Unannounced Inspection Report: Independent Healthcare

Ross Hall Hospital | BMI Healthcare Limited | Glasgow
7–8 April 2015
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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 ensuite 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.

About our inspection

This inspection report and grades are our assessment of the quality of how the service was performing in the areas we examined during this inspection.

Grades may 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.

We carried out an unannounced inspection to Ross Hall Hospital on Tuesday 7 and Wednesday 8 April 2015.

The inspection team was made up of two inspectors: Winifred McLure and Sarah Gill, and a public partner, Fraser Tweedie. A key part of the role of the public partner is to talk to patients and relatives and listen to what is important to them.

We assessed the service against all five quality themes related to the Healthcare Improvement Scotland (requirements as to independent healthcare services) regulations and the National Care Standards. We also considered the Regulatory Support Assessment (RSA). We use this information when deciding the frequency of inspection and the number of quality statements we inspect.

Based on the findings of this inspection, this service has been awarded the following grades:

**Quality Theme 0 – Quality of information:** 5 - Very good
**Quality Theme 1 – Quality of care and support:** 5 - Very good
**Quality Theme 2 – Quality of environment:** 4 - Good
**Quality Theme 3 – Quality of staffing:** 5 - Very good
**Quality Theme 4 – Quality of management and leadership:** 5 - Very good

The grading history for Ross Hall Hospital can be found in Appendix 2 and more information about grading can be found in Appendix 4.
Before the inspection, we reviewed information about the service. We considered:

- the annual return
- the self-assessment
- any notifications of significant events, and
- the previous inspection report of 7 and 8 May 2013.

During the inspection, we gathered information from a variety of sources. This included:

- accident and incident records
- audits
- complaints
- information leaflets about the services provided
- minutes of meetings
- patient care records
- prescriptions charts
- relevant policies and procedures
- staff personnel files
- training records, and
- the service’s website.

We spoke with a number of people during the inspection. This included:

- charge nurses
- the clinical operations manager
- the director of nursing
- the executive director
- healthcare assistants
- housekeeping staff
- the maintenance manager
- the outpatients department manager
- the patient services manager
- patients
- pharmacists
- pharmacy technicians
- staff nurses
- the support services manager
- the support services deputy manager (hotel services)
- the theatre manager
- theatre staff, and
- visitors.
We inspected the following areas:

- Argyll suite
- Clyde suite
- Cruachan suite
- general corridor areas
- Lomond suite
- outpatient department
- some patient bedrooms and bathrooms
- the reception and arrival area, and
- the theatre department.

**What the service did well**

We noted areas where the service was performing well.

- The service had good information available for people who use, or plan to use, the service.
- The service had good systems in place to manage its infection control practices.
- The service had systems in place to ensure new employees had appropriate checks made to make sure they were fit to work in the establishment.

**What the service could do better**

We did find that improvement was needed in the following areas.

- The laser protection accreditation and all the associated information must be up to date.
- Storage should improve in the theatre area.
- The service’s complaints procedure should be reviewed.

This inspection resulted in one requirement and 10 recommendations (see Appendix 1 for a full list). The requirement is linked to compliance with the Act and regulations or orders made under the Act, or a condition of registration.

BMI Healthcare Limited, the provider, must address the requirement and the necessary improvements made, as a matter of priority.

We would like to thank all staff at Ross Hall Hospital for their assistance during the inspection.
2 Progress since our last inspection

What the provider had done to meet the requirements we made at our last inspection on 7–8 May 2013

Requirement

_The provider must ensure that the complaints leaflet for the hospital is amended to include the contact details of Healthcare Improvement Scotland._

**Action taken**

The complaints leaflet had been updated to include the contact details of Healthcare Improvement Scotland. This is discussed under Quality Statement 1.1. This requirement is met.

Requirement

_The provider must ensure that the risk assessment for radiators in patient bedrooms is reviewed without delay and any control measures identified are implemented._

**Action taken**

A risk assessment for radiators in the patient bedrooms had been carried out. Low surface temperature radiators had been purchased and all radiators would be replaced on a rolling programme of refurbishment. This is discussed under Quality Statement 2.2. This requirement is met.

Requirement

_The provider must ensure that the current system for identifying and rectifying urgent faults is reviewed, to ensure that the premises are maintained in a condition that is suitable for purpose and risks to patient safety are appropriately managed._

**Action taken**

The service reviewed the system. It was decided that identified ‘red flag’ urgent work would be escalated on the day of request to the support services manager. The work would be prioritised and carried out to ensure that the premises were maintained in a condition that was fit for purpose and any risks to patient safety were appropriately managed. This is discussed under Quality Statement 2.2. This requirement is met.

What the service had done to meet the recommendation we made at our last inspection on 7–8 May 2013

**Recommendation**

_We recommend that the provider should consider amending the hospital policy for adult protection to include clear reference to the Adult Support and Protection (Scotland) Act 2007 and ensure that staff are made aware of their responsibilities under this legislation._

**Action taken**

BMI Healthcare Limited had developed and ratified a policy specifically for Scotland in relation to adult support and protection. This is discussed under Quality Statement 3.3. This recommendation is met.
What the provider had done to meet the requirements we made following an upheld complaint investigation in July 2014

Requirement

_The provider must ensure that timescales set out in the BMI Healthcare complaints policy are adhered to._

**Action taken**

We examined the complaints log. We saw that responses were made to patients within the timescales set out in the BMI Healthcare complaints policy. This is discussed under Quality Statement 1.1. This requirement is met.

