Healthcare Improvement Scotland | Inspections and reviews
To drive improvement

Unannounced Inspection Report: Independent Healthcare

Service: Spire Murrayfield Hospital, Edinburgh

Service Provider: Spire Healthcare Ltd

20–21 August 2024

NHS SCOTLAND

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First published October 2024

www.healthcareimprovementscotland.scot

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1 Progress since our last inspection

What the service had done to meet the recommendations we made at our last inspection on 9 August 2022

Recommendation

The service should comply with national guidance to make sure that the appropriate cleaning products are used for the cleaning of all sanitary fittings, including clinical hand wash sinks.

Action taken

We were told and saw that appropriate cleaning products were being used for the cleaning of all sanitary fittings, including clinical hand wash sinks in line with national guidance.

2 A summary of our inspection

Background

Healthcare Improvement Scotland is the regulator of independent healthcare services in Scotland. As a part of this role, we undertake risk-based and intelligence-led inspections of independent healthcare services.

Our focus

The focus of our inspections is to ensure each service is person-centred, safe and well led. We evaluate the service against the National Health Services (Scotland) Act 1978 and regulations or orders made under the Act, its conditions of registration and Healthcare Improvement Scotland's Quality Assurance Framework. We ask questions about the provider's direction, its processes for the implementation and delivery of the service, and its results.

About our inspection

We carried out an unannounced inspection to Spire Murrayfield Hospital on Tuesday 20 and Wednesday 21 August 2024. We spoke with a number of staff and patients during the inspection.

Based in Edinburgh, Spire Murrayfield Hospital is an independent hospital providing non-surgical and surgical treatments.

The inspection team was made up of three inspectors.

What we found and inspection grades awarded

For Spire Murrayfield Hospital, the following grades have been applied.

Direction	*How clear is the service's vision and purpose and how supportive is its leadership and culture?*
Summary findings	**Grade awarded**
The hospital showed that it had a clear vision and plan to meet its strategic plan. The strategic plan has been used in conjunction with the hospitals own analysis to provide a framework which had clear targets and a governance framework to measure and support the objectives. Staff were aware of how to raise any concerns. The hospital's leadership team was visible throughout the hospital and staff spoke very positively about the changes and culture in the hospital.	✓✓ Good
Implementation and delivery	*How well does the service engage with its stakeholders and manage/improve its performance?*
Patient experience was regularly assessed and used to continually improve how the service was delivered. Continuous improvement was evident throughout the hospital and used patient feedback extensively to guide improvements. Comprehensive policies and procedures supported staff to deliver safe, compassionate and person-centred care. Comprehensive risk management and quality assurance processes and a quality improvement plan helped staff to continuously improve service delivery. The effectiveness of improvements made, as a result of patient feedback, was evaluated.	✓✓ Good
Results	*How well has the service demonstrated that it provides safe, person-centred care?*
The care environment and patient equipment were clean, equipment was fit for purpose and regularly maintained. Sanitary fittings were cleaned in line with national guidance. Patient care records were fully and accurately completed. There was a good standard of medicines management. We observed positive interaction between staff and patients. Staff described the provider as a good employer and the hospital as a good place to work. Patients were very satisfied with their care and treatment.	✓✓ Good

Healthcare staff working under a practicing and privileges contract should have at least two references on file and the practicing privileges policy should be updated to reflect this.	

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.

More information about grading can be found on our website at: Guidance for independent healthcare service providers – Healthcare Improvement Scotland

Further information about the Quality Assurance Framework can also be found on our website at: The quality assurance system and framework – Healthcare Improvement Scotland

What action we expect Spire Healthcare Ltd to take after our inspection

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.
- **Recommendation:** A recommendation is a statement which sets out what a service should do in order to align with relevant standards and guidance.

This inspection resulted in one recommendation.

