

Duchy Hospital

Quality Account 2024/2025



Public



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

Since its establishment in 1964 in Sydney, Australia, Ramsay Health Care has grown into one of the world's longest established and most respected healthcare providers. We are incredibly proud to be part of this global network, renowned for delivering safe, high-quality, patient-centred care that consistently leads to positive outcomes. In the UK, this legacy of excellence continues to resonate with both our patients and healthcare partners.

Patients choose Ramsay because they trust us to maintain the highest standards of clinical quality and provide exceptional care. This trust is reflected in our consistently high patient feedback scores and achievements, such as JAG accreditation held for all endoscopy services that have been inspected by the Royal College of Physicians Joint Advisory Group (JAG). Furthermore, 97% of our hospitals have been rated as 'Good' by the Care Quality Commission, with several recent inspections reaffirming our commitment to quality.

We are particularly proud of the Ramsay mobile diagnostic service, which has been awarded the prestigious Quality Standard for Imaging (QSI) Quality Mark. Developed by The Royal College of Radiologists (RCR) and The College of Radiographers (CoR), this mark sets national quality criteria for imaging services and encourages continuous improvement. We are honoured to be the first mobile service to receive this recognition, with our assessment highlighting excellence in MRI safety, IR(ME)R procedures, and equipment management.

Earlier this year, we launched our updated Social Impact Report, in partnership with The Purpose Coalition. This report highlights the significant strides we've made in driving positive change within the communities we serve. We remain focused on our Purpose Goals, including Positive Destinations Post-16+, Fair Career Progression, Good Health and Wellbeing, and Building Sustainable Communities. A key addition this year is our new goal, 'Working in Partnership,' which highlights our ongoing collaboration with the NHS. With waiting lists at record levels, Ramsay UK is proud to play a crucial role in supporting the NHS, reducing waiting times, and addressing health inequalities across the country.

At Ramsay, we believe that clinical excellence is a shared responsibility. Our organisational culture ensures that the patient is at the centre of everything we do. We recognise that our people—our colleagues and doctors—are key to our success, and teamwork is the foundation of meeting the high expectations of our patients.

I am incredibly proud of Ramsay Health Care's longstanding reputation for delivering safe, quality care. It is with great pleasure that we share our results with you and look forward to continuing to make a positive impact.



Nick Costa,
Chief Executive Officer, Ramsay Health Care UK

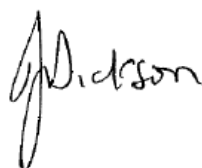
Statement from Jo Dickson, Chief Clinical and Quality Officer, Ramsay Health Care UK

At Ramsay Health Care, patient safety and quality of care are our top priorities. As Chief Clinical and Quality Officer and Chief Nurse, I am immensely proud of the dedication and passion shown by our clinical teams, whose commitment to delivering compassionate, evidence-based care ensures that patients always come first.

Across our 34 hospitals, mobile diagnostic fleet, 3 decontamination hubs, and 2 corporate offices, I am continually inspired by the outstanding care provided by both our clinical and operational teams. The saying, "The whole is greater than the sum of its parts," truly resonates at Ramsay UK. Our teams deliver exceptional service that reflects our values of "People Caring for People," as evidenced by our impressive patient feedback, including a group NPS rating of 88 and a 95.9% Friends and Family rating. Each team member's individual contribution is vital, and we remain committed to recognising, supporting, and championing their efforts.

Our ability to provide first class healthcare services is supported by continuous investment in our facilities, equipment, and colleagues. We encourage leadership, professional and personal development and support innovation in our clinical processes and pathways. Additionally, our ongoing digital advancements are enhancing the delivery and management of patient services. With an exciting roadmap which further integrates and develops our digital systems, we are committed to empowering patients and improving their healthcare journey with Ramsay UK.

I look forward to continuing this journey and building on our commitment to delivering high-quality healthcare, with sustained investment and a focus on innovation.

A handwritten signature in black ink, appearing to read 'Jo Dickson', with a stylized, cursive script.

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

I am proud to present Duchy Hospital's Quality Account which outlines our performance against the quality priorities set for 2024/25 and introduces our objectives for the coming year, 2025/26. This report also provides an overview of our key performance indicators and assurance statements.

At the heart of all we do is our unwavering commitment to delivering the safest and highest quality care to our patients. At Duchy Hospital, we value every individual and are driven by a culture of excellence and strong leadership.

We continue to work collaboratively with our system partners to ensure services are efficient, accessible, and responsive to need - helping to reduce system-wide waiting lists. We adopt a holistic approach to quality, prioritising patient safety, privacy, confidentiality, and equity of care, ensuring that patients most in need are seen first and all are treated fairly.

Our digital end-to-end pathway has advanced further this year. Our integrated digital platform ensures seamless, secure access to patient records, enabling clinical teams to coordinate care efficiently and deliver better outcomes. This has directly contributed to enhanced continuity and quality of care.

Supporting Our People

High-quality care depends on a well-supported workforce. Throughout the year, we have strengthened our staff wellbeing services, enhanced internal support networks, and celebrated meaningful milestones. We are proud of Ramsay's Disability Confident Committed Level 1 accreditation and the launch of our Wellbeing PR initiative, which addresses vital topics such as menopause and mental health.

We believe in creating a positive feedback loop - where staff who feel valued, supported, and empowered are best placed to deliver exceptional care. Initiatives to improve recruitment, retention, and reduce agency usage have yielded strong results, with more staff joining Duchy in 2024/25 and a notable reduction in vacancies. These efforts will continue, both locally and through our wider Ramsay Health Care network.

The Ramsay Academy continues to drive professional development and learning, ensuring our team is well-equipped to grow and deliver outstanding care. This year's staff survey reflected our progress, with:

- 84% staff engagement – 12% above the national average
- 87% wellbeing satisfaction – 14% above the national average

We aim to build on this with further initiatives planned for the year ahead. We remain focused on creating a culture of openness, safety, and belonging. Our "Speak Up for Safety" programme,

alongside strong workforce leadership, continues to give staff the confidence and tools to raise concerns and contribute to continuous improvement.

Sustainability and Innovation

Ramsay Health Care UK is exploring the use of hydrogenated vegetable oil (HVO) as a cleaner, renewable alternative to diesel in backup generators. Sourced from waste oils and animal fats, HVO can reduce greenhouse gas emissions by up to 90%, supporting our commitment to environmental responsibility.

Catering Excellence

The Ramsay Chef of the Year initiative celebrates the skills of our Catering teams, who create nutritious, culturally relevant menus that reflect local communities and promote the health and well-being of our patients.

Service Improvement

In partnership with the Getting It Right First Time (GIRFT) programme, hosted by the Royal National Orthopaedic Hospital, we have reviewed our Orthopaedic Services to identify best practices and enhance patient outcomes.