Requirement

_The provider must ensure that complaints are investigated and responded to as detailed in the BMI Healthcare complaints policy._

**Action taken**

We examined the complaints log. We saw that complaints were investigated and responded to as set out in the BMI Healthcare complaints policy. This is discussed under Quality Statement 1.1. This requirement is met.

What the provider had done to meet the recommendations we made following an upheld complaint investigation in July 2014

**Recommendation**

_We recommend that the service should review its complaints policy to take account of situations of time lapse and difficulties of investigation and/ or retrieval of healthcare records._

**Action taken**

The BMI Healthcare complaints policy had been reviewed and was in draft form. This is discussed further under Quality Statement 4.4. This recommendation is not met. See recommendation j on page 25.

**Recommendation**

_We recommend that the service should review stage 3 of its policy as it gives no set timescales and does not indicate clearly to patients that BMI Healthcare have to agree to moving to this stage._

**Action taken**

The BMI Healthcare complaints policy had been reviewed and was in draft form. This is discussed further under Quality Statement 4.4. This recommendation is not met. See recommendation j on page 25.
Recommendation

We recommend that the service should audit the quality of complaint investigations to ensure that it matches closely with the expectations set out in the BMI Healthcare complaints policy.

Action taken

We saw that the provider visit checked the quality of complaints investigations. This provided a level of internal audit. This is discussed further under Quality Statement 4.4. This recommendation is met.

What the provider had done to meet the requirement we made following an upheld complaint investigation in November 2014

Requirement

The provider must ensure that timescales set out in the BMI Healthcare complaints policy are adhered to.

Action taken

We examined the complaints log. We saw that responses were made to patients within the timescales set out in the BMI Healthcare complaints policy. This is discussed under Quality Statement 1.1. This requirement is met.

What the provider had done to meet the recommendation we made following an upheld complaint investigation in November 2014

Recommendation

We recommend that the service should audit the quality of complaint investigation to ensure that it matches closely with the expectations set out in the BMI Healthcare complaints policy.

Action taken

We saw that the provider visit checked the quality of complaints investigations. This provided a level of internal audit. This is discussed further under Quality Statement 4.4. This recommendation is met.
3 What we found during this inspection

Quality Theme 0 – Quality of information

Quality Statement 0.2
We provide full information on the services offered to current and prospective service users. The information will help service users to decide whether our service can meet their individual needs.

Grade awarded for this statement: 5 - Very good
Ross Hall Hospital had many ways of telling people about the services provided. This included a range of information leaflets. Information was provided on specific clinical and surgical procedures that the hospital carried out, including the risks involved, possible complications and benefits.

Designated staff booked appointments and liaised with patients about their admission. Staff told us that they provided patients with the opportunity to ask any questions. Customer care was monitored through the use of questionnaires, surveys and complaints activity.

New patients were sent a booking confirmation pack and an admission letter that informed them about pre-operative procedures and confirmed costs. A ‘Preparing for your stay’ leaflet provided information on:

- what patients should bring into hospital
- how to pay for their treatment
- information on consent, and
- accommodation and visitors.

We saw that each patient had an information folder in their room called ‘A guide to your stay’. This included details about meals, pain management, confidentiality and how to make a complaint.

Healthcare information about various parts of the service was provided on the BMI Healthcare website. Information for prospective patients included how to get to the service, procedures and treatments offered, prices and how to enquire about treatment. A helpline number was also provided.

The director of nursing told us that information about the service could be translated into other languages, if required. A Braille version of the information could also be provided if requested.

We saw a consultant directory that provided information on specialties and contact details for all consultants. GPs were given the directory to help them when making referrals or advising patients.
The 11 patients we spoke with told us they were satisfied with the information the service provided to them. Most patients we spoke with during the inspection rated the service’s information as ‘very good’ or ‘excellent’ and the following comments were received:

- ‘I was given quite a lot of useful information.’
- ‘Felt able to ask any question.’
- ‘Staff were able to answer all my questions.’

Areas for improvement
Although we saw a range of information leaflets, the print size was smaller than the nationally recommended size 12 font. Consideration could be given to increasing the font size in line with best practice when information leaflets are next reviewed and updated.

Accessibility to leaflets could also be improved if these were available to download from the website.

We saw that the website contained information on how to make a complaint. This was not easy to find as you had to click on making an enquiry first. This could be made clearer. We saw Healthcare Improvement Scotland was mentioned as the regulator and could be contacted at any time in the event of a complaint. However, there was no contact address or telephone number displayed. This could be added to the website to make this clearer.

■ No requirements.
■ No recommendations.

Quality Statement 0.4
We ensure that information held about service users is managed to ensure confidentiality and that the information is only shared with others if appropriate and with the informed consent of the service user.

Grade awarded for this statement: 5 - Very good
We saw the service had policies and procedures relating to all aspects of information management. Staff told us they had regular training using an online module on data protection and information security.

Regular audits were used to check if information security was being maintained. All incidents in relation to breaches in confidentiality were part of the reporting requirements. We noted there had been two breaches reported in the past 6 months. These were recorded and action had been taken appropriately to help prevent reoccurrence.

The service’s electronic information systems were password protected and passwords were changed regularly. We saw that computers were placed in areas that ensured screens could not be observed by unauthorised people.

The printers were kept in secure areas. This ensured that private information was accessed only by authorised staff. We saw large bins for confidential waste so it could be collected for destruction. Staff confirmed that they used the bins for all confidential documents.

Private areas were accessed using key pads and codes were regularly changed as a precaution.
We saw how staff respected patient’s privacy by using room numbers and not recording names on documents that were used in public areas.

