Unannounced Inspection Report

Hospital Inspection

Glenrothes Hospital
NHS Fife

7–9 July 2020
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About our hospital inspections

Background

1. Prior to March 2020, Healthcare Improvement Scotland inspection activity included:
   - Safety and Cleanliness inspections carried out against Healthcare Associated Infection (HAI) standards, in both acute and community hospitals, and
   - Care of Older People in Acute Hospital (OPAH) inspections carried out in acute hospitals (inpatient ward areas) caring for older people.

2. During the COVID-19 pandemic, in March 2020, a letter was issued from Healthcare Improvement Scotland to all NHS Board Chief Executives and Integrated Joint Boards (IJB) Chief Officers to advise that the inspections of NHS facilities in Scotland would be paused until further notice.

3. In May 2020, Healthcare Improvement Scotland received a letter from the Chief Nursing Officer (CNO) Directorate of Scottish Government requesting that hospital inspections be reinstated due to the number of COVID-19 related outbreaks in hospital sites. As COVID-19 outbreaks appear to affect older people, our inspections will have a combined focus on Safety and Cleanliness and Care of Older People in Hospital.

4. We have adapted our current inspection methodology for safety and cleanliness and care of older people as a result of this combined focus. We will measure NHS boards against a range of standards, best practice statements and other national documents, including the Care of Older People in Hospital Standards (2015) and Healthcare Associated Infection (HAI) standards (2015). A list of relevant national standards, guidance and best practice can be found in Appendix 3.

5. During our inspection, we identify areas where NHS boards are to take actions and these are called requirements. We also highlight areas of good practice.

6. A requirement sets out what action is required from an NHS board to comply with national standards, other national guidance and best practice in healthcare. A requirement means the hospital or service has not met the standards and we are concerned about the impact this has on patients using the hospital or service. We expect that all requirements are addressed and the necessary improvements are made.

7. When the inspectors gather evidence that an NHS board is doing well in relation to some practices, ways of working or outcomes for patients, this is
reported as an area of good practice. This can then be used to share learning across NHSScotland and to give recognition to the NHS boards involved.

**Our focus**

8. Given the impact of COVID-19, our inspections will be focused on ensuring that older people in hospital receive care that:
   - meets their care needs in relation to food, fluid and nutrition, falls and the prevention and management of pressure ulcers
   - manages risks specifically for standard infection prevention and control precautions, falls, and the prevention and management of pressure ulcers, and
   - is safe and effective, and in line with current standards, best practice and delivered with local systems and policies in place to effectively manage the care provided.

9. The flow chart in Appendix 4 summarises our inspection process.

10. We will report our findings under three key outcomes:
   - people’s health and wellbeing are supported and safeguarded during the COVID-19 pandemic
   - infection control practices support a safe environment for both people experiencing care and staff, and
   - staffing arrangements are responsive to the changing needs of people experiencing care.
A summary of our inspection

About the hospital we inspected

11. Glenrothes Hospital is a community hospital which opened in 1981. As well as a day hospital, it has three wards providing inpatient beds for rehabilitation. The hospital provides a wide range of services, including speech and language therapy, occupational therapy, physiotherapy, dietetics, district nurses, health visitors, podiatry, hospital pharmacy and X-ray services.

12. At the time of our inspection, only the three inpatient wards were being used for patients and the day hospital was being utilised as a COVID-19 call handling centre. All other parts of the hospital were closed along with the main entrance to hospital.

13. All patients admitted to Glenrothes Hospital come from other hospitals, such as the Victoria Hospital, for ongoing rehabilitation. Admissions are co-ordinated through a central NHS Fife bed management hub.

About our inspection

14. We carried out an unannounced inspection to Glenrothes Hospital on Tuesday 7 and Wednesday 8 July 2020 and we inspected the following areas:

- ward 1 (GP-led rehabilitation), and
- ward 2 (consultant-led rehabilitation).

15. On Thursday 9 July 2020, we held a virtual discussion session with key members of NHS Fife staff.

16. During the inspection, we:

- spoke with staff and used additional tools to gather more information. In both wards, we used a mealtime observation tool
- observed infection control practice of staff at the point of care
- observed interactions between staff and patients
- inspected ward environments and patient equipment, and
- reviewed patient health records to check the care we observed was as described in the care plans. We reviewed all patient health records for, infection prevention management and control, food, fluid and nutrition, falls, and pressure ulcer care.
17. We would like to thank NHS Fife and in particular all staff at Glenrothes Hospital for their assistance during the inspection.

