

Duchy Hospital

Quality Account 2017/18



**No reported MRSA bloodstream
Infections for over 8 years**

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Welcome to Ramsay Health Care UK

Duchy Hospital is part of the Ramsay Health Care Group

The Ramsay Health Care Group was established in 1964 and has grown to become a global hospital group operating over 100 hospitals and day surgery facilities across Australia, the United Kingdom, Indonesia and France. Within the UK, Ramsay Health Care is one of the leading providers of independent hospital services in England, with a network of 31 acute hospitals.

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

“The delivery of high quality patient care and outcomes remains the highest priority to Ramsay Health Care. Our clinical staff and consultants are critical in ensuring we achieve this across the whole organisation and we remain committed to delivering superior quality care throughout our hospitals, for every patient, every day. As a clinician I have always believed that our values and transparency are the most important elements to the delivery of safe, high quality, efficient and timely care.

Ramsay Health Care’s slogan “People Caring for People” was developed over 25 years ago and has become synonymous with Ramsay Health Care and the way it operates its business. We recognise that we operate in an industry where “care” is not just a value statement, but a critical part of the way we must go about our daily operations in order to meet the expectations of our customers – our patients and our staff.

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

Whilst we have an excellent record in delivering quality patient care and managing risks, the company continues to focus on global and UK improvements that will keep it at the forefront of health care delivery, such as our global work on speaking up for safety, research collaborations and outcome measurements.

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

*Dr. Andrew Jones
Chief Executive 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 patients' 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 Ramsay Health Care UK. It was recognised that this didn't provide enough in depth information for the public and commissioners about the quality of services within each individual hospital and how this relates to the local community it serves. Therefore, each site within the Ramsay Group now develops its own Quality Account, which includes some Group wide initiatives, but also describes the many excellent local achievements and quality plans that we would like to share.

Part 1

As the General Manager of the Duchy Hospital, I am delighted to welcome you to the Duchy Hospital's Quality Account. This report outlines the Hospital's approach to quality improvement, progress made in 2017-18 and plans for the forthcoming year.

Duchy Hospital has five key values which underpin everything we do as an organisation:

- Put the patient first
- Work as one team
- Respect each other
- Strive for continual improvement
- Respect environmental sustainability

The aim of our Quality Account is to provide information to our patients and commissioners to assure them we are committed to making progressive achievements. We were inspected by the CQC under their new "Comprehensive Inspection" framework in October 2016 and were rated as good in the 3 domains of Caring, Effective and Responsive, and in 2 domains, Well-led and Safe, we were awarded 'needs improvement' ratings which led to an overall rating of needs improvement. We have taken on board the findings of this report and we have delivered all aspects of a comprehensive action plan, not only to address the areas requiring improvement, but also to push our standards of quality and safety further.

Our emphasis remains on ensuring that patients receive safe and effective care, that they feel valued and respected in decisions about their care and are fully informed about their treatment at each step of the pathway.

During my first year at the Duchy and through working with our staff and patients, my commitment to making us the best independent health care provider remains stronger than ever.

Our organisational culture is supportive and progressive; we share ideas and learn from each other. We will continue to identify ways in which we can place patients at the heart of our service and we will continue to learn.

As well as being treated quickly and safely, our patients receive a personalised service, enhanced by good communication and a commitment to ensuring their privacy and dignity are respected at all times.

High quality patient care is at the centre of what we do and how we operate our hospital. We work closely together as a leadership team, harnessing both clinical and non-clinical management expertise, to ensure that all aspects of patient care are considered and applied.

Our high levels of patient satisfaction continue to grow with our NHS Choices feedback

and NHS Friends and Family recommendation rates remaining strong. We benchmark ourselves against other providers with the “Private Health Information Network (PHIN)” data and we rate highly for meeting patient expectations.

The staff at the Duchy are what make us great and I am extremely proud of the consistently high quality service that they deliver every day.


A handwritten signature in black ink, appearing to read 'Chris Gendall', with a stylized flourish at the end.

Chris Gendall,

General Manager, Duchy Hospital Truro

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.



Chris Gendall, General Manager Duchy Hospital
Ramsay Health Care UK

This report has been reviewed and approved by:

Miss Bates, Consultant Gynaecologist,
Medical Advisory Committee Chair

Dr Jewell, Consultant Anaesthetist
Duchy Clinical Governance Committee Chair

Mark Bounds,
Regional Director, Ramsay Health Care UK

NHS Kernow Clinical Commissioning Group

Cornwall Health Watch

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 becomes necessary, Level 3 Critical Care, there is a transfer arrangement in place with Royal Cornwall Hospitals NHS Trust.

Additional onsite facilities include cosmetics, physiotherapy, radiology and mobile MRI/CT scanning. We work closely with the Royal Cornwall Hospital NHS Trust which provides our blood transfusion, pathology, and some pharmacy services.

On the 31st March 2018, 133 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 2018 can be found at Appendix 2.

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' be they 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 very best service to our patients.

Major capital investment has been made in our facilities and the Duchy now has 30 inpatient beds, a purpose built Ambulatory Care facility with 12 patient spaces, 3 laminar flow theatres, a cardiac catheterisation laboratory, outpatient treatment facilities and 11 outpatient consulting rooms. This enables us to deliver a broad range of services to patients from a modern, well designed environment.

During the year from 1st April 2017 to 31st March 2018 8,358 patients received treatment here as day-cases or inpatients of which 6,341 were NHS patients (76%). Of that overall total 6,287 (75%) were treated as day cases.

Our GP Liaison Officer (GPLO) is currently on maternity leave but another member of the Duchy team is covering until her return in autumn. Both have close contact with Practice Managers and the General Practitioners in practices throughout Cornwall. They organise regular "Lunch and Learns", taking Consultants into GP surgeries to offer training and latest development awareness as well as running evening GP training seminars on a regular basis.

We value our contact with GPs as "customers" and strive to ensure we actively work in partnership with them to enhance patient care. Dr Andrew Craze, a local GP at Dr A L Craze and Partners Surgery in Redruth, is a member of the hospital's Medical Advisory Committee (MAC).

The Duchy management team has worked hard to establish an effective and appropriate relationship with Kernow Clinical Commissioning Group which commissions health care services for the people of Cornwall, and looks forward to further developing this relationship during the coming year.

We work very closely with the Royal Cornwall Hospital NHS Trust as we provide NHS services to ensure that our practice is safe, effective and complementary to theirs. In addition RCHT provides us with blood transfusion, some pharmacy services and access to Level 3 critical care services.

