

Duchy Hospital

Quality Account 2023/2024



Confidential Patient Information



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


Established in Sydney, Australia in 1964, Ramsay Health Care celebrates its 60th anniversary in 2024. Outside of the NHS, we are one of the longest running healthcare providers in the world. In the UK, we are incredibly proud to be part of a responsible, global healthcare provider widely respected with a strong reputation of delivering, safe, high quality, patient centred care with positive outcomes.

Patients are confident when they come to Ramsay because we are unwavering in our commitment to the highest standards of clinical quality and providing exceptional care. We see this in our patient feedback and independent accreditation awards. All of our endoscopy services inspected by the Royal College of Physicians Joint Advisory Group (JAG) are JAG accredited, we have 97% of our hospitals rated as 'Good' by the Care Quality Commission, and BUPA recognises two of our hospitals providing cancer services as Breast Centres of Excellence.

In 2023, we published our [Social Impact Report](#) in partnership with The Purpose Coalition, a purpose-led organisation focused on bringing together businesses that are breaking down barriers and improving social mobility. The report highlights fantastic examples of Ramsay teams supporting patients in local communities with access to care when they need it through robust partnership working within local health systems. It also showcases our continued support for staff to develop their careers through a range of training and development opportunities, often breaking down social-economic barriers for individuals. With a clear focus on delivering the highest standards of care for patients with outstanding outcomes and a commitment to being a responsible employer and member of our local communities, we acknowledge that the impact we have is both in and outside of our hospital walls.

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. 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, and it gives me great pleasure to share our results with you.



Nick Costa,
Chief Executive Officer
Ramsay Health Care UK

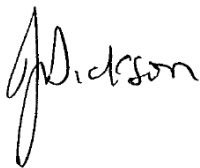
Statement from Jo Dickson, Chief Clinical and Quality Officer, Ramsay Health Care UK

I am incredibly proud of the care and service our teams, both clinical and operational, deliver for patients every single day across our 34 hospitals, mobile diagnostic fleet, three decontamination hubs and two corporate offices. The saying, 'the whole is greater than the sum of its parts,' has two very real meanings in Ramsay UK. The overall service and experience that our teams deliver for our patients continues to deliver on our organisational purpose of People caring for People, evidenced through our fantastic patient feedback scores, which includes our group NPS rating of 87 and 96% Friends and Family rating. However, those teams and colleagues are all providing an outstanding individual contribution which we seek to recognise, support and champion across our organisation.

Our ability to deliver first-class healthcare services in our hospitals is underpinned through an ongoing cycle of investment into our facilities, equipment and staff, alongside an ongoing programme of digital advancements to support the seamless delivery and management of patient services. With an exciting schedule of projects that will increase the use of digital services to improve care over the coming years, we are clear in our commitment to support our patients with greater engagement and autonomy throughout their experience with Ramsay UK.

We are committed to the professional development of all our colleagues and have an ethos of continuous improvement. We celebrate when things go well, and we improve where we can do so. Our patients can expect openness and transparency from all colleagues, and all colleagues have confidence that if they raise a concern or identify a risk then they will be listened to, and appropriate action will be taken.

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



Jo Dickson

Chief Clinical and Quality Officer
Ramsay Health Care UK

Introduction to our Quality Account

This Quality Account is 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 Report which shows how we performed against our priorities during 2023/24 and sets out our priorities for the coming year 2024/25. It also gives an overview of our key performance indicators and assurance statements.

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 have made significant progress in tackling the ongoing impacts of the pandemic including our elective waiting lists, taking a wide view on quality ensuring that privacy and confidentiality is safeguarded, our output is maximised, that those who need treatment first, receive treatment first, and that our service users are treated fairly, relative to others.

We continue to realise the benefits of implementing our digital programme as we further enhance our digital end-to-end pathway solution. The one digital platform and access to patient records is seamless, allowing clinical staff to have access to relevant patient information securely and quickly. This has not only improved coordination of patient care but has also contributed to better and more efficient care for all patients.

It has never been more evident that, to provide excellent care to our patients, we must also provide excellent support to the people who work within our hospital to deliver our aspirations for excellence. During the year we have continued to develop our comprehensive staff wellbeing and support service, launching Care First, a new employee Assistance Programme to ensure our staff receive the help they need to continue to support our patients, in addition to a refreshed Hapi Benefits Portal-helpful benefits and discounts.

A cycle of positivity takes place between our employees and patients. They need to feel cared for and happy themselves, and know that people truly matter to Ramsay, and they need the autonomy and knowledge to prioritise and deliver good customer service and loyalty. Our range of awards also recognise and celebrate those who have gone the extra mile. We have a programme focused on improving recruitment, retention and reducing agency use. The amount of activity around recruitment and the number of new staff appointed was higher in 2023/24 than the previous year and the number of vacancies has reduced. We will continue to work on this locally and also as part of a wider network of hospitals.

We put our people at our cultural core and the expanding Ramsay Academy's commitment to Professional growth enhances staff engagement, satisfaction, and performance, creating the best possible chance of delivering an outstanding service to our patients and their careers.

In our latest staff survey results, our staff scored us 11% (84%) above average for engagement and motivation to meet goals and 13% (86%) above average for wellbeing. We hope to continue to improve and develop in these areas, and have some excellent initiatives planned to launch this year which will truly make a difference to our people.

We want to be a leading organisation when it comes to our staff feeling valued and safe at work, and we also want to proactively create a culture of openness, so our people feel confident to speak up when things may require improvement. Our workforce teams and our Speak up for Safety initiatives continue to lead this endeavour with the full support of the senior leadership team. It is important to us that our people can come into work every day feeling empowered and well enough to do their extraordinary jobs.

Our values

Ramsay values are firmly embedded and permeate throughout our organisation. They outline the standard of care and experience that our patients and members of the public should expect from any of our staff and services.