Key messages

18. We noted areas where NHS Fife is performing well and where they could do better, including the following:
   • patients were treated with dignity and respect
   • good compliance with standard infection control precautions
   • cleanliness of environment was very good
   • care plans should be person-centred and evidence that the patient has been involved in decisions about their care, and
   • equipment should be in a condition that ensures that it can be effectively cleaned.

What action we expect the NHS board to take after our inspection

19. This inspection resulted in four areas of good practice and five requirements. A full list of the areas of good practice and requirements can be found in Appendices 1 and 2 on pages 18 and 19 respectively.

20. We expect NHS Fife to address the requirements. The NHS board must prioritise the requirements to meet a national standard. An improvement action plan has been developed by the NHS board and is available on the Healthcare Improvement Scotland website:

www.healthcareimprovementscotland.org
What we found during this inspection

People’s health and wellbeing are supported and safeguarded during the COVID-19 pandemic.

Key areas include the extent to which:

- people’s rights are respected, and they are treated with dignity and respect
- people are enabled and supported to stay connected, and
- people’s physical, mental and emotional health is promoted.

Treating older people with compassion, dignity and respect

21. We saw all patients were treated with dignity and respect, staff addressed patients in a respectful manner and all interactions seen were positive. Patients appeared well cared for and nurse call bells were not often heard as staff were attentive to patient needs.

22. We saw that during the suspension of hospital visiting NHS Fife has used technology to facilitate conversations and video calls between patients and their relatives. We also saw some ‘window visiting’ whereby patients could see their family through the room window whilst maintaining the current restriction on visiting.

23. We saw evidence of ward staff communicating with relatives to ensure that they were kept up-to-date with information from virtual ward rounds and multi-disciplinary meetings.

Screening and assessments

24. We reviewed patient health records and looked at assessments relating to food, fluid and nutrition, falls and pressure area care. Where patients had been in the hospital for a period of time, we limited the review of the patient health records to the last 3 months so as to look at patient care in the context of COVID-19.

25. All paper documentation relating to the patients admission continues when they are transferred between healthcare settings for ongoing care. Of the patient health records reviewed, we saw that the majority of patient assessments were accurately completed on transfer to Glenrothes Hospital in line with NHS Fife’s local policies, with the exception of those for nutritional care. We saw no evidence of staff reviewing initial assessments to ensure that they were fully completed. For example, we saw that not all Malnutrition
Universal Screening Tools (MUST) were fully completed and the majority of the nutritional and oral care assessments were blank. In addition, we did not see a place for staff to document any reassessment if the patient care needs had changed.

26. In order to accurately complete the MUST, staff need to know if there has been any weight loss in the past 3-6 months. This information can be gained from asking the patient their usual weight and from reviewing any weights obtained whilst they have been in hospital. Staff told us that they were unable to access previous patient weights as there was no function to do this on the electronic records system that is in use at Victoria Hospital.

27. During our virtual discussion session, NHS Fife told us that the rolling out of their electronic patient records system across all hospital sites has been delayed due to COVID-19. NHS Fife acknowledged that there has been some confusion for staff regarding the MUST and archive information, such as previous weights. The NHS board is planning future training sessions for staff on use of the electronic records system.

28. We saw that with the exception of MUST, reassessments were generally accurately completed within the required timeframes in line with NHS Fife policies. For example we saw daily reassessment of pressure ulcer risk assessments and falls.

29. Rescreening of MUST was not always accurately completed or done within the required timeframe. We saw that where patient’s previous weights were available in paper form, staff did not always review differences in weights over the previous 3 to 6 months. This resulted in inaccurate scoring of the weight loss element of MUST.

30. Ward staff told us that some patient weighing scales had been broken and that due to the infection prevention and control measures in place due to COVID-19, they had not been able to access alternative weighing scales from other wards. This resulted in some patients not being weighed for a significant period of time. We found staff did not consider using an alternative measure to inform the scoring of MUST.