Part 2

2.1 Quality priorities 2018/19

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 ongoing at any one time. The priorities are determined by the hospital's Senior Management Team taking into account patient feedback, audit results, national guidance, and the recommendations from various hospital committees which represent all professional and management levels.

Most importantly, we believe our priorities must drive patient safety, clinical effectiveness and improve the experience of all people visiting our hospital.

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

In last year's Quality Account we set out our priorities for the coming year. This section reviews our achievement against those priorities:

For 2017/18 Duchy will strive to continue delivering a safe, high quality experience for all patients.

In addition to the CQUIN targets agreed with Kernow Clinical Commissioning Group detailed below, we will focus on:

Our Pre-Admission Assessment processes for planned surgical patients to further reduce the number of avoidable cancellations on the day of admission.

Our processes have been reviewed. The range of patients who now have some form of pre-admission assessment has been increased and our assessment processes made more robust.

However the actual rates have in fact risen slightly from 1.2% of admissions in 2016/17 to 1.9% in 2017/18.

Unfortunately the severe weather caused a significant number of cancellations on the day which has adversely affected the % cancellation rates although these could be considered unavoidable.

We are finding that some patients who are physically unwell (coughs/colds/other infections) still arrive in the hope that surgery can go ahead rather than contacting us in advance. Not only does this affect the number of cancellations on the day of admission, more frustratingly it leads to waste of admission appointments that could have been

offered to others; this point has been incorporated into our revised Pre-admission Assessment.

Our scheduling of operating lists to minimise the risk of cancellation on the day due to list over-runs.

This element has been successful with <8 cases being cancelled for this reason during the period of the report.

Our clinical audit and governance process so that we can provide better evidence and assurance for patients and stakeholders of the quality of the care and service we offer.

There is now a role dedicated to ensuring all audits are completed, deficiencies recorded and improvement actions owned, implemented and shared.

Addressing the findings of the CQC Inspection conducted in October 2016. Whilst the CQC rated the domains of Effective, Caring and Responsive as good, and noted a significant number of positives, Duchy was given an overall rating of 'Requires Improvement' which was the cause of much disappointment.

Duchy produced a comprehensive action plan that was approved and monitored corporately and by CQC. All actions have been completed and we await the next CQC inspection confident of an improved rating. As yet we do not know when that inspection will be.

2.1.2 Clinical Priorities for 2018/19 (looking forward)

For 2018/19 Duchy will strive to continue delivering a safe, high quality experience for all patients.

In addition to the CQUIN targets agreed with Kernow Clinical Commissioning Group detailed below, we will focus on:

Clinical Effectiveness

- **Introducing enhanced recovery programmes for hip and knee replacement surgery**

There is good evidence that reducing length stay to shortest but safe period of time is better for patients. This programme advocates early mobilisation after joint replacement and focusses on minimising the time period that patients are not permitted diet and fluids pre-operatively, the type of anaesthetic used, availability of physiotherapy support and managing patient expectations. We will monitor both length of stay and levels of complications to identify that safe care is still being delivered

- **Clinical audit and governance process**

We will continue to improve our processes for monitoring, learning and improving so that we can provide better evidence and assurance for patients and stakeholders of the quality of the care and service we offer.

Patient Experience

- **Patient involvement**

We want every person who uses any of our services to have a positive experience and feel they are involved in their care. The patient survey should score not less than 90% for the question about being involved in decision making.

- **Patient participation**

Duchy will establish a patient forum so our local population can actively contribute to monitoring and developing our services

- **Reducing cancellations on the day of operation**

We will continue to monitor our processes to further reduce avoidable cancellations on the day of procedure as we understand that this causes additional anxiety and distress for patients.

Patient Safety

- **Actions following the CQC Inspection**

Our last inspection was conducted in October 2016 and we will continue to work hard to ensure the actions indicated as necessary are fully implemented and embedded across the hospital.

- **Staff have the right skills and knowledge**

Compliance with completion of mandatory training and practical competencies will be at least 90%

Progress against all of these priorities will be monitored by the Senior Management Team and reported to our local Clinical Governance Committee. Those that are targets agreed with KCCG will also be reported in our monthly quality report to them.

2.2 Mandatory Statements

The following section contains the mandatory statements common to all Quality Accounts as required by the regulations set out by the Department of Health.

2.2.1 Review of Services

During 2017/18 Duchy Hospital provided and/or subcontracted 9 NHS Specialties through the Choose and Book system and has reviewed all the data available to them on the quality of care in all of these NHS services.

The income generated by NHS services in the year 1st April 2017 to 31st March 2018 represents 68% of the total income generated from the provision of services by the Duchy Hospital in the year

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 hospital's Senior Managers together with Regional and Corporate Senior Managers and Directors. The balanced scorecard approach has been an extremely successful tool in helping us benchmark against other hospitals and identifying key areas for improvement.

In the period for 2016/17, the indicators on the scorecard which affect patient safety and quality were:

Human Resources	
Staff Cost as % Net Revenue	25.50%
HCA Hours as % of Total Nursing	26.00%
Agency Cost as % of Total Clinical Staff Cost	4.50%
Ward Hours PPD	4.37%
% Staff Turnover rolling 12 months	7.3%
% Sickness rolling 12 months	5.33%
% Lost Time	28.4%
Appraisal %	85%
Mandatory training compliance	
E-learning	87%
Face-to-face	84%
Staff likely to recommend Ramsay if family or friends needed treatment	92.00%
Number of Significant Staff Injuries	
There were 5 incidents, (1 RIDDOR)	5
1. trapped when medical records racking opened by another member of staff	
2. Employee went to sit down and chair shot backwards	
3. Needle stick injury sustained to member of staff	
4. Needle stick injury to scrub nurse from scalpel	
5. staff member injured by falling medical records RIDDOR	
Patient	
Formal Complaints per 1000 HPD's	2.5
Patient Satisfaction Score @ March 18	100%
Clinical Events per 1000 Admissions	27.06
Readmission per 1000 Admissions	2.18
Quality	

Workplace Health & Safety Score	98%
Infection Control Audit (Environment) Score	98%

2.2.2 Participation in clinical audit

During 1 April 2017 to 31st March 2018 Duchy Hospital participated in 100% of national clinical audits and 100% of national confidential enquiries it was eligible to participate in. The hospital was not eligible to participate in any of the national confidential enquiries

The national clinical audits that Duchy Hospital participated in, and for which data collection was completed during 1 April 2017 to 31st March 2018, are listed below alongside the number of cases submitted to each audit 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%
NCEPOD Peri-operative Management of Surgical Patients with Diabetes Data collection	100%

Local Audits

The reports of 70 local clinical audits from 1st April 2017 to 31st March 2018 were reviewed by the Clinical Governance Committee and Duchy Hospital intends to take the following actions to improve the quality of healthcare provided:

- Further improve our standards of documentation which will have a positive impact on other audits
- Embed the NatSIPPs process in Outpatients
- Further improve the provision of complete medical records and contemporaneous note making at all patient contacts. (Our electronic patient record will be implemented in 2018/19)

The clinical audit schedule can be found at Appendix 3.