Results	
Requirements	
	None
Recommendation	
a	The service should ensure that the safe recruitment of staff is completed in line with *Safer Recruitment Through Better Recruitment guidance (September 2023)*, including the obtaining of two references and the practicing and privileges policy should be updated to reflect this (see page 25). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.24

An improvement action plan has been developed by the provider and is available on the Healthcare Improvement Scotland website:
Find an independent healthcare provider or service – Healthcare Improvement Scotland

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

3 What we found during our inspection

Key Focus Area: Direction

Domain 1: Clear vision and purpose	Domain 2: Leadership and culture
How clear is the service's vision and purpose and how supportive is its leadership and culture?	

Our findings

The hospital showed that it had a clear vision and plan to meet its strategic plan. The strategic plan has been used in conjunction with the hospitals own analysis to provide a framework which had clear targets and a governance framework to measure and support the objectives. Staff were aware of how to raise any concerns. The hospital's leadership team was visible throughout the hospital and staff spoke very positively about the changes and culture in the hospital.

Clear vision and purpose

Spire Murrayfield Hospital is part of Spire Healthcare, the provider. The provider's purpose had been clearly set out in several key documents as making a positive difference to peoples' lives through outstanding personal care.

The hospital management team provided evidence to demonstrate that it had taken the provider's corporate plan and had applied it to the hospital. To achieve a local version of the plan, relevant to Spire Murrayfield Hospital, the management team had asked each department of the hospital to carry out an analysis and report back to the management team. The results of this analysis then informed the hospital's 5-year strategy plan. The 5-year strategy plan was broken down into a plan for each area, including:

- business
- clinical care, and
- increasing access for patients.

This strategy set out three areas which would impact upon patient care:

- quality improvement
- deliver outstanding care, and
- maximise leadership and clinical capability.

The hospital's clinical strategy plan set out how the provider's purpose and vision would be achieved in 2024, using several key performance indicators (KPIs) to make sure that any progress made could be measured and evidenced. These included:

- drive hospital performance
- expand hospital proposition, and
- invest in hospital estate.

We saw that the hospital's clinical strategy plan was reviewed and discussed regularly at leadership forums and multidisciplinary team meetings. A comprehensive 6-month review was due to take place on 27 August 2024. From the minutes of meetings we reviewed and staff we spoke with during our inspection, we saw that the hospital was making good progress in achieving its KPIs.

- No requirements.
- No recommendations.

Leadership and culture

The hospital's staffing resource was made up of allied health professionals, estates staff, healthcare support workers, house-keeping staff, medical staff, reception staff, and registered nurses.

The hospital had its own pharmacy department and had recently recruited a full-time, specific oncology pharmacist to manage the oncology day treatment unit. This member of staff will start in their role in October 2024. The hospital was aware and acknowledged the pharmacy department was using some bank staff at the time of our inspection, bank staff are healthcare staff who work temporary shifts, the hospital and had approved proposed plans to recruit more permanent staff.

The hospital had an effective leadership structure in place through its senior management team, which was made up of a director of clinical services, a hospital director, and an operations director.

Regular meetings were held with all heads of departments. The minutes showed that information and strategic plan updates were shared at these meetings. We saw evidence that the meetings allowed comprehensive discussions between each department. Actions and updates on previously agreed actions were recorded. Service improvements were also discussed at the different management and governance meetings.

The hospital had a comprehensive and inclusive programme of departmental and staff meetings. The topics covered consisted of:

- health and safety
- infection prevention and control
- managing patient care
- medical advisory committee
- medicines management committee, and
- monitor compliance with professional standards and legislation.

A leadership programme, called 'Mastering Management' was available to staff at levels three and five depending on job role, personal and professional development requirements. The provider had a sponsorship programme in place for certain qualifications for staff. The staff member would identify and discuss this with their line manager and the clinical services manager, before the hospital director reviewed the proposal. We saw that one member of staff had completed this programme.

Staff we spoke with were clear in their roles and how they could impact change in the hospital. They reported that they felt the leadership team listened to and valued them. One member of staff commented that the culture and working practices were the best they had been in the long time they had worked at the hospital.

The service proactively managed its staffing compliment based on patient-dependency to help make sure that an appropriate skill mix and safe staffing was always provided.