Care planning

31. NHS Fife documentation contains a nursing assessment and patient care plan record, as well as separate care plans for MUST and pressure area care. The ongoing nursing assessment and patient care plan should be reviewed and completed daily or weekly based on patient need.

32. We found that the care plans were generally completed within the required timeframes. However, they did not always provide sufficient detail to inform
person centred care and appeared to be more of a communication aid or prompt for staff.

33. We saw that the pressure area care plan was always completed for all patients and contained information such as the type of pressure relieving equipment in use. However, MUST care plans were not in place for all patients who required them. Where they were in place, they were not always fully or accurately completed. We noted that there was no place to document any reviews of the MUST care plan.

34. We also saw other care plans that:
   - were not always completed or updated as the patient care needs changed, or
   - did not provide evidence to demonstrate that patients, or their legal proxy such as power of attorney or guardian, had been involved in care planning.

35. We did not see any oral health care plans in place despite the oral health assessment stating that one should be started, if required.

**Food, fluid and nutrition (including mealtimes)**

36. There was good provision of food, fluid and nutrition for patients. We observed mealtimes in both wards and saw that mealtimes were generally well managed. All patients remained within their rooms for their meal to maintain safety measures during COVID-19.

37. Each course was served separately to ensure that the meal stayed hot. If a patient did not want their ordered meal, staff were seen to offer alternative options. Patients were given sufficient time to eat each course and they were offered a choice of drinks with their meal.

38. Adaptive aids were available, such as cutlery and plate guards for those patients who required them. Where appropriate patients were given encouragement or assistance with eating and drinking.

39. Both wards inspected had a nutritional board to communicate information to staff about patients requiring special or texture modified diets, or any assistance required with eating and drinking.

40. The wards stocked a range of snacks to offer to patients throughout the day. Additional snacks, such as sandwiches and cakes could also be ordered from the kitchen for those patients who required them.

41. We were told that since COVID-19 restrictions were introduced, wards have been supplied with treat boxes containing sweets and snack bars. This means
that patients can still receive additional snacks at a time when families cannot visit to bring in these items.

42. Patients had access to drinks such as water and juice which staff refreshed throughout the day. Hot drinks were offered at various times.

43. We saw that fluid balance charts were in place for those patients who needed their fluid intake monitored. However, we saw variable completion of these. The majority of the fluid balance charts reviewed were well completed and included reasons for the chart being in place and the previous day’s fluid intake totals. However, we also saw that some charts had long gaps between entries, and did not record drinks taken at mealtimes or state the reason for the chart being in place.

44. We saw that some patients required input from the dietitian or speech and language therapist. Ward staff told us that during COVID-19, the dietitians and speech and language therapists have been in contact by telephone as an alternative to visiting the ward. However, we found that the patient health records did not always contain any record of the advice given or provide any evidence of follow up or review during last 3 months.

45. We were told that oral nutritional supplements are prescribed using a medication prescription chart. We saw these were always prescribed and given to patients where required. The amount of oral nutritional supplement taken is only documented if the patient has a fluid balance chart in place, otherwise staff would pass this information on verbally.

46. Oral care is recorded on the care rounding document. Where assistance was required it was not always documented that oral care had been carried out.

**Prevention and management of falls**

47. NHS Fife implemented a falls toolkit last year that aims to provide staff with the essential tools to identify and manage patients at risk of falls, and support and manage those who have had a fall in hospital. We were told that staff have been trained to use the toolkit.

48. Staff should complete a falls intervention plan for patients identified as being at risk of a fall. This multidisciplinary plan should be updated following a fall or whenever there are changes to the patient’s condition.

49. We saw that interventional plans were in place for all patients who required them and most were reviewed daily. However, the plans did not always detail all the current interventions needed for the patient. For example, we saw staff entries stating ‘continue with falls pathway’ rather than details of the actual interventions required for that patient, such as use of bedrails or physiotherapy input. We also saw that, when a new risk assessment document was used, the current interventional plan was not transferred over.
50. We were told by staff that if a patient falls, they would also complete the post-fall care bundle. Ward staff knew how to access medical staff, including out of hours, should the patient require medical review. We were told that all falls would be recorded on the electronic incident reporting system.

51. One patient had fallen during their stay in hospital. The falls bundle was completed and there was evidence of the patient being reviewed. There was also evidence of the fall being reported on the incident reporting system.

