Hospital inspection methodology

Acute Hospital Inspections; Safe Delivery of Care

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1. **Introduction**

1. Inspection activity supports NHS boards to comply with national standards to improve patient outcomes.

2. All of Healthcare Improvement Scotland’s (HIS) inspection programmes have been adapted in response to the COVID pandemic to deliver robust and proportionate public assurance that is reflective of pressures within the system, and focused on helping services identify and minimise risks within the current operating environment.

3. Since the beginning of 2021, we have been carrying out COVID-focused inspections of acute hospitals, using methodology adapted from our previous ‘safe and clean’ inspections. To date, these inspections, whilst acknowledging the challenging situation, have demonstrated largely positive compliance with relevant standards and guidance.

4. Taking account of the changing risk considerations and sustained service pressures, the Cabinet Secretary for Health and Social Care has approved further adaptations to our inspections of acute hospitals across NHS Scotland to focus on the safe delivery of care. To minimise the impact of our inspections on staff delivering frontline care, our inspection teams will carry out as much of their inspection activities as possible through observation of care and via virtual discussion sessions. However, there will be times when access to notes may be required to triangulate observations of care. All efforts will be taken by our inspection teams to avoid disruption to staff delivering care to patients.

5. To provide targeted assurance on the safe delivery of care in the context of current service pressures these inspections will focus on:
   
   a. standard infection control precautions and transmission-based precautions for infection prevention and control
   
   b. COVID-19 and/or the use of respiratory pathways. The pathways are routes that patients should follow during their stay in hospital to minimise the risk of infection transmission
   
   c. key indications of the delivery of care such as personal care, fluid and nutrition, and
   
   d. management of safety and risk through observation of care, attendance at hospital safety huddles and assessment of staffing data provided by the NHS board.

6. We have an inspection prioritisation procedure to help determine the frequency of our hospital inspections. This enables the targeting of inspection
resources and contributes to a national drive for an overall risk based and proportionate approach to scrutiny. The inspection prioritisation information is regularly refreshed and includes data available within the last 3 months for acute hospitals. Hospital onset COVID-19 data are now also included as are A&E waiting times.

7. When carrying out inspections, we will:
   - work to ensure that patients are at the heart of everything we do
   - be consistent in our inspection approach and delivery
   - ensure our staff are adequately trained
   - ensure our staff adhere to current guidelines and practices
   - let colleagues know what we are doing and explain why we are doing it
   - treat everyone fairly and equally, respecting their rights
   - take action when there are serious risks to those using the hospitals we inspect
   - inspect hospitals again after we have reported the findings (where appropriate in a follow up inspection)
   - check to make sure our work is improving the quality of care of patients
   - ensure our inspections are independent of Scottish Government and the NHS boards that are being inspected, and
   - publish reports on our findings and ensure they are available to the public in a range of formats on request.

8. Our inspections will not:
   - assess the fitness to practise or performance of individual members of staff
   - assess clinical decision-making
   - investigate the cause of outbreaks of infection, or
   - investigate complaints.

2. About this document

9. This document sets out the methodology that Healthcare Improvement Scotland will use to carry out Acute Hospital Safe Delivery of Care inspections.

10. The purpose of this document is to inform the public and NHS boards of the process we will use to carry out hospital inspections; to measure NHS board
compliance against a range of standards, best practice statements and other national documents.

11. We will seek feedback from the public and NHS staff, and advice from Scottish Government, as a means of reviewing our methodology and ensuring our work is improving the standards of care for patients.

3. Overview

12. All inspections will reflect the existing context of operating environments and service pressures within NHSScotland acute hospitals.

13. Our Acute Hospital Safe Delivery of Care inspections will be unannounced and the hospitals to be inspected will be based on available intelligence (see section 4.1).

14. The focus of inspections will be to:

- ensure that the care of patients and the environment supports safe and effective care, and is in line with current standards and best practice
- report our findings during our inspection and ensure the NHS board produces an action plan to address any areas for improvement identified, and
- engage with staff and management if there is evidence they are not following the NHS board policies and procedures, best practice statements or national standards, to provide assurance on the safety and quality of care.

15. We will inspect using existing Health and Social Care Standards (2017) HAI Standards (2015) and our Quality of Care Framework (2018) and any other standards that become relevant during the course of the inspection. Our inspections align with the following Quality of Care Framework domains and quality indicators which are outlined in Appendix 1.

16. We will also consider the delivery of care in accordance with the Health and Care (Staffing) (Scotland) Act (Acts of the Scottish Parliament, 2019).