Our Values

Our values, known as “The Ramsay Way”, are deeply embedded in our hospital’s culture and guide the care we provide. These principles underpin everything we do:

- We are caring, progressive, and positively driven to succeed
- We take pride in our achievements and embrace innovation
- We value integrity, credibility, and respect for the individual
- We build constructive relationships to deliver positive outcomes
- We recognise the value of people and teams
- We grow sustainably to earn stakeholder trust and loyalty

Our approach is centred on genuine conversations, truly knowing our patients, and living our values in every interaction.

Achievements in 2024/25

Despite a challenging landscape, we are proud of the progress made. Highlights from the year include:

- Gold-level NJR Data Quality Award
- ANTT Bronze Accreditation
- Retained JAG Accreditation
- Customer Service Excellence Awards: 1 Silver, 5 Bronze
- Brand-new, purpose-built imaging centre, including a cutting-edge static MRI scanner, designed to deliver faster, more comfortable, and clinically advanced imaging.
- New, state-of-the-art Cardiac Catheter Laboratory (Cath Lab), following a £1.4 million investment equipped with the latest diagnostic imaging and interventional technology,

enabling faster, more accurate diagnosis and treatment of heart conditions such as coronary artery disease and heart failure.

These achievements reflect our ongoing focus on continuous improvement and excellence.

Quality Priorities for 2025/26

Our quality improvement plans for the year ahead include:

- Enhanced Day Case Hip & Knee Pathway: with prehabilitation and post-op rehabilitation support
- Pilot Pharmacist Prescribing: for pre-admission clinics and TTOs
- Strengthening Clinical Education & Apprenticeships, including medical training and Stoma Care nursing
- Launch of a Dedicated Spinal Service
- ANTT silver accreditation

We look forward to working alongside the Cornwall and Isles of Scilly Planned Care and Cancer Steering Group to improve integrated planned care for our community, across both NHS and private pathways.

Looking Ahead

We remain committed to a robust Quality Improvement Programme, driven by evidence, compassion, and collaboration. Our patients remain at the centre of every decision we make.

As we move into 2025/26, we are confident that with the dedication of our exceptional team, the strength of our partnerships, and our commitment to innovation, we will continue to meet challenges and raise standards.

I would like to express my sincere thanks to our senior leadership team, our staff, our consultants, our service users, and our wider partners. Your professionalism, flexibility, and commitment have been vital as we navigated the challenges of 2024/25—including service transformations and changes to staffing structures.

Together, we have achieved much—and together, we will continue to build on this progress in the year ahead.



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

Health Watch Cornwall

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, MRI and mobile CT scanning. We work closely with the RCHT which provides our blood transfusion and some pathology services.

As of the 31st of March 2025, 100 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 2025 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 in-patient 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 2024 to 31st March 2025, 6,024 patients received treatment here as day cases or inpatients of which 2,964 were NHS patients (46%). Of that overall total, 4,187 (69%) were treated as day cases.

Our Business Relations Manager 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 are directed to the most suitable service, offering as much choice as possible.

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 (CIOSSQG), Commissioning Policies and EBI Steering Group, and Cardiology Oversight Group (COG); and Cornwall System Patient Safety Group, working with the healthcare system to deliver safe, 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. We also provide placements for students of Truro and Penwith College who are undertaking apprenticeships in various roles including Registered Nurse, Operating Department Practitioner, Chef and Business administration.- We also provide work experience placements for students from various local senior schools and colleges.

Duchy Hospital staff have participated in numerous fundraising events throughout the year to raise funds for charities including Macmillan, Children's Hospice SW, Christmas Jumper Day, (Alzheimer's), and Diabetes UK. Approximately £5,000 has been raised for these causes.

PART 2

2.1 Quality priorities

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 2024/25 (looking back)

In last year's Quality Account, we set out our priorities for the coming year. The key priorities we set ourselves and how we achieved against them are set out below:

Patient Safety

- Embed PSIRF; improve learning from investigations & implement system/process change to minimise recurrence of incidents.

Patient Safety Incident Response Framework (PSIRF) is a framework followed by all healthcare providers in England to identify and respond to patient safety incidents. Since the introduction of PSIRF during 2023, we have given all staff education in the principles and detailed training to those key staff who will be involved in the investigation of such incidents. We have made good progress and have used the new tools and techniques for several investigations to date. Over the coming year we will embed the approach and focus on how we can improve the learning from the investigations to minimise the recurrence of similar incidents in the future.

We have utilised the PSIRF approach to learn from incidents and events, and to share learning across the hospital. We believe this approach is now well embedded in our practice.

- Clinical recruitment and staff development: apprenticeships, shared values & philosophy
What makes Duchy stand apart from others is our emphasis on shared values and the Ramsay philosophy of 'people caring for people.' During 2024 we will ensure that this is a

focus within the selection process for clinical staff by introducing a values-based questions into interviews and personal development reviews. We will also continue our support of those wishing to gain clinical qualifications through apprenticeships, and other internal and external education and training.

We have made high quality appointments across our clinical departments and their knowledge and experience have contributed to our achievements during the year. We have supported more than 8 apprentices, one of whom was one of three nominated in the Truro and Penwith College apprenticeship awards, gaining highly commended.

Clinical Effectiveness

- Focus on improving practice to avoid negative outlier status in clinical quality data pack
- Benchmark clinical outcomes (including outside RHCUK) and learn from high achievers
- ANTT Bronze accreditation

We have monitored our outlier status and have made significant improvements in our position. The most recent data shows favourable position when compared to other hospitals within the Ramsay Health Care UK group. We have compared our practice to centres of excellence for orthopaedics particularly and amended our practice accordingly. Duchy has now gained Bronze level accreditation for Aseptic, Non-touch Technique (ANTT) a key element of infection prevention practice.

Patient Experience

- Improve response rates to post-operative PROMS responses through patient education
- Improve the buildings and facilities through addition of facilities as noted in last year's account and good maintenance of our estate

Whilst there is still room for improvement, we have seen improvements in response rates to PROMS surveys. Where patients record a lower outcome we review their pathway and organise further consultant review, and care where indicated

The construction of the Clinical Imaging extension which has provided a second x-ray room, static MRI, additional minor ops theatre in Outpatient department is now complete and in use, as is the additional parking created by the project. Our fully refitted cardiac cath. Lab is also operational. In addition we have replaced several significant pieces of engineering plant including theatre air handling units. Modernisation and enhancements of more of our patient rooms is underway. We have also replaced many items of clinical and patient equipment including patient trolleys, ENT microscope and cell salvage machines.

2.1.2 Clinical Priorities for 2025/26 (looking forward)

During 2025/2026, 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

- Enhanced Day Case Hip & Knee Pathway: with prehabilitation and post-op rehabilitation support
- Pilot Pharmacist Prescribing: for pre-admission clinics and TTOs

Clinical Effectiveness

- ANTT silver accreditation
- Further work with GIRFT to ensure orthopaedic services are effective and efficient
- Maintain our focus on preventing infection

Patient Experience

- Continue to ensure our environment is well maintained and clean
- Improve access/reduce waiting times for Clinical Imaging investigations, particularly those involving MRI

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 2024/25, Duchy Hospital provided 3 NHS service lines, Cardiology, General Surgery and Trauma & Orthopaedics.

