Healthcare Improvement Scotland

Improving Care for Older People in Acute Hospitals

Feedback and Lessons Learned from Testing the Inspection Methodology

April 2012

Background

In June 2011 the Cabinet Secretary for Health and Wellbeing announced that Healthcare Improvement Scotland would carry out a new programme of inspections. These inspections are to provide assurance that the care of older people in acute hospitals is of a high standard.

During June 2011 to October 2011 we developed a new inspection methodology which is available on our website. This methodology comprised 7 key elements:

Prioritisation of hospitals

Self-assessment

Inspection

Reporting

Improvement action plans

Follow up activity

Escalation

In order to ensure that we have a risk based, proportionate and robust methodology we undertook a series of test inspection to look at the key elements outlined above.

What we did

We undertook four test inspections to test the process from self assessment to reporting. We also undertook one "alpha" test which looked at the process from self assessment to improvement action plan being developed.

During, and following, each test inspection we sought feedback from the NHS Board and their staff and gave them the opportunity to feed back on the self assessment content, on site visit processes and the format of the template used for reporting the inspection findings. All NHS boards which participated in the test inspections took up this opportunity and provided valuable feedback both orally and in writing to us.

Following completion of all the test inspections we also sent out an on line questionnaire which sought feedback on the processes using during the test inspection. One of the test inspection sites took up this opportunity and we received four responses from staff, one from senior management and three from frontline staff.

All feedback has been considered and used to refine the methodology to ensure that it is robust, risk based and proportionate.

We are grateful to the following NHS boards and staff within the hospitals who agreed to participate in and share the learning with us throughout the test phase of these inspections.

NHS Borders	Borders General Hospital	17 October 2011

NHS Greater Glasgow & Clyde	Victoria Infirmary	26 October 2011
NHS Tayside	Perth Royal Infirmary	12 & 13 December 2011
NHS Lothian	Liberton Hospital	8 & 20 December 2011
NHS Grampian (“alpha” test site)	Aberdeen Royal Infirmary	31 January & 1 February 2012

Thanks also to the patients, carers and relatives and members of the public who participated in the test inspections.

What we've learnt and the action taken

You said	We did
Methodology	
Inspecting the services for older people alongside the standards for healthcare associated infection did not lend itself to a similar template or reporting style. Inspection teams did not have the opportunity to look in depth across these areas	We now undertake these inspections as two discrete inspection programmes. Inspection of services for older people in acute hospitals uses information within the self assessment to focus on key areas during the day of the inspection. This allows the inspection team to look in more depth at a particular area and follow a patient pathway. Inspectors will also follow up on emerging issues during the day of the inspection. The inspection programme has been increased from 1 to 2.5 days to allow in depth inspection on identified areas
Inspection Team	
Teams should have more inspectors with a clinical background to ensure that information provided before and during the inspection is interpreted meaningfully and appropriate conclusions are reached on what they observe	We have a mix of clinical and non clinical staff within the Inspectorate and have increased our staffing establishment with a further 4 Associate Inspectors who have a clinical background
Self assessment	
Preparation and compilation of the self assessment documentation was onerous for staff with large volumes of documentation required	We have made the evidence base for the self assessment more explicit. The content of the self assessment will be reviewed following the first

	year of inspection
It was not evident from the inspection how much of the self assessment documentation had been used to inform and report on the test inspection	We use the documentation within the self assessment to prioritise and focus inspections on areas which require further scrutiny on the day of the inspection. We also use information referenced within the self assessment in the public report
Reporting	
Language and tone of the draft report is more negative than positive	We worked with staff from NHS boards to refine the format and tone of the reports. Reports now focus on areas of strength as well as areas for improvement
The verbal feedback on the day did not reflect the content within the draft report submitted following the test inspection	We have reviewed the content of the report to ensure that all feedback given on the day is included within the report. There should be "no surprises" within the published report
Requirements and recommendations: there needs to be differentiation between gaps in policy and lapses in practice	We have changed the reporting to reflect areas of strength and areas for improvement rather than requirements and recommendations. We state that action **must** be taken when an organisation is not meeting a recognised standard. Where improvements cannot be directly links to the recognised standard, but where these improvements will lead to better outcomes for patients, we state that the organisation **should** take action
Access to health records	
Lack of access to health records made it difficult for the inspection team to contextualise information and reach conclusions	We are now able to access health records. Information from a variety of sources are used to validate the self assessment and to reach conclusions eg health records, observation, discussion with staff/patients, documentation
Time spent looking at health records needs to be balanced with observation of practice and discussion with staff	The programme has been updated to include more time for observation and discussions with staff