“The Ramsay Way” culture recognises that people – staff and doctors – are Ramsay Health Care’s most important asset and this has been key to the organisation’s ongoing success.

The principles of The Ramsay Way are:

- We are caring, progressive, enjoy our work and use a positive spirit to succeed
- We take pride in our achievements and actively seek new ways of doing things better
- We value integrity, credibility and respect for the individual
- We build constructive relationships to achieve positive outcomes for all
- We believe that success comes through recognising and encouraging the value of people and teams
- We aim to grow our business while maintaining sustainable levels of profitability, providing a basis for stakeholder loyalty

It's about genuine conversations, deeply knowing our patients and it is evident in everything we do.

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. I am extremely proud of the progress we have made with our 2023/24 quality priorities. Although not all of our ambitions were realised, Duchy has continued to deliver year on year improvements to service delivery and quality of care.

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.

Achievements include:

- Gold-level NJR Data Quality Award
- JAG accreditation retained.
- 1 gold, 4 silver and 2 bronze customer service excellence awards presented to our staff.

Looking forward, our quality priorities for 2023/24 include:

- Embedding PSIRF; improve learning from investigations & implement system/process change to minimise recurrence of incidents
- Focus on improving practice to avoid negative outlier status in clinical quality data pack
- Clinical recruitment and staff development: apprenticeships, shared values & philosophy
- Benchmark clinical outcomes (including outside RHCUK) and learn from high achievers

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.

We remain committed to the delivery of a comprehensive quality improvement programme that will achieve these priorities and improve patient care, patient experience, and Duchy's culture and environment.

With our history of delivering outstanding care, working together with our partners, putting our patients at the centre of our decisions and, above all else, our incredible staff, we are confident we can meet any challenges that come our way and we look forward to the year ahead.

I am 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 meeting and overcoming the challenges of 2023/2024, 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 2024, 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 2024 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 2023 to 31st March 2024, 6,084 patients received treatment here as day cases or inpatients of which 2,622 were NHS patients (43%). Of that overall total, 4,227 (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.

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. Approximately £2,000 has been raised for these causes.

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 2023/24 (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.

The key priorities we set ourselves and how we achieved against them are set out below:

Patient Safety

- PROMS: improvement in response rate and patient engagement.

During the year we have moved from paper-based PROMS reporting to e-Proms. Our response rates to pre-operative surveys is good but post-surgery surveys are sent directly to patients using the email address they have given us for their health record; response rates are still low and fluctuate. We are improving the information we give to patients to ensure they understand the importance of completing their post-surgery survey. Where response are received they are collated into our general patient survey platform and where there is a negative outcome we are alerted so we can investigate.

- Focus on outlier status in clinical performance indicators: complaints, haemorrhage, falls, and VTE, and put in place systems and processes to reduce events where possible.

Staff have worked hard to reduce the number of falls particularly, as well as the other performance indicators and are pleased to report that at the end of March 2024, were not an outlier in any of the Ramsay Health Care UK performance indicators listed above.

Clinical Effectiveness

- Sufficient appropriately qualified and experienced staff: offer clinical apprenticeships and develop existing staff.

As noted above we have had success in our recruitment to clinical vacancies. We have also recruited two Registered Nurse Apprentices and two Operating Department Practitioner Apprentices. We have also seconded two of our existing staff, one to Operating Department Practitioner Apprenticeship and one to convert their Registered Nurse Associate qualification to full Registered Nurse status. Two other existing staff are in the recruitment process to start apprenticeships in 2025.

- Further reduction in average length of stay (AVLOS) for hip and knee replacement
Our average length of stay is around 2.6 days. However this is influenced greatly by the patient's physiological wellbeing (underlying health issues) and since the pandemic many of our patients are frailer and less resilient than before. We also identify people through our Pre-assessment process who may need a planned longer stay such as those with long-term conditions Parkinson's disease. We are happy that length of stay is decreasing but that we also offer a patient centred approach to rehabilitation and safe discharge.
- Achieve bronze accreditation for Aseptic non-touch technique (ANTT)
We have not yet submitted our application for accreditation but aim to so that by the end of the calendar year 2024

Patient Experience

- Complete the refurbishment of inpatient bedrooms/bathrooms.
4 rooms (3 single and 1 four bedded bay) have been completely refurbished including the bathrooms which now have walk-in showers
- Expand the capacity of our outpatient and clinical imaging departments to reduce waiting times for appointments and provide an enhanced environment.

Due to factors outside our control, this work is not yet completed. The capital expenditure is approved and enabling works are underway. We expect the works to be completed by May 2025. This development will provide:

- a dedicated x-ray suite with general x-ray room, MRI scanner, patient changing facilities, office and image reporting accommodation
- an additional outpatient minor procedure room with recovery cubicles
- dedicated patient spaces for our Day Theatre/Endoscopy unit
- Improved Pre- Assessment clinic facilities

2.1.2 Clinical Priorities for 2024/25 (looking forward)

During 2024/2025, 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

- 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.

- 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.

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

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

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 2023/24, 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 2023/24, the indicators on the scorecard which affect patient safety and quality were:

HUMAN RESOURCES	
Staff Cost % Net Revenue	27.2%
HCA Hours as % of Total Nursing	24%
Agency Cost as % of Total Staff Cost	4.5%
Ward Hours per patient day (HPD)	6.00 hrs/patient
Lost time	22.8%
Appraisal	82.2%
Mandatory Training	85%
Staff Satisfaction Score	84%
Number of Significant Staff Injuries	zero
PATIENT	
Formal Complaints per 1000 HPD's	4.37

Patient Satisfaction Score	97.1%
Significant Clinical Events per 1000 Admissions	1.66
Readmission per 1000 Admissions	0.83

2.2.2 Participation in clinical audit

During 1 April 2023 to 31 March 2024, 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 163 local clinical audits, conducted 1st April 2023 to 31st March 2024, 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 as a result of a concerted focus on improvement. We have put additional housekeeping hours into departments indicated by audit, and upgraded the fabrics of the building and equipment. 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.

