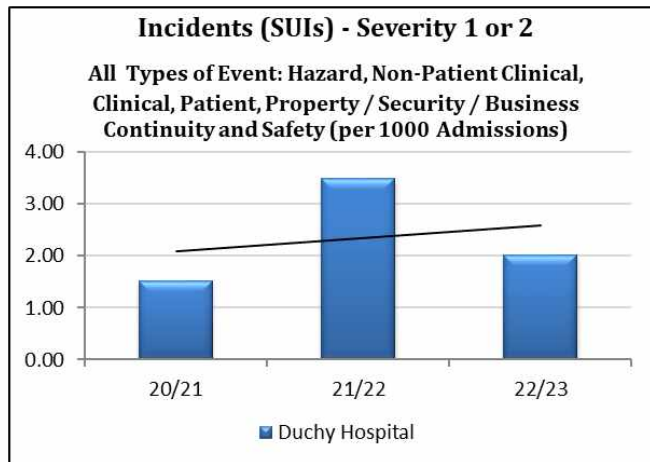
- To continue to provide staff, patients and visitors with education and information about good infection prevention and control practice
- Continue as an active participant in local and national infection control forums.

## Patient Safety Incidents with Harm

In absolute numbers



Per 1000 admissions



SUIs: (Severity 1 only)	Period	Best		Worst		Average		Period	Duchy	
	Oct19 - Mar20	Several	0.00	Several	0.50	Eng	0.20	2021/22	NVC04	0.00
	2021/22	RAX	0.03	RJR	1.08	Eng	0.30	2022/23	NVC04	0.00

No independent sector data, Ramsay data is from RiskMan (Overall Sev. 1)

Acute Non-Specialist Data from NRLS, England Average based on these sites only. 19/20 was only for the period of Oct19 to Mar20

Duchy Hospital considers that data for 'serious incidents' is as described for the following reasons:

- We provide elective care only and are therefore able to risk assess and provide patients with an appropriate environment
- We have excellent safety measures in place throughout the hospital to ensure practice and care are as safe as possible and risk of incident or injury is minimised ensuring that we have very few severe events.

Duchy Hospital intends to take the following actions to further reduce the possibility of serious incidents:

- Continue to analyse patient safety incidents to identify areas where the environment or practice can be further improved

### Friends and Family Test

F&F Test:	Period	Best		Worst		Average		Period	Duchy	
	Feb-22	Severall	100%	RTK	77.0%	Eng	94.0%	Feb-22	NVC04	100.0%
	Feb-22	Severall	100%	RAL	56.0%	Eng	95.0%	Feb-23	NVC04	100.0%

Duchy Hospital considers that this data is as described for the following reasons:

- We actively encourage patients to complete the Friends and Family Test and have systems in place to facilitate them doing so.
- The hospital has an established reputation for high quality care and customer service, and we are and are responsive to users' needs.

Duchy Hospital intends to take the following actions to maintain this:

- Continue to deliver high standards of service and care.
- Continue to encourage patient feedback to improve the service that we offer and remain responsive to their needs.

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

#### Summary of PHIN Patient Experience performance

1<sup>st</sup> April 2022 – 31<sup>st</sup> March 2023



	Score	Ramsay UK Average
PHIN Patient Experience	9.4 (1,239)	9.3 (30,777)
Involved in decisions	9.5 (1,239)	9.3 (30,776)
Talking about worries and fears	8.9 (801)	8.5 (20,273)
Enough privacy	9.8 (1,239)	9.7 (30,776)
Treated with respect and dignity	9.8 (1,239)	9.7 (30,777)
Told about medication side effects	8.6 (1,029)	8.6 (26,296)
Told who to contact	9.7 (1,184)	9.5 (29,281)

### 3.2 Patient safety

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

Risks to patient safety become known 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

Duchy Hospital has a very low rate of hospital acquired infection and has had no reported MRSA Bacteraemia in the past 12 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.