17. Inspection tools have been updated and will continue to be reviewed to ensure that they reflect current national guidance and any impact this may have on the safe delivery of care. A list of national guidance is available in Appendix 2.
4. **Key Stages**

4.1 **Data gathering and intelligence**

18. The decision on which hospitals we inspect is based on information and intelligence from our Data Measurement and Business Intelligence (DMBI) team. Previous inspection findings are included in this data.

19. The week prior to any inspection taking place, members of the inspection and DMBI team will meet with representatives from Scottish Government. The group will discuss data and intelligence relevant to healthcare associated outbreaks and services pressures within the NHS boards. We will seek to balance the benefits of public assurance against any risk to the delivery of care caused by the presence of an inspection team.

20. A record will be kept of any inspection that could not go ahead and this will be reported through Healthcare Improvement Scotland’s governance arrangements.

4.2 **Inspection**

21. The purpose of these inspections is to provide assurance on the care of patients whilst the service is experiencing increased pressure associated with a combination of COVID-19, winter pressures and accommodating a backlog of people accessing the NHS following the pandemic. The Safe Delivery of Care inspections may be stopped if a hospital has declared to Scottish Government that a major incident has occurred.

22. The inspection team will comprise of:

   - a senior inspector/reviewer and/or lead inspector
   - inspectors (number dependent on size of hospital)
   - project officers (these members will not attend the on-site inspection but will support the inspection remotely), and
   - staff from our healthcare staffing team or other clinical experts to support the inspection team either on site or remotely, when required.

23. The size of the inspection team will be determined by the size of the hospital site being inspected and the number of areas being inspected.

24. All members of the inspection team are enrolled in the Protecting Vulnerable Groups (PVG) scheme.

25. In the interest of safety and the safeguarding of coronavirus measures, public partners and project officers will **not** be part of the onsite inspection.
26. As public partners cannot be involved in the onsite inspections at this time and to ensure a level of public involvement, we have sought input and advice from our Community Engagement colleagues and public partners on questions that the inspection team will ask patients as part of the inspection.

27. All inspectors will adhere to current social distancing protocols and infection prevention and control practices. Inspectors will change into work wear on arrival at the inspection site. An individual risk assessment will be carried out prior to any inspector going on site. All inspectors carry out their own COVID-19 testing in line with current guidance.

28. The inspection team will carry a Healthcare Improvement Scotland photo ID card and proof of key worker status if required. In addition, inspectors will carry proof of authority to inspect.

29. The inspection will take place over 1 to 3 days (depending on the size of the hospital site) with the last day being used for off-site discussion with representatives of the NHS board via Microsoft Teams. When inspectors are on-site for the inspection, this will generally be between 8.00am – 6.00pm. We will endeavour to ensure there is minimal disruption to the provision of care to patients by our inspection team.

30. We will endeavour not to increase the burden on staff delivering care when we visit wards and departments and will aim to conduct the main part of the inspection as observations of care. However, where possible and necessary, we will speak with members of ward staff.

31. On arrival at the hospital an inspection programme (including timings, but excluding details of the wards and departments to be inspected) will be shared with the hospital management team. At this point, we will also request any information that will be required to undertake the inspection. This will include a template for the collation of staffing information that we will require.

32. During our inspection, the inspection team will:
   - use inspection tools to document findings
   - observe the ward and hospital environment
   - observe the care environment, staff practice of standard infection control precautions such as hand hygiene and use of PPE, including during patient mealtimes, and the general delivery of care such as staff and patient interactions
   - observe hospital safety huddles
   - speak with ward staff (where appropriate)
• access patients’ health records, monitoring reports, policies and procedures where appropriate
• ask the NHS board to provide relevant information and data on workforce, and
• we may also take photographs to demonstrate findings if required.

33. On arrival at the ward or clinical area, the inspector will introduce themselves and explain the inspection process to the nurse in charge.

34. High level feedback will be provided and we will seek to understand from the NHS board how best to provide this during the inspection. If the ward pressures mean that the nurse in charge cannot attend the feedback, then this will be offered to the designated lead for that area - this will be decided by the NHS board.

35. A virtual staff discussion session with representatives from the NHS board will take place (via Microsoft Teams) the day after the on-site inspection finishes, to enable the inspection team to obtain further evidence or information. This is also an opportunity for further discussion of any points raised during the inspection. Arrangements for this will be made by the project officer (off-site) and a designated member of the hospital staff.

36. High level feedback will be provided following the inspection.

37. Should the NHS board require clarification of any points made in the high-level findings, they should contact the hospital inspection team via the dedicated mailbox: his.hospitalinspect@nhs.scot. Arrangements can then be made for the lead inspector to contact a named person within the NHS board.