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 2024/25, the indicators on the scorecard which affect patient safety and quality were:

HUMAN RESOURCES	
Staff Cost % Net Revenue	28.6%
HCA Hours as % of Total Nursing	24%
Agency Cost as % of Total Staff Cost	1.9%
Ward Hours per patient day (HPD)	6.02 hrs/patient
Lost time	25.5%
Appraisal	82.2%
Mandatory Training	85%
Staff Satisfaction Score	84%
Number of Significant Staff Injuries	zero
PATIENT	
Formal Complaints per 1000 HPD's	0.32
Patient Satisfaction Score	97.1%
Significant Clinical Events per 1000 Admissions	0.83
Readmission per 1000 Admissions	0.83

2.2.2 Participation in clinical audit

During 1 April 2024 to 31 March 2025, 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 2024 to 31 March 2025, are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

Name of audit / Clinical Outcome Review Programme	% Cases submitted
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 229 local clinical audits, conducted 1st April 2024 to 31st March 2025 with an average score of 93%, 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 – we have seen significant improvement in our housekeeping audits because of a concerted focus on improvement. We have put additional housekeeping hours into departments indicated by audit, and significant upgrade and refurbishment has taken place across the hospital. As a result, the audit scores in these areas have increased significantly. However, we continue to focus on maintaining the exceptionally high standards we strive for.

VTE Risk Management – we are using the VTE audits to ensure good risk management of VTE risk and associated documentation.

Nutrition and Hydration – we continue to focus on nutrition and hydration, specifically the recording and management of their fluid balance. Part of this is the introduction of 'sip 'til send'. We are using audit to ensure that a patient's fluid balanced is accurately recorded in theatre and through to the end of their recovery.

2.2.3 Participation in Research

No patients were recruited to participate in research approved by a research ethics committee during 2024/25.

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

Duchy Hospital's income from 1 April 2024 to 31 March 2025 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 pandemic and have not been reinstated.

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 31st March 2025 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.

Outpatients

% NHS Numbers submitted	100.00%
% GP Practice codes submitted	100%

Admitted Patient Care

% NHS Numbers submitted	99.85%
% GP Practice codes submitted	100%

Accident and emergency care is 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

Ramsay Health Care DSPT IG Requirement 505 Attainment Levels as of May 2024

Hospital Site	NHS Admitted Care Sample 50 Episodes of Care	Primary Diagnosis % Correct	Secondary Diagnosis % Correct	Primary Procedure % Correct	Secondary Procedure % Correct	DSPTK Attainment Level
Duchy	Completed Nov 2023	98%	98%	98%	99%	Level 3

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 by the Audit Commission during 2024/25. A number of internal Ramsay audits were performed in this time, and no issues were found.

2.2.7 Stakeholders views on 2024/25 Quality Account

NHS Cornwall and Isles of Scilly

Thank you for sharing your 2024/2025 Quality Account. We welcome the opportunity to review and respond. As commissioners, we have taken reasonable steps to review the accuracy of data provided within this Quality Account and consider that it contains accurate information in relation to the services provided and fairly reflects the information shared with the Commissioner over the 2024/25 period.

We would like to acknowledge and thank all staff working across Duchy Hospital who have delivered effective care during this period. We appreciate the ongoing commitment to improve patient experience and drive to deliver continuous quality improvement to the services offered. The ICB would particularly like to acknowledge the positive work that has been undertaken in 2024/25. These include meeting the priorities on:

Priority 1 – Patient Safety

The ICB notes the work undertaken to embed the Patient Safety Incident Response Framework (PSIRF) approach and the focus on improving learning and minimising recurrence of future

similar incidents. It is positive that this is now embedded, and learning is being shared across the hospital. We note the work undertaken regarding clinical recruitment and staff development that has led to a reduction in vacancies across clinical departments. We acknowledge the appointment of eight apprentices and congratulate on the success of nominations at the Truro and Penwith College apprenticeship awards.

Priority 2 - Clinical Effectiveness

The ICB congratulates you for the work undertaken to achieve this priority, particularly gaining bronze level accreditation for Aseptic, Non-touch Technique (ANTT). It is noted that improvements have been made in the outlier status when compared to other hospitals within the Ramsay Health Care UK group. We acknowledge the focus on benchmarking orthopaedic practice to centres of excellence and the subsequent amendments made to clinical practice.

Priority 3 - Patient Experience

We note the improvement work completed on buildings and facilities to ensure the good maintenance of the hospital estate. The successful completion of the purpose-built imaging centre and the new state-of-the-art cardiac catheter lab is a significant achievement. These facilities serve to improve the patient experience in terms of efficiency, comfort and excellence. We acknowledge the improvements in response rates to patient reported outcome measures (PROMS). We note this is an area that will continue to be improved, and we look forward to receiving future updates.

The ICB acknowledges the planned priorities for 2025/26. These are clearly aligned to the three domains of patient safety, clinical effectiveness and patient experience. The ICB welcomes and fully supports these quality priorities as appropriate areas to target for continuous evidence-based quality improvement, which link well with the commissioning priorities. The ICB can confirm that to the best of their ability the information provided within the Annual Quality Account is an accurate and fair reflection of the hospitals' performance for 2025/26. It is clearly presented in the format required and contains information that accurately represents the hospitals' quality profile and is reflective of quality activity and aspirations across the organisation for the forthcoming year. The commissioners look forward to continuing to work in partnership with Duchy Hospital to assure and continually make improvements to the quality of services commissioned in 2025/26 for our people living in Cornwall and the Isles of Scilly.

Healthwatch Cornwall Statement for Duchy Hospital Quality Account 2024/25

Healthwatch Cornwall is the independent voice for people using health and care services across the county. We are pleased to contribute to Duchy Hospital's Quality Account and to acknowledge the significant progress made over the past year.

We have heard a growing number of positive patient experiences shared with us, highlighting the compassionate, professional, and responsive care being delivered at Duchy. These improvements are clearly the result of dedicated leadership, a skilled and valued workforce, and an openness to listening and learning from feedback.

We particularly welcome the hospital's ongoing focus on innovation, whether through investment in advanced diagnostic and cardiac services, or the continued development of digital care pathways that support safer, more connected experiences for patients. It is also encouraging to see a strong commitment to staff wellbeing and development, recognising that a supported workforce is key to delivering high-quality care.

Looking ahead, we note with interest the hospital's quality priorities for 2025/26. Developments such as enhanced rehabilitation pathways, the launch of a dedicated spinal service, and increased opportunities for clinical education reflect a clear ambition to improve outcomes and experience. As ever, there is always room for improvement, and we will continue to monitor patient feedback closely to ensure progress is sustained and inclusive of all voices.

We value Duchy Hospital's openness to collaboration and constructive challenge, and we remain committed to supporting this positive working relationship. Our shared aim is to ensure health and care services across Cornwall are responsive, equitable, and shaped by the people who use them.