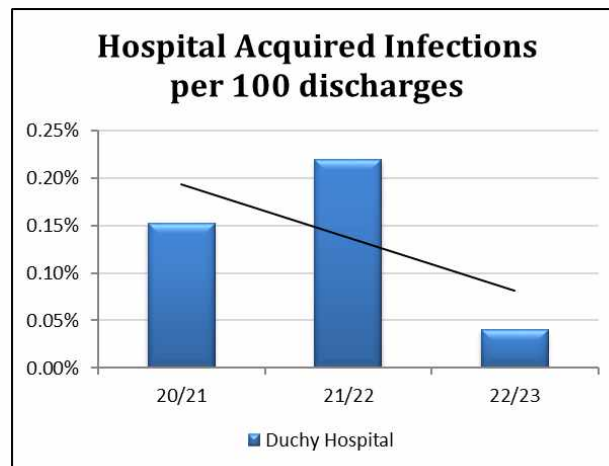
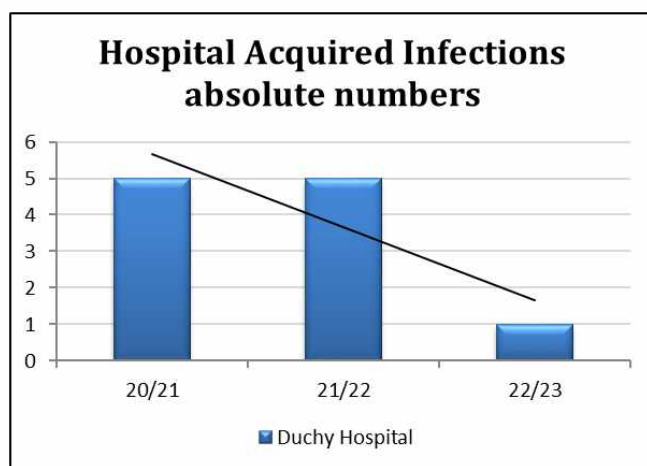
Infection Prevention and Control Leadership is very active within our hospital. An annual strategy is developed by a corporate level Infection Prevention and Control (IPC) Committee and group policy is revised and re-deployed every two years. Our IPC programmes are designed to bring about improvements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

- All staff receive education and training in IPC and handwashing. In addition, clinical nurses undertake further training and assessment of competence assessment in Aseptic No Touch Techniques (ANTT).
- The cleanliness of the hospital is audited regularly as part of the Ramsay corporate clinical audit programme as well as regular monitoring by Head of Clinical Services, the Operations Manager, and other members of the local Senior Leadership Team.
- Surgical site infection is monitored using the UK Health Security SSIS Scheme to ensure that collection of data and analysis is standardised. The categories we are conducting surveillance on are Hip and Knee replacements, Spinal surgeries, and abdominal hysterectomies. The data collected allows to monitor ourselves as an organisation as well as the individual surgeons, and benchmark against other similar organisations.
- We have hand gel dispensers on every patient bed and at the entrances to all clinical departments. Our reception team actively encourage visitors and patients for admission/clinic to use the gel prior to entering the clinical area.
- The Hospital Infection Control Committee meets regularly and reports to the Clinical Governance Committee as well as the corporate IPC Committee.
- All staff take their responsibility for preventing infection seriously.

As shown in the graphs below, the number of reported infections has continued to decrease both in absolute numbers, and per 100 discharges. However, we are not complacent. We continue to require all staff to attend annual infection prevention and control training with additional training in aseptic technique for clinical staff. If an infection is diagnosed, we complete a root-cause analysis to identify opportunities for practice improvement.



### 3.2.2 Cleanliness and hospital hygiene

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

PLACE assessments usually occur annually at Duchy, 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. Results are consistently high. The 2022 PLACE Assessment results, compared to the national average are shown in the table below .

	Cleanliness	Food & Hydration	Organisational Food	Ward Food	Privacy, Dignity and Wellbeing	Condition Appearance and Maintenance	Dementia	Disability
<b>National Average 2022</b>	98.00%	90.23%		90.23%	86.08%	95.79%	80.60%	82.49%
<b>Duchy 2022</b>	99.44%	98.41%	97.04%	100.00%	96.15%	98.89%	95.70%	94.59%

### 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.

#### Activities during 2022/23

All incidents are recorded on our electronic reporting system 'RiskMan' and analysed by our Clinical Governance and Risk and Safety committees to identify areas for action.

Staff continue to receive training in risk assessment, Moving and Handling, and Fire and Security. Regular 6 monthly fire drills are conducted, and we have moved to quarterly out of hours drills to ensure out of hours' teams are confident with process.

All COSHH assessments assessed within the software 'Chemedox.' Heads of Department have received refresher training in the system.

