Unannounced Inspection Report: Independent Healthcare

Nuffield Hospital Glasgow | Nuffield Health | Glasgow
9–10 March 2015
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1  **A summary of our inspection**

**About the service we inspected**

Nuffield Hospital Glasgow is registered with Healthcare Improvement Scotland as an independent hospital providing care and treatment to children and adults in acute surgery and medical management. The hospital is part of the UK-wide independent healthcare group Nuffield Health.

There are 33 inpatient beds available, two of which can be used for high dependency patients. An extensive range of inpatient procedures, clinics and outpatient services are provided. The hospital has one ward and all bedrooms are single rooms, with ensuite facilities. The hospital has on-site parking facilities.

**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 Nuffield Hospital Glasgow on Monday 9 and Tuesday 10 March 2015.

The inspection team was made up of two inspectors, Winifred McLure and Karen Malloch, and a public partner, Penny Leggat. 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 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:** 4 - Good

The grading history for Nuffield Hospital Glasgow 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 29–30 April 2014.
During the inspection, we gathered information from a variety of sources. This included:

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

We spoke with a number of people during the inspection, including:

- a hospital manager
- a hospital matron
- a theatre sister
- a ward sister
- a pharmacist
- a radiologist
- the staff nurses
- the healthcare support workers
- a maintenance technician
- a digital marketing assistant
- the admin staff
- a housekeeping supervisor, and
- the patients.

We inspected the following areas:

- patient bedrooms and ensuite bathrooms
- sluice rooms
- clinic rooms
- minor procedures treatment rooms
• outpatient clinics
• radiology suite
• communal areas, and
• theatres.

What the service did well
We noted areas where the service was performing well.

• The service provided good information in a wide variety of formats, including social media. This allowed people to give informed consent about procedures or treatments that they may undertake.

• The service had good systems and processes to manage risk within the hospital.

• The service provided a high standard of care to patients.

What the service could do better
We did find that improvement was needed in the following areas.

• A risk-based plan should be developed to replace hand basins which are not compliant.

• A participation strategy should be developed to ensure relatives and patients can provide feedback to improve the service.

• The service should ensure that policies and procedures reflect Scottish legislation and guidelines.

This inspection resulted in no requirements and nine recommendations. See Appendix 1 for a full list of the recommendations.

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

What the service had done to meet the recommendations we made at our last inspection on 29–30 April 2014

Recommendation

*Nuffield Hospital Glasgow should ensure that all confidential information is stored in a secure area or lockable cupboard.*

**Action taken**

During our walkaround we observed that the patient care records which were in use, were still stored in an open cupboard within an unlocked area. These records should be stored in a locked cabinet or a secure room with restricted access. **This recommendation is not met.**

Recommendation

*Nuffield Hospital Glasgow should ensure that risk assessments within the patient care record are completed or records indicate that they are not applicable.*

**Action taken**

We checked five patient care records and saw that the risk assessments had been completed correctly. This is discussed further under Quality Statement 1.6. **This recommendation is met.**

Recommendation

*Nuffield Hospital Glasgow should ensure the transfer policy is finalised and made available to staff.*

**Action taken**

The transfer policy has been finalised with a standard operating procedure developed and is available for staff. This is discussed further under Quality Statement 1.6. **This recommendation is met.**

Recommendation

*Nuffield Hospital Glasgow should ensure that no inappropriate items are stored in the recovery area of the theatre department.*

**Action taken**

During this inspection no inappropriate items were stored in the recovery area. This is discussed further under Quality Statement 2.2. **This recommendation is met.**

Recommendation

*Nuffield Hospital Glasgow should ensure that there is a process in place to identify what daily cleaning should be undertaken in the theatre department. The process should include recording the cleaning that has been carried out.*

**Action taken**

We saw evidence of daily cleaning schedules for theatre and staff were able to talk us through the cleaning process. This is discussed further under Quality Statement 2.2. **This recommendation is met.**
Recommendations carried forward from our 23 October 2012 inspection

Recommendation

Nuffield Hospital Glasgow should update its complaint information to include details of the regulatory body. This should be made easily accessible to all people who use the service.