We attended the main 'daily huddle'. We saw that this was well attended with representatives from all departments attending. The meeting was managed efficiently, with each department reporting on:

- staffing levels
- whether it was safe to carry out the day's business and
- whether they had experienced, or were expecting any issues that may compromise the safety of patients in the hospital.

On the day we attended, no adverse incidents had been reported.

A 'freedom to speak up' system had been introduced, where staff could speak with a nominated freedom-to-speak-up 'guardian' in confidence if they had any

concerns. Staff we spoke with were clear about their roles, responsibilities and how they could raise any concerns they had.

The leadership team worked well together and was open to ideas for improvement. The team engaged well in the inspection process and shared any information we asked for. Staff told us they felt empowered to speak up and felt safe to do so.

- No requirements.
- No recommendations.

Key Focus Area: Implementation and delivery

Domain 3: Co-design, co-production	Domain 4: Quality improvement	Domain 5: Planning for quality
How well does the service engage with its stakeholders and manage/improve its performance?		

Our findings

Patient experience was regularly assessed and used to continually improve how the service was delivered. Continuous improvement was evident throughout the hospital and used patient feedback extensively to guide improvements. Comprehensive policies and procedures supported staff to deliver safe, compassionate and person-centred care. Comprehensive risk management and quality assurance processes and a quality improvement plan helped staff to continuously improve service delivery. The effectiveness of improvements made, as a result of patient feedback, was evaluated.

Co-design, co-production *(patients, staff and stakeholder engagement)*
The service actively sought feedback from patients about their experience of treatment and care and used this information to continually improve the way the service was delivered.

Patients were given a feedback survey to complete when discharged. We saw that patients could leave feedback on the service website, which the service then responded to directly. Feedback was analysed every month and results were shared at staff meetings. A selection of surveys the service had carried out, which we looked at, showed high levels of patient satisfaction, especially in patient care and naming individual staff members for care and attention.

The service had a patient experience feedback group in place. Feedback was analysed monthly, and results were shared at staff meetings. We saw good levels of patient satisfaction, especially in patient care and individual staff members.

As part of its continuous improvement plan, the hospital employed a patient experience co-ordinator. Their role was to support each patient admission and stay in the hospital, making sure their experience was as comfortable as possible. This information was shared with and evaluated by the senior management team.

‘You said, we did’ boards were displayed through the hospital, with examples of improvements made after feedback. These included:

- introduction of discharge grab bag
- changes to the patient food menu, and
- final review appointments being held at the hospital site.

All patient feedback for the ward staff was displayed on a board, which the patient co-ordinator regularly updated.

The hospital’s outpatient department, pre-assessment clinic and wards used electronic patient leaflets, using a specific ‘QR’ code available in different formats and languages.

A staff survey asked a comprehensive set of questions and was carried out every year. Results from the most recent survey showed a high level of satisfaction, which had improved from previous surveys, and this had been acknowledged across the provider’s organisation. Results were shared with staff through a presentation that included examples of feedback from staff and actions taken as a result. Minutes of monthly staff meetings and daily team briefs demonstrated that staff could express their views freely. Staff we spoke with also confirmed this.

Staff received regular newsletters, regular emails and could attend meetings and forums. This allowed staff to keep up to date with changes in the service. Staff told us they received information and training on new initiatives and when legislation changed, such as data protection. This made sure staff felt part of the service and could discuss improvement suggestions.

The service recognised its staff in a variety of ways, including acknowledging positive feedback from patients. Staff members could nominate other members of staff for recognition of outstanding service. A ‘long service award’ was also given to staff that had worked in the service for 5 years or more. Recipients were given a certificate of recognition and a voucher to spend. Further awards were given with every extra 5 years of service. A benefits programme was in place for staff, which included:

- access to savings schemes
- private healthcare, and
- wellbeing support.

We saw that coffee, tea, fruit and snacks were available for all members of staff to access all day, every day.

The human resources (HR) department had recently introduced a new initiative at its Scottish hospitals called a 'people clinic'. Staff could use this clinic to chat with one of the HR advisors about any issues or seek advice.