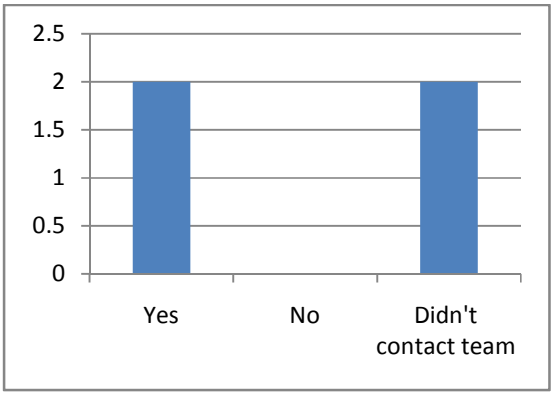
Observation session	
It would be beneficial for inspection team members to have clinical awareness/knowledge around the care of older people in order to put the observation of staff/patient interactions into context	Inspection teams are made up of clinical and non clinical inspectors and have the skills and experience to undertake inspection of services for older people. We have increased our staffing establishment with a further 4 Associate Inspectors who have a clinical background We use an observation tool (available on our website) and have discussions with staff following our periods of observation to ensure cross checking of information

Views on the inspection from frontline staff

The survey monkey questionnaire was sent to all the test inspection sites following the test period. Four NHS boards responded that they had already had an opportunity to feedback their views and did not wish to complete a further questionnaire. One NHS board circulated the questionnaire and we received 4 responses from staff. The following themes emerged from the responses to the questionnaire. The full results of from the questionnaire are attached as Appendix 1.

Communication between Healthcare Improvement Scotland and the test site prior to the inspection

Question asked: Communication between HIS and my hospital prior to the inspection was helpful and sufficient

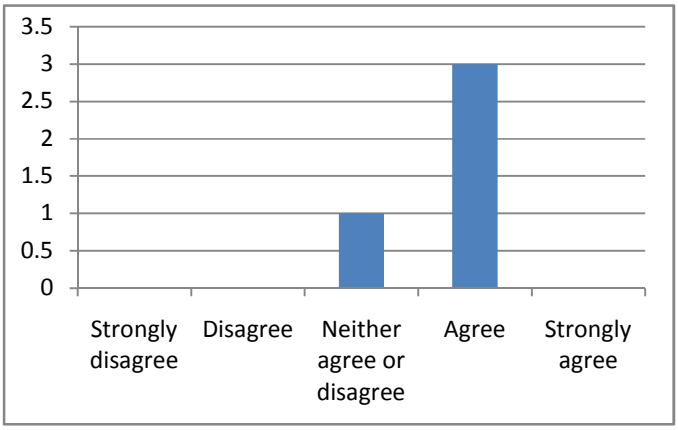


You said

50% responders agreed that the communication prior to the inspection was helpful and sufficient and 50% responders stated that they did not require to contact the team prior to the inspection.