2.2.3 Participation in Research

Duchy Hospital did not recruit any patients receiving NHS services provided or sub-contracted by them to participate in research.

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

A proportion of Duchy Hospital income from 1st April 2017 to 31st March 2018 was conditional on achieving quality improvement and innovation goals agreed with Kernow

Clinical Commissioning Group (KCCG) through the Commissioning for Quality and Innovation payment framework.

KCCG confirmed that Duchy fully achieved its CQUINS for the year covered in this report

CQUIN Goals for 2017/19

The CQUIN for 2018/19 are the same as those from 2017/18 and will be assessed at 31st

Goal	Goal Name	Description of Goal	Goal weighting (% of CQUIN scheme available)
1a	Local: Improvement of staff health and wellbeing	Improve the support available to NHS Staff to help promote their health and wellbeing in order for them to remain healthy and well	0.5%
2	Local: Commissioning Policies	To ensure patients who have chosen to attend the provider organisation for consultation and / or treatment, are assessed for their elective procedure in compliance with NHS Kernow Commissioning Policy and Clinical Referral Guidelines	1%
3a	Preventing ill health by risky behaviours - alcohol and tobacco (National CQUIN 9b)	Preventing ill health by risky behaviours - alcohol and tobacco: Tobacco screening	1%
3b		Preventing ill health by risky behaviours - alcohol and tobacco: Tobacco brief advice	1%
3c		Preventing ill health by risky behaviours - alcohol and tobacco: Tobacco referral and medication offer	1%
3d		Preventing ill health by risky behaviours - alcohol and tobacco: Alcohol screening	1%
3e		Preventing ill health by risky behaviours - alcohol and tobacco: Alcohol brief advice or referral	1%

March 2019

2.2.5 Statements from the Care Quality Commission (CQC)

The Duchy Hospital is required to register with the Care Quality Commission and its current registration status on 31st March 2018 was registered without conditions.

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

2.2.6 Data Quality Statements

NHS Number and General Medical Practice Code Validity

The Ramsay Group submitted records during 2015/16 to the Secondary Users Service for inclusion in the Hospital Episode Statistics which are included in the latest published data. The percentage of records in the published data included:

The patient's valid NHS number:

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

The General Medical Practice Code:

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

Ramsay's Information Governance Toolkit score

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

Clinical Coding Error Rate

Hospital Site	Next Audit Date	Primary Diagnosis	Secondary Diagnosis	Primary Procedure	Secondary Procedure
Duchy	June 18	98.5%	99.5%	100%	100%

2.2.7 Stakeholders views on 2017/ Quality Account

Comments on this Quality Account were invited from Kernow Clinical Commissioning Group, Health Watch Cornwall, and Cornwall Council's Health and Social Care Scrutiny Committee

Kernow Clinical Commissioning Group for Duchy Hospital Quality Account 2016/17

KCCG welcomes the opportunity to provide this statement and commends the approach taken by the Duchy in developing and setting out its plans for quality improvement in 2018/19. The information contained within the report has been reviewed and is considered an accurate summary reflection of the organisations performance during 2017/18.

The Quality Account clearly articulates where the Duchy has made good progress and identifies areas where further improvements are required. In the commissioner/provider relationship there continues to be a focus on making quality the organising principle of NHS services, by embedding quality at the heart of commissioning practice. KCCG endorses the commitment within the Quality Account to addressing the challenges in 2018/19.

Looking back through 2017/18 we are particularly pleased with the developments that have arisen from the CQUINs. Staff development and the importance of their health and wellbeing clearly show how the organisation is delivering its five key values. In addition the clinical audit and governance process accurately supports and enables the organisation to demonstrate the quality of the care and services provided. Participation has been in 100% national clinical audits and 100% national confidential enquiries and we are pleased to note that a clinical audit role is now in place. The report presents an accurate summary of progress made against the CQC action plan and KCCG is pleased to note that all outstanding actions have been completed.

KCCG can confirm the information presented in the Quality Account appears to provide a balanced account which is accurate and fairly interpreted, from the data collected.

Cornwall Council's Health and Adult Social Care Scrutiny Committee

No comment has been received

Health Watch Cornwall

As we currently hold no public feedback for The Duchy, we have decided not to comment on this year's Quality Account 2017-18.

Part 3: Review of quality performance 2017/2018

Statements of quality delivery

Debby Blease, Matron and Head of Clinical Services

Review of quality performance 1st April 2017 - 31st March 2018

Introduction

This publication marks the eighth successive year since the first edition of Ramsay Quality Accounts. As we have previously done through each year, we continue to analyse our performance on many levels, we reflect on the valuable feedback we receive from our patients about the outcomes of their treatment and also reflect on professional opinion received from our doctors, our clinical staff, regulators and commissioners.

I am pleased to say that whilst the numbers of patients choosing Ramsay for their care continues to increase, quality continues to also improve as demonstrated by improved clinical outcomes and measures.

We listen where concerns or suggestions have been raised and, in this account, we have set out our track record as well as our plan for more improvements in the coming year. This is a discipline we vigorously support, always driving this cycle of continuous improvement in our hospitals and addressing public concern about standards in healthcare, be these about our commitments to providing compassionate patient care, assurance about patient privacy and dignity, hospital safety and good outcomes of treatment. We believe in being open and honest where outcomes and experience fail to meet patient expectation so we take action, learn, improve and implement the change and deliver great care and optimum experience for our patients.