52. Staff on both wards can access physiotherapy and occupational therapy input when required and said that there had been no change to this as a result of COVID-19.

Pressure ulcer prevention and management

53. If a patient’s Pressure Ulcer Risk Assessment (PUR A) considers them to be at risk of pressure ulcers, then a SSKIN Bundle (skin, surface, keep moving, incontinence and nutrition) should be implemented. All patients who required a SSKIN Bundle had this in place, however, we saw these bundles were not always complete or accurate, we found the following:

- some bundles had gaps of up to 5 hours when care was prescribed 3-hourly
- staff had not completed the nutritional section, and
- one bundle stated ‘yes’ to tissue damage when no damage was present.

54. Where wound charts were required, we saw that these were in place. These were not always accurately or fully completed. For example, we saw that tissue type was not recorded correctly and wound measurements were not consistently measured using the same scale for the same wound. This description of the wound is required to show the progression of the wound, such as any improvement or deterioration, as this will inform the plan of care.

55. A wound treatment plan should detail amongst other things the type of dressing in use and the frequency of any dressing change. Of the ones seen we saw that it was used as a documentation aid rather than a treatment plan. We were told that podiatry would complete the wound charts and treatment plans for patients under their care when they reviewed the patients wound.

56. Staff knew how to access the tissue viability service for advice and support. This support had not changed during COVID-19 and the tissue viability nurse and podiatry service continue to review patients where required.
Access to equipment

57. A range of equipment for the management of falls and pressure ulcer care was available to staff in both wards. This included high and low beds, pressure relieving mattresses and cushions and falls alarms.

Areas of good practice

- Mealtimes were well managed and coordinated and individual courses served separately to ensure food remained hot.
- Good availability and range of snacks for patients.

Requirements

1. NHS Fife must ensure that all older people who are admitted to hospital are accurately assessed in line with the national standards. This includes nutritional screening and assessment including oral health assessment. There must be evidence of reassessment, where required.
2. NHS Fife must ensure that patients have person-centred care plans in place for all identified care needs. These should be regularly evaluated and updated to reflect changes in the patient’s condition or needs. The care plans should also reflect that patients are involved in care and treatment decisions.
3. NHS Fife must ensure that where wound assessment charts are in place, for those patients with a known pressure ulcer or break in skin integrity, they are fully and accurately completed.
4. NHS Fife must ensure that, where required, oral care is given and documented appropriately.
Infection control practices support a safe environment for both people experiencing care and staff.

Key areas include the extent to which:

- people are protected as staff take all necessary precautions to prevent the spread of infection.

Social distancing

58. Staff maintained social distancing where possible, and staff in clinical areas wore surgical face masks at all times.

Standard infection prevention and control precautions

59. Compliance with standard infection control precautions such as linen, waste and sharps management was good. We were told that there are weekly checks on stock levels of personal protective equipment and there was currently a sufficient stock in the hospital. On the wards, we saw sufficient stocks of required personal protective equipment for staff and visitors. We saw the majority of staff using personal protective equipment appropriately.

60. Hand hygiene facilities were in appropriate locations and easily accessible. We saw that ward staff performed hand hygiene at the correct times, as per the World Health Organisation’s Five Moments for Hand Hygiene guidelines.

Transmission based precautions

61. At the time of inspection, there were no patients with suspected or confirmed COVID-19. Where patients were isolated for other reasons, appropriate transmission-based precautions were in place.

62. In the past, there have been positive cases of COVID-19 at Glenrothes Hospital. We were provided with evidence of assessment of the infections using the hospital infection assessment tool and also individual care plans for the affected patients.

63. At the time of the inspection, visitors were not allowed in the hospital. Recent Scottish Government guidance will ease restrictions for visitors from 13 July 2020. Each ward has a plan in place to reduce the risk to patients, staff and visitors for this easing of visitor restrictions and staff have communicated these arrangements to patients and their visitors. For example, there will be one designated visitor per patient by appointment. Contact details will be recorded for contact tracing, if required, and surgical face masks will be provided at the ward entrance.
Audits, policies, procedures and guidelines

64. Safe and clean peer review audits are being carried out. The new type of audit which involves staff members auditing other wards on infection prevention and control is now fully embedded in the hospital and is being rolled out to other NHS Fife hospitals.

