Healthcare Improvement Scotland | Inspections and reviews
To drive improvement

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

Service: Ross Hall Hospital, Glasgow

Service Provider: Circle Health Group Limited

20 June 2023

NHS SCOTLAND

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1 A summary of our inspection

The focus of our inspections is to ensure each service is person-centred, safe and well led. Therefore, we only evaluate the service against key quality indicators which apply across all services. However, depending on the scope and nature of the service, we may look at additional quality indicators.

About our inspection

We carried out an announced inspection to Ross Hall Hospital on Tuesday 20 June 2023. We spoke with a number of staff during the inspection. This inspection focused on the safe delivery of the service's provision of systemic anti-cancer therapy (SACT).

The inspection team was made up of two inspectors and three clinical experts. This included an oncologist, a pharmacist and a nurse.

This SACT inspection is our assessment of the service's progress in addressing the Chief Executive Letter (CEL) 30 (2012) [Revised] Guidance for the Safe Delivery of Systemic Anti-Cancer Therapy, which provides guidance on the safe delivery of SACT. We used the Healthcare Improvement Scotland SACT Governance Framework for both board (provider) and site (service) as the basis for inspection. We inspected:

- the areas used to administer SACT in the service
- clinical management guidelines and SACT protocols used for the treatment of patients
- whether patient consent given when the therapy started met Healthcare Improvement Scotland's SACT Consent Guidance standards
- whether patients' ability to cope with the therapy was monitored and adapted accordingly
- the service's SACT governance structures and processes
- whether learning from SACT incidents was recorded and used to improve processes
- the processes around patient assessment, prescribing, pharmacy provision 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 graded the service. However, 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.

More information about grading can be found on our website at:
http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/ihc_inspection_guidance/inspection_methodology.aspx

Further information about the Quality Framework can also be found on our website at:
https://www.healthcareimprovementscotland.org/our_work/governance_and_assurance/quality_of_care_approach/quality_framework.aspx

What action we expect Circle Health Group Limited to take after our inspection

This inspection resulted in two requirements and nine recommendations. Requirements are linked to compliance with the National Health Services (Scotland) Act 1978 and regulations or orders made under the Act, or a condition of registration. See Appendix 1 for a full list of the requirements and recommendations.

An improvement action plan has been developed by the provider and is available on the Healthcare Improvement Scotland website:
www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/independent_healthcare/find_a_provider_or_service.aspx

Circle Health Group Limited, the provider, must address the requirements and make the necessary improvements as a matter of priority.

We would like to thank all staff at Ross Hall Hospital for their assistance during the inspection.

2 What we found during our inspection

Service delivery

This section is where we report on how safe the service is.

Domain 5 – Delivery of safe, effective, compassionate and person-centred care
High performing healthcare organisations are focused on safety and learning to take forward improvements, and put in place appropriate controls to manage risks. They provide care that is respectful and responsive to people's individual needs, preferences and values delivered through appropriate clinical and operational planning, processes and procedures.

Our findings

Governance processes were in place, and there was clear evidence of good communication links between the corporate and site teams. Staff were knowledgeable and aware of protocols and procedures. Good training was evidenced to be in place with regular continuing professional development (CPD) undertaken. A SACT administration policy must be developed and implemented, and an annual SACT report must be produced by the provider's SACT lead clinician.

The treatment of cancer with medicines is commonly referred to as systemic anti-cancer therapy (SACT). The service delivered between eight and 10 SACT administrations a day, 4 days each week. The service provided a wide range of treatment, with up to seven oncologists working in different specialties, including:

- breast
- colorectal
- lung
- upper gastrointestinal (GI), and
- urology.

The associate medical director for Circle Health Group had responsibility for cancer services, and was considered to be the SACT lead. The service's lead cancer clinician supported the associate medical director. The service's SACT team included:

- one clinical services manager
- one clinical nurse specialist – sister in oncology
- four registered nurses, trained in SACT delivery
- two clinical support workers
- one complementary therapist
- one full-time pharmacist and two part-time pharmacists, and
- eight consultant oncologists with practicing privileges.

The service had a clinical services manager who attended the Beatson West of Scotland Cancer Centre SACT management group, along with the pharmacist when appropriate. We found evidence to support good working relationships in and across the multidisciplinary team. We saw evidence of multidisciplinary team working and co-operation with the local NHS board, with regular Ross Hall Hospital multidisciplinary team meetings for patients receiving treatment for breast cancer wholly within the private sector, and NHS multidisciplinary team discussions for patients with other cancers.

As part of their initial consultation, patients were reviewed in the hospital outpatients department. SACT was delivered in the service's oncology day care ward, which had 10 day beds (all single en-suite rooms), an additional assessment area and a sitting room. The service was carrying out a major refurbishment at the time of our inspection, which included the oncology day care ward.

During our inspection, we saw the service had a SACT prescribing policy and an online electronic chemotherapy prescribing system. This online system allowed flexibility and facilitated communication to support the prescription and administration of patients' SACT. It also provided access to SACT protocols and supportive treatment guidelines. Pharmacy documentation and practice was comprehensive and protocols were in place to manage complications.

