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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www.healthcareimprovementscotland.org
## Contents

1. A summary of our inspection  
2. What we found during this inspection  

Appendix 1 – Requirements and recommendations  
Appendix 2 – Who we are and what we do
1 A summary of our inspection

About the service we inspected

Spire Murrayfield Hospital is registered with Healthcare Improvement Scotland as an independent hospital to provide medical and surgical inpatient and outpatient services to adults and children.

The hospital is part of Spire Healthcare Ltd, the UK-wide independent healthcare group. The service provides a range of medical and surgical services, including treatments for cancer.

The hospital has 70 inpatient beds divided into two wards. The ground floor ward is used for patients who need more complex surgery. The first floor ward is used for day care and short-stay treatments. The patient rooms are all single rooms with en-suite shower or bath facilities. A 3-bedded high dependency unit (HDU) is also available for patients who need a higher level of care. Beechwood House contains additional outpatient consulting rooms, a laser treatment room and physiotherapy service. A single storey modern building houses the wellness centre where general health check-ups are provided.

Spire Murrayfield Hospital is situated in the Murrayfield area of Edinburgh close to public transport services. The hospital is set in pleasant grounds and car parking is available.

Previous inspection

We previously inspected Spire Murrayfield (Edinburgh) on 12 August 2015. As a result of that inspection, Spire Healthcare Ltd (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/HEI.aspx

About our inspection

We carried out an announced inspection to Spire Murrayfield (Edinburgh) on Thursday 10 November 2016. 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. 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 Spire Murrayfield (Edinburgh) can be found in on our website. We would like to thank all staff at Spire Murrayfield (Edinburgh) for their assistance during the SACT inspection.
2 What we found during this inspection

The service provided a wide range of treatment with up to seven oncologists working in different specialties, including:

- breast
- colo-rectal
- gynaecological
- pancreatic tumour practice, and
- urology.

The service’s systemic anti-cancer therapy (SACT) team also included:

- four SACT delivery nurses
- two clinical nurse specialists (covering the tumour groups noted above)
- a clinical support worker, and
- an admin assistant.

A consultant oncologist acted as 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 and an oncology lead nurse.

As part of their initial consultation, patients were seen in the hospital outpatients department. The service’s oncology day care centre included:

- a consulting room
- a six-chair SACT delivery room
- a comfortable sitting area, and
- a two-bedded treatment area.

During our inspection, we saw the service had an online chemotherapy prescribing system. This online system allowed flexibility in how patients SACT medicines were prescribed and administered. While the pharmacy operated a basic service without aseptic services, it complied with Chief Executive Letter (CEL) 30 (2012) [Revised] Guidance for the Safe Delivery of Systemic Anti-Cancer Therapy.

We inspected four patient care records and saw multidisciplinary team meetings and discussions from the NHS were included in the service’s records. Multidisciplinary team meetings held on-site at Spire Murrayfield (Edinburgh) discussed care records of patients wholly treated in the private sector.
We saw evidence that the working arrangements between Spire Murrayfield (Edinburgh) and NHS Lothian were patient-focused, including:

- Good coordination and communication between Spire Murrayfield (Edinburgh) and NHS Lothian’s services.
- Spire Murrayfield (Edinburgh) staff attended relevant multidisciplinary team meetings held in NHS Lothian premises.
- In the acute situation, the acute oncology assessment team at the Western General Hospital and Spire Murrayfield (Edinburgh)’s staff would discuss patients and share appropriate information.

The medical advisory committee had overall responsibility for the service’s governance and from its minutes we saw that it discussed SACT. We saw protocols for managing complications were updated regularly, and the provider planned to use these protocols in other Spire Healthcare Ltd sites in Scotland. We also looked at how an extravasation incident (leakage of intravenous medication) was reviewed and reported. For its review, the service had tracked:

- how the incident had been reported
- how the incident had been investigated
- that an RCA had been completed
- that learning points had been identified from the incident, and
- that an action plan had been produced.

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

We looked at a variety of staff training records and saw evidence of nursing competencies being maintained. All staff training records we looked at were in line with nursing requirements and showed staff received excellent support in safety of administration and patient information. The service used the new national pharmacy education and training template to identify and record SACT training.

Senior staff in the service told us that Spire Murrayfield (Edinburgh) staff were helping to lead developments in SACT for Spire Healthcare Ltd, the provider, nationally.

**Areas for improvement**

While the medical advisory committee discussed SACT issues and all oncology staff reported informal updates and meetings, the service did not have a formal SACT group. The service should hold regular, minuted meetings of staff involved in SACT. This would formalise the informal processes evident in the service. Staff we discussed this with felt this would not be difficult to arrange (see recommendation a).

The service’s online chemotherapy prescribing system was not used for all tumour types. The service was introducing this (see recommendation b).

Although deaths of patients receiving SACT were carried out and reported, the service should make sure that deaths within 30 days of SACT are reviewed with consultants in a timely manner and results feedback to all oncology staff (see recommendation c).
We saw the provider produced a monthly safety bulletin. However, we saw no evidence that the service’s medical team members received feedback or reports of SACT incidents (see recommendation d).

- No requirements.

**Recommendation a**

- We recommend that the service should ensure regular SACT meetings are held, which include all oncology staff. These meetings should be minuted.

**Recommendation b**

- We recommend that the service should ensure its online chemotherapy prescribing system is developed and used for all cancer tumour types.

**Recommendation c**

- We recommend that the service should ensure that deaths within 30 days of SACT are reviewed with consultants in a timely manner and results fed back to all oncology staff.

**Recommendation d**

- 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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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](http://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.