What needs to improve

Paper information leaflets were only available if requested by patients. Hospital management told us that a second information board which would host paper information leaflets, was in the process of being updated and was due to be installed soon. We will follow this up at future inspections.

- No requirements.
- No recommendations.

Quality improvement

We saw that the service clearly displayed its Healthcare Improvement Scotland registration certificate and was providing care in line with its agreed conditions of registration.

Appropriate policies and procedures set out the way the service was delivered and supported staff to deliver safe, compassionate, person-centred care. A process was in place for writing all policies, submitting them to appropriate corporate groups and approving them through the clinical governance group and medical advisory committee. Policies and procedures were updated regularly or in response to changes in legislation, national and international guidance and best practice. To support effective version control and accessibility, policies were available electronically on the service's staff intranet.

The service's infection prevention and control policies and procedures were in line with Health Protection Scotland's *National Infection Prevention and Control Manual*. We saw that cleaning schedules were in place for all areas and departments.

The hospital's medicines management policy was extremely detailed. The imaging department had a variety of standard operating procedures (SOPs) and patient group directives (PGDs) in place for safety and compliance, including the use of controlled drugs. The service's PGDs were developed from national NHS Scotland templates. The lead pharmacist had also developed additional PGDs for local competencies in line with national guidelines.

Accidents and Incidents were recorded and managed through an electronic incident management system. Each one was reviewed and reported through the clinical governance framework.

The outcomes of the discussions from these meetings were shared at regular staff meetings. Any incidents that an individual member of staff had been involved in were also discussed at the incident debrief, one-to-one meetings and at staff appraisals. Any trends identified were escalated for review to the senior management team, to assess training needs.

The service was aware of the notification process to Healthcare Improvement Scotland. During the inspection, we saw that the service had submitted all incidents that should have been notified to Healthcare Improvement Scotland.

The service's complaints procedure was prominently displayed in the service and published on the provider's website. We saw evidence that complaints were well managed and lessons learned were discussed at staff and management meetings. The service was subscribed to the Independent Sector Complaints Adjudication Service (ISCAS), an independent adjudication service for complaints about the private healthcare sector.

A duty of candour procedure was in place (where healthcare organisations have a professional responsibility to be honest with patients when things go wrong). Staff we spoke with fully understood their duty of candour responsibilities and had received training in it. The service had published a yearly duty of candour report. We saw evidence that the service had followed its own procedure when dealing with these incidents and shared learning with staff and consultants.

The provider and service was registered with the Information Commissioner's Office (an independent authority for data protection and privacy rights). We saw that patient care records were stored securely.

Staff told us that patients were given written aftercare instructions and information about any recommended follow-up when discharged. We saw evidence of this recorded in the patient care record. The service's contact details were provided on discharge in case patients had any concerns or queries. Patients we spoke with told us they were clear about what to expect after discharge.

The medicines fridges were checked regularly, including its contents and daily temperatures. Staff we spoke with knew the process for reporting faults.
We saw emergency equipment trolleys were checked daily and were kept in accessible locations. Staff we spoke with were familiar with the location of the emergency equipment. We saw that specific staff were identified at the start of

a shift during the daily huddle to respond to medical emergencies and in the event of a fire.

The service's recruitment policies described how staff would be appointed. We reviewed five files of employed staff and five files of individuals granted practicing privileges (staff not employed directly by the provider but given permission to work in the service). All 10 files were well organised, we saw evidence of clear job descriptions and that appropriate recruitment checks had been carried out, including:

- professional register checks and qualifications where appropriate
- Protecting Vulnerable Groups (PVG) status of the applicant (this was repeated every 3 years), and
- references.

Appropriate pre-employment checks were carried out for employed staff. All staff had completed an induction, which included an introduction to key members of staff in the service and mandatory training. All new staff we spoke with had completed an induction programme. We were told that new staff were allocated a mentor and the length of the mentorship depended on the skills, knowledge and experience of the new member of staff.