Action taken

Complaint information has been reviewed and amended to include details of Healthcare Improvement Scotland. This is discussed further under Quality Statement 0.2. This recommendation is met.

Recommendation

Nuffield Hospital Glasgow should review the complaints policy and procedures.

Action taken

This policy has been reviewed and updated. This recommendation is met.

Recommendation

Nuffield Hospital, Glasgow should review the accommodation and produce an action plan with a view to improving the overall quality of the accommodation.

Action taken

The hospital has recently completed a feasibility study to improve the overall accommodation within the hospital. This is discussed further under Quality Statement 2.2. This recommendation is met.

Recommendation

Nuffield Hospital Glasgow should introduce a system for staff supervision.

Action taken

A new performance and development review system has been introduced. This is discussed further under Quality statement 3.3. This recommendation is met.
3 What we found during this inspection

Quality Theme 0 – Quality of information

Quality Statement 0.1
We ensure that service users and carers participate in assessing and improving the quality of information provided by the service.

Grade awarded for this statement: 5 - Very good
The service used outpatient surveys and patient questionnaires to gather feedback from patients about the information they had been provided with relating to their outpatients appointments, hospital admission and discharge. Patients could comment on:

- the quality of information they received
- the information provided by the consultant
- relevance of the information, and
- how easy it was to find the relevant information required.

We saw that the patient questionnaire provided a space for any additional comments or suggestions.

The service told us the completed questionnaires and surveys were analysed at corporate level and a monthly report providing the results was compiled for the hospital. The survey results were compared across all of the providers services and any negative feedback was used to inform improvement plans. Month-to-month scores were tracked to ensure the quality of service was being maintained. We saw that the questionnaires and survey outcomes were discussed at the monthly head of department meetings.

The most recent survey report we looked at showed that patients were satisfied with the type of information and the amount of information provided at all stages of their care.

We saw that the outpatient department had a wall-mounted electronic tablet which patients were able to use to complete the questionnaire.

Areas for improvement
While patients were able to comment on the quality of written information they receive, it may be worthwhile for the service to get feedback on the information they provide on the website and on social media.

The service did not involve patients in developing service leaflets or in reviewing relevant draft documents. The service could develop ways to include patients and carers in this process when brochures and information are being produced or updated.

- No requirements.
- No recommendations.
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
The hospital had a wide variety of information available for people who use or who are planning to use the service. Information leaflets are produced at corporate level and are available in paper format. We found these leaflets easy to read, informative and provided contact details for people wanting more information about the service.

Information about the service was also available on the website which we found was easy to navigate. The website contained a range of information about the hospital, including:

- procedures and treatments offered
- consultants, with details on their specialties, hobbies and interests which added a more personal touch, and
- the costs of various procedures and payment options.

There was a web page which had an area for people to enquire about the service. Staff told us that this was how most of the enquiries were received and that staff had been trained how to answer the queries and provide customer care.

The service had access to interpreters if required, and all the information was available in alternative languages and in Braille.

A ‘Guide for Patients Consent’ leaflet was available which informed patients of their rights in respect of consent and treatment.

The service also used social media to communicate initiatives and information. Patients often used services such as Facebook and Swarm. Where possible, this information was collated and used to further assess patient impressions of the service.

Patients were provided with specific information relevant to their procedure as part of the pre-admission and admission process. This information was provided in writing and verbally by staff. The patients and carers we spoke with told us that they had received sufficient information in order to make an informed choice about the service. They all said the information was simple and easy to follow and that staff were very helpful in answering any queries.

We saw a wide range of information leaflets on display around the service, including:

- a guide on accessing private health care
- how to pay for treatment, and
- information about the various services, including mammogram, physiotherapy and orthopaedics.