**Area for improvement**

Although fully compliant with all of the internal information security audits, we noted that patients’ medical and nursing care records were held in cupboards at the nurses station. These had a sliding door, but were not lockable. Although this area had staff present during the day, staff may not be present at all times through the night. A lock should be fitted to the cupboard to ensure information security at all times. Based on our findings, the service had highlighted this to the group information security officer (see recommendation a).

**Recommendation a**

- We recommend that the service should ensure that all confidential information is stored in a secure area or lockable cupboard.

**Quality Theme 1 – Quality of care and support**

**Quality Statement 1.1**

We ensure that service users and carers participate in assessing and improving the quality of the care and support provided by the service.

**Grade awarded for this statement: 5 - Very good**

The BMI Healthcare Limited participation strategy (2015–2017) provided staff with the overarching principles of patient involvement. A Ross Hall Hospital service user involvement policy also set out the methods of patient involvement that could be used. This included:

- questionnaires
- focus groups
- involvement in corporate projects
- commenting on the website, and
- the role of the patient services manager to lead and respond to comments or complaints.

We spoke with the patient services manager who was relatively new in post. We were told that systems for gaining feedback from patients were being reviewed to develop this further. For example, it was noted that the response rate of using the more detailed inpatient questionnaire was not as high as using the short ‘How well did we do?’ questionnaire. Ways of encouraging completion of the more detailed questionnaire were to be explored.

There were two versions of the short questionnaire: one for outpatients and one for inpatients. Although they were broadly the same, only the version used for inpatients asked for an overall rating of the quality of care. The short questionnaire was widely available in the hospital and once completed could be deposited in the suggestion boxes available.
The longer inpatient questionnaire asked for feedback on a wide range of subjects including:

- arrival
- consultants
- nursing care
- accommodation
- catering
- other hospital departments, and
- going home.

The feedback from these questionnaires was used to produce an overall report on patient satisfaction for BMI Healthcare hospitals.

The patient focus group was a forum to gather feedback from a small group of patients. We saw that the group had last met in October 2014.

There were two patient liaison officers. Their role was to ask patients for feedback. These staff could be called upon by clinical staff if they felt that a patient had any concerns. This approach meant that general comments were recorded regularly and any concerns raised were dealt with quickly.

Leaflets were available for patients called ‘Please tell us’. This set out how comments could be made and, if a patient was still unhappy, they could write to the General Healthcare Group’s chief executive. The name and address of Healthcare Improvement Scotland was also clearly identified as an alternative if the patient preferred to complain to an independent body.

We examined the complaints log. We saw that responses were made to patients within the timescales set out in the BMI Healthcare complaints policy.

All but one of the patients we spoke with felt that they had been fully involved in decisions about their care and treatment.

Areas for improvement

The short questionnaire gave very limited feedback and asked patients if they were likely to recommend the service and why. The content of this questionnaire could be developed to provide more meaningful feedback on the quality of information, care or treatment, and staff.

A poster displaying results of the patient satisfaction survey was out of date as it related to 2013. New noticeboards had just been installed. These were intended to provide up-to-date information on a range of quality issues including patient satisfaction.

The role and remit of the patient focus group could be reviewed to ensure that it was meaningful. This could include widening the membership to ensure that more patients with recent experience of using the hospital were involved in making improvements. The last meeting had involved four patients, but there were no action points arising.

- No requirements.
- No recommendations.
**Quality Statement 1.4**

We are confident that within our service, all medication is managed during the service user’s journey to maximise the benefits and minimise any risk. Medicines management is supported by legislation relating to medicine (where appropriate Scottish legislation) and current best practice.

**Grade awarded for this statement: 5 - Very good**

The hospital's onsite pharmacy had:

- three pharmacists
- three pharmacy technicians
- one pharmacy assistant, and
- a clerk.

A medicines management governance group was chaired by the lead pharmacist and met every 2 months. We saw evidence of medicines management policies, medication error reporting systems and of a rolling programme of audits. This included auditing controlled drugs, medicines management and missed doses. Controlled drugs are medications that require to be controlled more strictly, such as some types of painkillers. Any areas for improvement identified in the audit would generate an action plan. Action plans were discussed by the medicines management governance group. The group only signed off the action plan when it was satisfied the necessary improvements had been made.

The pharmacists had an overview of the prescribing practices and checked prescriptions to ensure medicines had been prescribed appropriately.

We looked at five prescription sheets during the inspection. We found that all the prescriptions had:

- the person's name and date of birth clearly written
- been signed by the prescriber
- the name of the medicine to be given written legibly, and
- the route identified, for example to be given by mouth or injection.

We also looked at the prescription recording sheets that corresponded to these prescriptions. These had all been completed fully.

The pharmacists or a trained member of the nursing team spoke to patients about the use of discharge medication.

All registered nurses had carried out medication training. This included an online module, face-to-face training with competencies to be completed and a period of supervised practice. An annual update included completing an online module and a face-to-face medication training day to ensure continued expertise.

The hospital had a successful inspection from the Home Office in February 2015 in relation to the management of controlled drugs.
We saw evidence that medication fridges and room temperatures were being checked and recorded regularly. This helped to ensure the safe storage of medication.

Area for improvement

While we saw that staff competency to administer drugs was assessed every year, staff did not undergo any observation of their practice when they were administering medication. It is good practice to periodically observe staff practice when administering medication to ensure they are doing so safely (see recommendation b).

- No requirements.

Recommendation b

- We recommend that the service should undertake periodic observations of staff when administering medication to ensure they are continuing to do so safely.