We have a local risk register for each department, accessible to all staff. Each risk is assessed, and control measures are in place. Where an issue rates as high risk (>8) this is monitored at both Senior Leadership Team (SLT) meetings, and corporate level to ensure it is being effectively managed. Local SLT review the high-level risk register monthly.

The following list of audits/inspections have been conducted at Duchy in the last year.

Audit	Progress against Actions
Legionella	Risk assessment conducted by Clearwater on 04/10/2022. No actions
Fire brigade	05/2022 2 actions – broadly compliant
Fire risk assessment	FRA Conducted by FPA 13/09/2022. 4 items (now complete)
H&S facilities audit	January 2023 97.7%, Rated outstanding. H&S risk management 98.6% Occupational health 100% Facility 98.6% Fire safety 96.6
Asbestos assessment	October 2022 M3 Associates no further action required 2 yearly assessments

### 3.3 Clinical effectiveness

Duchy 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.

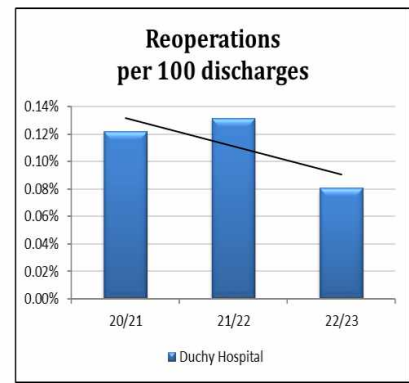
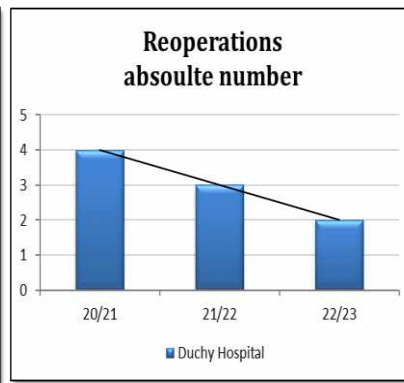
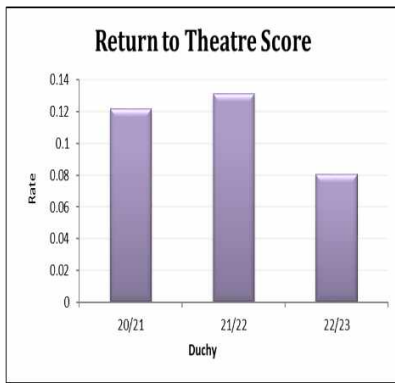
#### 3.3.1 Return to theatre

Many 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.

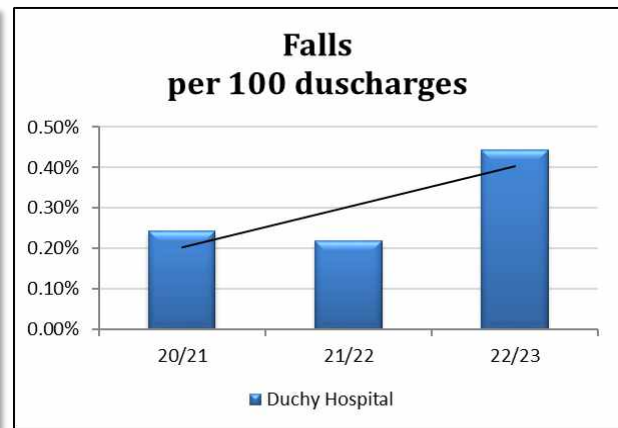
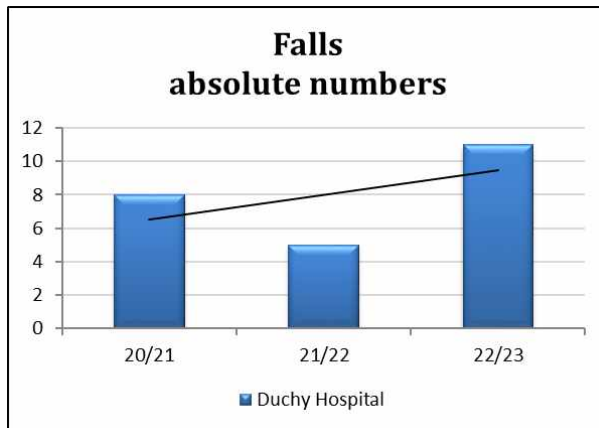
Every surgical intervention carries a risk of complication so some incidence of returns to theatre is normal. The value of the measurement is to detect trends that emerge in relation to a specific operation or specific surgical team. Ramsay’s rate of return is exceptionally low consistent with our track record of successful clinical outcomes.