Environment

65. The standard of environmental cleaning was very good. The domestic staff told us of the increased frequency of cleaning of the general environment. We were also told that both nursing and domestic staff are regularly cleaning frequently touched surfaces. Domestic staff told us that they have sufficient cleaning equipment to perform their duties.

66. All cleaning is being carried out with the correct products and in line with current COVID-19 national guidelines.

Patient equipment

67. All patient equipment was found to be visibly clean. However, patient furniture in some areas was noted to be worn and damaged and therefore may be unable to be effectively decontaminated. For example, patient wardrobes, lockers, over bed tables and arm rests of patient chairs.

Area of good practice

- Very good standard of hospital environmental cleaning.

Requirement

5. NHS Fife must ensure that the condition of all patient equipment allows it to be effectively decontaminated.
Healthcare Improvement Scotland Unannounced Inspection Report
Glenrothes Hospital, NHS Fife: 7–9 July 2020

Staffing arrangements are responsive to the changing needs of people experiencing care.

Key areas include the extent to which:
- staffing arrangements are right and are responsive and flexible
- staff are well supported and confident
- staff knowledge and skills improve outcomes for people.

Staffing resource

68. Both wards stated that they had adequate staffing and could get staff from other areas, if needed, to cover absence. They have also used bank staff that were likely to be dedicated to one ward. Staff told us that they could raise any issues regarding staffing with managers for resolution, if needed.

69. Domestic staff told us that additional bank staff means there has been enough staffing resource to cover the additional cleaning responsibilities.

Communication

70. We saw that virtual ward rounds and multidisciplinary team meetings were taking place rather than face-to-face meetings. Staff told us that they are still able to access advice and support from the infection control team, dietitians, speech and language and tissue viability services by telephone during the restrictions of COVID-19. Senior managers were also available for advice and support.

71. There was good verbal communication between the ward teams to ensure safe delivery of care. Staff used handovers, safety briefs and alert signs to communicate risks, such as infection or falls risks. There was also good communication between ward staff and domestic staff to ensure safe management and decontamination of the environment.

72. The patient health records did not always record sufficient detail or information to guide care. It is important that staff have access to all information for a patient’s admission in order that risks are effectively managed and progress can be monitored and evaluated. This is especially important when a patient is transferred between hospitals or wards. We raised this at our discussion session with NHS Fife.
Leadership, education and training

73. Wards appeared calm and organised with evidence of good team working. It was clear who was in charge of the ward.

74. Ward staff told us, and we saw evidence, that the infection prevention and control team have had significant input into supporting the hospital during COVID-19, particularly when some patients had tested positive for COVID-19.

75. The wards had link nurses for a range of topics including food, fluid and nutrition, falls and tissue viability. They are available for advice and support and will cascade information from any meetings or training they have attended.

76. We viewed the training records for ward staff which showed good compliance with mandatory training for infection prevention and control. We also saw that staff could access training specific to falls and pressure ulcer prevention and management. We were told that additional training needs could be identified at annual appraisals for staff.

77. Domestic and nursing staff told us they have felt well supported during COVID-19 and have received sufficient training, guidance and updates from line management and the infection prevention and control team. Staff support has been provided through formal sessions, written guidance, informal verbal updates and safety briefs.

78. We saw evidence of a significant number of education sessions provided to staff since April 2020 on various aspects of maintaining safe care during COVID-19. This has included sessions on hand hygiene, resuscitation, the use of personal protective equipment, and enhanced cleaning.

Area of good practice

- Significant input and support from the infection prevention and control team.
### Appendix 1 – Areas of good practice

**People’s health and wellbeing are supported and safeguarded during the COVID-19 pandemic**

1. Mealtimes were well managed and coordinated and individual courses served separately to ensure food remained hot (see page 13).
2. Good availability and range of snacks for patients (see page 13).

**Infection control practices support a safe environment for both people experiencing care and staff.**

3. Very good standard of hospital environmental cleaning (see page 15).

**Staffing arrangements are responsive to the changing needs of people experiencing care.**

4. Significant input and support from the infection prevention and control team (see page 17).
## Appendix 2 – Requirements

### People’s health and wellbeing are supported and safeguarded during the COVID-19 pandemic

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| **1** NHS Fife must ensure that all older people who are admitted to hospital are accurately assessed in line with the national standards. This includes nutritional screening and assessment including oral health assessment. There must be evidence of reassessment, where required (see page 13).