Vivienne Heckford

Director of Clinical Services

Ramsay Health Care UK

Ramsay Clinical Governance Framework 2018

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

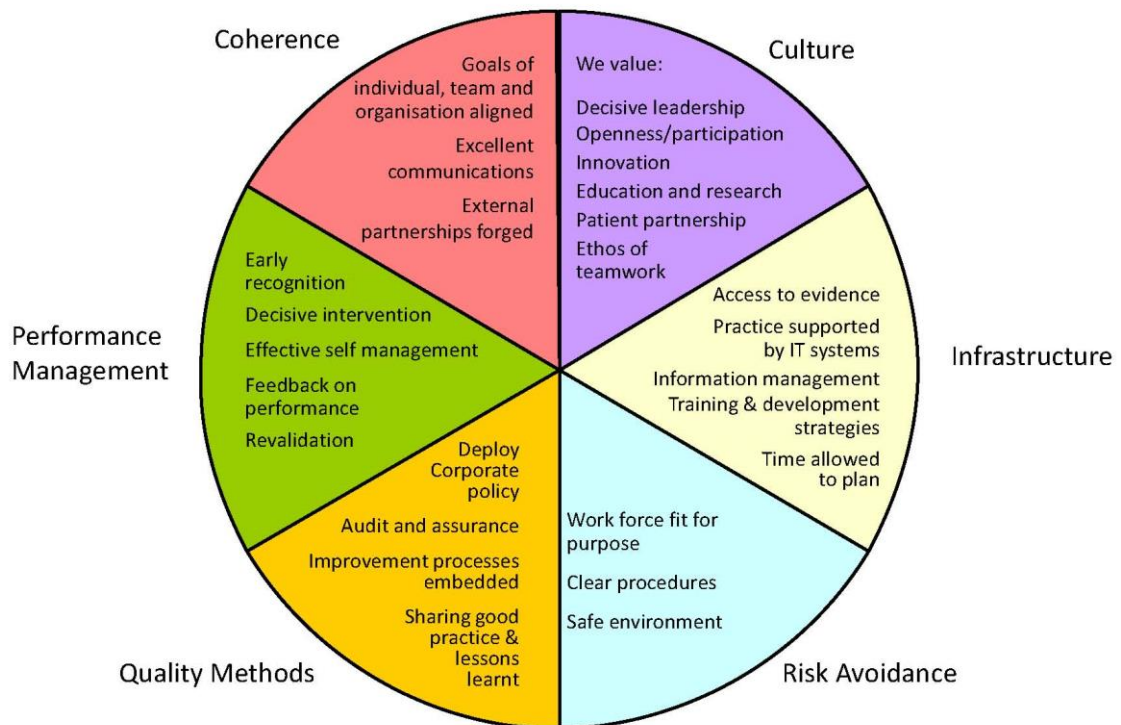
The emphasis is on providing an environment and culture to support continuous clinical quality improvement so that patients receive safe and effective care, clinicians are enabled to provide that care and the organisation can satisfy itself that we are doing the right things in the right way.

It is important that Clinical Governance is integrated into other governance systems in the organisation and should not be seen as a “stand-alone” activity. All management systems, clinical, financial, estates etc., are inter-dependent with actions in one area impacting on others.

Several models have been devised to include all the elements of Clinical Governance to provide a framework for ensuring that it is embedded, implemented and can be monitored in an organisation. In developing this framework for Ramsay Health Care UK we have gone back to the original Scally and Donaldson paper (1998) as we believe that it is a model that allows coverage and inclusion of all the necessary strategies, policies, systems and processes for effective Clinical Governance. 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

Period	Best		Worst		Average		Period	Duchy	
Jul 16 - Jun 17	RKE	0.7261	RLQ	1.23	Average	1	2016/17	NVC04	0.0002256
Oct 15 - Sep 16	RKE	0.727	RLQ	1.25	Average	1	2017/18	NVC04	0.0001171

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

The 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.

The Duchy Hospital intends to take the following actions to improve this rate and so the quality of its services

- maintain a strong focus on pre-admission assessment, and appropriate and effective staff education and competence assessment

PROMS

Hernia

Period	Best		Worst		Average		Period	Duchy	
Apr15 - Mar16	NT438	0.157	RVW	0.021	Eng	0.088	Apr15 - Mar16	NVC04	
Apr16 - Mar 17	RD3	0.135	RXL	0.006	Eng	0.086	Apr16 - Mar 17	NVC04	no data

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

- the number of hernia procedures is too small for the Duchy to participate

Duchy Hospital intends to take the following actions to improve this

- it will monitor the amount of hernia procedures and subscribe if the numbers become sufficient

Varicose Veins

Period	Best		Worst		Average		Period	Duchy	
Apr15 - Mar16	RTH	3.060	RTE	-18.020	Eng	-8.597	Apr15 - Mar16	NVC04	
Apr16 - Mar 17	RBN	2.117	RCF	-18.076	Eng	-8.248	Apr16 - Mar 17	NVC04	no data

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

- the number of veins procedures is too small for the Duchy to participate

Duchy Hospital intends to take the following actions to improve this

- it will monitor the amount of veins procedures and subscribe if the numbers become sufficient

Hip replacements

Period	Best		Worst		Average		Period	Duchy	
Apr15 - Mar16	RYJ	24.973	RBK	16.892	Eng	21.617	Apr15 - Mar16	NVC04	22.506
Apr16 - Mar 17	NTPH1	25.068	RAP	16.427	Eng	21.799	Apr16 - Mar 17	NVC04	23.078

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 pre-op questionnaires are returned but patients do not always understand the importance of returning their post-op questionnaire

Duchy Hospital intends to take the following actions to improve this

- to endeavour to make patients understand the importance of returning their post-op questionnaire and thus further improve return rates
- to ensure patients have realistic expectations and appropriate rehab.

Knee replacements

Period	Best		Worst		Average		Period	Duchy	
Apr15 - Mar16	NTPH1	19.920	RQX	11.960	Eng	16.368	Apr15 - Mar16	NVC04	18.264
Apr16 - Mar 17	NTPH1	19.849	RAN	12.508	Eng	16.547	Apr16 - Mar 17	NVC04	17.776

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 pre-op questionnaires are returned but patients do not always understand the importance of returning their post-op questionnaire

Duchy Hospital intends to take the following actions to improve this

- to endeavour to make patients understand the importance of returning their post-op questionnaire and thus further improve return rates
- to ensure patients have realistic expectations and appropriate rehab

Responsiveness to personal needs

Period	Best		Worst		Average		Period	Duchy	
2012/13	RPC	88.2	RJ6	68.0	Eng	76.5	2013/14	NVC04	93.4
2013/14	RPY	87.0	RJ6	67.1	Eng	76.9	2014/15	NVC04	93.6

No longer collected, data as last year

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

- we provide excellent customer service as demonstrated by patient surveys
- care is planned on an individual basis

