
Ross Hall Hospital
BMI Healthcare Limited, Glasgow

7 March 2017
Healthcare Improvement Scotland is committed to equality. We have assessed the inspection function for likely impact on equality protected characteristics as defined by age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation (Equality Act 2010). You can request a copy of the equality impact assessment report from the Healthcare Improvement Scotland Equality and Diversity Advisor on 0141 225 6999 or email contactpublicinvolvement.his@nhs.net

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1 A summary of our inspection

About the service we inspected

Ross Hall Hospital, Glasgow, is part of BMI Healthcare Limited, the acute private hospital division of General Healthcare Group. Its aim is to provide the highest standards in all aspects of patient care. This includes ensuring unequalled attention to hygiene and involving patients in the process to minimise any risks of infection.

The hospital has 101 en-suite rooms each with bathroom, telephone and television. It has four operating theatres, one minor procedures theatre, a high dependency unit, a five bed intensive care unit and an endoscopy unit.

The hospital offers an extensive range of treatments, including cardiothoracic, colorectal, cosmetic, gastroenterology, orthopaedic surgery, plastic surgery and general surgery. Ross Hall Hospital sees both inpatients and outpatients and offers a paediatric service as required.

The building is situated within a residential area, with parking available on site, close to public transport and local amenities.

Previous inspection

We previously inspected Ross Hall Hospital on 13 and 14 April 2016. As a result of that inspection, BMI Healthcare Limited (the provider), produced a detailed improvement action plan and submitted this to us. The inspection report and information about the service’s action plan are available on the Healthcare Improvement Scotland website
http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/independent_healthcare/providers_and_services.aspx

About our inspection

We carried out an announced inspection to Ross Hall Hospital on Tuesday 7 March 2017. This inspection focused on the safe delivery of the service’s provision of systemic anti-cancer therapy (SACT).

The inspection team was made up of three clinical advisors and one inspector.

This SACT inspection is our assessment of the service’s progress in addressing the Chief Executive Letter (CEL) 30 (2012) [Revised] Guidance for the Safe Delivery of Systemic Anti-Cancer Therapy, which provides guidance on the safe delivery of SACT. Using the SACT audit tool we inspected:

- the areas used to administer SACT in the service
- clinical management guidelines used during the preparation and treatment of patients
- whether patient consent given when the therapy started was detailed enough
- whether patients’ ability to cope with the therapy was monitored
- the service’s SACT governance
- whether learning from SACT incidents was recorded and used to improve processes
• the processes around pharmacy provision, prescribing and administration of SACT medication, and
• staff knowledge and training in SACT, including awareness of its adverse effects.

As this was a focused inspection, we have not regraded the service. Grades may still change after this inspection due to other regulatory activity. For example, if we have to take enforcement action to improve the service or if we investigate and agree with a complaint someone makes about the service.

The grading history for Ross Hall Hospital can be found on our website. We would like to thank all staff at Ross Hall Hospital for their assistance during the SACT inspection.
2 What we found during this inspection

The service delivers around 8–10 systemic anti-cancer therapy (SACT) administrations a day, four days each week.

The service provides a wide range of treatment with up to eight oncologists and four urologists working in different specialties, including:

- breast
- colo-rectal
- gynaecological
- lung
- upper GI, and
- urology.

The service’s SACT team also included:

- a lead cancer nurse
- an oncology sister
- four SACT delivery nurses
- two clinical support workers, and
- a complementary therapist
- clinical nurse specialists

A consultant oncologist was the cancer lead clinician, providing medical leadership for cancer services. The lead clinician also worked with and supported colleagues to implement the service’s cancer strategy. The service also had a senior pharmacist who, along with lead nurse, attended the Beatson West of Scotland Cancer Centre SACT management group.

As part of their initial consultation, patients were seen in the hospital outpatients department. SACT is delivered within the service’s oncology day care ward which has 10 day beds (all single en-suite rooms), an additional assessment area and a sitting room.

During our inspection, we saw the service had a SACT prescribing policy and an online chemotherapy prescribing system. This online system allowed flexibility in how patients’ SACT medicines were prescribed and administered and provided SACT protocols and supportive treatment guidelines. We saw that the pharmacy documentation and practice was very comprehensive and there were protocols in place for the management of complications.

We saw that the nursing assessment and documentation is comprehensive and the use of the UKONS tool, a scoring system to identify and prioritise the presenting problems of oncology patients contacting the 24-hour advice lines for assessment and advice was good practice.
We saw evidence of multidisciplinary team working and co-operation with the local NHS board with regular multidisciplinary team meetings for patients undergoing treatment for breast cancer.

There was evidence of a good governance and reporting structure in place. We saw minutes from the medical advisory committee (which deals with selected aspects of the SACT governance business) and minutes of the regular cancer services improvement group meetings (which functions as a local SACT group). The cancer clinical lead attends both meetings, representing medical staff and one cancer services improvement group meeting each year is open to all oncologists. If there is specific business involving other consultants they will be invited to attend a meeting.

We looked at how an extravasation incident (leakage of intravenous medication) was reviewed and reported. The service showed how the incident had been tracked through the following stages:

- reporting of the incident
- investigation of the incident
- completion of root cause analysis
- identifying learning points, and
- producing an action plan.

We found that the provider’s process was very good locally and nationally.