Quality Statement 1.6

We ensure that there is an appropriate risk management system in place, which covers the care, support and treatment delivered within our service and, that it promotes/maintains the personal safety and security of service users and staff.

Grade awarded for this statement: 5 - Very good

During the inspection, we checked four patient care records. We found good standards of record-keeping. Entries were signed, dated and timed. Different pathway records were held for patients depending on procedures and length of stay. Essential details such as next of kin and consent to treatment were also recorded. The consent form was signed by the patient and the surgeon. We saw that individual risk assessments were recorded in the patient care record. These included:

- falls
- malnutrition
- moving and handling
- pressure ulcers, and
- use of bedrails.

We also saw a risk assessment for venous thromboembolism and a theatre safety checklist. All risk assessments were completed, signed and dated.

The World Health Organization’s (WHO) guidelines, Safe surgery saves lives (2009), detail best practice for performing surgery in a safe way. We followed a patient’s journey from the ward to theatre and the recovery room. We saw that staff carried out a checklist to confirm the patient’s identity, date of birth, site of operation and other key information at each handover point. This is in line with the WHO safe surgery guidelines.

Another of the guidelines’ recommendations is for staff in the theatre to have a ‘time out’ or ‘surgical pause’ before they start the surgery. A surgical pause is when staff make a final check that they have the correct patient, the correct equipment and are about to perform the correct procedure before starting the surgery. We saw that a surgical pause took place involving all relevant staff and this was recorded on the surgical safety checklist.
During surgery, staff in the theatre should count all the swabs, needles and instruments that are used. This means that they can then count them at the end of the surgery to make sure nothing has been left in the patient. We saw that staff did this and used a whiteboard to keep a running total during the operation. This allowed staff to make an accurate check when the operation was finished. This was recorded in the patient’s care plan.

We saw that daily checks were carried out on anaesthetic machines to make sure they were safe and in good working order. This was recorded in the log book provided with the anaesthetic machine. Monthly and weekly maintenance checks were also carried out, such as filter and soda lime changes. These were also recorded.

Ross Hall Hospital used a paper system for reporting all incidents, both clinical and non-clinical. This was then entered into the electronic system (Sentinal). The electronic system could generate reports based on any of the criteria recorded. This was then reported back to the relevant staff.

Patients commented favourably on the way they were treated, for example that nursing staff were very kind and came right away if they buzzed for them, that they were very supportive, and that everything was explained. There were also instances of reassuring phone calls before patients were admitted to hospital.

**Areas for improvement**

During our inspection, we noted that the laser protection information was out of date and reported this to senior staff. Further investigation by the hospital found that the 3-yearly unannounced inspection by their external accredited laser advisor had not been carried out. Following our inspection, the hospital provided evidence to us that it had taken immediate steps to have the laser protection accreditation carried out. It is essential that these inspections are carried out in a timely manner to ensure the safety of both patients and staff (see requirement 1).

Ross Hall Hospital used a signature sheet to help identify individuals completing the patient care record. However, we found two different forms to record signatures. These forms were also not always completed by every person writing in the patient care record. The service should make clear which form staff must complete and make sure all staff, who contributed to the patient care record, fill out the signature sheet (see recommendation c).

When we reviewed the patient care records, we noted that, in some of the consent forms, the benefits and risks details had not been fully completed. We highlighted this to senior staff at the time of the inspection. It is essential that these discussions are recorded as stated in the General Medical Council’s *Consent: Patients and Doctors Making Decisions Together* (2008) guidelines (see recommendation d).

While in theatre, we noted that daily checks of theatre equipment were not always being recorded (see recommendation e).

**Requirement 1 – Timescale: immediately on publication of report**

- The provider must ensure that the laser protection accreditation and all the associated information is up to date and implement a system to make sure that this is reviewed on an annual basis and updated as required.

**Recommendation c**

We recommend that the service should ensure that staff know which signature sheet they must complete before they start to contribute to a patient care record.
Recommendation d
- We recommend that the service should ensure that consent forms are completed in line with its consent policy.

Recommendation e
- We recommend that the service should keep records of the daily checks of theatre equipment.

Quality Theme 2 – Quality of environment

Quality Statement 2.2
We are confident that the design, layout and facilities of our service support the safe and effective delivery of care and treatment.

Grade awarded for this statement: 4 - Good
Ross Hall Hospital was an old period property with an additional three storey purpose-built building added in the 1980s. There were four wards, four theatres, a recovery area and an intensive care unit. A new purpose-built endoscopy unit had recently been built. There was also a large basement area and other outbuildings. There was parking within the hospital grounds and some of the rooms had excellent views to Ross Hall Park.

All bedrooms are single with ensuite facilities. Some of the bedrooms had been upgraded with the remainder on a planned programme of refurbishment. We saw a mixture of washable hard and soft floor coverings throughout public areas and bedrooms. These areas were all clean. The communal corridor areas were wide enough to accommodate people who use wheelchairs. Lifts were provided to access all floors.

We saw that visitors to the hospital used a sign-in and sign-out system at the front reception. Many areas within the hospital were accessed by key pad. This helped to make sure the hospital was secure.

We saw that a risk assessment for radiators in the patient bedrooms was carried out. Low surface temperature radiators had been purchased and all radiators would be replaced on a planned programme of refurbishment.

We saw that many of the clinical wash hand basins had been replaced and were now compliant with current standards.