Duchy Hospital intends to take the following actions to improve this

- to continue to ensure patients remain the focus of all we do

VTE Assessment

Period	Best		Worst		Average		Period	Duchy	
16/17 Q3	Several	100%	NT490	65.9%	Eng	95.6%	Q3 2016/17	NVC04	97.6%
16/17 Q4	Several	100%	NT414	60.8%	Eng	95.6%	Q4 2016/17	NVC04	95.8%

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

- our clinical pathway documents direct staff to undertake VTE Risk assessment
- staff understand the importance of VTE Risk Assessment

Duchy Hospital intends to take the following actions to improve this

- to ensure no patient attends the operating theatre without an appropriate VTE risk Assessment being completed.
- to continue to undertake local audit and ensure risk assessment is completed where indicated, and patients receive appropriate prophylaxis

C. Diff rate per 100,000 bed days

Period	Best		Worst		Average		Period	Duchy	
2015/16	Several	0	RPY	67.2	Eng	14.92	2016/17	NVC04	0.0
2016/17	Several	0	RPY	82.7	Eng	13.19	2017/18	NVC04	0.0

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

- the hospital has an excellent record in infection prevention and control assessment
- there is low use of anti-microbials and any prescribing is in line with national best practice and the CCG Formulary

Duchy Hospital intends to take the following actions to maintain this

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

Serious Incident rate (severity 1) patient safety

Period	Best		Worst		Average		Period	Duchy	
Oct 16 - Mar 17	Severall	0.01	RNQ	0.53	Eng	0.15	2016/17	NVC04	0.00
April 17 - Sep 17	Severall	0	RJW	0.64	Eng	14.85	2017/18	NVC04	0.00

Duchy Hospital considers that this data 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
- there are procedures and processes in place to ensure practice and care are as safe as possible
- the last year has seen an increase in acuity and complexity

Duchy Hospital intends to take the following actions to improve this

- to continue to analyse patient safety incidents to identify areas where the environment or practice can be further improved
- ensure that our environment is well maintained and risk assessments are in place where there is cause for concern

Friends and Family Test

Oct	Best		Worst		Average		Period	Duchy	
Feb-18	Severall	100%	RJ731/RTFD	63.0%	Eng	96.0%	Jan-17	NVC04	99.3%
Mar-18	Severall	100%	R1H13	83.0%	Eng	96.0%	Feb-17	NVC04	100.0%

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

- actively encourage patients to complete the F&F test, and have systems in place to facilitate them doing so
- the hospital has an established reputation for high quality care and customer service

Duchy Hospital intends to take the following actions to maintain this

- to continue to deliver high standards of service and care
- to continue to facilitate patients in the completion of the test
- to extend the test to outpatients and to those who attend for day case procedures

3.2 Patient safety

We are a progressive hospital and focus on improving our performance every year and in all respects, and certainly in regards to our track record for patient safety.

Risks to patient safety come to light through a number of routes including routine audit, complaints, litigation, adverse incident reporting and raising concerns but more routinely from tracking trends in performance indicators.

Our focus on patient safety has resulted in a marked improvement in a number of key indicators as illustrated in the graphs below

3.2.1 Infection prevention and control

Duchy Hospital has a very low rate of hospital acquired infection and has had no reported MRSA Bacteraemia in the past 8 years.

We comply with mandatory reporting of all 'ALERT' organisms including MSSA/MRSA Bacteraemia and Clostridium Difficile infections and have not had such infections for over 5 years; we continue with our programme to maintain this position year on year.

Ramsay participates in mandatory surveillance of surgical site infections for orthopaedic joint surgery and these are also monitored.

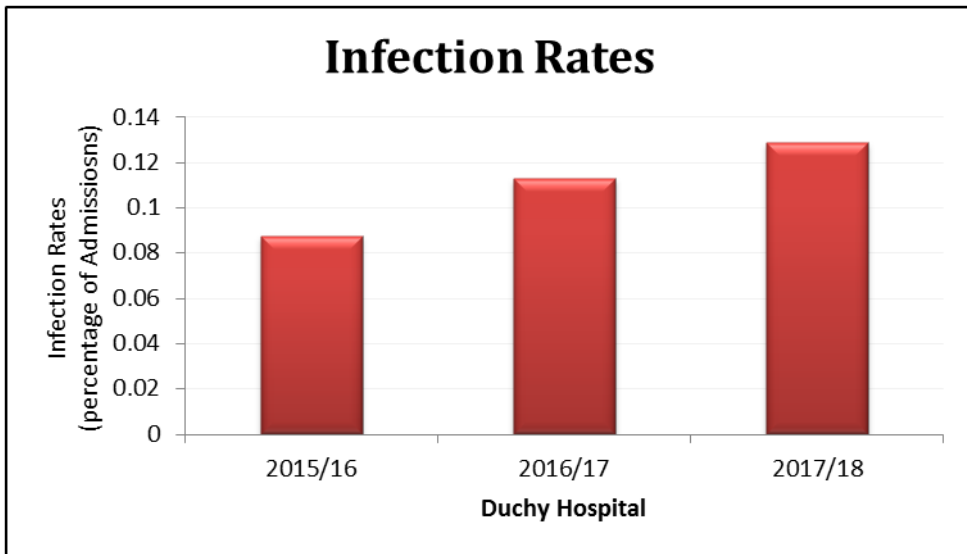
Infection Prevention and Control management is very active within our hospital. An annual strategy is developed by a corporate level Infection Prevention and Control (IPC) Committee and group policy is revised and re-deployed every two years. Our IPC programmes are designed to bring about improvements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

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

Programmes and activities within our hospital include:

- All staff receive education and training in IPC and Hand-washing. 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 Matron, the Operations Manager and other members of the local Senior Management Team
- There is a real focus on wearing uniform and protective clothing properly and appropriately
- We have introduced hand gel dispensers on every patient bed and at the entrances to all clinical departments. Our Reception team actively encourage visitors and patients for admission/clinic to use the gel prior to entering the clinical area.
- The Hospital Infection Control Committee meets regularly and reports to the Clinical Governance Committee as well as the corporate IPC Committee.
- All staff take their responsibility for preventing infection seriously

As shown in the graph below, the number of infections has increased but is still very low. There have also been some very complex cases during the last year, and some of the infections reported occurred more than 14-days after discharge which suggests it is unlikely to be a hospital acquired infection, but we still record them where we are made aware of them so we can have a broader understanding of our patient outcomes. We also complete a root-cause analysis to identify opportunities for practice improvement