The housekeeping team had recently recruited two new members of staff who completed a 3-month induction programme. This included working alongside a current member of staff (a 'buddy') with objectives being reviewed at 4, 8 and 12 weeks. All mandatory electronic learning modules were completed during this time and new staff could not commence cleaning duties until completing these mandatory modules. Staff also attend a full-day, face-to-face induction information session in the hospital where they met members of senior management, including the hospital director.

All staff were allocated mandatory and role-specific online learning modules. Mandatory training included safeguarding of people and duty of candour. Team leaders, heads of departments and the senior management team used an online platform to monitor compliance with mandatory training completion. Staff told us they received enough training to carry out their role. We saw evidence in staff files and training reports of completed mandatory training, including for medical staff with practicing privileges.

The hospital's oncology department used an electronic prescribing process before medication was administered to the patients. Medical, pharmacy and nursing staff carried out checks as part of this process. This was included in the patient's care plan and was audited every 3 months.

The infection control and prevention nurse also delivered on-site training to staff. Staff told us time for training was usually protected. The lead pharmacist delivered training to hospital staff and had made videos, which staff could view at any time. These videos were part of the induction programme for new staff working in the pharmacy department, along with local competency forms specific to the provider's Scottish services in Edinburgh.

The pharmacy department had one pharmacist who had almost completed their non-medical prescribing course, with another member of staff commencing the programme in September 2024. The hospital funded this course to aid the staff member's continuous professional and personal development as identified in their development plan.

Staff appraisals were carried out regularly and recorded on an online appraisal system. The appraisals we saw had been completed comprehensively and staff we spoke with told us their appraisals helped them feel valued and encouraged their career goals.

We were told and saw that staff attended ward meetings and minutes of these were available in paper format and sent in email to all staff. Staff were encouraged to attend these meetings and access was available in person or virtually, to allow as many staff as possible to attend.

What needs to improve

We saw that the service had a policy, SOP and training modules associated with protecting people. The overarching legislation was based on English law. While the principles and spirit of the policy is similar, it did not fully comply with Scottish legislation. The hospital management team told us that the provider was updating these policies in line with Scottish legislation. These revised and updated policies were submitted to Healthcare Improvement Scotland post-inspection. We will follow this up at future inspections.

The service was in the process of implementing clinical supervision for trained nursing staff. We will follow this up at future inspections.

- No requirements.
- No recommendations.

Planning for quality

The service's risk management process included corporate and clinic risk registers, auditing and reporting systems. These detailed actions taken to mitigate or reduce risk. The service carried out a number of risk assessments to help identify and manage risk. These included risk assessments for:

- building security
- financial sustainability
- outbreak of infection due to failure of infection control systems and processes, and
- recruitment and retention.

The service also received 'flash alerts' from the provider's other services. The flash alerts detailed information and advice from incidents or identified risks, as well as steps to take to reduce or remove risk.

A business continuity plan described what steps would be taken to protect patient care if an unexpected event happened, such as power failure or a major incident. An arrangement was in place with another service in the provider's wider organisation in case evacuation of patients became necessary.

The service had a detailed audit programme in place, which helped make sure it delivered consistent safe care and treatment for patients and identified any areas for improvement. All staff we spoke with participated in audits and were aware of when these were completed. Action plans were produced to make sure any actions needed were taken forward. The infection prevention and control nurse for the service carried out extensive audits in all departments and supported areas with any actions arising as a result.

The audit programme included audits of:

- clinical outcomes
- health and safety
- infection prevention and control
- medication
- controlled drugs, and
- patient care records.

The pharmacy department carried out many audits, including storage of drugs in the department. All audits and audit information was stored on the local electronic system. Action plans were generated and in place, with dates and

persons responsible if any issues or areas for improvement arise from the audits carried out. All pharmacy audits were carried out every 3 months.

The quality improvement plan took account of the service's objectives and included short-term goals and longer-term projects. For example, working with NHS Lothian enabling Spire staff had access to modules relevant to their specific roles, attending out-patient clinics. Staff then reviewed their own service delivery to improve the experience for patients. This was displayed for shared learning for other staff and patients.