38. The inspection teams have no involvement in crisis or incident management. In the event of a situation that significantly affects the day to day operation of a ward or hospital, the inspection team will review the arrangements for the inspection with the NHS board and hospital staff.

4.3 Follow-up inspections

39. Where concerns are identified, a follow up inspection can be carried out. We can carry out two types of follow-up inspection; announced or unannounced.

40. A follow-up inspection can take place within 1-2 weeks of the initial inspection. This is to check progress against the concerns the inspection team had. Findings from this follow-up inspection will be included in the original inspection report.
41. We can also return to any hospital within 26 weeks of the initial inspection. This is to check the NHS board has acted on our requirements and made sustained improvements. Findings from this type of follow-up inspection will be published using our follow-up inspection report template and will be published separately from the original inspection report.

4.4 Escalation

42. If we have serious concerns during the inspection, we will inform the NHS board while the inspection team is still on-site, or as soon as possible. This will allow the NHS board to take immediate steps to address the issues, and protect the safety and welfare of patients, staff and the wider public.

43. In some instances, it will be necessary for us to implement our escalation process. This is detailed within our Escalation Procedure document. During any stage of escalation, there will be ongoing dialogue with the NHS board.

44. If necessary, we may also refer our concern(s) to other relevant bodies to ensure NHS board compliance with a range of standards, best practice statements, legislation and national guidance and any impact this may have on the safe delivery of care.

4.5 Reporting

45. We publish inspection reports for patients, the public and care services, based on what we find during inspections.

46. We will report our findings under the following key areas:

- infection control practices support a safe environment for both people experiencing care and staff
- people experience safe care and support that meets their needs and is based on relevant evidence, guidance and current best practice, and
- staffing arrangements are sufficient to ensure people receiving care are provided with the care and support that meets their needs.

47. The NHS board chief executive and key contacts will receive a draft version of the inspection report within 3 weeks of the inspection taking place. The NHS board will then have 5 working days, from receipt of the draft report, to agree the factual accuracy of the report and to draft an improvement action plan. Following finalisation of the report by Healthcare Improvement Scotland, the report will go to Scottish Government approximately 1 week before publication.
48. The final inspection report and improvement action plan will be published on the Healthcare Improvement Scotland website approximately 6 weeks after the inspection. These are available in a range of accessible formats, upon request.

49. Our Inspection Process Flowchart can be found in Appendix 3.

4.6 Areas of good practice

50. When the inspection team gather strong 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 in the inspection report. This can then be used to share learning across NHSScotland and to give recognition to the NHS boards involved.

4.7 Requirements

51. A requirement sets out what action is required from an NHS board to comply with the standards published by Healthcare Improvement Scotland, or its predecessors and the Scottish Government. These are standards which every patient has the right to expect.

52. A requirement in the inspection report means the hospital or service has not met the required standards and the inspection team are concerned about the impact this has on patients using the hospital or service. We expect all requirements to be addressed and the necessary improvements implemented.

4.8 Improvement action plans

53. The inspection team will review the content and timeframes of the actions outlined in the improvement action plan and may provide comments back to the NHS board and hospital with suggested amendments. The inspection team may also request to meet with colleagues from the NHS board or carry out another site visit to discuss and assess implementation or request further evidence of completion of any necessary improvement actions.

54. Where appropriate, the inspection team will contact Healthcare Improvement Scotland’s Improvement and Implementation Support (ihub) and Evidence Directorates for support, information and guidance.

55. Improvement action plans will be removed from our website approximately 18 weeks after the inspection takes place. This will be replaced with text instructing visitors to contact the relevant NHS board for further information on their improvement action plans or to contact the inspection team directly by email (his.hospitalinspect@nhs.scot).
56. During future inspections to a hospital, we may review progress against previous improvement action plans in order to seek assurance that all actions were completed or have been progressed.

4.9 Additional follow-up activity

57. We will follow-up on the progress made by the NHS board and hospital in relation to the actions outlined in the improvement action plan. This will take place no later than 18 weeks after the inspection; although the exact timing will depend on the severity of the issues highlighted by the inspection team and the impact on patient care. The nature of any additional follow-up activity will be determined by the level of risk presented to patients and may involve one or more of the following elements:

- an announced or unannounced inspection (*please see section 4.3*)
- a targeted announced or unannounced inspection looking at specific areas of concern
- a meeting with key members of staff from the NHS board and hospital
- a written submission by the NHS board outlining progress made, along with supporting evidence, or
- another intervention deemed appropriate by the inspection team based on the findings of the initial inspection.

This process may continue until the inspection team is satisfied the improvement actions have been complete and the requirement is met.