The nursing pre-SACT education provision was well documented and the pre-SACT assessment tool was comprehensive and specifically developed to mirror the UK Oncology Nurses Society (UKONS) acute oncology triage tool. We saw good practice in the service's use of this acute oncology triage tool where patients contacted the 24-hour advice line for assessment and advice. This national triage tool has a scoring system to support the consistent assessment, identification and prioritisation of patients presenting with problems after receiving SACT.

We found evidence of a governance and reporting structure in place from reviewing minutes of:

- the medical advisory committee (which oversaw aspects of the SACT governance business), and
- the regular cancer services improvement group meetings (which operated as a local SACT group).

The service’s lead cancer clinician attended both these meetings to represent medical staff, with other consultants invited if an agenda item was of relevance to them. Each year, one cancer services improvement group meeting was open to all oncologists in the service.

A daily communications meeting addressed immediate capacity and workforce issues in the service, including escalation processes.

Team members we spoke with knew how to report incidents, who was responsible for investigation and the channels of communication. We looked at how an extravasation incident (leakage of intravenous medication) was reviewed, treated and reported. The service showed how the incident had been tracked through the following stages:

- identification of the extravasation
- treatment of the extravasation
- review points of the extravasation injury
- documentation of the extravasation reviews
- communication of the extravasation with primary care services, and
- reporting of the incident.

Investigation of the incident demonstrated full compliance with the extravasation policy, including feedback to the clinical team on the correct management of the extravasation.

The clinical team was able to tell us the processes that would be followed if any issues were identified as part of the incident review process. This included:

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

From staff training records we reviewed, we saw evidence that nursing and pharmacy competency frameworks were in place and that these were maintained. All staff training records we looked at were in line with requirements and showed staff received good education provision to support the safe administration of SACT and had patient information readily available. Consultants submitted a copy of their annual appraisal to the hospital which included evidence of their continuing professional development (CPD) in all aspects of their work.

What needs to improve

The service's previous SACT administration policy had expired in 2018 and had been retired when the new provider took over in 2021. The new provider was developing a new policy at the time of our inspection. We discussed the importance of having a current policy in place and to consider reviewing, updating and re-implementing the previous expired policy for SACT administration in the interim. The policy must reflect current SACT guidance on all areas of administration (requirement 1).

The provider's SACT lead clinician did not produce an annual SACT report. The SACT lead clinician must ensure that a SACT report is produced every year which covers Scottish SACT service and is then reviewed by the appropriate governance groups (requirement 2).

During our inspection, we were not given the provider's standardised process for SACT consent, which should specifically include checking the prescribed SACT against the patient's signed SACT consent form. We were made aware of Circle Health Group's 'Consent for Assessment, Care and Treatment Guideline' which incorporates SACT Consent later, which was in-date. The service should make sure that all members of staff are aware of all SACT guidelines and processes (recommendation a).

The rationale for SACT dose adjustments should be documented in the online chemotherapy prescribing record. This will help make sure clinical decision-making is visible and the prescribed doses for each cycle are appropriate (recommendation b).

It was noted that patients discussed at NHS multidisciplinary team meetings did not always have a copy of the relevant clinical letters or documentation of oncologist assessments (recommendation c).

The provider's SACT lead clinician letter of appointment did not include a description of their SACT roles and responsibilities (recommendation d).

While the service had a range of SACT protocols, it did not have a standardised process in place to create and update the protocols. A consistent approach and governance process should be implemented, with standardised headers, footers, approval and review dates for all SACT protocols (recommendation e).

Evidence for workforce planning for SACT nursing staff was reviewed. The service did not have a similar process in place for SACT pharmacy staff, as stated in CEL 30 (recommendation f).

We saw evidence that 30-day mortality and morbidity meetings reviewed cases where patients died within 30 days of receiving SACT. Paperwork was submitted to the mortality and morbidity meetings as part of the review and discussion. We noted gaps in the documentation relating to review of SACT doses, management of toxicities with previous cycles, appropriateness of decision to treat and assessment of causality. In the case of a treatment-related death, a section should be included in the form detailing explicit information about the management of any treatment toxicity, including information from other acute hospitals, if relevant. This should be shared with the individual consultant and fed back to all oncology staff for shared learning (recommendation g).

On reviewing nursing staff records, we noted gaps specifically about how nursing staff remained up to date on new SACT treatments (recommendation h).

We were aware that upgrade work was taking place. However, we noted that all side rooms in the SACT day case unit had solid doors, with no windows. This makes monitoring of patients more difficult. These rooms also did not have clinical hand wash basins, just a sink in the en-suite bathroom. We were told that, as part of the refurbishment plan, the new day case unit will be a mix of bay areas and side rooms. The service should refer to the SACT day case risk assessment tool when designing the day case unit and undertake a formal risk assessment when the work is complete to ensure compliance with current environmental guidance (recommendation i).

A training plan should be developed for all new pharmacy staff, such as pharmacy technicians, which includes essential SACT elements within their role. We will follow this up at future inspections.

Requirement 1 – Timescale: by 21 November 2023

- The provider must develop and implement a SACT administration policy which reflects current Scottish legislation and Chief Executive Letter (CEL) 30 (2012) guidance.