We also saw that the hospital team had introduced quality improvement sessions from each discipline. We observed the physiotherapy team deliver an information session to hospital staff members during our inspection. The session discussed areas that the physiotherapy team had recognised could be improved, such as the patients' length of stay. The team set out how it would evaluate the findings through analysing patient feedback.

- No requirements.
- No recommendations.

Key Focus Area: Results

Domain 6: Relationships	Domain 7: Quality control
How well has the service demonstrated that it provides safe, person-centred care?	

Our findings

The care environment and patient equipment were clean, equipment was fit for purpose and regularly maintained. Sanitary fittings were cleaned in line with national guidance. Patient care records were fully and accurately completed. There was a good standard of medicines management. We observed positive interaction between staff and patients. Staff described the provider as a good employer and the hospital as a good place to work. Patients were very satisfied with their care and treatment.

Healthcare staff working under a practicing and privileges contract should have at least two references on file and the practicing privileges policy should be updated to reflect this.

Every year, we ask the service to submit an annual return. This gives us essential information about the service such as composition, activities, incidents and accidents, and staffing details. The service submitted an annual return, as requested. As part of the inspection process, we ask the service to submit a self-evaluation. The questions in the self-evaluation are based on our Quality Assurance Framework and ask the service to tell us what it does well, what improvements could be made and how it intends to make those improvements. The service submitted a comprehensive self-evaluation.

The environment and equipment we saw were clean. Cleaning checklists were completed in all areas and departments. Toilets were provided throughout the service, including facilities for people with disabilities. We saw that checks were carried out on these facilities regularly throughout the day and recorded.

We noted patients' toilets and wash hand basins were cleaned with the appropriate chlorine-based solution in line with current infection control guidance. Housekeeping staff cleaned these facilities regularly.

We also saw that all areas of the hospital were checked and the head housekeeper, along with the person in charge of the area carried out audits. They would use a checklist for the audit and would give a 'star rating' grade once it was complete. Any outstanding issues identified during these reviews were highlighted to the person in charge and staff were informed. Action plans

with completion and review dates were generated. Senior management then reviewed the action plans and actions taken.

All cleaning materials and equipment were stored in appropriate areas throughout the hospital with limited access for staff only. This included a locked cupboard for materials under Control of Substances Hazardous to Health (COSHH).

Patients that we spoke with told us that they felt safe and that the cleaning measures in place to reduce the risk of infection in the service were reassuring. All patients stated the clinic was clean and tidy. Comments included:

- 'Lovely clean facility.'
- 'Very clean.'
- 'Everything from the reception area, to the toilets, to the treatment rooms are spotless.'
- 'Great facility and food is good.'

We reviewed seven paper-based patient care records. Consultations included details of the treatment risks and benefits discussed with patients. We saw evidence that treatment options had been discussed. All patient care records we reviewed included:

- assessment and consultation
- documentation of the discussion about the treatment plan, including the risks and benefits of each treatment offered
- patient consent to treatment and to share information with their GP or other relevant healthcare professional where appropriate, and
- risk assessments.

We also saw evidence that treatments plans, options and aftercare had been discussed with patients before they were discharged from the service.

We saw evidence of good standards of medicines management. This included completed records of stock checks and medicines reconciliation (the process of identifying an accurate list of the patient's current medicines and comparing it with what they are actually using).

We noted the hospital's Home Office certificate for stocking, prescribing and dispensing controlled drugs was valid and in-date.

We saw that the pharmacy department issued private prescription pads, including the prescribing of controlled drugs. The medical staff used these prescription pads in the outpatient department. Prescription pad information was documented, with the dates and times of use and returned to the department when the department closed for each day. The lead pharmacist checked this information daily.

We saw that the pharmacy department had a small 'out of hours' stock of medicines for discharging patients in the evening or at weekends if required. A local policy was in place to help make sure medicines were safely administered.