As can be seen in the graphs below, our returns to theatre rate have reduced over the last year. We believe this is due to increased robustness of our systems and processes, and the introduction of local multi-disciplinary team case review prior to admission where the patient has complex needs or co-morbidities. All returns to theatre are reviewed, and individual consultant return to theatre rates considered. No trends or practice concerns have been identified.





## Falls



Absolute numbers of falls have increased slightly, as has the rate per 100 discharges but it should be noted, this classification also includes faints. Majority of our patients are having hip or knee joint replacements and falls, and unsteady-ness occur as part of their post-operative rehabilitation. Very few if any of the fall's result in harm. We have undertaken a full analysis of the falls over the last years and, other than lower limb joint replacement, we did not identify any trends or common themes.

### 3.3.2 Learning from Deaths

There has been 1 death involving a patient referred for treatment at Duchy in this reporting period.

The CQC were notified, and a comprehensive review was undertaken of the care they received.

The cause of death has not yet been determined by His majesty's Coroner, but Duchy has not identified any adverse act or omission in the care provided to the patient.

### 3.3.3 Staff Who Speak up.

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

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

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

The Safety C.O.D.E. (which stands for Check, Option, Demand, Elevate) is a toolkit which consists of these four escalation steps for an employee to take if they feel something is unsafe. Sponsored by the Executive Board, the hospital Senior Leadership Team oversee the roll out and integration of the programme and training across all our Hospitals within Ramsay. The programme is employee led, with staff delivering the training to their colleagues, supporting the process for adoption of the Safety C.O.D.E through peer to peer communication. Training compliance for staff and consultants is monitored corporately; the company benchmark is 85%.

Since the programme was introduced serious incidents, transfers out and near misses related to patient safety have fallen; and lessons learnt are discussed more freely and shared across the organisation weekly. The programme is part of an ongoing transformational process to be embedded into our workplace and reinforces a culture of safety and transparency for our teams to operate within, and our patients to feel confident in. The tools the Safety C.O.D.E. use not

only provide a framework for process, but they open a space of psychological safety where employees feel confident to speak up to more senior colleagues without fear of retribution.

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

### **3.4 Patient experience**

All feedback from patients regarding their experiences with Ramsay Health Care is welcomed, giving direct insight into what is working well, and not so well, and acting on the feedback has enabled us to improve the patient experience and quality of care significantly.

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

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

Patient experiences are gathered 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 numerous ways via:

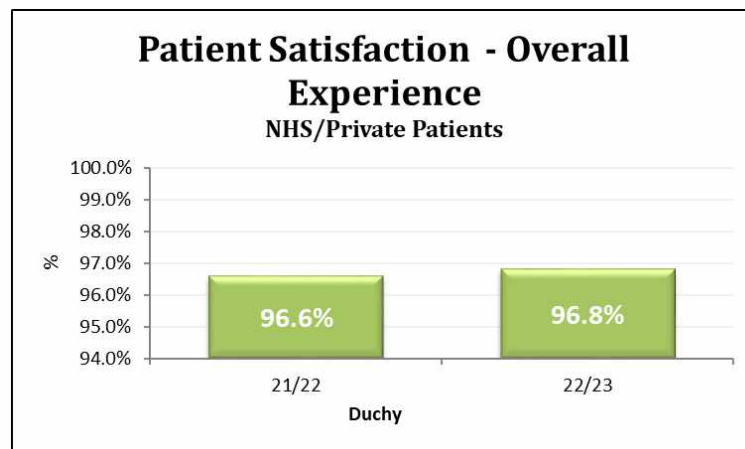
- Continuous patient satisfaction feedback via a web-based invitation
- Friends and family questions asked on patient discharge.
- Verbal feedback to Ramsay staff - including Consultants, Heads of Clinical Services / Hospital Directors whilst visiting patients and Provider/CQC visit feedback.
- Written feedback via letters/emails
- Patient focus groups
- PROMs surveys
- Care pathways – patients are encouraged to read and participate in their plan of care.