Ross Hall Hospital had a clear organisational structure for health and safety in place and a health and safety advisor lead was in post. Each department had health and safety representatives who attended the health and safety committee meetings held every 3 months. Mandatory online training was provided for staff through BMI Learn (the corporate BMI Healthcare computer-based system). This included fire, health and safety, and manual handling. This was monitored closely by senior staff to ensure compliance. We were told that the health and safely lead was qualified to degree level in occupational safety and health. Other senior staff had completed the Institution of Occupational Safety and Health (IOSH) managing safely course.

We spoke with the maintenance manager who showed us service records for non-clinical equipment. This included equipment serviced by outside contractors. The maintenance manager was also able to show us the process for reporting and recording issues with equipment and how that was dealt with each day. A computerised maintenance programme
was used which generates work orders and maintenance requests. We were shown how ‘red flag’ urgent work was identified and prioritised, such as rectifying defects identified with thermostatic mixing valves. Each department managed the maintenance of clinical equipment using an external company. Servicing was carried out by the manufacturers as required. We saw evidence of environmental risk assessments, including fire and water assessments and evidence of fire education and drills being carried out twice a year.

We saw that Control of Substances Hazardous to Health (COSHH) information and risk assessments were in place. These were managed by each department. There was a system in place to ensure staff had read this information.

**Areas for improvement**

During our inspection, we saw that some areas of the hospital needed redecoration or refurbishment. This included the replacement of some windows, the repair of leaks in the roof and the replacement of worn-out furniture. There were a limited number of ensuite shower rooms. Most rooms had baths with overhead showers. These were difficult for patients to use following joint surgery. One patient commented that the ‘overhead shower in the bath arrangement needs updating’. The hospital had risk assessments in place for furniture replacement, such as lockers, overbed tables and bedside chairs. An ongoing refurbishment plan was in place, but a full modernisation programme could be considered.

Many of the clinical wash hand basins had been replaced and were now compliant with current standards. However, some work still had to be done with other sinks, their use and their compliance to current standards. We will follow this up at future inspections.

Theatre areas had a lack of storage space. The amount of equipment, instruments and supplies needed for four theatres meant equipment and instruments were being stored in a corridor. This presented a number of hazards, such as narrowing corridors, reducing work space, and contamination of equipment and instruments. A risk assessment should be carried out and an action plan produced to address the storage issues (see recommendation f).

■ No requirements.

**Recommendation f**

■ We recommend that the service should undertake a risk assessment and develop an action plan to address the storage issues.

**Quality Statement 2.4**

*We ensure that our infection prevention and control policy and practices, including decontamination, are in line with current legislation and best practice (where appropriate Scottish legislation).*

**Grade awarded for this statement: 5 - Very good**

Infection prevention and control policies were in place. There was a dedicated full-time infection prevention and control lead at Ross Hall Hospital, with infection prevention and control link nurses in each department. The infection prevention and control committee met every 3 months and was made up of key staff from the hospital. We saw the minutes for the last three meetings. We saw that progress was being made with the agenda items raised. We also saw evidence that the items on the agenda were discussed at medical advisory committee meetings and clinical governance meetings.
A number of senior staff had completed their cleanliness champion course. This aims to prepare staff to promote safe practice and ensure a safe patient environment in which infection prevention and control is of the highest importance. This was now being rolled out to other staff within the hospital. All staff did online infection prevention and control learning and had face-to-face learning with the infection control lead nurse every year.

We spoke with the support services manager and saw that systems were in place to support housekeeping staff to clean the hospital. Staff were given a checklist showing the areas they had to clean and what they should clean in every area. Housekeeping staff were able to show us this process. The housekeeping supervisor performed daily spot checks to ensure that the areas had been cleaned satisfactorily. A full hygiene audit of different areas in the hospital was carried out every month on a rolling programme. There was also a system in place to allow staff to report any maintenance issues. We saw that clinical staff also had a system of daily, weekly and monthly cleaning schedules to ensure clinical equipment was regularly cleaned.

The Scottish Patient Safety Programme has produced care bundles for peripheral venous catheters, central venous catheters and catheter-associated urinary tract infections. These care bundles were now well established and embedded in the hospital. Surveillance data for surgical site infections were collected and submitted to Health Protection Scotland as well as the corporate infection prevention and control team. Staff were able to show us the range of audits that were carried out. This included:

- hand hygiene
- peripheral venous catheters
- catheter-associated urinary tract infections, and
- sharps management.

We saw that mattresses were checked by housekeeping staff when patients were discharged. A monthly sample audit and an annual full audit were also carried out by the infection prevention and control lead.

All surgical instruments were decontaminated and sterilised at an off-site facility. The hospital had a manual, paper-based traceability system in place. If there were any problems discovered about the surgical instruments, the hospital management would be able to trace the patients that any instrument was used for.

All patients we spoke with felt that the hospital was very clean.

**Areas for improvement**

A number of audits were being carried out, but this could be developed further to include linen and waste management audits.

Better signage and more gel dispensers could be used to encourage visitors and staff to use the alcohol hand gel provided.

Although there were some written cleaning schedules to guide clinical staff and record that cleaning had taken place, these needed to be developed further in theatre to include weekly and monthly cleaning schedules. A cleaning schedule should detail all the areas and items requiring cleaning, the frequency of cleaning, the method of cleaning, the cleaning products and equipment to be used, instruction on how to use the cleaning products and equipment, alongside any safety information and a system to evidence that the cleaning has been completed satisfactorily (see recommendation g).
While we saw a manual traceability system was in place for the instruments used during surgical procedures, it had not been tested to check all the necessary information was recorded. It is important for the hospital to be able to trace patients that a particular instrument set has been used for, in case the off-site decontamination service alerts the hospital to an issue with a particular set or batch of sets (see recommendation h).

