Announced

Inspection Report: Safe Delivery of Systemic Anti-Cancer Therapy – Independent Healthcare

Albyn Hospital
BMI Healthcare Limited, Aberdeen

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

About the service we inspected

Albyn Hospital is registered with Healthcare Improvement Scotland as an independent hospital. The hospital is located in the west end of Aberdeen and is close to public transport services. Onsite car parking facilities are available.

The hospital has a maximum of 28 inpatient beds and provides a range of medical and surgical healthcare services, which include medical consultations, diagnostic tests and surgical treatments to inpatients over the age of 14 years.

Previous inspection

We previously inspected Albyn Hospital on 25 and 26 May 2016. That inspection resulted in two requirements and seven recommendations. As a result of that inspection, BMI Healthcare Limited (the provider), produced a detailed improvement action plan and submitted this to us. The inspection report and details of the action plan are available on the Healthcare Improvement Scotland website http://www.healthcareimprovementscotland.org/HEI.aspx

About our inspection

We carried out an announced inspection to Albyn Hospital on Friday 26 May 2017.

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

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

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

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

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

The service has a unique set up as the Albyn Hospital works in conjunction with Healthcare at Home to provide the service. The unit delivers around 2–6 systemic anti-cancer therapy (SACT) administrations each week. This is mainly on a Wednesday, at Albyn Hospital and a similar number in patients’ homes delivered by Healthcare at Home staff. This allows patients who may be spread over a wide geographical area the opportunity to have their treatment at home.

There is one consultant oncologist who treats patients with breast cancer and has practising rights for upper GI, lung and dermatology tumours.

The rest of the team consists of:

- one out-patient manager
- one quality and risk manager
- two oncology liaison nurses based at Albyn Hospital (transition between single post holder – will be 0.6 whole time equivalent)
- three Healthcare at Home nurses delivering SACT services
- clinical psychology available, and
- one complementary therapist, in liaison with physiotherapy

There is also a patient and family support group that is run by the oncology liaison nurse.

As part of their initial consultation, patients were seen in the hospital outpatients department. SACT is delivered within the service’s day care ward which has 10 day beds (all single en-suite rooms). The patient’s first SACT administration always takes place within the hospital setting. The patient can then decide in conjunction with their healthcare professionals if further treatments are suitable to be carried out at home.

During our inspection, we saw the service had a SACT prescribing policy and an online chemotherapy prescribing system. This online system allowed flexibility in how patients’ SACT medicines were prescribed and administered and provided SACT protocols and supportive treatment guidelines.

We saw that the nursing assessment and documentation is comprehensive and the use of the UKONS tool, a scoring system to identify and prioritise the presenting problems of oncology patients contacting the 24-hour advice lines for assessment and advice was good practice.

We were shown minutes of the medical advisory committee meetings which deals with selected aspects of the SACT governance business. The Clinical Oncologist also sits on this committee. We also saw minutes of regular clinical effectiveness meetings. Cancer is a standing item on this group that feeds into the clinical governance meetings. The hospital nursing and medical staff involved in SACT meet weekly. Healthcare at Home have monthly meetings between three local nurses and with regional operation manager who supports and supervises practice.

Although there had been none recently, we discussed how an extravasation incident (leakage of intravenous medication) would be reviewed and reported. The service showed how an incident would tracked through the following stages:
- reporting of the incident
- investigation of the incident
- completion of root cause analysis
- identifying learning points, and
- production of an action plan.

We discussed the good practice point of recording near misses and we found that the provider’s and Healthcare at Home process was very good locally and nationally.

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

**Areas for improvement**

We saw that the Healthcare at Home policy does not achieve CEL30 standard as it does not contain all key pharmaceutical checks required such as reference to patient history, including drug history, co-morbidities and the checking of blood testing results. Healthcare at Home clinical pharmacists should have available a defined dataset of relevant clinical details allowing them to be better informed about patients’ co-morbidity in relation to potential drug interactions and to allow pharmacists to undertake their responsibilities and meet the standard set out in CEL 30 (see requirement 1).

Albyn Hospital should undertake additional steps to ensure that the sole practitioner practice is as robust as possible by facilitating cross site multidisciplinary team working. The service could consider working with the local NHS hospital or developing further links with other independent hospitals. The service should make sure that all patients are discussed at a multidisciplinary team meeting as this will improve outcomes for the patient (see recommendation a).

The sharing of improvement and governance issues should become formalised and recorded between Albyn Hospital and Healthcare at Home with regular meetings. These can include staff meetings, attendance at multidisciplinary team meetings and shared education events with tutorials and visiting speakers (see recommendation b).

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

We noticed that UKONS triage, and NPS policy documents were past their review dates and would benefit from some document control processes. The service could also consider a mucositis specific policy rather than using a more generic policy as at present (see recommendation d).

We only reviewed breast cancer practice at this inspection as this is the only tumour type currently being treated at Albyn Hospital. If the service offers non-breast cancer practice then policies and practice should be examined afresh.
Requirement 1 Timescale – by 21 December 2017

- The provider must ensure that all key pharmaceutical checks are carried out to meet the standard within CEL 30 (2012) [Revised] Guidance for the Safe Delivery of Systemic Anti-Cancer Therapy.

Recommendation a

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

Recommendation b

- We recommend that the service should ensure that the sharing of improvement and governance issues should become formalised and recorded between Albyn Hospital and Healthcare at Home with regular meetings.

Recommendation c

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

Recommendation d

- We recommend that the service should have a process to review and update all documents in relation to SACT.
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 1.4

#### Requirements

The provider must:

1. ensure that all Key Pharmaceutical checks are carried out to meet the standard within CEL 30 (2012) [Revised] Guidance for the Safe Delivery of Systemic Anti-Cancer Therapy

   Timescale – by 21 December 2017

   *Regulation 3(d)(iv)*
   *The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*

   National Care Standards – Independent Hospitals (Standard 20.1 – Medicine management)

#### Recommendations

We recommend that the service should:

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

  National Care Standards – Independent Hospitals (Standard 12.1 – Clinical effectiveness)

- **b** ensure that the sharing of improvement and governance issues should become formalised and recorded between Albyn Hospital and Healthcare at Home with regular meetings.

  National Care Standards – Independent Hospitals (Standard 12.3 – Clinical effectiveness)

- **c** ensure the SACT consent policy is ratified and consent forms are SACT specific.

  National Care Standards – Independent Hospitals (Standard 11.4 – Deciding on your treatment)
|   | ensure there is a process to review and update all documents in relation to SACT.  
|---|---
|   | National Care Standards – Independent Hospitals (Standard 12.4 – Clinical effectiveness)  |
Appendix 2 – Who we are and what we do

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

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

Our work reflects the following legislation and guidelines:

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

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

Our philosophy

We will:

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

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

Our contact details are:

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

Telephone: 0131 623 4300

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

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