Falls management – following the introduction of the falls management audit we are using the audit to enable us to ensure patient's risk of falls is managed from their initial Pre-assessment at

Duchy Hospital and the ensuing amendment and managing of future risk should they fall whilst under our care.

Nutrition and Hydration – a current focus for inpatients on their nutrition and hydration, specifically the recording and management of their fluid balance. 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

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 2023 to 31 March 2024 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 2024 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.

<u>Outpatients</u>		<u>Admitted Patient Care</u>	
% NHS Numbers submitted	100.00%	% NHS Numbers submitted	99.85%
% GP Practice codes submitted	100%	% 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
Duchy	Completed Nov 2023	98%	98%	98%	99%

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 2023/24 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

NHS Cornwall and Isles of Scilly integrated care board (CIOSICB)

Thank you for providing NHS Cornwall and Isles of Scilly integrated care board (CIOSICB) with an opportunity to respond to the Duchy Hospitals quality account for the year 2023/24. The CIOSICB have reviewed the report and believe it is a good reflection of the hospitals performance and acknowledges the ongoing high quality of care provided.

We would like to thank our colleagues at Duchy Hospital for their hard work and dedication in working with system partners throughout another year of significant pressure, increased demands, and long waits within the health system. We would like to extend our gratitude and appreciation for your part in ensuring business continuity especially in supporting the elective recovery programme.

Congratulations on your Gold-level NJR Data Quality Award and retention of your JAG accreditation.

We are pleased to see that you have completed the refurbishment of 4 rooms with all having walk in showers and that the outpatient and clinical imaging expansion has started its enabling work. Evidence of a positive patient experience continues to be apparent in your high patient satisfaction metrics.

The move to e-Proms and the work to increase patient post operative engagement will continue to sustain high quality care and it is great to see that you are no longer outliers within Ramsay HealthCare UK performance indicators for complaints, haemorrhage, falls and VTE.

The priorities for 2024/25 build on your achievements and include the embedding of PSIRF and further learning from incidents which can be shared with partners at the countywide patient safety group as well as internally. The plan to continue supporting student placements and providing apprenticeships to develop staff locally along with experienced staff development continues to build on the high quality of care you offer. We hope that your benchmarking of clinical outcomes, learning from high achievers progresses well and that you are successful in your ANTT bronze accreditation. 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.

Quality Accounts – Duchy Hospital – Response by the Cornwall Council, Health and Adult Social Care Overview and Scrutiny Committee

Quality Account from Duchy Hospital

The committee felt this was a full and informative report. It would have been useful however to have a comparison of the last few years performance data for Cornwall and the impact of current pressures on the services in an extensive rural area.

At the time this document was presented there were no results of a CQC visit available No visit having occurred during the reporting period.

The committee found it very reassuring that Learning Disability /Autism protocols had been given a very clear value and steps taken to interact with patients will be valued. The continued use of Makaton is again a very positive move and any attempt to make hospital visits for any patient less stressful must be applauded.

Patient safety audits seem very positive and effective, lessons learnt from issues are used to move both practice and protocols forward.

Infection control guidelines are of a very high standard but needs to take into the overall equation the growing challenge of Anti-Microbial Resistance (AMR). The loss of effective Anti-Microbials will have a significant impact of future care delivery.

The committee found it encouraging to see that patient satisfaction levels have continued to increase. Regarding patient feedback it would have been useful to see a cross section of the actual feedback. It is extremely important that any positive feedback re both the staff and processes is clearly and openly recognised and praise in provided where appropriate to sustain staff morale.

Following in this mode of thinking the 'Speak up for Safety' initiative is encouraging and we are sure welcomed by both Staff and Stakeholders.

The programme of structural and physical improvement to add to service delivery will add to both staff and importantly to patient satisfaction.

Like many areas of both Health and Social Care it is clear that staff recruitment is difficult, however the report does not state how easy it has been to retain staff.

It was pleasing however to see that there is in place a system of continued development for staff which it would be hoped would keep valued and motivated staff keen to stay and be members of the team.

The committee found the reports overall content to be very interesting, in particular the extremely good collaboration that is taking place with the NHS and this should be understood and valued.

PART 3

Review of quality performance 1st April 2023 - 31st March 2024

Statements of quality delivery

Debby Blease, Head of Clinical Services

Ramsay Clinical Governance Framework 2022

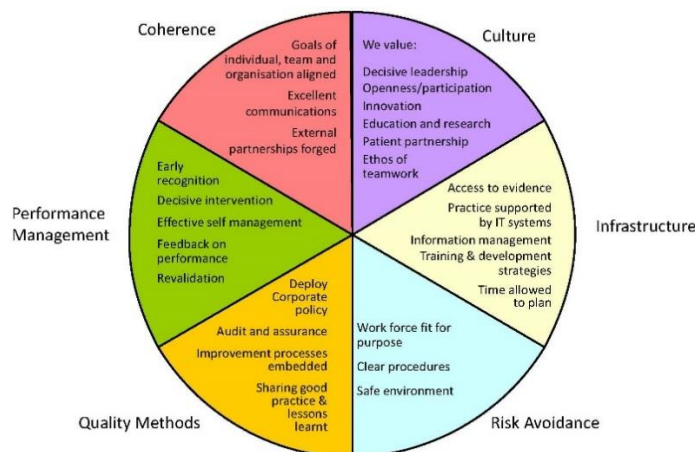
The aim of clinical governance is to ensure that Ramsay develop ways of working which assure that the quality of patient care is central to the business of the organisation.