### 3.4.1 Patient Satisfaction Surveys

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 to the Hospital Director so that a response can be made to the patient as soon as possible.

As can be seen in the graph below, our Patient Satisfaction rate has increased a tiny bit over the last year. We will continue our focus on providing all patients with the best possible experience when using our services.



Appendix 1 - Services covered by this quality account.

Regulated Activities – Duchy Hospital

	Services Provided	Peoples Needs Met for:
Treatment of Disease, Disorder Or injury	Physiotherapy, Cardiology, Endocrinology, General medicine, Haematology, Oncology, Neurology, Psychiatry, Psychotherapy, Speech therapy, Sports medicine, Urology, Genito-urinary medicine, Medicine management, Clinical neurology, physiology, Diabetology, Occupational therapy, Dermatology, Ophthalmology, Gynaecology, gastroenterology, Cosmetics, ear nose and throat, orthopaedic, medicine, rheumatology, weight loss management.	All adults 18 years and over
Surgical Procedures	Cosmetic, Bariatrics, Dermatological, Ear, Nose and Throat (ENT), Gastrointestinal, Colorectal, Breast surgery, General surgery, Gynaecological, Ophthalmic, Maxillofacial / oral, Orthopaedic, Urological, Neurological, Ambulatory, and Inpatient Surgery. Breast surgery	<ul style="list-style-type: none"> <li>• All adults excluding:</li> <li>• Patients with complex blood disorders (haemophilia, sickle cell, thalassaemia)</li> <li>• Pregnant women</li> <li>• Patients on renal haemodialysis</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.,</li> </ul>

		<p>from kitchen to bathroom or dyspnoea at rest)</p> <ul style="list-style-type: none"> <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</li> <li>• 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.</li> </ul>
Diagnostic and screening	Cardio physiology, GI physiology, Imaging services, Phlebotomy, Urinary Screening and Specimen collection	All adults
Family Planning Services	Gynaecology patient pathway, insertion, and removal of inter uterine devices for medical as well as contraception purposes	All adults

## Appendix 2 – Clinical Audit Programme 2021/22.

Findings from the baseline audits will determine the hospital local audit programme to be developed for the remainder of the year.

### Clinical Audit Programme

The Clinical Audit programme for Ramsay Health Care UK runs from July to the following June each year, 2020 saw the migration of audit activity from the traditional Excel programme to an ‘app’ based programme initially called Perfect Ward. In 2022, Perfect Ward rebranded to “Tendable.”

Staff access the app through iOS devices and ease of use has much improved. Tailoring of individual audits is an ongoing process and improved reporting of audit activity has been of immediate benefit.

### Local audit programme

Audit	Department Allocation / Ownership (may be delegated)	Frequency (Subject to review)
Hand Hygiene Technique (Assurance)	Ward, Theatres, Radiology, Physio, Outpatients, Ambulatory Care, Pharmacy	July, October, January, April
Hand Hygiene observation (5 moments)	Ward, Theatres, Radiology, Physio, Outpatients, Ambulatory Care	Monthly
Surgical Site Infection (One Together)	Theatres (IPC)	October, April
IPC Governance and Assurance	IPC	July, January
IPC Environmental infrastructure	IPC	August, February
IPC Management of Linen	Ward	August <i>February (as required)</i>
Sharps	IPC	August, December, April
High Risk PPE (when using)	IPC	<i>August, February (as required)</i>
Standard PPE	IPC	July, October, January, April
Cleaning (49 Steps)	Ward, Theatres, Radiology, Physio, Outpatients, Ambulatory Care	Monthly