- No requirements.

**Recommendation g**

- We recommend that the service should develop weekly and monthly cleaning schedules to guide theatre staff who are cleaning the clinical areas and equipment.

**Recommendation h**

- We recommend that the service should test its traceability system to ensure that it is possible to identify every patient that a surgical instrument set has been used for.

**Quality Theme 3 – Quality of staffing**

**Quality Statement 3.2**

We are confident that our staff have been recruited and inducted, in a safe and robust manner to protect service users and staff.

**Grade awarded for this statement: 5 - Very good**

The service had a robust recruitment and retention policy. All applicants submitted an electronic application form and were interviewed before a formal offer of employment was given.

We reviewed the staff personnel files of five employees. All staff files contained a job description, application form, interview notes, and professional registration information from the Nursing and Midwifery Council or the Health Professions Council. All staff had a completed application checklist in their file including Protecting Vulnerable Groups (PVG) Disclosure Scotland numbers.

All staff undertake comprehensive induction, mentorship and annual mandatory training programmes specific to their staff role. Induction covered topics such as health and safety, fire awareness, child and adult protection, IT matters, moving and handling, infection prevention and control and any role-specific mandatory training.

The executive director explained the system and process for doctors’ applications for ‘practising privileges’ at the hospital. Practising privileges means the grant, by a person managing a hospital, to a medical practitioner of permission to practise as a medical practitioner in that hospital. We saw that individual applications were also discussed at the medical advisory committee meeting. We reviewed five doctors’ personnel files. We saw that they each included:

- an application for practising privileges
- annual appraisals, and
- checks on General Medical Council registration.
The chief executive reviewed and updated these files every 2 years.

The hospital continued to carry out retrospective PVG checks on current staff members.

- No requirements.
- No recommendations.

**Quality Statement 3.3**

*We have a professional, trained and motivated workforce which operates to National Care Standards, legislation and best practice.*

**Grade awarded for this statement: 5 - Very good**

Ross Hall Hospital had access to the corporate BMI Healthcare computer-based training system, BMI Learn. This system set out all the mandatory training for employees based on their role in the hospital. It also monitored when a particular module was last completed and reminded staff and managers when refresher training was due.

BMI Learn also supported staff development. In addition to the mandatory training modules, staff could also apply through their line manager to have any module in the system added to their profile. This allowed them to complete this as a part of their continuing professional development (CPD), or in preparation for applying for a new or more senior role in the organisation. There was also a facility to record any CPD training that had been completed without using BMI Learn. This gave the hospital comprehensive personal development records for each employee.

BMI Learn gave management an overview of the training that had been completed in a year, and how much had still to be commenced. This was a useful tool to help ensure that all staff completed the training required.

A number of face-to-face training sessions also took place which complemented the online training, such as infection prevention and control, and fire safety. There were also face-to-face clinical training sessions. These included:

- acute illness management
- electrocardiography (ECG) recording
- documentation and legal aspects
- medicines management
- resuscitation training, and
- blood transfusion.

Annual appraisals were carried out which monitored staff performance. Staff also took on further responsibility for specific areas and acted as link nurses, such as blood transfusion or infection prevention and control. They then provided help for staff and acted as a resource, and organised and provided practical training sessions to complement online modules.

Nurses’ and allied health professionals’ registrations were checked and recorded using online verification systems, if possible. A system was in place to check these annually.

Staff we spoke with were all aware of the whistleblowing policy and spoke of being comfortable to raise concerns should they have any. We saw that BMI Healthcare Limited
had developed and ratified a policy specifically for Scotland in relation to adult support and protection.

All patients we spoke with rated the quality of staff as ‘excellent’. One patient commented: ‘They are all so kind and professional’.

We also saw very prompt responses to patients using their buzzers. Some patients commented:

- ‘I always feel there is an army of them just outside the door!’
- ‘They are there, but you are not constantly disturbed.’

**Areas for improvement**

Although there was a system to use BMI Learn for staff appraisals, some staff told us they had not had a full appraisal for some time. Senior staff and management were aware of this and were in the process of rolling out a new system (see recommendation i).

Staff were aware of the NHS Education for Scotland’s *Core competencies for anaesthetic assistants*, and were in the process of completing their portfolios. It is essential that staff carrying out the role of anaesthetic assistant have completed the necessary competencies. We will follow this up at future inspections.

One patient commented that it was difficult to know the specific roles of the various staff and what the different uniforms meant. The hospital should consider ways to inform patients of the most common staff groups, as some of the uniforms were quite similar.

- No requirements.

**Recommendation i**

- We recommend that the service should ensure that all staff have an annual appraisal in line with the BMI Healthcare learning and development policy.
Quality Theme 4 – Quality of management and leadership

Quality Statement 4.2
We involve our workforce in determining the direction and future objectives of the service.

Grade awarded for this statement: 5 - Very good
The service provider, BMI Healthcare Limited, had a clinical services strategy for 2013–2016 and a strategic priorities operational plan. These set out the future objectives of the service. Locally, meetings had taken place with staff to gather their feedback and views.

Senior management used various methods of communication to ensure staff were aware of the strategy, its objectives and allow opportunities to contribute ideas. These included:

- daily communication with senior management
- open forums
- departmental meetings
- BMI Healthcare staff newsletter
- information and bulletin boards, and
- lunch meetings with the executive director.

A recent staff survey highlighted communication issues as an area of dissatisfaction among some staff. In response to this, a new communications group was set up. Staff told us that this informal group was proving useful as a method of improving communication for staff.