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	All Sites	
	Apr20 - Mar 21	RRV	0.6908	RM1	1.201	Average	0.0078	21/22	All Sites	0.0001
	Dec21 - Nov22	R1K02	0.2456	RHCH	2.1583	Average	1.0965	22/23	All Sites	0.0001
	Nov22-Oct23	RQM	0.7215	RXP	1.2065	Average	1.0021	23/24	All Sites	0.0001

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: Hips	Period	Best		Worst		Average		Period	Duchy	
	Apr19 - Mar 20	NTPH1	25.5465	NT411	17.059	Eng	22.6867	Apr19 - Mar 20	NVC04	23.099
	Apr20 - Mar 21	NV302	25.7015	NVC20	17.335	Eng	22.9812	Apr20 - Mar 21	NVC04	*
	Apr21 - Mar 22	NT333	26.0042	NVC20	7.31011	Eng	22.8474	Apr21 - Mar 22	NVC04	25.440

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	*
	Apr21 - Mar 22	RCF	20.6336	NT209	14.2667	Eng	17.6247	Apr20 - Mar 21	NVC04	*

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

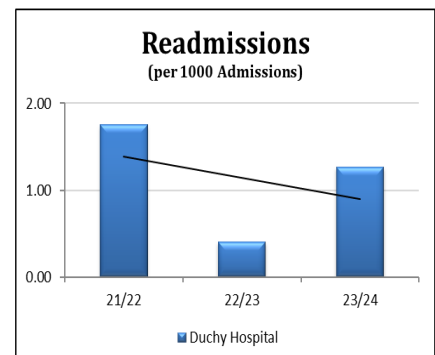
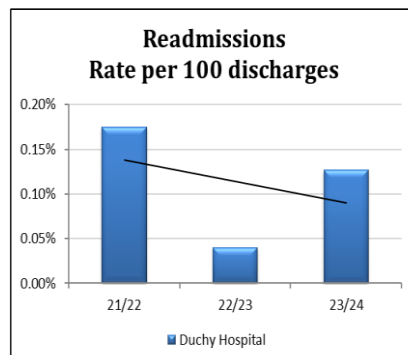
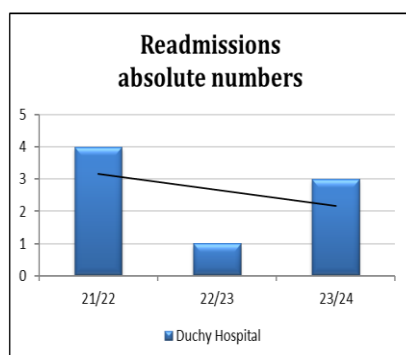
Duchy Hospital considers that this data is as described for the following reasons:

- 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



Readmissions:	Period	Best		Worst		Average		Period	Duchy	
	18/19	N/A	N/A	N/A	N/A	Eng	14.3	21/22	NVC04	0.00175
	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

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

VTE Risk Assessment

VTE Assessment:	Period	Best		Worst		Average		Period	Duchy	
	Q1 to Q4 18/19	Several	100%	NVC0M	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:

- 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	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:

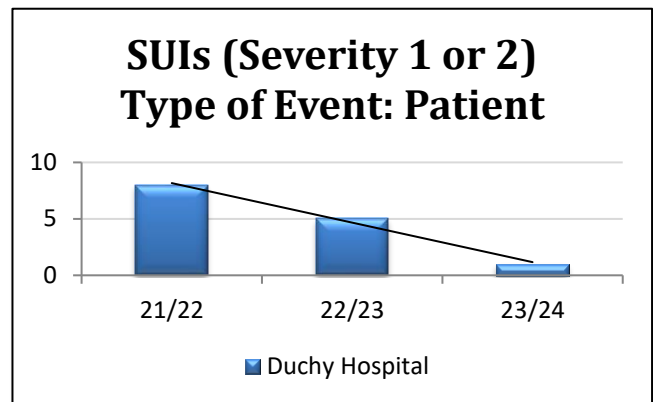
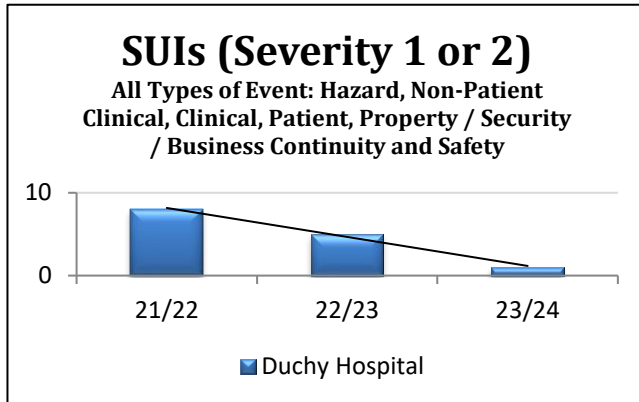
- Our careful pre assessment processes and Infection Control processes within the hospital mean that we have not had any cases of C-Diff.
- There is low use of antimicrobials, and any prescribing is in line with national best practice and the CCG Formulary