Communication with the Healthcare Improvement Scotland team during the inspection

Question asked: Staff had enough time to discuss issues/concerns with the inspection team



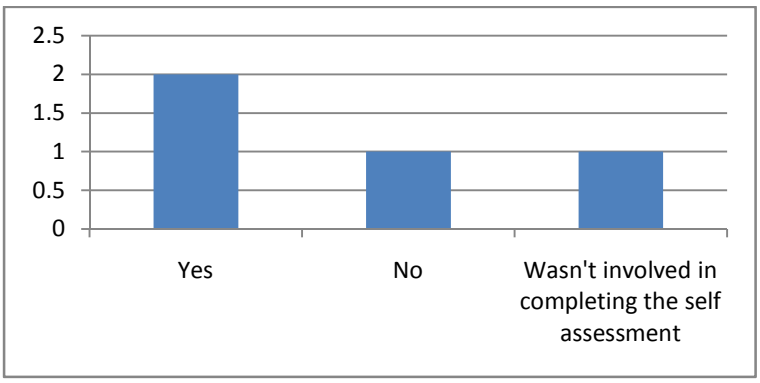
75% of responders agreed that there was enough time to discuss issues/concerns with the inspection team during the inspection. 1 (25%) responder neither agreed nor disagreed.

We did

We have increased the duration of the inspections from 1 to 2 days to ensure there is sufficient time to review health records, speak with staff, undertake observation of practice and to give staff the opportunity discuss issues and concerns with the inspection team.

Self assessment and documentation

The self assessment is clear and easy to complete



You said

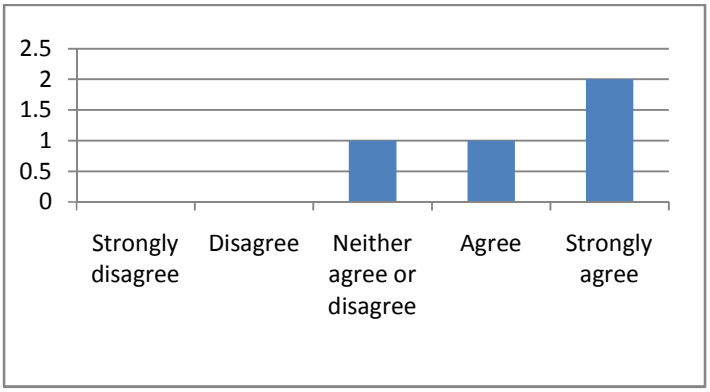
50% of responders found the self assessment clear and easy to use, 25% stated they had not been involved in completing the self assessment and 25% of responders stated that the questions were open to misinterpretation and didn't flow. 25% of responders commented that the self assessment took a great deal of time to complete with huge amounts of evidence requiring to be compiled. There was no reference to the self assessment in the feedback.

We did

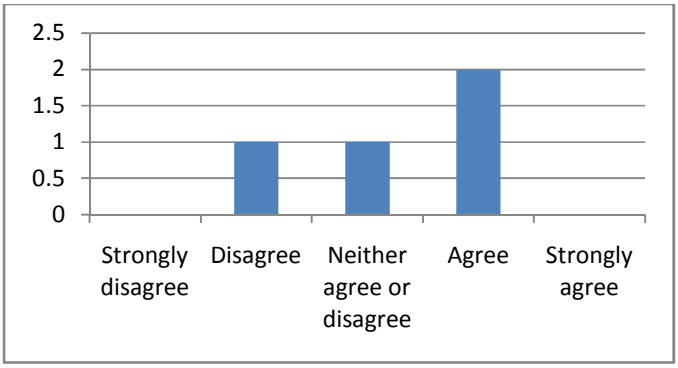
We have made the evidence base for the self assessment more explicit. The content of the self assessment will be reviewed following the first year of inspection We use the documentation within the self assessment to prioritise and focus inspections on areas which require further scrutiny on the day of the inspection. We are now using information referenced within the self assessment in the public report.