There were opportunities for staff to take part in the BMI Healthcare Limited leadership programme. This had begun with senior management and was moving to other tiers of staff.

One staff member had recently completed a Masters degree in critical care and had implemented a new outreach tool as a result. The outreach tool helped staff to assess a patient’s condition and improve communication between hospital and community services. This had a direct affect on an element of service delivery and was a good example of staff being able to influence change.

Meetings of the quality partners focus group showed that staff were involved in business planning and meeting objectives.

Staff we spoke with were positive about their jobs and felt they could raise issues and be listened to by management.

Area for improvement
Senior management had identified that further staff engagement forums could be developed.

- No requirements.
- No recommendations.
Quality Statement 4.4

We use quality assurance systems and processes which involve service users, carers, staff and stakeholders to assess the quality of service we provide.

Grade awarded for this statement: 5 - Very good

BMI Healthcare Limited’s quality strategy (2015–2017) sets out the principles and methods of measuring quality within services. A quality summit had been held in January 2015 to discuss this strategy with senior management staff.

The service had various methods of monitoring the quality of the service. These included:

- patient questionnaires
- using comments and complaints received from patients and their families
- BMI Healthcare staff survey
- catering survey, and
- infection prevention and control questionnaire.

Noticeboards had recently been installed in each of the ward areas to display results of key subjects, such as patient satisfaction survey results and infection prevention and control audit results.

We saw minutes of the clinical governance group. This group oversaw reports from various subgroups, including:

- resuscitation
- blood transfusion
- infection prevention and control
- medicines management, and
- radiation protection.

Other issues discussed at the meeting included accidents and incidents, complaints, staff training and a review of the risk register. All information was analysed for trends, and actions were agreed and planned. The director of nursing reported all quality activities monthly to the regional clinical assurance committee and provided a detailed action plan.

Accidents and incidents were monitored. We saw examples of these being analysed and discussed at an established lessons learnt meeting. This meeting aimed to discuss learning from incidents and ensure that changes were made to prevent reoccurrence.

A new audit programme had just been introduced. This included a list of subject areas to be monitored every month, such as:

- medication records
- surgical checklists
- risk assessments for blood clots, and
- consent records.
An internal inspection by the BMI Healthcare Limited quality and risk team was carried out in July 2014. This was known as the 'provider visit' and we saw a copy of this report. This resulted in various recommendations for improvement. An action plan had been compiled and we saw progress in meeting all of the points raised.

The quality and risk month-end report from September 2014 gave an overview of progress with the provider visit report, audits and projects. This was overseen by the quality and risk department.

Areas for improvement

We saw a draft for the revised BMI Healthcare complaints policy. However, this had not taken into account recommendations we made following a complaints investigation. There was also no reference to Healthcare Improvement Scotland as the regulator in Scotland. A further review should take place to ensure that this policy is appropriately updated (see recommendation j).

A new template for taking minutes at meetings was in the process of being introduced. This will include action points and who is responsible for them.

Some new systems for monitoring quality were still in the process of being introduced. This included a new electronic overview using a ‘dashboard’ and new noticeboards to display audit results.

- No requirements.

Recommendation j

- We recommend that the service should review and update the BMI Healthcare complaints policy to ensure it meets the needs of the service by:

  (a) taking account of situations of time lapse and difficulties of investigation and/or retrieval of healthcare records, and
  (b) ensuring that stage 3 of the policy has clear timescales for responding to the complainant and indicates clearly to patients that BMI Healthcare has to agree to move to this stage.
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.

### Quality Statement 0.4

<table>
<thead>
<tr>
<th>Requirements</th>
<th>None</th>
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**Recommendation**

**We recommend that the service should:**

- **a** ensure that all confidential information is stored in a secure area or lockable cupboard (see page 12).
  
  National Care Standards – Independent Hospitals (Standard 14.3 – Information held about you)

### Quality Statement 1.4

<table>
<thead>
<tr>
<th>Requirements</th>
<th>None</th>
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**Recommendation**

**We recommend that the service should:**

- **b** undertake periodic observations of staff when administering medication to ensure they are continuing to do so safely (see page 15).
  
  National Care Standards – Independent Hospitals (Standard 20.4 – Medicines management)
## Quality Statement 1.6

**Requirement**

**The provider must:**

1. **ensure** the laser protection accreditation and all the associated information is up to date and implement a system to make sure that this is reviewed on an annual basis and updated as required (see page 16).

   **Timescale** – immediately on receipt of report

   *Regulation 3(d)(v) Welfare of users*
   *The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*

   National Care Standards – Independent Hospitals (Standard 15.5 – Your environment)

**Recommendations**

**We recommend that the service should:**

- **c** ensure that staff know which signature sheet they must complete before they start to contribute to a patient care record (see page 16).

  National Care Standards – Independent Hospitals (Standard 14.3 – Information held about you)

- **d** ensure that consent forms are completed in line with its consent policy (see page 17).

  National Care Standards – Independent Hospitals (Standard 11.4 – Deciding on your treatment)

- **e** keep records of the daily checks of theatre equipment (see page 17).

  National Care Standards – Independent Hospitals (Standard 15.5 – Your environment)

## Quality Statement 2.2

**Requirements**

None

**Recommendation**

**We recommend that the service should:**

- **f** undertake a risk assessment and develop an action plan to address the storage issues (see page 18).