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

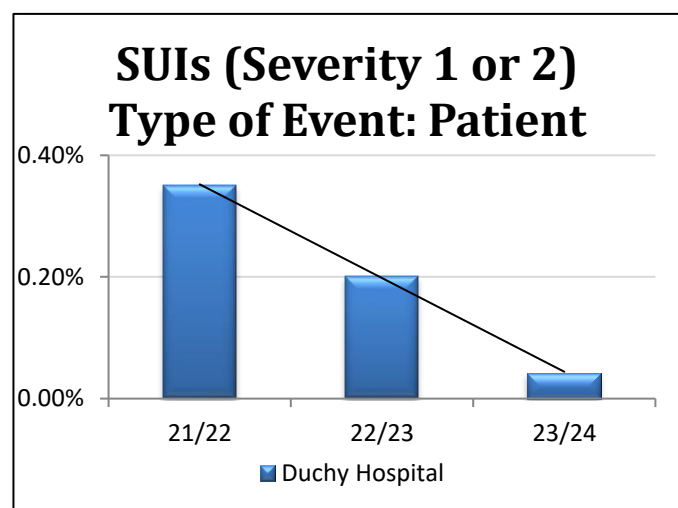
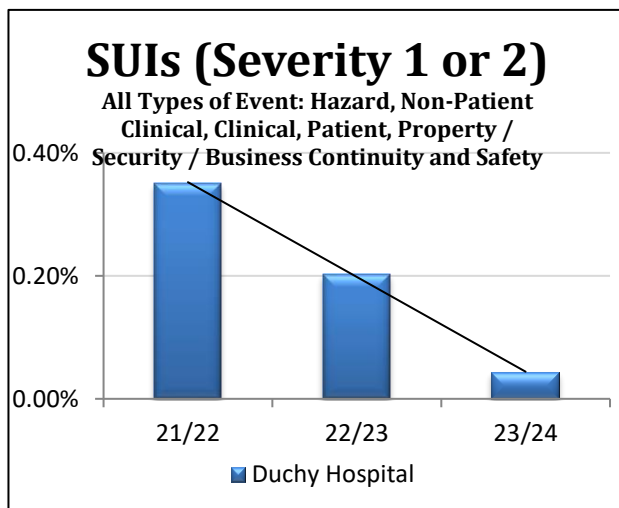
- To continue to provide staff, patients and visitors with education and information about good infection prevention and control practice
- Continue as an active participant in local and national infection control forums.

Patient Safety Incidents with Harm

In absolute numbers



Per 1000 admissions



SUIs: (Severity 1 only)	Period	Best		Worst		Average		Period	Duchy	
	Oct19 - Mar20	Severall	0.00	Severall	0.50	Eng	0.20	2021/22	NVC04	0.002
	2021/22	RAX	0.03	RJR	1.08	Eng	0.30	2022/23	NVC04	0.000
	2022/23	N/A	N/A	N/A	N/A	N/A	N/A	2023/24	NVC04	0.000

No independent sector data, Ramsay data is from RiskMan/Radar (Overall Sev 1/5) Acute Non-Specialist Data from NRLS, England Average based on these sites only. September 2023 update from NHS: We have paused the annual publishing of this data while we consider future publications

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:	Period	Best		Worst		Average		Period	Duchy		Percentage Positive
	Feb-22	Several	100%	RTK	77.0%	Eng	94.0%	Feb-22	NVC04	100.0%	
	Feb-23	Several	100%	RAL	56.0%	Eng	95.0%	Feb-23	NVC04	100.0%	
	Jan-24	Several	100%	RTK	74.0%	Eng	94.0%	Jan-24	NVC04	100.0%	

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

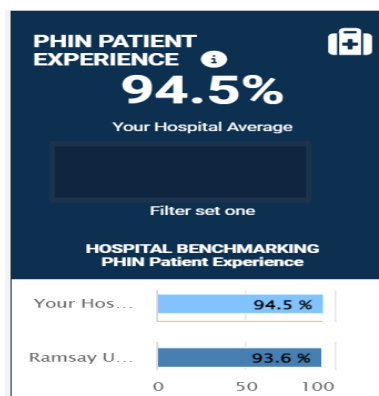
- We actively encourage patients to complete the Friends and Family Test and have systems in place to facilitate them doing so.
- The hospital has an established reputation for high quality care and customer service, and we are responsive to users' needs.

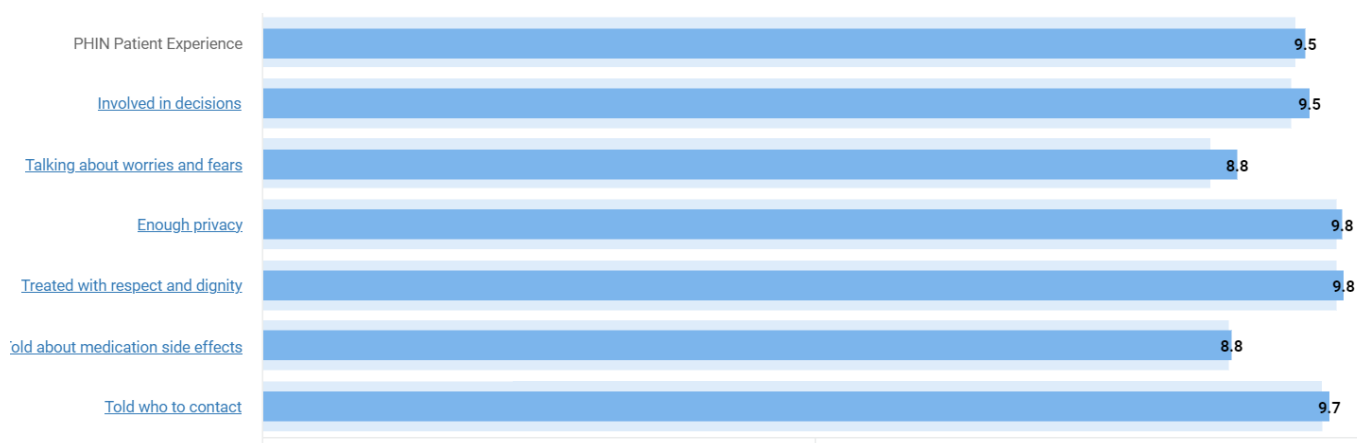
Duchy Hospital intends to take the following actions to maintain this:

- 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 1st April 2023 – 31st March 2024





	Score	Ramsay UK Average
PHIN Patient Experience	9.5 (2,041)	9.4 (60,063)
Involved in decisions	9.5 (2,041)	9.3 (60,061)
Talking about worries and fears	8.8 (1,344)	8.6 (39,608)
Enough privacy	9.8 (2,041)	9.7 (60,061)
Treated with respect and dignity	9.8 (2,041)	9.7 (60,058)
Told about medication side effects	8.8 (1,683)	8.8 (51,619)
Told who to contact	9.7 (1,924)	9.6 (57,419)

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.