4.10 Further information

58. Inspection information, can be found on the ‘Inspecting and regulating care’ section of the Healthcare Improvement Scotland website: http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care.aspx

59. To raise any concerns you have about a hospital or NHS board you should raise this through the NHS board directly in the first instance or Healthcare Improvement Scotland’s responding to concerns team.
Appendix 1 – Quality Framework outline structure

## Outcomes and Impact
- What key outcomes have we achieved?
- How well do we meet people’s needs?

## Service Delivery
- How good are our key processes?
- How good is our management?

## Vision and Leadership
- How good is our leadership?

### Domains and quality indicators

1. **1 Key organisational outcomes**
   - 1.1. Improvements in quality, outcomes and impact
   - 1.2. Fulfilment of statutory duties and adherence to national guidelines

2. **2 Impact on people experiencing care, carers and families**
   - 2.1. People’s experience of care and the involvement of carers and families

3. **3 Impact on staff**
   - 3.1. The involvement of staff in the work of the organisation

4. **4 Impact on the community**
   - 4.1. The organisation’s success in working with and engaging the local community

5. **5 Delivery of safe, effective, compassionate and person-centred care**
   - 5.1. Safe delivery of care
   - 5.2. Assessment and management of people experiencing care
   - 5.3. Continuity of care
   - 5.4. Clinical excellence
   - 5.5. Data for improvement and evidence-based learning
   - 5.6. Quality improvement processes, systems and programmes

6. **6 Policies, planning and governance**
   - 6.1. Policies and procedures
   - 6.2. Risk management and audit
   - 6.3. Assurance framework and governance committees
   - 6.4. Planning

7. **7 Workforce management and support**
   - 7.1. Staff recruitment, training and development
   - 7.2. Workforce planning, monitoring and deployment
   - 7.3. Communication and team working

8. **8 Partnerships and resources**
   - 8.1. Collaborating and influencing
   - 8.2. Cost effectiveness and efficiency
   - 8.3. Sharing intelligence

9. **9 Quality improvement-focused leadership**
   - 9.1. Vision and strategic direction
   - 9.2. Motivating and inspiring leadership
   - 9.3. Developing people
   - 9.4. Leadership of improvement and change

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*Capacity for improvement – Global Judgement based on evidence of all key areas in particular, outcomes, impacts and leadership.*
Appendix 2 – List of national guidance

The following national standards, guidance and best practice were current at the time of publication. This list is not exhaustive.

- [Health and Social Care Standards](#) (Scottish Government, June 2017)
- [Healthcare Associated Infection (HAI) standards](#) (Healthcare Improvement Scotland, February 2015)
- [Infection Prevention and Control (IPC) Standards](#) (Healthcare Improvement Scotland, May 2022)*
- [Winter (21/22), Respiratory Infections in Health and Care Settings Infection Prevention and Control (IPC) Addendum](#) (NHS National Services Scotland, April 2022)
- [The Code: Professional Standards of Practice and Behaviour for Nurses and Midwives](#) (Nursing & Midwifery Council, October 2018)
- [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)
- [Food Fluid and Nutritional Care Standards](#) (Healthcare Improvement Scotland, November 2014)
- [Prevention and Management of Pressure Ulcers - Standards](#) (Healthcare Improvement Scotland, October 2020)
- [Health and Care (Staffing) (Scotland) Act](#) (Acts of the Scottish Parliament, 2019)
- [Care of Older People in Hospital Standards](#) (Healthcare Improvement Scotland, June 2015)

*NHS hospitals’ these standards will not be used for inspection until Monday 8 August 2022. This time is to allow a three month implementation period to transition from the HAI standards which will be replaced by the IPC standards.
Appendix 3 - Inspection process flowchart

Before inspection

Before the inspection, we review a range of information provided by our Data Measurement and Business Intelligence team, and the NHS board’s previous inspection reports and action plans, where these are available. We also meet with representatives from Scottish Government to discuss data and intelligence relevant to healthcare associated outbreaks and services pressures within the NHS boards.

During inspection

We arrive at the hospital and inspect a selection of wards and departments and communal areas where staff, patients and visitors congregate. We assess compliance with infection prevention and control precautions; COVID-19 and/or use of respiratory pathways; key indicators of the delivery of care; and the management of safety and risk.

We carry out as much of our inspection activities as possible through observation of care and via virtual discussion sessions, to avoid disruption to staff delivering care to patients. We use a range of inspection tools to record findings to assist with gathering evidence.

Following the on-site inspection, we review evidence submitted by the NHS board, and hold a virtual discussion session with key members of staff from the NHS board. We provide written high-level findings to the NHS board. If significant concerns are identified, we will implement our escalation procedure and 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.