Care Plans

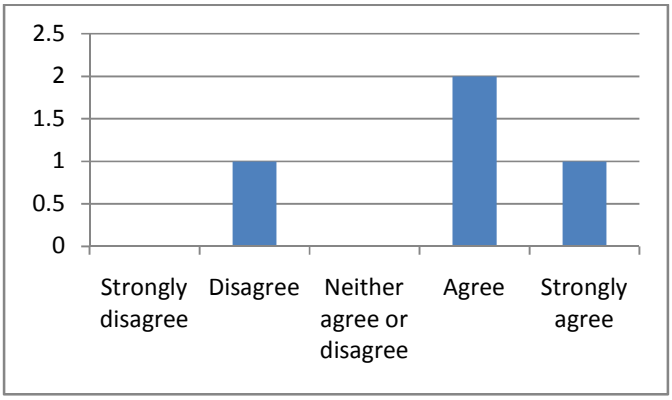
Question asked: Review of care plans is an important aspect of the inspection process



Question asked: There was enough time for staff to discuss care plans with the inspection team



Question asked: The senior charge nurse was able to take time away from his/her duties to support the inspection team with information and answer questions



You said

50% of responders strongly agreed that the review of care plans was an important aspect of the inspection process.

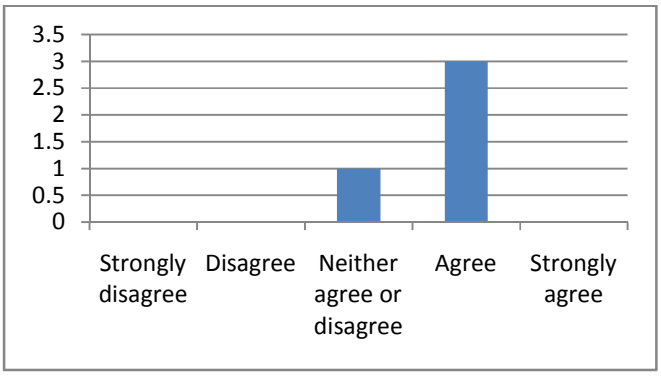
50% of responders also agreed that there was enough time for staff to discuss care plans with the inspection team. 25% of responders strongly agreed that the senior charge nurse was able to support the inspection team. This responder commented that this was due to the senior charge nurse being been made supernumerary for the day to allow her to be taken away from clinical duties to support the inspection team.

We did

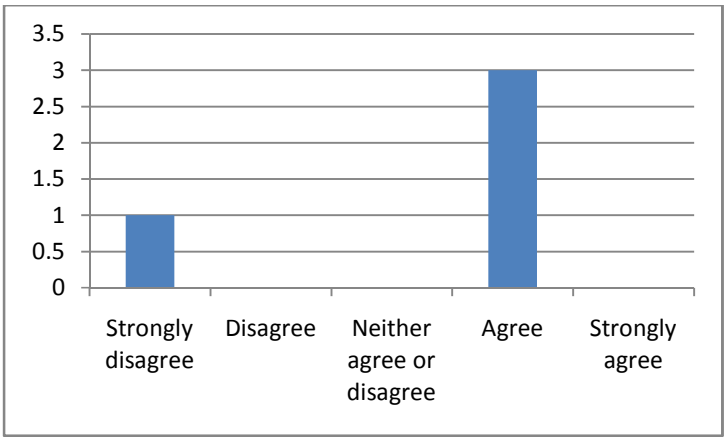
We have increased the amount of time the inspection team spend on the ward to allow sufficient time to discuss issues/concerns with staff with regard to care plans. We now request care plans from staff and review these independently. A member of staff does not need to be present for the review of care plans.

Feedback given during the inspection

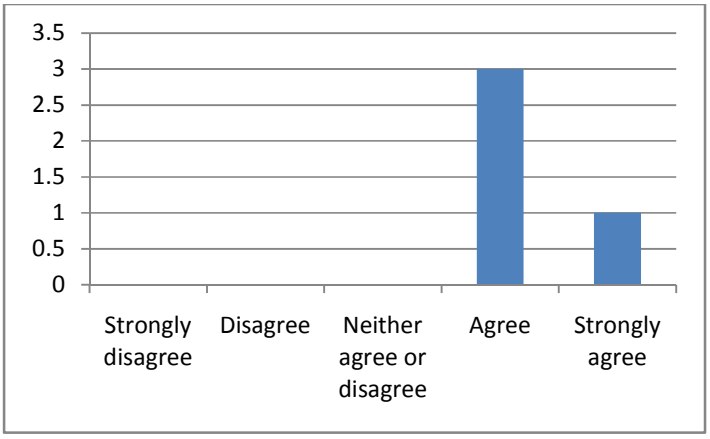
Question asked: Feedback given on the ward was useful, constructive and given in a supportive way