The service hosted GP information sessions to make sure that they had up-to-date information about the services offered when making referrals.
Inspection reports were published on the hospital website to inform the stakeholders and service users about service performance.

Patients we spoke with during the inspection rated the information provided by the service as very good and the following comments were received:

- ‘I was given all the information I needed.’
- ‘Felt able to ask any question.’
- ‘Staff were able to answer all my questions.’

Areas for improvement

All patients had an information folder in their bedroom and we saw this provided useful information about all aspects of the service. We saw that the Care Quality Commission (CQC) was described as the regulating body under the safety and quality information. This information is incorrect and should be changed to reflect Healthcare Improvement Scotland as the regulator in Scotland (see recommendation a).

The service did not provide patients with information about the smoking policy in operation. Two of the patients we spoke with told us that they were unaware of this policy and were unsure if they were able to smoke outside. It would be beneficial to add this information to the patient folder.

- No requirements.

Recommendation a

- We recommend that the service should update its literature to ensure the correct reference is made to the regulating body in Scotland.

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

We found the service was good at encouraging people who use the service and their families to participate in assessing and improving the quality of care provided.

The patient feedback questionnaire had questions about the quality of care and support they had received. The questions included:

- Do they control your pain and discomfort?
- Do staff answer your calls for assistance?
- Were you involved in decisions about your care?
- Are you treated with dignity and respect?

We saw from the results that patients were very satisfied with the quality of their care.
The provider also used a ‘Your Care’ postcard which asked one question: ‘How likely are you to recommend friends and family if they needed similar care or treatment?’ The responses were forwarded to the corporate office and used to inform part of the monthly report. We saw that the results were very positive which was a good indicator of the care provided.

The staff we spoke with described the care provided as being flexible and sensitive to individual patients’ needs and preferences. We were provided examples of treatments that were tailored to minimise discomfort to patients. Patients we spoke with confirmed that they felt involved and consulted in their care.

The service had a complaints policy and we saw leaflets on how to make a complaint displayed throughout the service. The people we spoke with said they had no complaints, but if they had, they would feel comfortable to raise them.

Areas for improvement

While the patient feedback questionnaire asked patients for feedback on many areas of the care and support, it may be useful to ask patients if they were satisfied overall with the care and support provided.

We noticed the service had a ‘What you said, what we did board’ outside the outpatients waiting room that was not readily visible to the people who use the service. It may be more useful to move this to a more obvious location to inform patients of improvements being made as a result of their feedback.

Although staff were informed about the collated survey results from the patient feedback questionnaires, the results were not provided to the patients and carers. It may be useful for patients and carers to be provided with this information to show that their input had been considered.

Although the service had patient surveys and a friends and family card, there was no simple way for patients to make comments or suggestions without using the survey. The service could consider implementing a process for gathering comments and suggestions from patients who may not want to complete the surveys.

- No requirements.
- No recommendations.

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

The service used the corporate Nuffield Health patient care record. We noted these records contained a combined risk assessment which covers admission assessments, such as:

- food and nutrition
- the risk of falling, and
- the risk of pressure ulcers.
We looked at the risk assessment for venous thromboembolism (VTE) and a theatre safety checklist. The format and layout of the assessment was clear and easy to use. During the inspection, we checked five patient care records and found good standards of record-keeping. Entries were signed, dated and the time was recorded. The essential details, such as next of kin and consent to treatment, were also recorded. Copies of the consent form were included in the patients’ discharge packs. The consent form was signed by the patient and the surgeon and listed the potential risks of the operation or procedure.

We saw that the service had improved their VTE risk assessment. The service was in the process of further developing their VTE risk assessment by including it with the VTE action sheet so that it was easier to use.

We were told that senior staff recently attended risk management training and a new risk assessment framework was now in place within the service. The senior staff we spoke with were aware of the need to ensure environmental risk assessments were kept up to date within their areas. We saw evidence of up-to-date risk assessments folders and Control of Substances Hazardous to Health (COSHH) assessments. The service had a system in place to include the staff’s signature to confirm they had read the relevant information.