We looked at a variety of staff training records and saw evidence of nursing and pharmacy competencies being maintained. All staff training records we looked at were in line with requirements and showed staff received excellent support in safety of administration and patient information. There is training for responsible medical officers and an induction process for new consultants.

**Areas for improvement**

Although we saw that there were local multidisciplinary team meetings being held for patients undergoing breast cancer, this was not the case for patients undergoing treatment for other specialities. The service could consider working with Beatson West of Scotland Cancer Centre if a local solution is not feasible. The service should make sure that all patients are discussed at a multidisciplinary team meetings as this will improve outcomes for the patient.

We saw that BMI Healthcare Limited were in the process of developing a national consent policy for SACT and consent forms being used were not SACT specific. The provider should make sure that this policy is ratified and consent forms are SACT specific.

We saw no evidence that the service’s medical team members received feedback or reports of SACT incidents. The service should consider a ‘Safety Bulletin’ to highlight learning opportunities from SACT issues and other clinical risk events in the cancer unit, this could be distributed to consultant staff, and not just those attending cancer services improvement group as well as being posted on the noticeboard in the department.

- No requirements.
Recommendation a

- We recommend that the service should make sure that all patients are discussed at a multidisciplinary team meeting as this will improve outcomes for the patient.

Recommendation b

- We recommend that the service should ensure the SACT consent policy is ratified and consent forms are SACT specific.

Recommendation c

- We recommend that the service should be able to demonstrate that shared learning from SACT incidents is fed back to medical team members.
Appendix 1 – Requirements and recommendations

The actions that Healthcare Improvement Scotland expects the independent healthcare service to take are called requirements and recommendations.

- **Requirement:** A requirement is a statement which sets out what is required of an independent healthcare provider to comply with the Act, regulations or a condition of registration. Where there are breaches of the Act, regulations, or conditions, a requirement must be made. Requirements are enforceable at the discretion of Healthcare Improvement Scotland.

- **Recommendation:** A recommendation is a statement that sets out actions the service should take to improve or develop the quality of the service but where failure to do so will not directly result in enforcement.

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<th>Requirements</th>
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<td>The provider must:</td>
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<th>Recommendations</th>
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<td>We recommend that the service should:</td>
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<tr>
<td>a make sure that all patients are discussed at an multidisciplinary meeting as this will improve outcomes for the patient.</td>
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<td>National Care Standards – Independent Hospitals (Standard 12.1 – Clinical effectiveness)</td>
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<td>b make sure the SACT consent policy is ratified and consent forms are SACT specific.</td>
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<td>National Care Standards – Independent Hospitals (Standard 11.4 – Deciding on your treatment)</td>
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<td>c be able to demonstrate that shared learning from SACT incidents is fed back to medical team members.</td>
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<td>National Care Standards – Independent Hospitals (Standard 12.3 – Clinical effectiveness)</td>
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Appendix 2 – Who we are and what we do

Healthcare Improvement Scotland was established in April 2011. Part of our role is to undertake inspections of independent healthcare services across Scotland. We are also responsible for the registration and regulation of independent healthcare services.

Our inspectors check independent healthcare services regularly to make sure that they are complying with necessary standards and regulations. They do this by carrying out assessments and inspections. These inspections may be announced or unannounced. We use an open and transparent method for inspecting, using standardised processes and documentation. Please see Appendix 5 for details of our inspection process.

Our work reflects the following legislation and guidelines:

- the National Health Service (Scotland) Act 1978 (we call this ‘the Act’ in the rest of the report),
- the Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011, and
- the National Care Standards, which set out standards of care that people should be able to expect to receive from a care service. The Scottish Government publishes copies of the National Care Standards online at: www.scotland.gov.uk

This means that when we inspect an independent healthcare service, we make sure it meets the requirements of the Act and the associated regulations. We also take into account the National Care Standards that apply to the service. If we find a service is not meeting the requirements of the Act, we have powers to require the service to improve.

Our philosophy

We will:

- work to ensure that patients are at the heart of everything we do
- measure things that are important to patients
- are firm, but fair
- have members of the public on our inspection teams
- ensure our staff are trained properly
- tell people what we are doing and explain why we are doing it
- treat everyone fairly and equally, respecting their rights
- take action when there are serious risks to people using the hospitals and services we inspect
- if necessary, inspect hospitals and services again after we have reported the findings
- check to make sure our work is making hospitals and services cleaner and safer
- publish reports on our inspection findings which are always available to the public online (and in a range of formats on request), and
- listen to your concerns and use them to inform our inspections.
Complaints

If you would like to raise a concern or complaint about an independent healthcare service, we suggest you contact the service directly in the first instance. If you remain unhappy following their response, please contact us. However, you can complain directly to us about an independent healthcare service without first contacting the service.

Our contact details are:

Healthcare Improvement Scotland
Gyle Square
1 South Gyle Crescent
Edinburgh
EH12 9EB

Telephone: 0131 623 4300

Email: comments.his@nhs.net
We can also provide this information:

- by email
- in large print
- on audio tape or CD
- in Braille (English only), and
- in community languages.

www.healthcareimprovementscotland.org

The Healthcare Environment Inspectorate, the Scottish Health Council, the Scottish Health Technologies Group, the Scottish Intercollegiate Guidelines Network (SIGN) and the Scottish Medicines Consortium (SMC) are part of our organisation.