Cornwall Council Health and Adult Social Care Overview and Scrutiny Committee

Submitted on behalf of the committee by the Committee Senior Responsible Officer, Strategic Director Care and Wellbeing

I welcome the opportunity to review the Quality account for the Duchy Hospital. It is good to see that the Duchy is maintaining its commitment to good quality care to our residents and that this was recognised by the recent CQC visit. The Committee looks forward to working with the Duchy over the next 4 years of the Council administration.

PART 3

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

Statements of quality delivery

Debby Blease, Head of Clinical Services

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

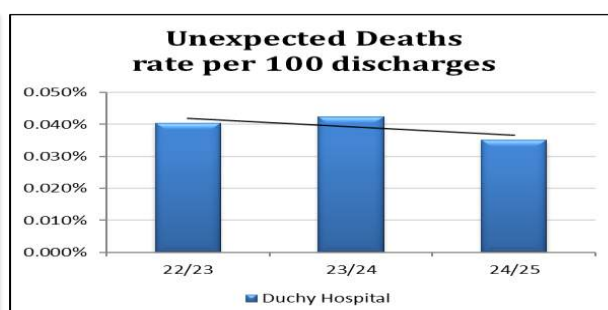
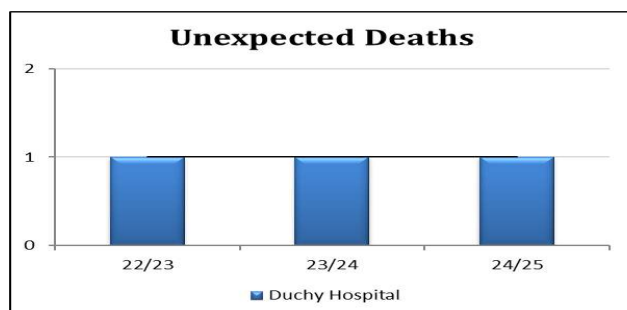
Mortality:	Period	Best		Worst		Average		Period	Duchy	
	Dec21 - Nov22	R1K02	0.2456	RHCH	2.1583	Average	1.0965	22/23	NVC04	0.0004
	Nov22 - Oct23	RQM	0.7215	RXP	1.2065	Average	1.0021	23/24	NVC04	0.0004
	Nov23 - Oct24	RQM	0.6967	RXR	1.2985	Average	1.0036	24/25	NVC04	0.0004

SHMI Figures are not available for Independent Sector Hospitals so data from our incident reporting system, 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	Apr20 - Mar 21	NV302	25.7015	NVC20	17.335	Eng	22.9812	Apr20 - Mar 21	NVC04	23.989
	Apr21 - Mar 22	NT333	26.0042	NVC20	7.31011	Eng	22.8474	Apr21 - Mar 22	NVC04	22.691
	Apr22 - Mar 23	NT402	25.4426	NVC04	14.9221	Eng	22.4505	Apr21 - Mar 23	NVC04	20.565

Requirement is for ADJ. Health Gain Oxford Hip Score - Primary Hip Publication has been paused for 22/23 Oxford Hip Score - Primary Hip there is an issue with the published data for 4 hip ePROM pilot sites (Clifton Park, Duchy, Pinehill, Yorkshire Clinic). NHS England have been contacted to amend this. Ramsay sites have been amended and NHS figures are as is.

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:	Period	Best		Worst		Average		Period	Duchy	
Knees	Apr20 - Mar 21	NVC23	20.2502	RXP	11.9159	Eng	16.8858	Apr20 - Mar 21	NVC04	*
	Apr21 - Mar 22	RCF	20.6336	NT209	14.2667	Eng	17.6247	Apr21 - Mar 22	NVC04	*
	Apr22 - Mar 23	RWJ	20.8622	RJ1	13.1198	Eng	17.4879	Apr22 - Mar 23	NVC04	17.846

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

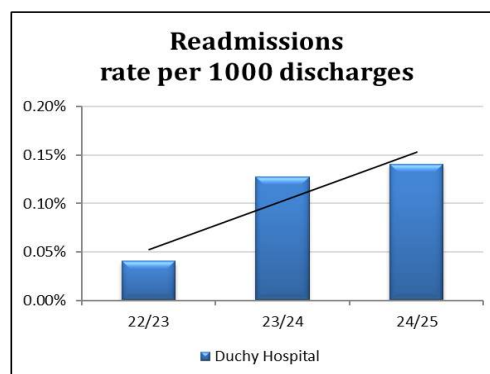
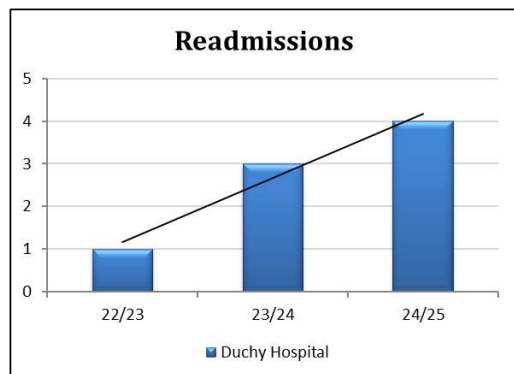
Duchy Hospital intends to take the following actions to further improve this:

- 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

Readmissions:	Period	Best		Worst		Average		Period	Duchy	
	19/20	N/A	N/A	N/A	N/A	Eng	13.7	22/23	NVC04	0.00040
	20/21	N/A	N/A	N/A	N/A	Eng	15.5	23/24	NVC04	0.00127
	23/24	N/A	N/A	N/A	N/A	Eng	14.2	24/25	NVC04	0.00141

Data no longer reported. There is no data published after 19/20 Publication Date: 17 Mar 2022



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

- During 2024/25 a new surgical procedure was introduced and the first cohort of patients did experience issues post discharge and required readmission
- There is low tolerance of healing issues particularly in orthopaedics and a low threshold for readmission

Duchy Hospital has taken the following actions to improve this:

- Review of surgical technique and pathway for the new procedure and changes made. This has already resulted in a dramatic fall in the number of readmissions after this procedure.

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%
	Q3 24/25	Several	100%	RCB	13.7%	Eng	90.3%	Q3 24/25	NVC04	99.1%

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

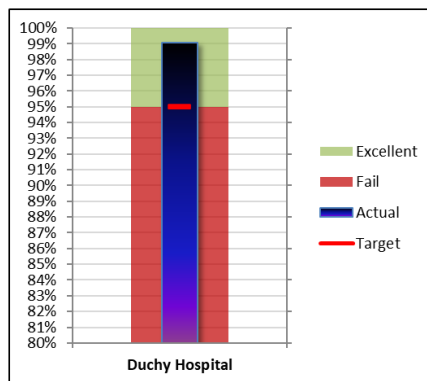
VTE risk assessment 2024/25 has been reinstated and is ongoing until further notice.