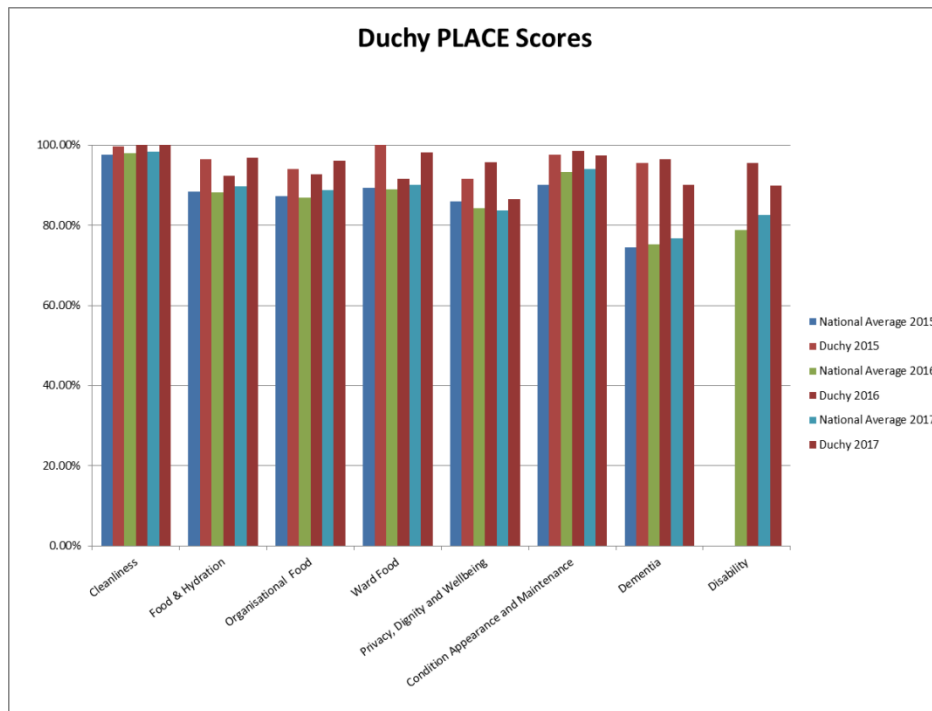
We will continue to report and investigate any infection, actual or suspected, to identify if there are areas of concern in our practice that we can then correct

3.2.2 Cleanliness and hospital hygiene

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

PLACE assessments occur annually at Duchy Hospital, providing us with a patient’s eye view of the buildings, facilities and food we offer, giving us a clear picture of how the people who use our hospital see it and how it can be improved. The main purpose of a PLACE assessment is to get the patient view.

At the time of writing, the 2018 Assessment had been completed but results are not yet published; informal feedback was positive. The chart below shows the domains of the assessment with Duchy scores and the national average.



Duchy is very proud that we were above average in all domains but continue to strive to improve. We will continue to take part in the annual PLACE assessment process.

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.

Effective and ongoing communication of key safety messages is important in healthcare. Multiple updates relating to drugs and equipment are received every month and these are sent in a timely way via an electronic system called the Ramsay Central Alert System (CAS). Safety alerts, medicine / device recalls and new and revised policies are cascaded in this way to our General Manager which ensures we keep up to date with all safety issues.

Activities during 22017/18

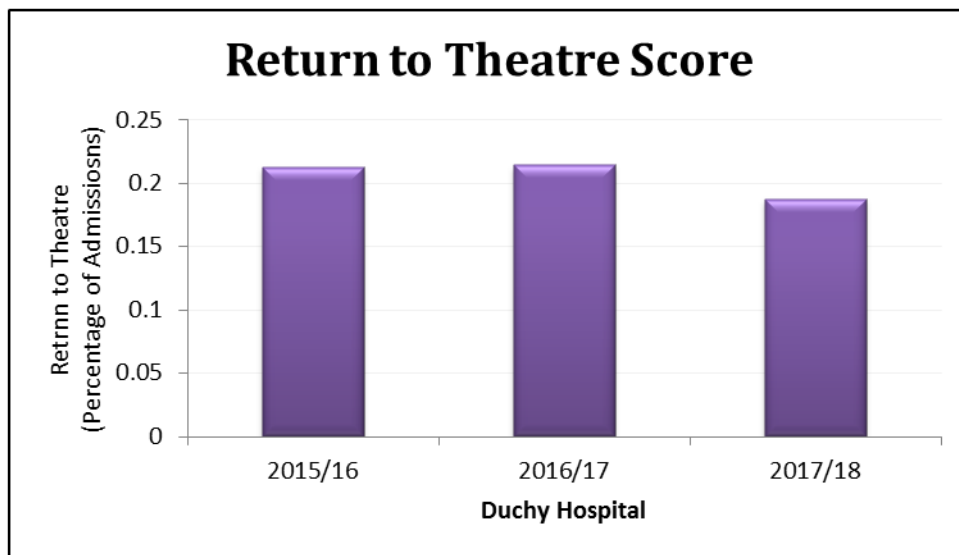
- All incidents are recorded on our electronic reporting system 'RiskMan' and analysed by our Clinical Governance and Risk and Safety committees to identify areas for action.
- Staff continue to receive training in risk assessment, moving and handling and Fire and Security
- We have a local risk register for each department, accessible to all staff. Each risk is assessed and control measures are in place. Where an issue rates as high risk this is monitored at corporate level to ensure it is being properly managed

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

Ramsay is treating significantly higher numbers of patients every year as our services grow. The majority of our patients undergo planned surgical procedures and so monitoring numbers of patients that require a return to theatre for supplementary treatment is an important measure. Every surgical intervention carries a risk of complication so some incidence of returns to theatre is normal. The value of the measurement is to detect trends that emerge in relation to a specific operation or specific surgical team. Ramsay's rate of return is very low consistent with our track record of successful clinical outcomes.



The graph above uses absolute numbers.

Despite increasing numbers of patient being treated, more patients with significant medical history and increasing complexity of the procedures, the number of returns to theatre has decreased slightly over the last year.

Each return to theatre has been reviewed to see if there are trends or commonalities, and we have not found any; the returns are attributable to a number of specialties, and various times of day/day of week but most are accepted risks of the various procedures. In all cases the patient made a full recovery.

We will continue to monitor all returns to theatre and take any action indicated as necessary

3.4 Patient experience

All feedback from patients regarding their experiences with Ramsay Health Care is welcomed and informs service development in various ways dependent on the type of experience (both positive and negative) and action required to address them.

All positive feedback is relayed to the relevant staff to reinforce good practice and behaviour – letters and cards are displayed for staff to see in staff rooms and on notice boards.