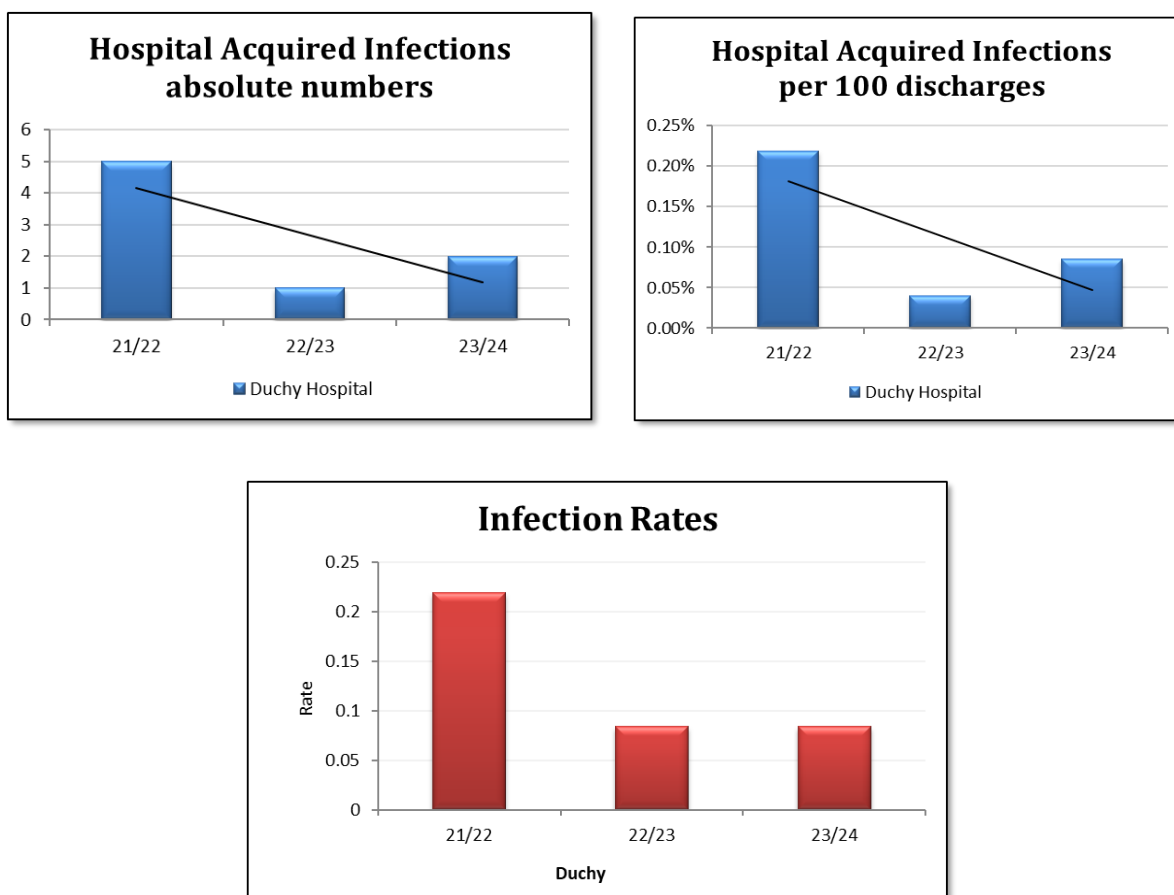
A network of specialist nurses and infection control link nurses operate across the Ramsay organisation to support good networking and clinical practice.

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, 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; none have been identified.

All staff are required to attend annual infection prevention and control training with additional training in aseptic technique for clinical staff.



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 2023 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
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%

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 2023/24

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. Chemedox will be replaced/upgraded to Chemical Manager from 1st May 2024

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	Annual Risk conducted by Clearwater May 24. 2 actions required, and plans have been implemented to achieve them: 1. Calibrate the BMS/sensors on the HWS. Currently the HWS temperatures are being monitored using separate hand-held calibrated thermometers. And all temperatures are correct. 2. To clean tap outlets and maintain / supervise the cleaning of all outlets. And record all cleaning
Fire brigade	05/2022 2 actions – broadly compliant
Fire risk assessment	FRA Conducted by FPA 09/2023. Some compartmentation works in progress
H&S facilities audit	January 2024 97.9%, Rated outstanding. H&S risk management 100%

	Workplace hazards 100% Facility 98.1% Fire safety 96.8
Asbestos assessment	October 2022 M3 Associates no further action required 2 yearly assessments

3.3 Clinical effectiveness

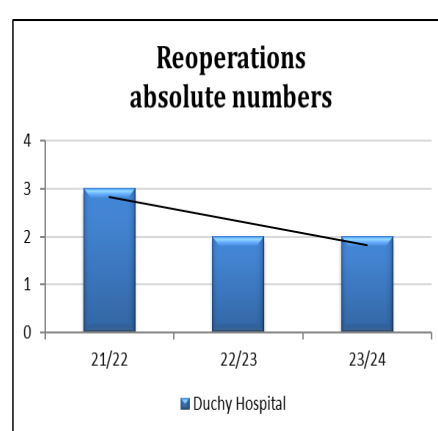
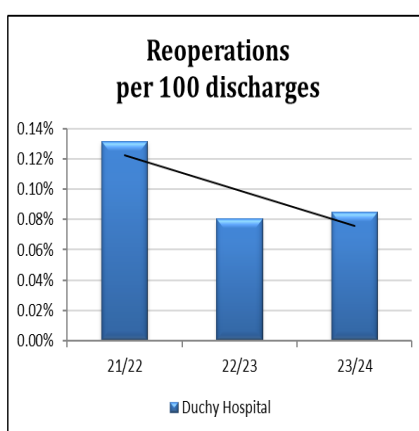
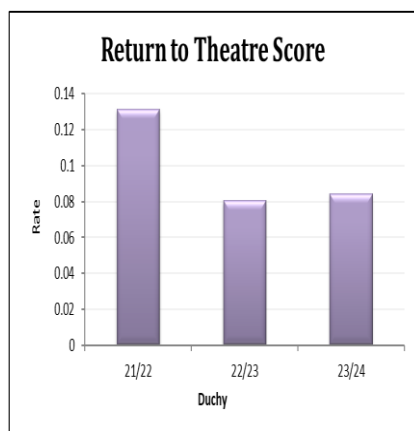
Duchy Hospital has a Clinical Governance team and Committee that meet regularly through the year to monitor quality and effectiveness of care. Clinical incidents, patient and staff feedback are systematically reviewed to determine any trend that requires further analysis or investigation. More importantly,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