  National Care Standards – Independent Hospitals (Standard 15.3 – Your environment)
### Quality Statement 2.4

<table>
<thead>
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<table>
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<td><strong>We recommend that the service should:</strong></td>
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### Quality Statement 3.3

<table>
<thead>
<tr>
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<tbody>
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<tr>
<th>Recommendation</th>
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<tr>
<td><strong>We recommend that the service should:</strong></td>
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<td>Quality Statement 4.4</td>
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<tr>
<td><strong>Requirements</strong></td>
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<tr>
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National Care Standards – Independent Hospitals (Standard 9.2 – Expressing your views)
### Appendix 2 – Grading history

<table>
<thead>
<tr>
<th>Inspection date</th>
<th>Quality of information</th>
<th>Quality of care and support</th>
<th>Quality of environment</th>
<th>Quality of staffing</th>
<th>Quality of management and leadership</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/07/2012</td>
<td>4 - Good</td>
<td>2 - Weak</td>
<td>5 - Very good</td>
<td>5 - Very good</td>
<td>Not assessed</td>
</tr>
<tr>
<td>07–08/05/2013</td>
<td>5 - Very good</td>
<td>5 - Very good</td>
<td>4 - Good</td>
<td>5 - Very good</td>
<td>5 - Very good</td>
</tr>
</tbody>
</table>
Appendix 3 – 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: hcis.chiefinspector@nhs.net
Appendix 4 – How our inspection process works

Inspection is part of the regulatory process.

Each independent healthcare service completes an online self-assessment and provides supporting evidence. The self-assessment focuses on five quality themes:

- **Quality Theme 0 – Quality of information:** this is how the service looks after information and manages record-keeping safely. It also includes information given to people to allow them to decide whether to use the service and if it meets their needs.
- **Quality Theme 1 – Quality of care and support:** how the service meets the needs of each individual in its care.
- **Quality Theme 2 – Quality of environment:** the environment within the service.
- **Quality Theme 3 – Quality of staffing:** the quality of the care staff, including their qualifications and training.
- **Quality Theme 4 – Quality of management and leadership:** how the service is managed and how it develops to meet the needs of the people it cares for.

We assess performance by considering the self-assessment, complaints, notifications of events and any enforcement activity. We inspect the service to validate this information and discuss related issues.

The complete inspection process is described in Appendix 5.

**Types of inspections**

Inspections may be announced or unannounced and will involve physical inspection of the clinical areas, and interviews with staff and patients. We will publish a written report 8 weeks after the inspection.

- **Announced inspection:** the service provider will be given at least 4 weeks’ notice of the inspection by letter or email.
- **Unannounced inspection:** the service provider will not be given any advance warning of the inspection.

**Grading**

We grade each service under quality themes and quality statements. We may not assess all quality themes and quality statements.

We grade each heading as follows:

6 excellent  5 very good  4 good  3 adequate  2 weak  1 unsatisfactory

We do not give one overall grade for an inspection.

The quality theme grade is calculated by adding together the grades of each quality statement under the quality theme. Once added together, this number is then divided by the number of statements.
For example:

**Quality Theme 1 – Quality of care and support: 4 - Good**

Quality Statement 1.1 – 3 - Adequate  
Quality Statement 1.2 – 5 - Very good  
Quality Statement 1.5 – 5 - Very good

Add the grades of each quality statement together, making 13. This is then divided by the number of quality statements (there are 3 quality statements), making 4.3. This is rounded down to 4, giving the overall quality theme a grade of 4 - Good.

However, if any quality statement is graded as 1 or 2, then the entire quality theme is graded as 1 or 2 regardless of the grades for the other statements.

**Follow-up activity**

The inspection team will follow up on the progress made by the independent healthcare provider in relation to the implementation of the improvement action plan. Healthcare Improvement Scotland will request an updated action plan 16 weeks after the initial inspection. The inspection team will review the action plan when it is returned and decide if follow up activity is required. The nature of the follow-up activity will be determined by the nature of the risk presented and may involve one or more of the following elements:

- a planned announced or unannounced inspection
- a planned targeted announced or unannounced follow-up inspection looking at specific areas of concern
- a meeting (either face to face or via telephone/video conference)
- a written submission by the service provider on progress with supporting documented evidence, or
- another intervention deemed appropriate by the inspection team based on the findings of the initial inspection.

A report or letter may be produced depending on the style and findings of the follow-up activity.

More information about Healthcare Improvement Scotland, our inspections and methodology can be found at:  
Appendix 5 – Inspection process

We follow a number of stages in our inspection process.

**Before inspection**

The independent healthcare service undertakes a self-assessment exercise and submits the outcome to us.

We review the self-assessment submission to help inform and prepare for on-site inspections.

**During inspection**

We arrive at the service and undertake physical inspection.

We have discussions with senior staff and/or operational staff, people who use the service and their carers.

We give feedback to the service’s senior staff.

We undertake further inspection of services if significant concern is identified.

**After inspection**

We publish reports for patients and the public based on what we find during inspections. Healthcare staff can use our reports to find out what other services do well and use this information to help make improvements. Our reports are available on our website at [www.healthcareimprovementscotland.org](http://www.healthcareimprovementscotland.org)

We require services to develop and then update an improvement action plan to address the requirements and recommendations we make. We check progress against the improvement action plan.
Appendix 6 – Terms we use in this report

Terms and explanation

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
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<tbody>
<tr>
<td>provider</td>
<td>A provider is an individual, partnership or business that delivers and manages a regulated healthcare service.</td>
</tr>
<tr>
<td>service</td>
<td>A service is the place where healthcare is delivered by a provider. Regulated healthcare services must be registered with Healthcare Improvement Scotland.</td>
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</table>
We can also provide this information:

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