We saw evidence of:
- up-to-date environmental risk assessments, such as water and fire
- legionella testing
- checking of fire extinguishers, and
- servicing of fire alarms.

Staff in the service must complete health and safety and fire training every year as part of their mandatory training. We saw that the uptake of this training was high and was being monitored by senior staff to ensure completion.

The service had recently appointed a member of staff as the health and safety advisor and they had completed a National Examination Board in Occupational Safety and Health (NEBOSH) managing safely course. We looked at the minutes of the health and safety meetings and saw evidence that health and safety audits were being carried out and action plans developed.

The World Health Organization (WHO) has issued guidelines called ‘Safe Surgery Saves Lives’ (2009). This document details best practice for performing surgery in a safe way. One of the recommendations is for staff in the theatre to have a ‘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 went with a patient to the theatre during an operation and saw that a surgical pause took place involving all the relevant staff.

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 white board to keep a running total during the operation. This allows staff to make an accurate check when the operation is finished.

A tourniquet was used during the observed operation. A tourniquet is a device used to restrict blood flow to a particular part of the body during an operation. Current national guidance states that the number of times the tourniquet is applied and removed should be
announced to the surgical team and noted in the patient care record. We saw that staff followed this guidance.

We saw that patients were accompanied to and from the theatre department with a nurse or other suitable member of staff. We also saw that close monitoring of patients took place during the introduction of anaesthetic, during the operation and in the recovery room. Observations were recorded approximately every 5 minutes and this was good practice.

During the last inspection, we recommended that Nuffield Hospital Glasgow should ensure the transfer policy was finalised and made available to staff. A transfer policy covers what should happen if a patient’s needs or condition changes suddenly and they cannot be managed safely in the service. It details what staff should do to safely transfer the patient to the appropriate NHS setting. We noted the transfer had been finalised and was available for staff.

We noted that the service used the Datix system. This is an online accident, incident, risk and complaints reporting software package which collates all relevant data for recording, archiving and reporting purposes. Risks are assessed using a scoring and rating system.

Areas for improvement
When we reviewed the patient care record, we noted 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, but it is essential that these discussions are recorded as stated in ‘Consent: Patients and Doctors Making Decisions Together, published by the General Medical Council (2008) (see recommendation b).

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

The service carried out daily checks of the anaesthetic machines to make sure they were safe, in good working order and this was recorded in the log book provided. Monthly and weekly maintenance checks were also carried out, such as filter and soda lime changes. However, these were not fully recorded in the book provided. A detailed record should be kept of when these checks are due and completed. Also, serial numbers of circuits should be logged in the books provided when they are changed (see recommendation d).

Although the transfer policy had been completed, the service was still in the process of arranging a formal service level agreement (SLA) with NHS Greater Glasgow and Clyde. This will be completed in the near future and will be followed up at future inspections.

- No requirements.

Recommendation b
- We recommend that the service should ensure that consent forms are completed in line with the hospital policy.

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

- We recommend that the service should keep detailed records of all the checks and maintenance of the anaesthetic machines along with the serial numbers of circuits as they are replaced.

Quality Theme 2 – Quality of environment

Quality Statement 2.1

We ensure that service users and carers participate in assessing and improving the quality of the environment within the service.

Grade awarded for this statement: 5 - Very good

The patient feedback questionnaire included questions about the environment. Patients were able to comment on the quality of the:

- cleanliness of the hospital
- upkeep and repair
- standard of decor, and
- layout.

We noted from the questionnaire that patients had commented on the state of the hospital’s decor. The service has used this feedback to support a proposal for a refurbishment programme. Management told us they had involved the patients in choosing the decor and colours.

The housekeeping staff we spoke with regularly consulted with patients to gather feedback about the quality of their cleaning services.

Area for improvement

The questionnaire does not ask about accessibility and ease of movement of patients and carers around the building. It may be useful for the service to gather feedback in this area.