Peripheral Venous Cannula Care Bundle	Ward, Theatres, Ambulatory Care	July to September
Urinary Catheterisation Bundle	Ward, Theatres	July to September
Isolation	IPC	October
Patient Journey: Safe Transfer of the Patient	Ward	July/August, January/February
Patient Journey: Intraoperative Observation	Theatres	August/September, February/March
Patient Journey: Recovery Observation	Theatres	September/October, March/April
NatSSIPs LSO	Theatres, Outpatients, Radiology	July/August, January/February
NatSSIPs Safety Brief	Theatres, Outpatients, Radiology	August/September, February/March
NatSSIPs Sign In, Time Out & Sign Out	Theatres, Outpatients, Radiology	September/October, March/April
NatSSIPs Site Marking	Theatres, Outpatients, Radiology	October/November, April/May
NatSSIPs Stop Before You Block	Theatres	November/December, May/June
NatSSIPs Prosthesis	Theatres	December/January, June/July (23)
NatSSIPs IOLs	Theatres	July January/February
NatSSIPs Swab Count	Theatres	July/August, February/March
NatSSIPs Instruments	Theatres, Outpatients, Radiology	August/September, March/April
NatSSIPs Histology	Theatres, Outpatients, Radiology	September/October, April/May
Blood Transfusion Compliance	Blood Transfusion	July/September
Blood Transfusion – Autologous	Blood Transfusion	July/September – <i>As required</i>
Blood Transfusion - Cold Chain	Blood Transfusion	As required
Walkabout	SLT / HoCS	As required
Staff Questions	SLT / HoCS	As required
Complaints	SLT	November
Duty of Candour	SLT	January
Practicing Privileges - Consultants	HoCS	July, January
Observation Audits - Physio	Physio	July/August <i>January/February (as required)</i>
Observation Audits - Ward	Ward	August/September <i>March/April (as required)</i>

Observation Audits - OPD	Outpatients	July/August <i>January/February (as required)</i>
Privacy & Dignity	Ward	May/June, November/December
Medical Records	Physio, Theatres, Ward, Outpatients/Pre-Op Assess, Radiology	July/September January/March (as required)
Medical Records - Cosmetic Surgery	Outpatients	July/September January/March (as required)
Medical Records - Bariatric Services	Bariatric Services	July/September January/March (as required)
Medical Records - NEWS2	Ward	October, February, June
Medical Records - VTE	Ward	July, November, March
Medical Records - Patient Consent	HoCS	March September
Medical Records – MDT Compliance	HoCS	December
MRI Reporting for BUPA	Radiology	July, November, March
CT Reporting for BUPA	Radiology	August, December, April
No Report Required	Radiology	August, February
CT Last Menstrual Period	Radiology	July, October, January, April
Safe & Secure	Pharmacy	August, February
Prescribing	Pharmacy	September, March
Medicines Reconciliation	Pharmacy	September, March
Controlled Drugs	Pharmacy	September, December, March, June
Governance - Pharmacy	Pharmacy	July
Operational (Ward)	Ward, Theatres, Physio, Outpatients, Radiology	October to December
Operational - Safeguarding	SLT / HoCS	July
Decontamination - Sterile Services	Decontamination (Corporate)	June
Decontamination - Endoscopy	Decontamination (Corporate)	June