Duchy Hospital considers:

- Staff understand the importance of VTE Risk Assessment, and no patient attends the operating theatre without an appropriate VTE risk Assessment
- The data is drawn from the Electronic Patient Record (EPR) 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	2022/23	NVC04	0.000
	2021/22	Several	0	RPY	54.0	Eng	16.0	2023/24	NVC04	0.000
	2023/24	Several	0	RPY	56.6	Eng	18.8	2024/25	NVC04	0.000

Benchmarking Data as published up to 2021/22 as at 14/04/23 No data published since 21/22 Data updated: 26 September 2024. Added annual data for the financial year April 2023 to March 2024

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

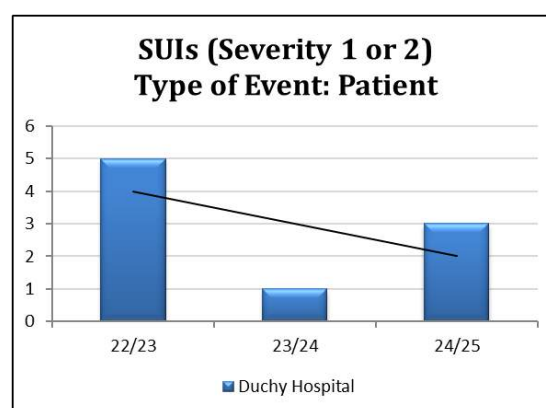
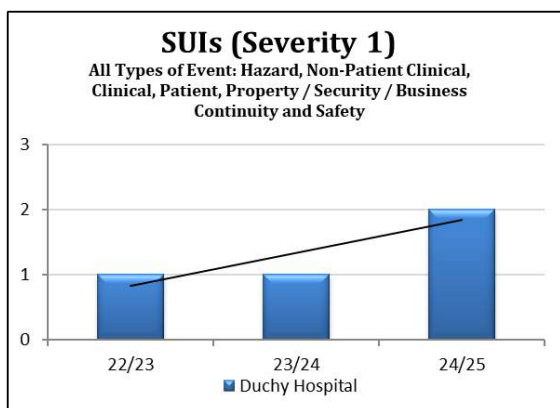
- Our careful pre assessment processes and Infection Control processes within the hospital mean that we have not had any cases of C-Diff.
- There is low use of antimicrobials, and any prescribing is in line with national best practice and the CCG Formulary

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

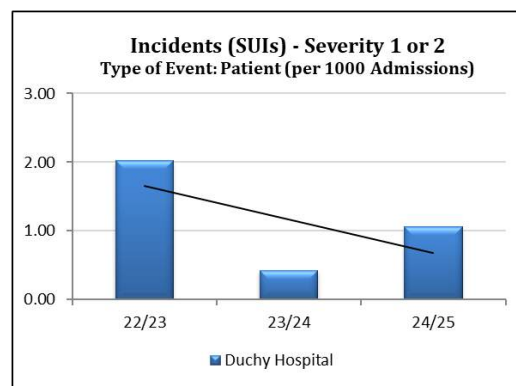
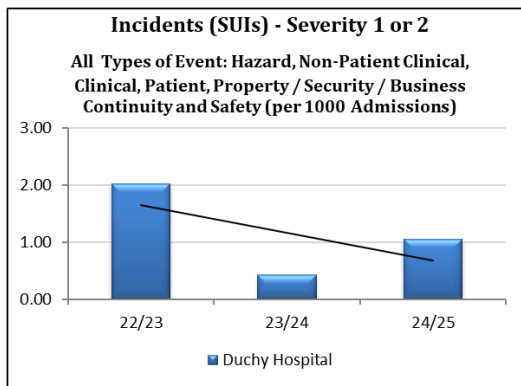
- To continue to provide staff, patients and visitors with education and information about good infection prevention and control practice
- Continue as an active participant in local and national infection control forums.

Patient Safety Incidents with Harm

In absolute numbers



Per 1000 admissions



The two L1 incidents concern deaths post discharge and were not found to be related to treatment or omission here.

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
- Continue with our work to embed the PSIRF approach to investigations and learning from those events to reduce the likelihood of recurrence.

Friends and Family Test

F&F Test:	Best						Duchy		
	Period	Best	100%	Worst	56.0%	Average	Period	Duchy	100.0%
	Feb-23	Severall	100%	RAL	56.0%	Eng	Feb-23	NVC04	100.0%
	Jan-24	Severall	100%	RTK	74.0%	Eng	Jan-24	NVC04	100.0%
	Jan-25	Severall	100%	RL4	71.0%	Eng	Jan-25	NVC04	100.0%

Percentage Positive
Percentage Positive

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 responsive to users' needs.

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

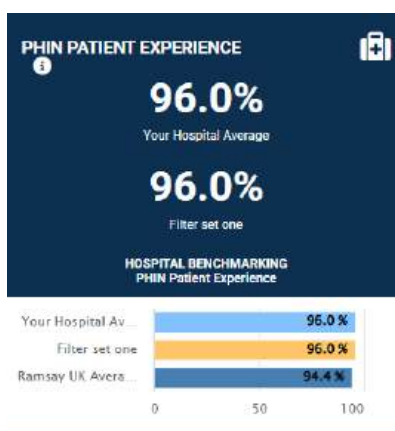
- Continue to deliver high standards of service and care.

- Continue to encourage patient feedback to improve the service that we offer and remain responsive to their needs.

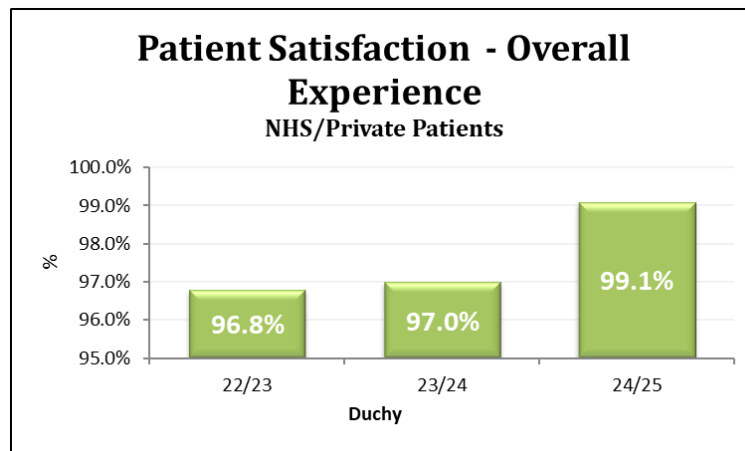
PHIN Experience score

Rolling 12-month result on 31st March 2025

Duchy are proud to report PHIN Patient Experience results higher than the Ramsay Health Care UK average.



	Score	National Average
PHIN Patient Experience	9.6 (2,231)	9.4 (73,390)
PHIN: Privacy	9.9 (2,114)	9.8 (69,188)
PHIN: Worries And Fears	9.1 (1,495)	8.8 (48,544)
PHIN: Respect And Dignity	9.8 (2,230)	9.8 (73,382)
PHIN: Involved In Decisions	9.7 (2,231)	9.4 (73,377)
PHIN: Side Effects	9.2 (1,913)	8.9 (63,352)
PHIN: Who To Contact	9.8 (2,138)	9.7 (70,411)



Duchy are proud to have significantly improved overall patient experience with no serious complaints during the year .