Requirement 2 – Timescale: by 13 February 2024

- The provider must ensure that an annual SACT report which covers Scottish SACT services is produced by the provider's SACT lead clinician and submitted and reviewed by the appropriate governance groups, as stated in Chief Executive Letter (CEL) 30 (2012).

Recommendation a

- The service should ensure that all members of staff are aware of all SACT related guidelines and processes.

Recommendation b

- The service should ensure SACT dose adjustments have a rationale clearly and consistently recorded within the online chemotherapy prescribing record.

Recommendation c

- The service should ensure that copies of NHS multidisciplinary team meeting discussions, clinical letters and documentation of assessments by oncologists are consistently available for patients with any type of cancer within the Ross Hall Hospital patient care records.

Recommendation d

- The provider should ensure that the SACT lead clinician letter of appointment includes roles and responsibilities of the post, reflecting those outlined for the role in Chief Executive Letter (CEL) 30 (2012).

Recommendation e

- The service should ensure a consistent approach and governance process is implemented which includes standardised headers, footers and evidence of approval for all SACT protocols.

Recommendation f

- The service should ensure that there is evidence of workforce planning for SACT pharmacy staff.

Recommendation g

- The service should update the mortality and morbidity meeting forms to include a section detailing explicit information about the management of any treatment toxicity, including information from other hospitals. This should be shared with the individual consultant and fed back to all oncology staff for shared learning.

Recommendation h

- The service should ensure nursing records include all evidence of how they keep up to date with new SACT treatments before these are implemented into clinical practice.

Recommendation i

- The service should refer to the SACT day case risk assessment tool when designing the day case unit and undertake a formal risk assessment on completion of the work to ensure compliance with current environmental guidance.

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 National Health Services (Scotland) Act 1978, 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.

Domain 5 – Delivery of safe, effective, compassionate and person-centred care	
Requirements	
1	The provider must develop and implement a SACT administration policy which reflects current Scottish legislation and Chief Executive Letter (CEL) 30 (2012) guidance (see page 10). Timescale – by 21 November 2023 *Regulation 3(d)(iv)* *The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*
Requirements	
2	The provider must ensure that an annual SACT report which covers Scottish SACT services is produced by the provider's SACT lead clinician and submitted and reviewed by the appropriate governance groups, as stated in Chief Executive Letter (CEL) 30 (2012) (see page 11). Timescale – by 13 February 2024 *Regulation 3(d)(iv)* *The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*

Domain 5 – Delivery of safe, effective, compassionate and person-centred care (continued)	
Recommendations	
a	The service should ensure that all members of staff are aware of all SACT related guidelines and processes (see page 11). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.27
b	The service should ensure SACT dose adjustments have a rationale clearly and consistently recorded within the online chemotherapy prescribing record (see page 11). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.27
c	The service should ensure that copies of NHS multidisciplinary team meeting discussions, clinical letters and documentation of assessments by oncologists are consistently available for patients with any type of cancer within the Ross Hall Hospital patient care records (see page 11). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.27
d	The provider should ensure that the SACT lead clinician letter of appointment includes roles and responsibilities of the post, reflecting those outlined for the role in Chief Executive Letter (CEL) 30 (2012) (see page 11). Health and Social Care Standards: My support, my life. I have confidence in the people who support and care for me. Statement 3.11
e	The service should ensure a consistent approach and governance process is implemented which includes standardised headers, footers and evidence of approval for all SACT protocols (see page 11). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19

Domain 5 – Delivery of safe, effective, compassionate and person-centred care (continued)	
Recommendations	
f	The service should ensure that there is evidence of workforce planning for SACT pharmacy staff (see page 11). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19
g	The service should update the mortality and morbidity meeting forms to include a section detailing explicit information about the management of any treatment toxicity, including information from other hospitals. This should be shared with the individual consultant and fed back to all oncology staff for shared learning (see page 11). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19
h	The service should ensure nursing records include all evidence of how they keep up to date with new SACT treatments before these are implemented into clinical practice (see page 12). Health and Social Care Standards: My support, my life. I have confidence in the people who support and care for me. Statement 3.11
i	The service should refer to the SACT day case risk assessment tool when designing the day case unit and undertake a formal risk assessment on completion of the work to ensure compliance with current environmental guidance (see page 12). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.27

Appendix 2 – About our inspections

Our quality of care approach and the quality framework allows us to provide external assurance of the quality of healthcare provided in Scotland.

Our inspectors use this approach to check independent healthcare services regularly to make sure that they are complying with necessary standards and regulations. Inspections may be announced or unannounced.

We follow a number of stages to inspect independent healthcare services.

More information about our approach can be found on our website:
www.healthcareimprovementscotland.org/our_work/governance_and_assurance/quality_of_care_approach.aspx

Complaints

If you would like to raise a concern or complaint about an independent healthcare service, you can complain directly to us at any time. However, we do suggest you contact the service directly in the first instance.

Our contact details are:

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

Telephone: 0131 623 4300

Email: his.ihcregulation@nhs.scot

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