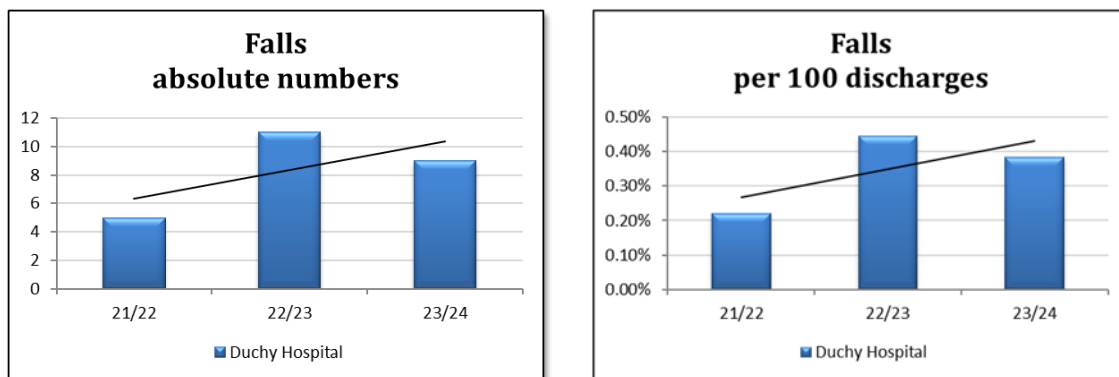
Many of our patients undergo planned surgical procedures and so monitoring numbers of patients that require a return to theatre for supplementary treatment is an important measure.

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 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 .

3.3.2 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 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.

3.3.3 Staff Who Speak up.

Ramsay Health Care UK is continuing with its Speaking up for Safety Programme and is currently training up 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

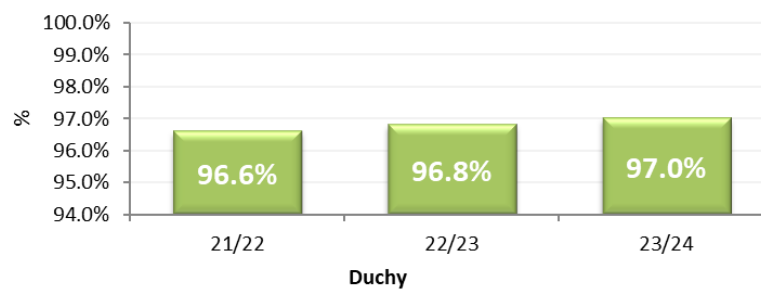
Our patient satisfaction surveys are managed by a third-party company called Cemplicity. This is to ensure our results are managed completely independently of the hospital, so we receive a true reflection of our patient's views.

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 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.

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	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"> • 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.,

		<p>from kitchen to bathroom or dyspnoea at rest)</p> <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 2022/23.

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	Frequency
Hand Hygiene observation (5 moments)	Ward, Ambulatory Care, Theatres, IPC (all other areas)	Monthly
Surgical Site Infection (One Together)	Theatres	October, April
IPC Governance and Assurance	IPC	July
IPC Environmental infrastructure	IPC	August, February
IPC Management of Linen	Ward	August, February (as required)
Sharps	IPC	August, December, April
50 Steps Cleaning (Functional Risk 1)	HoCS, Theatres,	Fortnightly
50 Steps Cleaning (FR2)	HoCS, Ward, Ambulatory Care, Outpatients, POA	Monthly
50 Steps Cleaning (FR4)	HoCS, Physio, Pharmacy, Radiology	July, October, January, April
50 Steps Cleaning (FR5)	SLT (Patient facing: reception, waiting rooms, corridors)	July, January
50 Steps Cleaning (FR6)	SLT (Non-patient facing: Offices, Stores, Training Rooms)	August

Peripheral Venous Cannula Care Bundle	HoCS (to delegate)	July to September
Urinary Catheterisation Bundle	HoCS (to delegate)	July to September
Patient Journey: Safe Transfer of the Patient	Ward	August, February
Patient Journey: Intraoperative Observation	Theatres	August/September February/March (if required)
Patient Journey: Recovery Observation	Theatres	October/November April/May (if required)
LSO and 5 Steps Safer Surgery	Theatres, Outpatients, Radiology	July/August January/February
NatSSIPs Stop Before You Block	Theatres	September/October March/April
NatSSIPs Prosthesis	Theatres	November/December May/June
NatSSIPs Swab Count	Theatres	July/August January/February
NatSSIPs Instruments	Theatres, Outpatients, Radiology	September/October March/April
NatSSIPs Histology	Theatres, Outpatients, Radiology	November/December May/June
Blood Transfusion Compliance	Blood Transfusion	July/September
Blood Transfusion – Autologous	Blood Transfusion	July/September (where applicable)
Blood Transfusion - Cold Chain	Blood Transfusion	As required
Complaints	SLT	November
Duty of Candour	SLT	January
Practising Privileges - Consultants	HoCS	July, January
Privacy & Dignity	Ward	May/June, November/December
Essential Care: Falls Prevention	HoCS (to delegate)	September / October
Essential Care: Nutrition & Hydration	HoCS (to delegate)	September / October
Medical Records - Therapy	Physio	July/August November/December (if req) March/April
Medical Records - Surgery	Theatres	July/August November/December (if req) March/April
Medical Records - Ward	Ward	July/August November/December (if