- No requirements.
- No recommendations.

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

The hospital is a purpose-built facility with 33 inpatient beds, two of which can be used for high dependency patients. There is one ward in the hospital with 31 single, ensuite bedrooms. The other two beds are in the Assisted Conception Unit. The hospital also includes:

- two operating theatres
• an endoscopy suite
• diagnostic imaging facilities
• a pharmacy
• a pathology laboratory
• 11 outpatient consulting rooms, and
• minor procedures treatment rooms.

The entrance to the hospital has automatic doors, access for wheelchair users and low counters at the reception area. There is a sign-in and sign-out facility to assist with security.

We spoke with the housekeeping supervisor and saw that systems were in place to support housekeeping staff to clean the hospital. Staff are given a checklist which shows the areas they have to clean and what they should clean in every area. Housekeeping staff then have to initial the checklist to indicate they have cleaned the area. The housekeeping supervisor performs daily spot checks to ensure that the areas have been cleaned satisfactorily. A full hygiene audit of the hospital is carried out every month. There is also a system in place to allow staff to report any maintenance issues by email. Staff told us that the response time is quick and they have a good working relationship with the maintenance team.

We spoke with the maintenance technician who showed us service records for non-clinical equipment, including equipment serviced by outside contractors. He showed us the process for reporting and recording issues with equipment and building maintenance and how it was dealt with each day.

We spoke with an employee of an external specialist company who dealt with the clinical equipment and he showed us how the maintenance and servicing of this equipment was effectively managed.

The service was finishing the improvement works within the theatre area which we looked at. We saw how this will vastly improve the storage area within theatre when completed. A feasibility study had been completed to upgrade many areas in the hospital and the service was awaiting approval for these plans.

During this inspection, we visited the radiology department. We saw evidence of external accreditation and regular maintenance systems in place.

We saw that a range of policies and procedures were in place to support staff with infection prevention and control. The service had a lead infection link nurse who co-ordinated a system of infection control link nurses and assistants in other departments. These are members of staff who take the lead in ensuring that infection control practices are satisfactory in the areas where they work.

We looked at the minutes of the infection prevention and control meetings which were held every month. We saw evidence that infection control audits were being carried out and action plans developed.

We saw evidence of fridge and room temperatures being checked and recorded.

Patients we spoke with were comfortable with their surroundings and the facilities on offer, with only one commenting on damage to the doors and paintwork.
Areas for improvement
During this inspection, we saw that the environment remains tired in many areas. There are areas of damage on corridor walls and doors. Some of the furniture in the patient bedrooms are also marked and cannot be cleaned effectively. As the feasibility study had been completed to upgrade many areas in the hospital and the service is awaiting approval for these plans, we will follow up the outcome of this at future inspections.

We are concerned at the lack of clinical hand wash basins that are compliant with current standard. There is no current risk-based plan for replacing those basins that are not compliant (see recommendation e).

While in theatre, we saw some written cleaning schedules to guide clinical staff and record what cleaning had taken place. These need to be checked and developed further (see recommendation f).

■ No requirements.

Recommendation e
■ We recommend that the service should identify all clinical hand wash basins and assess them based on current guidance. The clinical hand wash basins that are not compliant with current standards should be upgraded in line with a risk-based plan that takes into account the use of the basin, its design and the wider refurbishment plans for the service.

Recommendation f
■ We recommend that the service should develop daily, weekly and monthly cleaning schedules to guide clinical staff who are cleaning the clinical areas and equipment. A system should be developed to ensure that this is carried out.

Quality Theme 3 – Quality of staffing

Quality Statement 3.1
We ensure that service users and carers participate in assessing and improving the quality of staffing in the service.

Grade awarded for this statement: 5 - Very good
We found the service had very good systems in place to involve people who use the service in assessing and improving the staffing in the service.

Patients could comment on the quality of staffing by completing the patient questionnaire or outpatient survey. Both documents ask about the quality of the staff they have encountered as part of their care.