To help assess the safety culture in the clinic, we followed a patient's journey from the ward through theatre, recovery room and then to the ward. Before the patient arrived in theatre, we observed a pre-safety brief which made sure all staff in theatre were aware of the patient's details, journey and the procedure planned. We saw that staff followed World Health Organization guidelines, such as taking a 'surgical pause' before starting surgery to check they had the correct patient and equipment. We also observed staff following safe procedures for managing swabs and instruments in line with guidelines, including those for tracking and tracing instruments used.

A suitable member of staff accompanied patients to and from the theatre department. Staff took time to talk and listen to the patient at each point in the journey, with various staff introducing themselves and explaining what was happening. The patient was closely monitored while anaesthetised during the operation and then in the recovery room. Patients' privacy and dignity was maintained at all times. We saw effective multidisciplinary working with informative staff handovers and communication at all stages in the patient journey.

Staff told us they felt the approachable leadership team valued and supported them well. Minutes of daily team briefs and monthly staff meetings showed that staff could express their views freely. From our own observations of staff interactions, we saw a compassionate and co-ordinated approach to patient care and hospital delivery, with effective oversight from a supportive leadership team.

As part of our inspection, we asked the hospital to circulate an anonymous staff survey which asked five 'yes or no' questions. The results for these questions showed the following:

- The majority of staff felt there was positive leadership at the highest level of the organisation.
- The majority of staff felt they could influence how things were done in the hospital.
- The majority of staff felt their line manager took their concerns seriously.
- The majority of staff would recommend the hospital as a good place to work.

The final question of the survey asked for an overall view about what staff felt the hospital did really well and what could be improved. Comments were mostly positive and included:

- 'I feel that the service makes positive changes when we don't always get it right, this shows me that we are an evolving service.' 'Patient centred care is a big priority here. We do very well in terms of this and I personally feel that we try our very best to make the patients experience as great as it can be.'
- 'The service is very forward thinking and quality improvement is well embedded into the hospital. All departments are consistently looking at ways to improve patient experience and patient outcomes.'
- A genuine caring approach from SMT to help make issues better/improvements and are always supportive of this. The amount of patients and procedures that come through this facility is testament to what staff to well on a consistent basis.'

Patients we spoke with were extremely satisfied with the care and treatment they received from the hospital. Comments included:

- 'Staff are knowledgeable and extremely helpful.'
- 'I was told everything and given all the information I needed from the initial phone call to the outpatient appointment, pre-op assessment and admission.'
- 'Always treated dignity and respect- they could not do more for me- absolutely fantastic.'
- 'Everyone has introduced themselves when meeting me.'

What needs to improve

For those healthcare professionals appointed under practicing privileges, on review of current documentation we found that only one reference was obtained from their responsible officer (recommendation a).

- No requirement

Recommendation a

- The service should ensure that the safe recruitment of staff is completed in line with *Safer Recruitment Through Better Recruitment guidance (September 2023)*, including the obtaining of two references and the practicing and privileges policy should be updated to reflect this.

Appendix 1 – About our inspections

Our quality assurance system and the quality assurance framework allow us to provide external assurance of the quality of healthcare provided in Scotland.

Our inspectors use this system 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.

Before inspections

Independent healthcare services submit an annual return and self-evaluation to us.

We review this information and produce a service risk assessment to determine the risk level of the service. This helps us to decide the focus and frequency of inspection.

Before

During inspections

We use inspection tools to help us assess the service.

Inspections will be a mix of physical inspection and discussions with staff, people experiencing care and, where appropriate, carers and families.

We give feedback to the service at the end of the inspection.

During

After inspections

We publish reports for services and people experiencing care, carers and families based on what we find during inspections. Independent healthcare services use our reports to make improvements and find out what other services are doing well. Our reports are available on our website at: **www.healthcareimprovementscotland.org**

We require independent healthcare 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.

After

More information about our approach can be found on our website: [The quality assurance system and framework – Healthcare Improvement Scotland]

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

Email: his.ihcregulation@nhs.scot

You can read and download this document from our website.
We are happy to consider requests for other languages or formats.
Please contact our Equality and Diversity Advisor on 0141 225 6999
or email his.contactpublicinvolvement@nhs.scot

Healthcare Improvement Scotland

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www.healthcareimprovementscotland.scot