Appendix 3 – Consultants and staff data

104 Consultants were approved to work from Duchy as of 31<sup>st</sup> March 2023

Title	Initial	Surname	Specialty	Title	Initial	Surname	Specialty
Dr	M	Abubakr	Cardiologist	Mr	J W	Faux	General Surgeon
Dr	K	Alaib	Anaesthetist	Mrs	M	Feldman	Colorectal Surgeon
Mr	A	Al-Shawi	Orthopaedic Surgeon	Mr	I	Finlay	General Surgeon
Mr	P	Arumugam	General Surgeon	Mr	A	Fitton	Plastic Surgeon
Dr	O	Asghar	Cardiologist	Mr	T	Germon	Neurosurgeon
Dr	S	Banks	Anaesthetist	Dr	J	Graterol	Anaesthetist
Dr	Z	Baricevic	Cardiologist	Dr	C	Green	Anaesthetist
Mr	G	Bartlett	Orthopaedic Surgeon	Mr	P	Haggis	Orthopaedic Surgeon
Dr	T	Bean	Radiologist	Dr	R	Hartley	Anaesthetist
Dr	J	Bebb	Gastroenterologist	Mr	R	Hawken	Orthopaedic Surgeon
Dr	J	Beckly	Gastroenterologist	Mr	R	Hawkins	Orthopaedic Surgeon
Dr	J	Berry	Anaesthetist	Dr	N	Hollings	Radiologist
Mr	C	Blake	Urologist	Mr	M	Hotston	Urologist
Dr	D	Browne	Endocrinologist	Dr	T	Jenkinson	Rheumatologist
Mr	H	Budd	Spinal Surgeon	Dr	W	Jewell	Anaesthetist
Dr	D	Burckett-St. Laurent	Anaesthetist	Dr	R T	Johnston	Cardiologist
Mr	M	Butler	Orthopaedic Surgeon	Mr	D	Jones	Ophthalmologist
Dr	D	Cain	Anaesthetist	Dr	K	Kandasamy	Cardiologist
Dr	P	Chaggar	Cardiologist	Mr	R	Kincaid	Orthopaedic Surgeon
Mr	M	Clarke	General Surgeon	Mr	S	Kumaravel	Ophthalmologist
Dr	S	Coates	Clinical Neurophysiologist	Mrs	A	Lambert	ENT Surgeon
Dr	S	Devadathan	Cardiologist	Dr	R	Langford	Anaesthetist
Dr	A	Dhanasekaran	Cardiologist	Mr	A	Lee	Orthopaedic Surgeon
Mr	M	Divekar	Orthopaedic Surgeon	Miss	F	Lone	Gynaecologist
Mr	S	Dixon	Orthopaedic Surgeon	Dr	N	Marshall	Anaesthetist
Dr	A	Downs	Dermatologist	Mr	J	Matthews	Orthopaedic Surgeon
Prof	P	Drew	Oncoplastic Breast Surgeon	Dr	R	Mawer	Anaesthetist
Mrs	R	Dunlop	Plastic Surgeon	Mr	D	May	General Surgeon
Mr	C	Dunlop	Anaesthetist	Mr	P	McGannity	Dentist (Implant)
Dr	A	Edwards	Radiologist	Dr	R	Morse	Radiologist
Dr	R	Ellis	Oncologist	Mr	N	Munro	Urologist
Dr	W	English	Anaesthetist	Dr	T	Nelson	Dermatologist
Dr	S	Evans	Cardiologist	Mr	M	Norton	Orthopaedic Surgeon
Dr	K D	Farmer	Radiologist	Dr	M	Opie-Moran	Clinical Psychologist

Title	Initial	Surname	Specialty	Title	Initial	Surname	Specialty
Mr	A	Patwardhan	Ophthalmologist	Mr	T	Smith-Walker	Gynaecologist
Mr	I	Pengas	Orthopaedic Surgeon	Dr	B	Soar	Respiratory Physician
Mr	P	Peyser	General Surgeon	Dr	M	Spivey	Anaesthetist
Mr	A	Pinto	Facio-maxillary Surgeon	Mr	O	Stokes	Spinal Surgeon
Mr	R	Poulter	Orthopaedic Surgeon	Dr	T	Sulkin	Radiologist
Dr	C	Preedy	Anaesthetist	Dr	D	Swamydass	Cardiologist
Dr	J	Ramtahal	Neurologist	Mr	N	Tan	ENT Surgeon
Dr	N	Rayner	General Practitioner	Dr	R	Taylor	Anaesthetist
Dr	C	Reed-Poysden	Anaesthetist	Dr	D	Tucker	Haematologist
Dr	A	Rogers	Radiologist	Dr	T	Ungvari	Cardiologist
Dr	B	Scrace	Anaesthetist	Dr	R	Van Lingen	Cardiologist
Dr	R	Searle	Anaesthetist	Dr	A	Varvinskiy	Anaesthetist
Mr	S	Sexton	Orthopaedic Surgeon	Dr	P	Waterhouse	Anaesthetist
Dr	D	Shetty	Radiologist	Mr	W	Westlake	Ophthalmologist
Dr	D J	Sim	Anaesthetist	Mr	D	Williams	Orthopaedic Surgeon
Dr	A	Simaitis	Cardiologist	Mr	R	Windhaber	Vascular Surgeon
Dr	C	Smith	Anaesthetist	Mr	K	Woodburn	Vascular Surgeon

Our total employed staff complement as of 31<sup>st</sup> March 2023 is 267 and is made up of:

Physio & Occupational Therapists	26	Porters	3
Nurses/ ODP's	91	Admin Staff	65
HCA's	23	Hotel Services	24
Radiographers	5	TSSU	5
Catering	9	Maintenance	3
Supplies	3	Cardiac Physiologists	4
Pharmacy	1	Anaesthetist	1
Exec	4		

## Appendix 4 - 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
NVC04	Code for Duchy 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

# Duchy 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.

For further information, please contact:

Duchy Hospital,  
Penventinnie Lane  
Truro TR1 3UP  
Telephone 01872 226100

or

**<https://www.duchyhospital.co.uk/>**