All negative feedback or suggestions for improvement are also shared with staff so they have an appreciation of the patient perspective and can contribute to improvement where required. All staff are aware of our complaints procedures should our patients be unhappy with any aspect of their care but we encourage patients to let us know at the time if there is anything they are unhappy with so that we can endeavour to resolve any issues whilst they are still in hospital.

Patient experiences are gathered via the various methods below, and are a regular agenda items on local governance committees for discussion, trend analysis and further action where necessary. Escalation and further reporting to Ramsay Corporate and Department of Health (DH) bodies occurs as required and according to Ramsay and DH policy.

Feedback regarding the patient's experience is encouraged in various ways via:

- Continuous patient satisfaction feedback via a web based invitation
- Hot alerts received within 48hrs of a patient making a comment on their web survey
- Friends and Family Test questions asked on patient discharge
- Verbal feedback to Ramsay staff - including Consultants, Matrons/General Managers whilst visiting patients and Provider/CQC visit feedback.
- Written feedback via letters/emails
- PROMs surveys
- Care pathways – patient are encouraged to read and participate in their plan of care, and make a written comment on discharge.

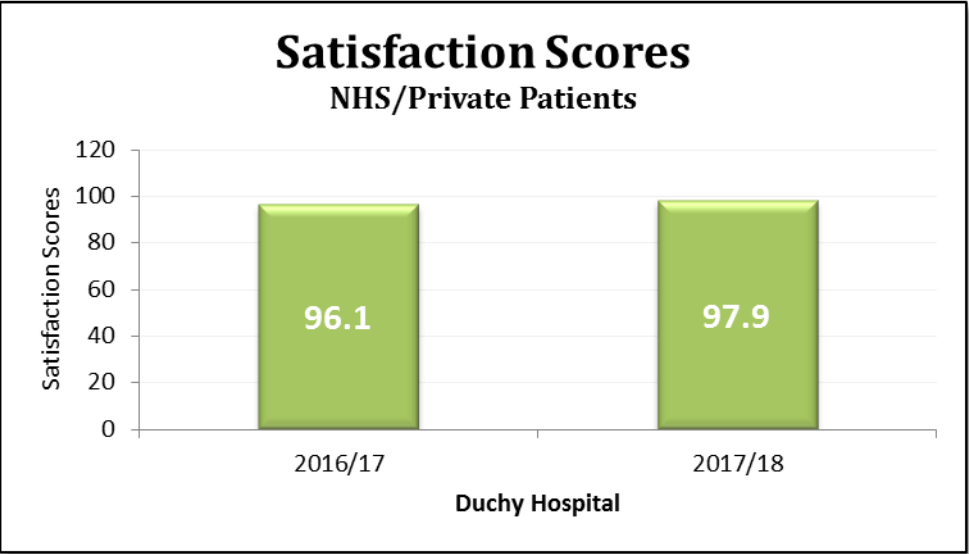
3.4.1 Patient Satisfaction Surveys

All staff endeavour to deliver a positive experience for everyone visiting the hospital or using its services.

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

Every patient is asked their consent to receive an electronic survey or phone call following their discharge from the hospital. The results from the questions asked are used to influence the way the hospital seeks to improve its services. Any text comments made by patients on their survey are sent as 'hot alerts' to the Hospital Manager within 48hrs of receiving them so that a response can be made to the patient as soon as possible.

We were not invited to complete the NHS inpatient survey last year, however we do have a similar question in our corporate patient survey



We are very pleased to see a further increase in satisfaction but will not be complacent; we want every patient to have a positive experience.

Appendix 1

Services covered by this quality account

Duchy Hospital.



Duchy Hospital has 30 inpatient beds and an Ambulatory Care Unit with 12 patient spaces.

The Hospital has 3 theatres with laminar flow and a fully equipped endoscopy unit, plus a Cardiac Catheter Laboratory

Patients' requiring level 2 care are treated and cared for by a well-trained team of staff in individual rooms. All Ramsay Health Care UK Hospitals have transfer agreements in place either with their local trust or critical care network.

Duchy Hospital holds CQC registration to deliver services only for persons aged 18-years and over; we no longer offer services to persons under 18 years. .

On site facilities include Outpatients, Cosmetics, Radiology, Angiography Physiotherapy and Mobile MRI/ CT.

Our clinical facilities are continually monitored to ensure that we are offering the very best service to our patients.

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, Medicine management, Clinical neuro-physiology, Allergy testing, Diabetology, Occupational therapy	Admitted care for adults 18years and over
Surgical Procedures	Cosmetic, Bariatrics, Dermatology, Ear, Nose and Throat (ENT), Gastrointestinal, Colorectal, Breast surgery, General surgery, Gynaecology, Ophthalmic (incl laser), Maxillofacial/oral, Orthopaedic, Urology,	<p>All adults excluding:</p> <ul style="list-style-type: none"> • Patients with complex blood disorders (haemophilia, sickle cell, thalassaemia) • • 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) • Poorly controlled asthma (needing oral steroids or has had frequent hospital admissions within last 3 months) <p>MI in last 6 months Angina classification $\frac{3}{4}$ (limitations on normal activity e.g. 1 flight of stairs or angina at rest)</p> <p>CVA in last 6 months</p> <p>However, all patients will be individually assessed and we will only exclude patients if we are unable to provide an appropriate and safe clinical environment.</p>
Diagnostic and screening	Cardio physiology, ERCP, Imaging services, Phlebotomy, Urinary Screening and Specimen collection	All adults 18 years and over

Appendix 2 - Consultants and employed staff.