This includes:
• reception staff
• housekeeping
• matron
• doctors
• nurses, and
• allied health professionals.

The questionnaires asked for feedback on the friendliness and helpfulness of staff and on the professionalism and competence of clinical and allied health professional staff. We saw that feedback was very positive about staff.

We saw that the hospital had received many cards containing thanks and praise for staff. All patients we spoke with were complimentary about the staff.

Area for improvement
The service could look at ways in which to involve patients in recruitment and selection of staff.

■ 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
We looked at examples of induction checklists for different staff groups. An induction checklist set out topics to be covered on the first day of employment and over an 8-week period. A ‘new start evaluation’ form was also used to gather feedback from new staff on the induction process and how valuable it was.

All staff had access to the corporate Nuffield Health computer-based training system. This system set out all the mandatory training for employees based on their role in the hospital and included:
• health and safety
• fire awareness
• infection control
• adult protection
• child protection, and
• information governance.

It also monitored when a particular module was last completed and reminded staff and managers when refresher training was due. The electronic system provided management with an overview of the training that had been completed in a year, and how much had still to be started. This is a useful tool to help ensure that all staff complete the training required.

Other staff training took place on a face-to-face basis, including:
• moving and handling
• life support training, and
• medicines management.

A new performance and development review (PDR) system had been introduced. The system involves a process of self-assessment by the staff member, then a one-to-one meeting with their line manager to discuss their performance and professional development over the past year and planning for the next. This involves agreeing objectives and individual support and development plans. Further one-to-one meetings will follow throughout the year to assess progress.

Line managers ensure staff are completing their online modules and organise and provide practical training sessions to complement online modules. Staff also take on further responsibility for specific areas, acting as link nurses or super users, such as blood transfusion and infection control. There are regular staff meetings with a ‘lessons learned’ on the agenda. This allows staff to discuss and receive feedback about any incidents or near miss events that may have occurred allowing proactive planning to reduce any further incidents.

The service carried out appropriate and comprehensive checks on all doctors before granting any practising privileges and contributed as necessary to the holistic appraisal of practice undertaken by the consultants, surgeons and other doctors that work from the hospital. All of the doctors have arrangements in place with their substantive employer (usually an NHS board) for medical revalidation.

For all staff working at the hospital who hold a professional registration, there is a system in place to check every year that the individuals concerned are maintaining their registration as required. There was evidence in the staff files we inspected to show that the system was working effectively.

The number of staff within the ward area was determined using a dependency tool. This tool uses a scoring system, based on the numbers and needs of patients to decide how many staff would be needed each day. This was good practice.

We also spoke with staff to find out their views about working in the hospital. Most staff reported that Nuffield Hospital Glasgow was a good place to work and there was a strong team work ethos in place. In particular, they reported good working relationships across the multidisciplinary team. All staff we spoke with felt empowered to challenge a colleague’s behaviour or practice if they felt it would put a patient at risk. Although they all also reported that the likelihood of this would be low.

Patients we spoke with rated the staff as ‘excellent’ and comments included:
• ‘Friendly and professional.’
• ‘Made to feel special.’
• ‘Can’t do enough for you.’

Areas for improvement
Although the PDR process allowed for more one- to-one meetings with line managers for support and development and the lessons learned could provide group reflection and support, there was still no formalised process of clinical supervision. This needed to be developed further (see recommendation g).
Some staff felt there was a reliance on computer-based learning and would like to see more face-to-face role-specific training being developed.

Some organisational and operational changes were being made. Some staff vacancies existed with some senior posts still to be filled and shifts were being changed to meet service demand. This has created some unease among members of staff about the future. The service should continue to keep staff informed and updated to reduce the feeling of unease amongst the staff.

- No requirements.

Recommendation g
- We recommend that the service should develop a model of clinical supervision to support staff professional practice.

Quality Theme 4 – Quality of management and leadership

Quality Statement 4.1
We ensure that service users and carers participate in assessing and improving the quality of the management and leadership of the service.