This is to comply with Food, Fluid and Nutritional Care Standards (2014) criteria 2.1, 2.2 2.3 & 2.4. |

| **2** NHS Fife must ensure that patients have person-centred care plans in place for all identified care needs. These should be regularly evaluated and updated to reflect changes in the patient’s condition or needs. The care plans should also reflect that patients are involved in care and treatment decisions (see page 13).

This is to comply with The Code: Professional Standards of Practice and Behaviour for Nurses and Midwives (Nursing & Midwifery Council, 2015); Care of Older People in Hospital Standards (2015) criteria 1.1, 1.4, and 11.2a; and Food, Fluid and Nutritional Care Standards (2014) Criterion 2.9a. |

| **3** NHS Fife must ensure that where wound assessment charts are in place, for those patients with a known pressure ulcer or break in skin integrity, they are fully and accurately completed (see page 13).

This is to comply with Standards for Prevention and Management of Pressure Ulcers (2016) Standard 6.1. |

| **4** NHS Fife must ensure that, where required, oral care is given and documented appropriately (see page 13).

This is to comply with Best Practice Statement for Working with Dependent Older People to Achieve Good Oral Health (May 2005) section 3. |
Infection control practices support a safe environment for both people experiencing care and staff.

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| 5  NHS Fife must ensure that the condition of all patient equipment allows it to be effectively decontaminated (see page 15).

This is to comply with Healthcare Associated Infection (HAI) standards (2015) Criteria 8.1.
Appendix 3 – List of national guidance

The following national standards, guidance and best practice are relevant to the inspection of the care of older people in acute hospitals.

- **Publication of COVID-19: Endorsed Guidance For NHS Scotland Staff and Managers on Coronavirus** (Scottish Government, DL (2020)
- **Healthcare Associated Infection (HAI) standards** (Healthcare Improvement Scotland, February 2015)
- **Best Practice Statement for Working with Dependent Older People to Achieve Good Oral Health** (NHS Quality Improvement Scotland, May 2005)
- **Care of Older People in Hospital Standards** (Healthcare Improvement Scotland, June 2015)
- **Standards for Prevention and Management of Pressure Ulcers** (Healthcare Improvement Scotland, September 2016)
- **Food, Fluid and Nutritional Care Standards** (Healthcare Improvement Scotland, October 2014)
- **Complex Nutritional Care Standards** (Healthcare Improvement Scotland, December 2015)
- **The Code: Professional Standards of Practice and Behaviour for Nurses and Midwives** (Nursing & Midwifery Council, January 2015)
- **Generic Medical Record Keeping Standards** (Royal College of Physicians, November 2009)
- **Allied Health Professions (AHP) Standards** (Health and Care Professionals Council Standards of Conduct, Performance and Ethics, January 2016)
Appendix 3 – Inspection process flowchart

Before inspection
Before the inspection, we review a range of information, including information provided to us from our Data Measurement and Business Intelligence team. This includes COVID-19 related data and hospital acquired infection data. We will also review the NHS board’s previous inspection reports and action plans, where these are available.

During inspection
We arrive at the hospital and inspect a selection of wards and departments.
We use a range of inspection tools to help us assess the standard of care for older people in hospital, as well as the physical environment and compliance with standard infection control precautions.
Where appropriate, we have discussions with staff during the onsite inspection.
Following the onsite inspection, we hold a virtual discussion session with key members of staff from the NHS board.
We provide written high-level feedback to the NHS board. This is followed up by a phone call with the Lead Inspector.
If significant concerns are identified, we will implement our escalation procedure or consider carrying out a follow-up inspection of the hospital.

After inspection
We publish reports for patients and the public based on what we find during inspections. NHS Staff can use our reports to find out what other hospitals or services do well and use this information to help make improvements. Our reports are available on our website at www.healthcareimprovementscotland.org
We require NHS boards to develop, and then update, an improvement action plan to address the requirements we make. We check progress against the improvement action plan.
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 contactpublicinvolvement.his@nhs.net