		req) March/April
Medical Records - Pre-operative Assessment	Outpatients, POA	July/August November/December (if req) March/April
Medical Records - Radiology	Radiology,	July/August November/December (if req) March/April
Medical Records - Cosmetic Surgery	Outpatients	July/August November/December (if req) March/April
Medical Records - NEWS2	Ward	October, February, June
Medical Records - VTE	Ward	July, November, March
Medical Records - Patient Consent	HoCS	July, December, May
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
MRI Safety	Radiology, RDUK	January, July
CT Last Menstrual Period	Radiology, RDUK	July, October, January, April
Bariatric Services	Bariatric Services	July/August November/December (if req) March/April
Safe & Secure	Pharmacy	August, February
Prescribing	Pharmacy	October, April
Medicines Reconciliation	Pharmacy	July, October, January, April
Controlled Drugs	Pharmacy	September, December, March, June

Pain Management	Pharmacy	July, October, January, April
Pharmacy: Medicines Optimisation	Pharmacy	November
Pharmacy: Medicines Optimisation	Pharmacy	November
Departmental Governance	Ward, Ambulatory Care, Theatre, Physio, Outpatients, Radiology	October to December
Safeguarding	SLT	July
Decontamination - Sterile Services (Corporate)	Decontamination (Corp)	As required (by corporate team)
Decontamination - Endoscopy	Decontamination (Corp)	As required (by corporate team)

Appendix 3 – Consultants and staff data

104 Consultants were approved to work from Duchy as of 31st March 2024

Title	Initial	Surname	Specialty		Title	Initial	Surname	Specialty
Dr	M	Abubakr	Cardiologist		Mr	I	Finlay	General Surgeon
Dr	K	Alaib	Anaesthetist		Mr	A	Fitton	Plastic Surgeon
Mr	A	Al-Shawi	Orthopaedic Surgeon		Mr	T	Germon	Neurosurgeon
Mr	P	Arumugam	General Surgeon		Dr	J	Graterol	Anaesthetist
Dr	O	Asghar	Cardiologist		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		Dr	R	Hartley	Anaesthetist
Dr	T	Bean	Radiologist		Mr	R	Hawken	Orthopaedic Surgeon
Dr	J	Bebb	Gastroenterologist		Mr	R	Hawkins	Orthopaedic Surgeon
Dr	J	Beckly	Gastroenterologist		Dr	N	Hollings	Radiologist
Dr	J	Berry	Anaesthetist		Mr	M	Hotston	Urologist
Mr	C	Blake	Urologist		Dr	R	Hunt	Anaesthetist
Mr	J	Blythe	Facio-maxillary Surgeon		Dr	T	Jenkinson	Rheumatologist
Dr	D	Browne	Endocrinologist		Dr	W	Jewell	Anaesthetist
Mr	H	Budd	Spinal Surgeon		Dr	R T	Johnston	Cardiologist
Dr	D	Burckett-St. Laurent	Anaesthetist		Mr	D	Jones	Ophthalmologist
Mr	M	Butler	Orthopaedic Surgeon		Dr	K	Kandasamy	Cardiologist
Dr	D	Cain	Anaesthetist		Mr	S	Khan	Spinal Surgeon
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		Miss	F	Lone	Gynaecologist
Mr	M	Divekar	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
Dr	R	Ellis	Oncologist		Dr	R	Morse	Radiologist
Dr	W	English	Anaesthetist		Mr	N	Munro	Urologist
Dr	S	Evans	Cardiologist		Dr	T	Nelson	Dermatologist
Dr	K D	Farmer	Radiologist		Mr	M	Norton	Orthopaedic Surgeon
Mr	J W	Faux	General Surgeon		Dr	M	Opie-Moran	Clinical Psychologist
Mrs	M	Feldman	Colorectal Surgeon		Dr	G	Ooues	Cardiologist

Title	Initial	Surname	Specialty		Title	Initial	Surname	Specialty
Mr	A	Patwardhan	Ophthalmologist		Dr	B	Soar	Respiratory Physician
Mr	I	Pengas	Orthopaedic Surgeon		Dr	M	Spivey	Anaesthetist
Mr	P	Peyser	General 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	C	Preedy	Anaesthetist		Dr	R	Taylor	Anaesthetist
Dr	J	Ramtahal	Neurologist		Dr	D	Tucker	Haematologist
Dr	N	Rayner	General Practitioner		Dr	T	Ungvari	Cardiologist
Dr	C	Reed-Poysden	Anaesthetist		Dr	P	Valentine	Anaesthetist
Dr	A	Rogers	Radiologist		Dr	R	Van Lingen	Cardiologist
Dr	B	Scrace	Anaesthetist		Dr	A	Varvinskiy	Anaesthetist
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	A	Simaitis	Cardiologist		Mr	D	Williams	Orthopaedic Surgeon
Dr	C	Smith	Anaesthetist		Mr	R	Windhaber	Vascular Surgeon
Mr	T	Smith-Walker	Gynaecologist					

Our total employed staff complement as of 31st March 2024 is 278 and is made up of:

Physio & Occupational Therapists	26	Porters	5
Nurses/ ODP's	94	Admin Staff	64
HCA's	23	Hotel Services	26
Radiographers	8	TSSU	5
Catering	11	Maintenance	3
Supplies	3	Cardiac Physiologists	4
Pharmacy	1	Anaesthetist	2
Exec	3		278

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:

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Penventinnie Lane

Truro TR1 3UP

Telephone 01872 226100

or

<https://www.ramsayhealth.co.uk/hospitals/duchy-hospital>