Question asked: The inspection got the right balance between holding to account and helping to improve



Question asked: the feedback was a fair reflection of what was found during the inspection



You said

75% of responders agreed that the feedback given on the day was useful constructive and given in an appropriate way. 25% of responders commented that the feedback given on the ward and at the formal feedback at the end of the inspection was "vastly different from the written report" and that it was "contradictory to the verbal feedback given".

75% of responders agreed that the inspection feedback was a fair reflection of what was found during the day and had the right balance between holding to account and helping to improve services. One responder did comment that "the feedback session was good, however we were advised they could find no room for improvement, however informal report states 6 areas for improvement, these were not discussed, therefore reduces the validity of the feedback session".

We did

We ensure that feedback within the published report reflects what was fed back on the day. We also now provide the NHS board with a hard copy of the high level verbal feedback within three days of the inspection. The published reports also contain more detail which underpins the high level feedback.

1. Please state your NHS board

answered question	4
skipped question	0

	Response Percent	Response Count
Ayrshire & Arran	0.0%	0
Borders	0.0%	0
Dumfries & Galloway	0.0%	0
Fife	0.0%	0
Forth Valley	0.0%	0

Grampian	0.0%	0
Golden Jubilee Hospital	0.0%	0
Greater Glasgow and Clyde	0.0%	0
Highland	0.0%	0
Lanarkshire	0.0%	0
Lothian	**100.0%**	**4**
Orkney	0.0%	0
Scottish Ambulance Service	0.0%	0
Shetland	0.0%	0
State Hospitals Board for Scotland	0.0%	0
Tayside	0.0%	0
Western Isles	0.0%	0
NHS 24	0.0%	0
NHS Education for Scotland	0.0%	0

NHS Health Scotland	0.0%	0
Healthcare Improvement Scotland	0.0%	0
The National Waiting Times Centre	0.0%	0
National Services Scotland	0.0%	0

2. What is your designation?

answered question	**4**
skipped question	**0**

Response Count
4

3. The self assessment is clear and easy to complete

answered question	**4**
skipped question	**0**

	Response Percent	Response Count
Yes	**50.0%**	**2**
No	25.0%	1
Wasn't involved in completing the self assessment	25.0%	1
	Comments:	2

4. It was clear what evidence/documentation to submit to HIS

answered question	**4**
skipped question	**0**

	Response Percent	Response Count
Yes	**75.0%**	**3**
No	25.0%	1
Don't know	0.0%	0
Please provide further information to support your answer:		1

5. Communication between HIS and my hospital prior to the inspection was helpful and sufficient

answered question	4
skipped question	0

	Response Percent	Response Count
Yes	50.0%	2
No	0.0%	0
Didn't contact the HIS team	50.0%	2

6. I knew who to contact in HIS with any queries/questions about the inspection

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answered question	4
skipped question	0

	Response Percent	Response Count
Yes	50.0%	2
No	0.0%	0
Not applicable	50.0%	2

7. Queries/questions that I raised with HIS prior to the inspection were answered satisfactorily

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answered question	**4**
skipped question	**0**

	Response Percent	Response Count
Yes	25.0%	1
No	25.0%	1
Not applicable	**50.0%**	**2**

8. In your opinion, were a representative range of wards/departments covered during the inspection?

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answered question	**4**
skipped question	**0**

	Response Percent	Response Count
Yes	**75.0%**	**3**
No	25.0%	1
Don't know	0.0%	0
	Comments:	1