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 13 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.

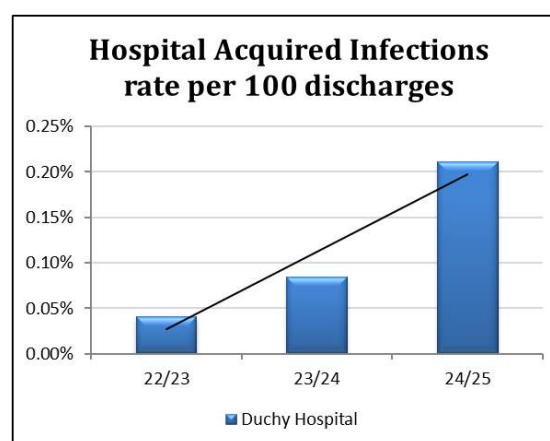
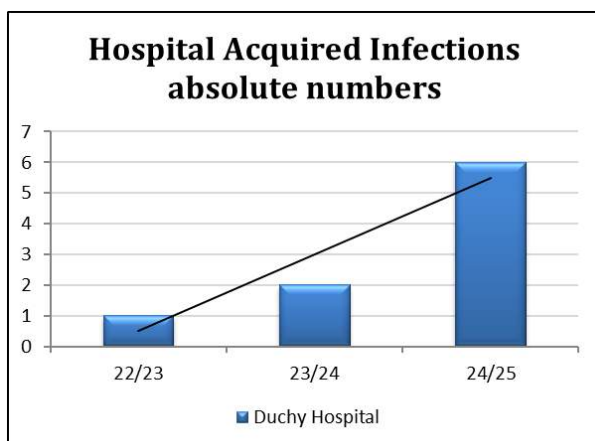
Infection Prevention and Control Leadership is very active within our hospital. An annual strategy is developed by a corporate level Infection Prevention and Control (IPC) Committee and group policy is revised and re-deployed every two years. Our IPC programmes are designed to bring about improvements in performance and in practice year on year, and we are proud to announce we have gained Bronze level ANTT and expect to achieve silver during the current calendar year.

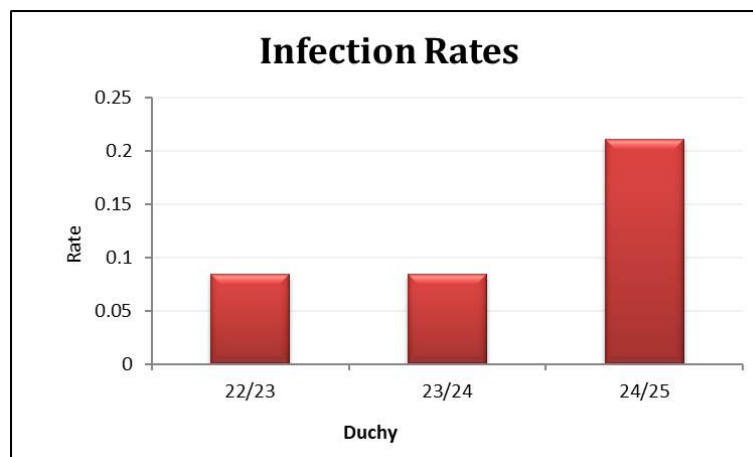
A network of specialist nurses and infection control link nurses operate across the Ramsay organisation to support good networking and clinical practice.

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). All staff are required to attend annual infection prevention and control training with additional training in aseptic technique for clinical staff.
- 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, Quality Improvement Lead, 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, at the entrances to all clinical departments and located in other areas (clinical and non-clinical) around the hospital. 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 increased a little both in absolute numbers, and per 100 discharges. Root cause analysis and systematic review have been used to investigate each infection, and to compare the circumstances of each to identify any common areas requiring improved practice and/or patient factors; non have been identified. Infections rates have now fallen back.





Duchy experienced a small spike in infections in the early part of 2024. All were fully investigated, practice reviewed, and discussions held with the corporate IPC Team and consultants. No pattern or non-compliance was found and the spike resolved without change in practice. Since then infections rates have returned to the historically low rates.

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 2024 PLACE Assessment results, compared to the national average are shown in the table below.

	Cleanliness	Food & Hydration/ combined food	Organisational Food	Ward Food	Privacy, Dignity and Wellbeing	Condition Appearance and Maintenance	Dementia	Disability
National average 2023	8.10%	90.90%	91.20%	91%	87.50%	95.90%	82.50%	84.30%
Duchy 2023	100%	96.14%	93.12%	100%	91.11%	100%	96.30%	96.58%
National average 2024	98.31%	91.32%	92.17%	91.38%	88.22%	96.36%	83.66%	85.20%
Duchy 2024	100.00%	94.69%	92.75%	96.67%	87.23%	98.88%	97.59%	97.01%

the "Combined Food" domain is also known as the "Food and Hydration domain" and Organisation Food and Ward Food are components of the Food domain - the Food score percentages are an overall value calculated from points scored and available from both components.

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 2024/25

All incidents are recorded on our electronic reporting system 'RADAR' 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 utilising RADAR, 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	Actions complete – flexi hoses removed from remaining bedrooms.
Fire brigade	Fire service visit last completed 27/5/22 no outstanding action left over from this next visit booked in for the 14th July.
Fire risk assessment	FRA Conducted by FPA May 25. Awaiting report, no significant concerns at point of audit.
H&S facilities audit	January 2024 97.9%, Rated outstanding. <i>Note this audit has now transferred to our electronic audit platform and an aspect is audited each month</i> H&S risk management 100% Workplace hazards 100% Facility 98.1% Fire safety 96.8
Asbestos assessment	Asbestos survey last completed March 25. There was Asbestos found and removed during some internal works by a contractor in May 25

3.3 Clinical effectiveness

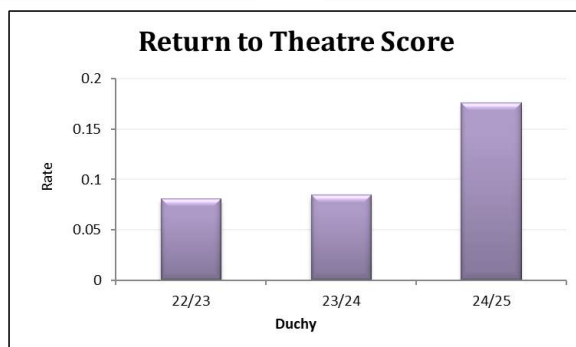
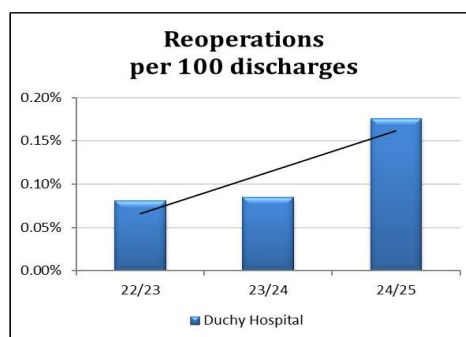
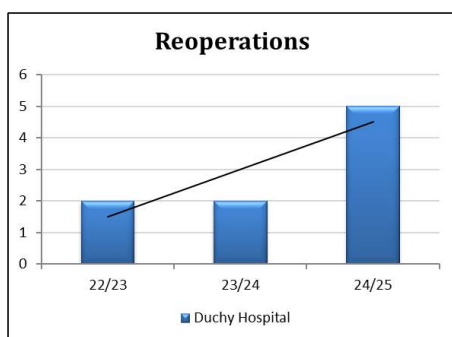
Duchy Hospital has a Clinical Governance team and Committee that meet regularly through the year to monitor quality and effectiveness of care. Clinical incidents, patient and staff feedback are systematically reviewed to determine any trend that requires further analysis or investigation. More importantly, 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