133 Consultants were approved to work from Duchy as at 31st March 2018

Title	Initial	Surname	Specialty
Mr	S	Adcock	Facio-maxillary Surgeon
Mr	S	Ahmad	General Surgeon
Mr	A	Al-Shawi	Orthopaedic Surgeon
Mr	P	Arumugam	General Surgeon
Dr	S	Banks	Anaesthetist
Mr	G	Bartlett	Orthopaedic Surgeon
Miss	S	Bates	Gynaecologist
Dr	J	Bebb	Gastroenterologist
Dr	J	Beckly	Gastroenterologist
Dr	H	Belcher	Radiologist
Dr	J	Berry	Anaesthetist
Mr	C	Blake	Urologist
Dr	G	Brooker	Anaesthetist
Dr	D	Browne	Endocrinologist
Mr	M	Butler	Orthopaedic Surgeon
Mr	H	Chant	Vascular Surgeon
Dr	T	Chave	Dermatologist
Mr	M	Clarke	General Surgeon
Dr	A	Craze	General Practitioner
Dr	D	Creagh	Haematologist
Mr	J	Dainton	Orthopaedic Surgeon
Dr	M	Daniels	Anaesthetist
Dr	M	Davis	Rheumatologist
Dr	J M	De Beer	Anaesthetist
Dr	S	Devadathan	Cardiologist
Dr	P	Divekar	Dermatologist
Mr	S	Dixon	Orthopaedic Surgeon
Prof	P	Drew	Oncoplastic Breast Surgeon
Mrs	R	Dunlop	Plastic Surgeon
Mr	C	Dunlop	Anaesthetist
Dr	A	Edwards	Radiologist
Dr	D	Elliott	Anaesthetist
Dr	R	Ellis	Oncologist
Dr	W	English	Anaesthetist
Dr	S	Evans	Cardiologist
Dr	K D	Farmer	Radiologist
Mr	J W	Faux	General Surgeon
Mrs	M	Feldman	Colorectal Surgeon
Mr	D	Fern	Orthopaedic Surgeon
Dr	R	Fialkowski	Anaesthetist
Mr	I	Finlay	General Surgeon
Dr	W	Fish	Anaesthetist
Mr	A	Fitton	Plastic Surgeon
Mr	P	Flanagan	ENT Surgeon

Title	Initial	Surname	Specialty
Mr	T	Germon	Surgeon
Mr	S	Gopalswamy	General Surgeon
Dr	J	Graterol	Anaesthetist
Dr	S	Gray	General Practitioner
Dr	J	Hancock	Radiologist
Dr	S	Hann	Dermatologist
Dr	A	Harvey	Anaesthetist
Dr	W R	Harvey	Anaesthetist
Mr	R	Hawkins	Orthopaedic Surgeon
Dr	J	Herrod	Psychiatrist
Dr	N	Hollings	Radiologist
Mr	R	Holmes	Gynaecologist
Mr	N	Hopper	Vascular Surgeon
Dr	P	Hopton	Anaesthetist
Mr	M	Hotston	Urologist
Dr	A	Howorka	Locum Anaesthetist
Dr	H	Hussaini	Gastroenterologist
Dr	D	Hutchinson	Rheumatologist
Dr	W E	Jewell	Anaesthetist
Dr	R T	Johnston	Cardiologist
Mr	D	Jones	Ophthalmologist
Dr	K	Kandasamy	Cardiologist
Mr	R	Kincaid	Orthopaedic Surgeon
Mr	S	Kumaravel	Ophthalmologist
Dr	D	Kuruppu	Radiologist
Dr	R	Langford	Anaesthetist
Mr	C	Lansley	Facio-maxillary Surgeon
Mr	A	Lee	Orthopaedic Surgeon
Mr	E	Lloyd-Davies	General Surgeon
Miss	F	Lone	Gynaecologist
Dr	T W	Lucke	Dermatologist
Dr	N	Marshall	Anaesthetist
Dr	G	Maskell	Radiologist
Mr	J	Matthews	Orthopaedic Surgeon
Dr	R	Mawer	Anaesthetist
Mr	D	May	General Surgeon
Mr	J	McDiarmid	Plastic Surgeon
Mr	P	McGannity	Dentist (Implant)
Dr	S	Mohammed	Radiologist
Dr	A	Moore	Anaesthetist
Mr	R	Morris	Plastic Surgeon
Dr	R	Morse	Radiologist
Mr	N	Munro	Urologist
Dr	J D	Myers	Physician

Title	Initial	Surname	Specialty
Dr	P	Fortun	Gastroenterologist
Mr	J	Fowler	Spinal Surgeon
Dr	P	Owens	Cardiologist
Dr	J	Paddle	Anaesthetist
Mr	S	Parsons	Orthopaedic Surgeon
Mr	A	Patwardhan	Ophthalmologist
Mr	P	Peyser	General Surgeon
Dr	A	Pickford	Anaesthetist
Mr	R	Poulter	Orthopaedic Surgeon
Dr	C	Powell	Anaesthetist
Dr	C	Preedy	Anaesthetist
Dr	M	Proctor	General Practitioner
Dr	J	Ramtahal	Neurologist
Mr	M	Regan	Orthopaedic Surgeon
Dr	A	Rogers	Radiologist
Mr	T	Scott	Orthopaedic Surgeon
Mr	S	Sexton	Orthopaedic Surgeon
Dr	D	Shetty	Radiologist
Dr	D J	Sim	Anaesthetist
Dr	A	Simaitis	Cardiologist
Dr	T	Skinner	Anaesthetist
Dr	A	Slade	Cardiologist
Mr	I	Smith	ENT Surgeon

Title	Initial	Surname	Specialty
Mr	M	Norton	Orthopaedic Surgeon
Dr	E	Orosz	Anaesthetist
Mr	T	Smith-Walker	Gynaecologist
Dr	M	Spivey	Anaesthetist
Dr	W	Stableforth	Gastroenterologist
Mr	N	Sudhakar	Neurosurgeon
Dr	T	Sulkin	Radiologist
Dr	C	Taylor	Plastic Surgeon
Dr	R	Taylor	Anaesthetist
Dr	A	Thomson	Oncologist
Dr	S	Thorogood	Radiologist
Dr	T	Ungvari	Cardiologist
Dr	R	Van Lingen	Cardiologist
Dr	P	Waterhouse	Anaesthetist
Mr	D	Weerasirie	Dental Surgeon
Mr	W	Westlake	Ophthalmologist
Mr	D	Whinney	ENT Surgeon
Mr	A	Wilde	ENT Surgeon
Mr	D	Williams	Orthopaedic Surgeon
Mr	N	Wilson-Holt	Ophthalmologist
Mr	K R	Woodburn	Vascular Surgeon
Dr	W	Woodward	Anaesthetist

Our Total employed staff complement as of 31st March 2018 is 207 made up of:

Physio & Occupational Therapists	14	Porters	2
Nurses/ ODP's	71	Admin Staff	56
HCA's	27	Hotel Services	21
Radiographers	3	TSSU	3
Catering	4	Maintenance	2
Supplies	2	Cardiology Technicians	2

Appendix 3 – Ramsay Health Care UK - Clinical Governance Audit Programme 2017/18

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



Traffic light score

Green	95%*
Amber	70% - 94%
Red	69% and under

* or above previous audit score if 95% or more, or 94% or more, or 69% or more

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 General Manager using the contact details below.

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Truro TR1 3UP

Telephone 01872 226100

or

<http://www.duchyhospital.co.uk>