9. Please rate the following statements

On the day of the inspection:

					answered question	**4**
					skipped question	**0**
	Strongly disagree	**Disagree**	**neither agree nor disagree**	**Agree**	**Strongly agree**	**Response Count**
Relevant ward staff were interviewed by the inspection team	0.0% (0)	0.0% (0)	0.0% (0)	**75.0% (3)**	25.0% (1)	4
Staff had enough time to discuss issues/concerns with the inspection team	0.0% (0)	0.0% (0)	25.0% (1)	**75.0% (3)**	0.0% (0)	4
Patients were identified to speak with the inspection team and were supported by staff/carers to do so	0.0% (0)	0.0% (0)	0.0% (0)	**75.0% (3)**	25.0% (1)	4
Review of care plans is an important aspect of the inspection process	0.0% (0)	0.0% (0)	25.0% (1)	25.0% (1)	**50.0% (2)**	4
There was enough time for staff to discuss care	0.0% (0)	25.0% (1)	25.0%	**50.0%**	0.0% (0)	4

9. Please rate the following statements On the day of the inspection:						
plans with the inspection team			(1)	**(2)**		
Feedback given on the ward was useful, constructive and given in a supportive way	0.0% (0)	0.0% (0)	25.0% (1)	**75.0% (3)**	0.0% (0)	4
Observation of staff interactions with patients was unobtrusive and did not impact on the care being delivered within the ward	0.0% (0)	**50.0% (2)**	25.0% (1)	25.0% (1)	0.0% (0)	4
Supporting the inspection team with the review of care plans did not impact on the care being delivered within the ward	0.0% (0)	25.0% (1)	25.0% (1)	**50.0% (2)**	0.0% (0)	4
The senior charge nurse was able to take time away from his/her duties to support the inspection team with information and answer questions	0.0% (0)	25.0% (1)	0.0% (0)	**50.0% (2)**	25.0% (1)	4
	Please provide further information to support your answers:					1

10. Please add any comments that you think would help to improve the inspection:

answered question	**2**
skipped question	**2**

Response Count
2

11. Please rate the following statements

The inspection team:

answered question	**4**
skipped question	**0**

11. Please rate the following statements

The inspection team:

	Strongly disagree	Disagree	neither agree nor disagree	Agree	Strongly agree	Response Count
Introduced themselves to staff	0.0% (0)	25.0% (1)	0.0% (0)	**75.0% (3)**	0.0% (0)	4
Informed staff about what they were doing	0.0% (0)	0.0% (0)	0.0% (0)	**100.0% (4)**	0.0% (0)	4
Introduced themselves to patients	0.0% (0)	25.0% (1)	0.0% (0)	**75.0% (3)**	0.0% (0)	4
Informed patients about what they were doing	0.0% (0)	25.0% (1)	0.0% (0)	**75.0% (3)**	0.0% (0)	4
Were approachable during the inspection	0.0% (0)	25.0% (1)	0.0% (0)	**75.0% (3)**	0.0% (0)	4
Acted with professionalism throughout the inspection	0.0% (0)	25.0% (1)	0.0% (0)	**75.0% (3)**	0.0% (0)	4

11. Please rate the following statements

The inspection team:

Provided feedback to staff on strengths and areas for improvement before leaving the ward	0.0% (0)	0.0% (0)	0.0% (0)	**100.0% (4)**	0.0% (0)	4

12. Please rate the following statements:

					answered question	**4**
					skipped question	**0**
	Strongly disagree	**Disagree**	**neither agree nor disagree**	**Agree**	**Strongly agree**	**Response Count**
The relevant senior NHS board/hospital staff were present during the feedback session	0.0% (0)	25.0% (1)	0.0% (0)	**75.0% (3)**	0.0% (0)	4
The inspection got the right balance between holding to account and helping to improve	25.0% (1)	0.0% (0)	0.0% (0)	**75.0% (3)**	0.0% (0)	4

12. Please rate the following statements:

The feedback was a fair reflection of what was found during the inspection	0.0% (0)	0.0% (0)	0.0% (0)	**75.0% (3)**	25.0% (1)	4

13. Are there any comments you would like to make about the feedback session?

answered question	**2**
skipped question	**2**

Response Count
2

14. Are there any more comments you'd like to make about the inspection?

answered question	**2**
skipped question	**2**

Response Count
2