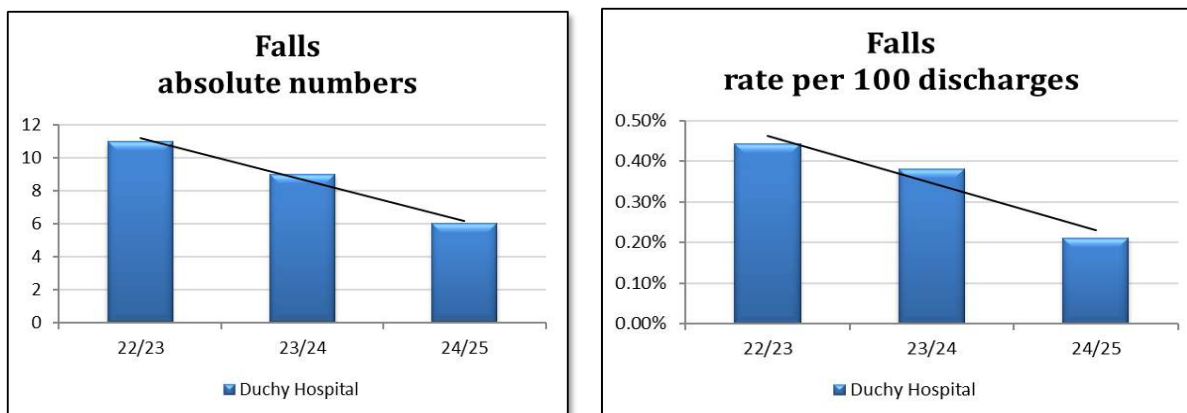
Monitoring numbers of patients that require a return to theatre for supplementary treatment is an important measure.

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.

To avoid returns to theatre and other complications, we have robust systems and processes, including a local multi-disciplinary team to review planned cases prior to admission. All returns to theatre are reviewed, and individual consultant return to theatre rates considered. As can be seen in the graphs below, our returns to theatre rate have increased over the last year and we believe this is linked to the introduction of a new surgical procedure as discussed above under Readmissions; this has been fully discussed and practice/patient pathway revised.



3.3.2 Falls



Absolute numbers of falls and the rate per 100 discharges have fallen since last year. Majority of our patients are having hip or knee joint replacements, and falls and unsteady-ness occur as part of their post-operative rehabilitation. We are very pleased that our focus on reducing falls by careful patient assessment, supervision, and our 'call don't fall' campaigns have had a positive effect on reducing the number of falls .

3.3.3 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 death occurred after discharge home within 30 days of surgery but the cause of death was not considered to be related to treatment at Duchy Hospital.

3.3.4 Staff Who Speak up.

Ramsay Health Care UK is continuing with its Speaking up for Safety Programme and has trained a number of master trainers to ensure that Speaking Up For Safety continues to be a priority within the organisation. The Promoting Professional Accountability (PPA) training will also continue in liaison with Ramsay Australia and the Vanderbilt University in America.

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

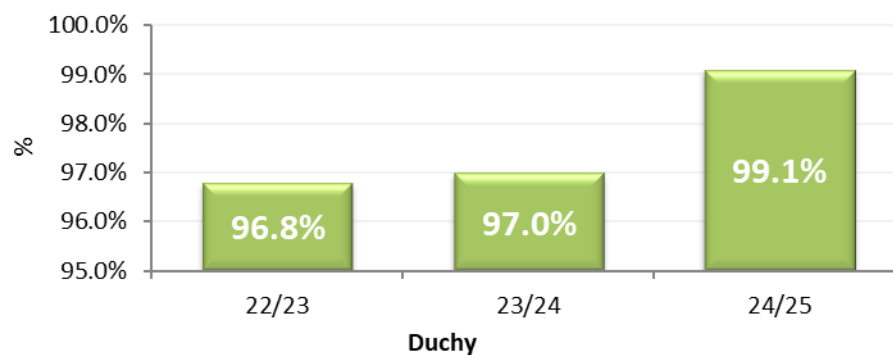
Our patient satisfaction surveys are managed by a third-party company called Cemplicity. This is to ensure our results are managed completely independently of the hospital, so we receive a true reflection of our patient's views.

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 over the last year. We will continue our focus on providing all patients with the best possible experience when using our services.

Patient Satisfaction - Overall Experience

NHS/Private Patients



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	Plastic surgery, 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"> • All adults excluding: • Patients with complex blood disorders (haemophilia, sickle cell, thalassaemia) • Pregnant women • Patients on renal haemodialysis • Patients with history of malignant hyperpyrexia • Planned surgery patients with positive MRSA screen are deferred until negative. • Patients who are likely to need ventilatory support post operatively. • Patients who are above a stable ASA 3. • Any patient who will require planned admission to ITU post-surgery. • Dyspnoea grade 3/4 (marked dyspnoea on mild exertion e.g., from kitchen to bathroom or dyspnoea at rest)

		<ul style="list-style-type: none"> • Poorly controlled asthma (needing oral steroids or has had frequent hospital admissions within last 3 months) • MI in last 6 months • Angina classification 3/4 (limitations on normal activity e.g., 1 flight of stairs or angina at rest) • CVA in last 6 months • 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.
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 2024/25.

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, using an 'app' based programme called "Tendable."

