

Scrutiny

Assurance, scrutiny, measurement and reporting

Public assurance about the quality and safety of healthcare is provided through scrutiny of the NHS.

Independent reporting and publishing of findings on performance demonstrates accountability of services to the people who use them. This makes a positive impact on the healthcare outcomes for patients, their families and the public, and feeds into the improvement cycle by providing further evidence for improvement.

Healthcare Improvement Scotland has built on the scrutiny and assurance carried out by NHS Quality Improvement Scotland. This work includes:

- the Healthcare Environment Inspectorate
- independent healthcare regulation
- scrutiny of the Participation Standard by the Scottish Health Council, and
- assessment of major service change consultations by the Scottish Health Council.

We are also developing a new model for scrutiny which will apply to both the independent healthcare sector and the NHS in future years.



Participation Standard

2010

introduced in
November 2010

The Scottish Health Council, a key part of our organisation, has developed a Participation Standard, which measures what NHS boards do to ensure that people can influence the care they receive and shape how services are designed.

The introduction of the standard in November 2010 means that, for the first time, comparable information on how NHS boards involve patients and the public has been collected and analysed.

Every NHS board in Scotland was asked to assess how well they performed by completing a self-assessment form.

The Scottish Health Council has been analysing the submissions, which were provided by all NHS boards, in order to agree the levels reached. It has included advice on what is required to demonstrate further improvement against the standard. NHS boards will be asked to prepare improvement plans for 2011–2012, based on the self-assessment reviews.

Reports, outlining the level of achievement for each NHS board and highlighting specific examples of good practice, will be published later in 2011.



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making sure
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Endoscopy services

26/45

26 of the 45 operational endoscopy units were visited in Scotland

Endoscopy is a medical procedure used to observe the inside of the body without performing major surgery. The procedure involves use of a long flexible tube with a lens at one end and a magnifying eyepiece at the other. An endoscopy can help to provide an accurate diagnosis and ensure that patients get the right treatment as soon as possible.

In recent years NHS Quality Improvement Scotland supported NHS boards by leading on an accreditation scheme that promotes improvement in both the patient experience and endoscopy services. This involved assessing the performance of endoscopy units in Scotland against UK wide standards. During 2010, 26 of the 45 operational endoscopy units were visited in Scotland.

The visits highlighted three main issues.

- Most units need to improve decontamination (cleaning) of equipment.
- Staff need access to specialised training and their time protected to attend.
- Respect and dignity for patients needs to be a priority. This includes access to toilets and arrangements in mixed-sex areas.

NHS boards have developed action plans in response to the recommendations and have submitted these for review and follow-up. Healthcare Improvement Scotland will continue this work and visit the remaining endoscopy units in 2011 and follow up on NHS board action plans to make sure progress is being made.



-06

Healthcare Environment Inspectorate

174

requirements made

Healthcare Environment Inspectorate (HEI), a key part of our organisation, was set up in 2009 with a focus to reduce the healthcare associated infection (HAI) risk to patients through a rigorous inspection framework. This is being done by undertaking at least one announced and one unannounced inspection to all acute hospitals across NHSScotland every 3 years.

HEI's aims are to:

- provide public assurance and protection, to restore public trust and confidence
- contribute to the prevention and control of HAI, and
- contribute to improvement in the healthcare environment including infection control, cleanliness and hygiene, and the broader quality improvement agenda across NHSScotland.

In its first year (September 2009 to September 2010), most HEI inspections were announced (where NHS boards are given at least 4 weeks notice of the inspection). Since September 2010 there has been a greater focus on unannounced inspections (where NHS boards are not given any advanced warning of the inspection).

During 2010–2011, HEI:

- completed 32 inspections to 29 acute hospitals in 10 NHS boards across Scotland, and
- made 174 requirements and 143 recommendations.

Of the 32 inspections HEI carried out, 16 were announced, 12 were unannounced and four were follow-up inspections.

Overall, HEI has found that most hospitals are generally clean and improving. Patients and the public can be assured that these inspections are driving improvement to ensure hospitals are safe and clean.

More information on HEI can be found at www.healthcareimprovementscotland.org/HEI.aspx or from its own annual report which is published separately.

HEI Healthcare
Environment
Inspectorate

Ensuring your hospital is safe and clean





Citrus Gel

Disinfectant

Use on hard, non-porous surfaces. Dilute with water. Do not use on wood, stone, or waxed surfaces. Avoid contact with eyes and skin. Wash hands thoroughly after use.