Grade awarded for this statement: 4 - Good
The patient questionnaire asked about the professionalism of matron-led care which provided limited information about patients’ views on management.

Patients were able to raise concerns about the quality of management and leadership through the complaints procedure, and patients we spoke with were confident that concerns would be addressed.

Areas for improvement
The service did not have a clear process that detailed how patients and or carers could participate and influence service development (see recommendation h).

Other methods of patient and carer involvement would be:

- to involve patients and carers in the self assessment that is submitted to Healthcare Improvement Scotland,
- expand the questionnaire to include a question on how the service is managed, and
- involved patients and or carers more widely on committees and at Board level could be considered.

- No requirements.

Recommendation h
- We recommend that the service should develop a clear participation strategy.
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
We found the service had very good quality assurance systems and processes in place. The provider had a comprehensive integrated governance framework that used a variety of methods to gather information about how the service was performing. These included various patient satisfaction surveys, complaints, audits, accidents and incidents reporting, staff survey, and infection rate monitoring.

Meeting structures were in place to feed information to and from senior management and staff. These included:
- a hospital management board
- clinical head of departments meeting
- senior leadership committee
- a medicines management meeting
- an infection prevention meeting, and
- a medical advisory committee.

We looked at the minutes from the meetings and saw there was a standing agenda that discussed all areas of quality monitoring, such as:
- monthly audit reports
- incident and accidents
- health and safety
- patient satisfaction
- Scottish Intercollegiate Guidelines Network (SIGN)
- safety alerts, and
- risk register.

All meetings fed information to the hospital Board meeting. A monthly report provided an overview of all the quality indicators each month including complaints, risk and incidents. Additionally, all quality indicators were signed off each month as being completed. These indicators were used to monitor how the service was performing on a month-to-month basis; a red, amber or green rating was attributed to each outcome and provided a quick snapshot of how the service was performing.

We saw that action plans were developed to address any areas for improvement. We saw that actions identified in the minutes were completed and the results reported to staff.

The service also carried out a wide range of audits, including:
- clinical audits
- infection control, and
- health and safety.

Heads of departments were responsible for their department’s audits and for developing action plans. Results of audits were stored electronically on a shared database and staff could access these.

A risk register was used to identify and put actions in place to minimise risks. This was reviewed monthly and we saw this was a live document that reflected risks identified in the service, for example relating to incidents or staff recruitment.

We saw a staff communication board which displayed information and reports about the service. Staff told us they were provided with regular updates from management about service development.

The complaints procedure was clearly displayed in the service. We looked at the way that complaints were recorded and dealt with and saw they were handled in line with the provider's policy.

Areas for improvement

The quality system, while effective was time-consuming, the frequency of audits meant that numerous action plans were being generated and overview of these required a great deal of time. We saw that some action plans had not been updated, but we were told the actions had been completed. The service might consider how to rationalise audits to a more proportionate schedule.

We looked at the policy and procedures, audit tools and company information and noted that Healthcare Improvement Scotland was a secondary reference to the Care Quality Commission and that Scottish legislation references were not consistent throughout corporate documentation (see recommendation i).

- No requirements.

Recommendation i

- We recommend that the service should ensure policies, procedures and relevant documentation reflect legislation and guidance in Scotland as a primary reference.
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.