Local audit programme

AUDIT	Frequency
Hand Hygiene observation (5 moments)	Monthly
Surgical Site Infection (One Together)	October, April
IPC Governance and Assurance	July to September
IPC Environmental infrastructure	October to December
IPC Management of Linen	August, February
IPC Aseptic Non-Touch Technique: Standard	As required
IPC Aseptic Non-Touch Technique: Surgical	As required
Sharps	Quarterly
50 Steps Cleaning	Monthly
Peripheral Venous Cannula Care Bundle	August, February
Urinary Catheterisation Bundle	July to September January to March (if required)
Patient Journey: Safe Transfer of the Patient	October to December April to June (if required)
Patient Journey: Intraoperative Observation	July to September January to March
Patient Journey: Recovery Observation	July to August December to January May to June

LSO and 5 Steps Safer Surgery	July to August December to January May to June
NatSSIPs Stop Before You Block	July to August December to January May to June
NatSSIPs Prosthesis	October to December April to June
NatSSIPs Swab Count	October to December April to June
NatSSIPs Instruments	October to December
NatSSIPs Histology	July/September (where applicable)
Blood Transfusion Compliance	As required
Blood Transfusion – Autologous	August/September February/March
Blood Transfusion - Cold Chain	August/September February/March
Complaints	July, October, January, April
Duty of Candour	July, October, January, April
Practising Privileges - Consultants	May/June (as required)
Privacy & Dignity	September / October
Essential Care: Falls Prevention	TBC
Essential Care: Nutrition & Hydration	July, October, January, April
Resuscitation & Emergency Response	July to September January to March
Medical Records - Therapy	July to September January to March
Medical Records - Surgery	July to September January to March
Medical Records - Ward	July to September January to March
Medical Records - Pre-operative Assessment	July to September January to March
Medical Records - Radiology	July to September January to March
Medical Records - Cosmetic Surgery	July to September January to March
Medical Records - NEWS2	October to December April to June
Medical Records - VTE	July to September January to March

Medical Records - Patient Consent	July, January
Medical Records - MDT Compliance	July, November, March
MRI Reporting for BUPA	August, February
CT Reporting for BUPA	January, July
No Report Required	July, October, January, April
Bariatric Services	September
Antimicrobial Stewardship & Prescribing	October to December April to June
Safe & Secure	July to September January to March
Prescribing, Supply & Administration'	September, December, March, June
Medicines Reconciliation	October, April
Controlled Drugs	January to March
Pain Management	January to March
Medicines Governance	September/October
Departmental Governance	December
Safeguarding	As required
Decontamination - Sterile Services (Corporate)	May
Decontamination - Endoscopy	November to January
OH: Occupational Health Delivery On-site	November to January

Appendix 3 – Consultants and staff data

100 Consultants were approved to work from Duchy as of 31st March 2025

Title	Initial	Surname	Specialty	Title	Initial	Surname	Specialty
Dr	M	Abubakr	Cardiologist	Mr	T	Germon	Neurosurgeon
Mr	A	Al-Shawi	Orthopaedic Surgeon	Dr	J	Graterol	Anaesthetist
Mr	P	Arumugam	General Surgeon	Dr	C	Green	Anaesthetist
Dr	S	Banks	Anaesthetist	Mr	D	Griffith	General Surgeon
Dr	Z	Baricevic	Cardiologist	Mr	P	Haggis	Orthopaedic Surgeon
Mr	G	Bartlett	Orthopaedic Surgeon	Mr	R	Hawken	Orthopaedic Surgeon
Dr	T	Bean	Radiologist	Mr	R	Hawkins	Orthopaedic Surgeon
Dr	J	Bebb	Gastroenterologist	Dr	N	Hollings	Radiologist
Dr	J	Beckly	Gastroenterologist	Mr	M	Hotston	Urologist
Dr	J	Berry	Anaesthetist	Dr	R	Hunt	Anaesthetist
Mr	C	Blake	Urologist	Dr	T	Jenkinson	Rheumatologist
Mr	J	Blythe	Facio-maxillary Surgeon	Dr	W	Jewell	Anaesthetist
Dr	D	Browne	Endocrinologist	Dr	R T	Johnston	Cardiologist
Mr	H	Budd	Spinal Surgeon	Mr	D	Jones	Ophthalmologist
Dr	D	Burckett-St. Laurent	Anaesthetist	Dr	K	Kandasamy	Cardiologist
Mr	M	Butler	Orthopaedic Surgeon	Mr	S	Khan	Spinal Surgeon
Dr	D	Cain	Anaesthetist	Dr	D	Kim	Radiologist
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	Dr	O	Leach	Neurologist
Mr	M	Divekar	Orthopaedic Surgeon	Dr	R	Llewelyn	Radiologist
Dr	A	Downs	Dermatologist	Miss	F	Lone	Gynaecologist
Dr	A	Doyle	Anaesthetist	Prof	E	Loney	Radiologist
Prof	P	Drew	Oncoplastic Breast Surgeon	Dr	N	Marshall	Anaesthetist
Mrs	R	Dunlop	Plastic Surgeon	Mr	J	Matthews	Orthopaedic Surgeon
Dr	R	Ellis	Oncologist	Dr	R	Mawer	Anaesthetist
Dr	W	English	Anaesthetist	Mr	D	May	General Surgeon
Dr	S	Evans	Cardiologist	Mr	N	Munro	Urologist
Dr	K D	Farmer	Radiologist	Dr	T	Nelson	Dermatologist
Mr	J W	Faux	General Surgeon	Mr	M	Norton	Orthopaedic Surgeon
Mrs	M	Feldman	Colorectal Surgeon	Dr	C	O'Dwyer	Radiologist
Mr	I	Finlay	General Surgeon	Dr	M	Opie-Moran	Clinical Psychologist
Mr	A	Fitton	Plastic Surgeon	Dr	G	Ooues	Cardiologist
Mr	A	Patwardhan	Ophthalmologist	Dr	M	Spivey	Anaesthetist

Title	Initial	Surname	Specialty		Title	Initial	Surname	Specialty
Mr	I	Pengas	Orthopaedic Surgeon		Mr	O	Stokes	Spinal Surgeon
Mr	A	Pinto	Facio-maxillary Surgeon		Dr	D	Swamydass	Cardiologist
Mr	R	Poulter	Orthopaedic Surgeon		Mr	N	Tan	ENT Surgeon
Dr	J	Ramtahal	Neurologist		Dr	R	Taylor	Anaesthetist
Dr	M	Robinson	Haematologist		Dr	D	Tucker	Haematologist
Dr	C	Reed-Poysden	Anaesthetist		Dr	T	Ungvari	Cardiologist
Dr	A	Rogers	Radiologist		Dr	P	Valentine	Anaesthetist
Dr	B	Scrace	Anaesthetist		Dr	R	Van Lingen	Cardiologist
Dr	R	Searle	Anaesthetist		Dr	L	Walker	Cardiologist
Mr	S	Sexton	Orthopaedic Surgeon		Dr	P	Waterhouse	Anaesthetist
Dr	D J	Sim	Anaesthetist		Mr	W	Westlake	Ophthalmologist
Dr	C	Smith	Anaesthetist		Mr	D	Williams	Orthopaedic Surgeon
Mr	T	Smith-Walker	Gynaecologist		Mr	H	Williams	Orthopaedic Surgeon
Dr	B	Soar	Respiratory Physician		Mr	R	Windhaber	Vascular Surgeon

Our total employed staff complement as of 31st March 2025 is 287 and is made up of:

Physio & Occupational Therapists	27	Porters	5
Nurses/ ODP's	99	Admin Staff	64
HCA's	23	Hotel Services	26
Radiographers	7	TSSU	6
Catering	11	Maintenance	3
Supplies	3	Cardiac Physiologists	5
Pharmacy	3	Anaesthetist	2
Exec	3		287

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
EVL	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.ramsayhealth.co.uk/hospitals/duchy-hospital>