<table>
<thead>
<tr>
<th>Quality Statement 0.2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Requirements</td>
</tr>
<tr>
<td>None</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Recommendation</td>
</tr>
<tr>
<td>We recommend that the service should:</td>
</tr>
<tr>
<td>a update its literature to ensure the correct reference is made to the regulating body in Scotland (see page 11).</td>
</tr>
<tr>
<td>National Care Standards – Independent Hospitals (Standard 9.4 – Expressing your views)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Quality Statement 1.6</th>
</tr>
</thead>
<tbody>
<tr>
<td>Requirements</td>
</tr>
<tr>
<td>None</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Recommendations</td>
</tr>
<tr>
<td>We recommend that the service should:</td>
</tr>
<tr>
<td>b ensure that consent forms are completed in line with the hospital policy (see page 14)</td>
</tr>
<tr>
<td>National Care Standards – Independent Hospitals (Standard 11.4 – Deciding on your treatment)</td>
</tr>
<tr>
<td>c keep records of the daily checks of theatre equipment (see page 14).</td>
</tr>
<tr>
<td>National Care Standards – Independent Hospitals (Standard 15.1 – Your environment)</td>
</tr>
<tr>
<td>d keep detailed records of all the checks and maintenance of the anaesthetic machines along with the serial numbers of circuits as they are replaced (see page 15).</td>
</tr>
<tr>
<td>National Care Standards – Independent Hospitals (Standard 15.1 – Your environment)</td>
</tr>
</tbody>
</table>
### Quality Statement 2.2

**Requirements**

None

**Recommendations**

**We recommend that the service should:**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>e</td>
<td>identify all clinical hand wash basins and assess them based on current guidance. The clinical hand wash basins that are not compliant with current standards should be upgraded in line with a risk-based plan that takes into account the use of the basin, its design and the wider refurbishment plans for the service (see page 17).</td>
</tr>
<tr>
<td></td>
<td>National Care Standards – Independent Hospitals (Standard 13.8 – Prevention of infection)</td>
</tr>
<tr>
<td>f</td>
<td>develop daily, weekly and monthly cleaning schedules to guide clinical staff who are cleaning the clinical areas and equipment and develop a system of checking this (see page 17).</td>
</tr>
<tr>
<td></td>
<td>National Care Standards – Independent Hospitals (Standard 13.8 – Prevention of infection)</td>
</tr>
</tbody>
</table>

### Quality Statement 3.3

**Requirements**

None

**Recommendation**

**We recommend that the service should:**

<p>| | |</p>
<table>
<thead>
<tr>
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<tbody>
<tr>
<td>g</td>
<td>develop a model of clinical supervision to support staff professional practice (see page 20).</td>
</tr>
<tr>
<td></td>
<td>National Care Standards – Independent Hospitals (Standard 10.9 – Staff)</td>
</tr>
<tr>
<td>Quality Statement 4.1</td>
<td></td>
</tr>
<tr>
<td>----------------------</td>
<td></td>
</tr>
<tr>
<td>Requirements</td>
<td></td>
</tr>
<tr>
<td>None</td>
<td></td>
</tr>
<tr>
<td><strong>Recommendation</strong></td>
<td></td>
</tr>
<tr>
<td>We recommend that the service should:</td>
<td></td>
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<tr>
<td>h develop a clear participation strategy (see page 20).</td>
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</tr>
</tbody>
</table>

National Care Standards – Independent Hospitals (Standards 9.1 and 9.7 – Expressing your views)

<table>
<thead>
<tr>
<th>Quality Statement 4.4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Requirements</td>
</tr>
<tr>
<td>None</td>
</tr>
<tr>
<td><strong>Recommendation</strong></td>
</tr>
<tr>
<td>We recommend that the service should:</td>
</tr>
<tr>
<td>i ensure policies, procedures and relevant documentation reflect legislation and guidance in Scotland as a primary reference (see page 22).</td>
</tr>
</tbody>
</table>

National Care Standards – Independent Hospitals (Standard 12.1 – Clinical effectiveness)
## 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>23/10/2012</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>
<tr>
<td>29–30/04/2014</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](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:** 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: [http://www.healthcareimprovementscotland.org/programmes/inspecting_and_regulating_care/independent_healthcare.aspx](http://www.healthcareimprovementscotland.org/programmes/inspecting_and_regulating_care/independent_healthcare.aspx)
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

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>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>provider</strong></td>
<td>A provider is an individual, partnership or business that delivers and manages a regulated healthcare service.</td>
</tr>
<tr>
<td><strong>service</strong></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>
</tr>
</tbody>
</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.