

Mental Health Unit Inspection Methodology Infection Prevention and Control

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Introduction

The Mental Health Unit Infection Prevention and Control (IPC) inspection programme was established in August 2022. This is part of a range of measures by Scottish Government to support and improve mental health care services in the context of the COVID-19 pandemic and beyond.

The inspection methodology for mental health IPC inspections is aligned with the acute hospital programme to ensure consistency of approach. We have an inspection prioritisation procedure to help determine the frequency of our inspections. This provides us with a risk-based and proportionate framework for planning inspections. It helps us target our resources so that we reduce our inspections of units performing well and increase our inspection of units with poorer performance. When carrying out inspections, we will:

- work to ensure that patients are at the heart of everything we do
- take action when there are serious risks to those using the hospitals we inspect
- 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.

About this document

This document sets out the methodology that Healthcare Improvement Scotland will use to carry out infection prevention and control inspections of NHS mental health units.

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 standards, best practice statements and other national documents.

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.

Our inspection methodology

Our inspection activity supports NHS boards to comply with national standards to improve patient outcomes related to management of infection prevention and control, highlight areas of good practice and identify areas for improvement.

We have a procedure in place which helps us to 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, proportionate and

intelligence-led approach to scrutiny and assurance. The inspection prioritisation information is regularly refreshed and includes available data for mental health units.

When carrying out inspections, our inspectors:

- Work to ensure that patients are at the heart of everything they do.
- Are consistent in their inspection approach and delivery.
- Adhere to current guidelines and practices.
- Communicate with colleagues in a considerate and respectful manner and explain the purpose and remit of the inspection.
- Treat everyone fairly and equally, respecting their rights.
- Take action when there are serious risks to those using the hospitals we inspect.
- Ensure the focus of their inspection work is aligned to our inspection methodology and is focused on improving the quality of care of patients.
- Represent the values and behaviours of our organisation.

Our inspections will:

- Remain independent of Scottish Government and the NHS boards that are being inspected.
- Publish a report of our findings on our website to ensure they are available to the public.
- Where required may also return to inspect hospitals again after we have reported our findings, through a follow up inspection.

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.

The footprint of the inspection is a minimum of 12 weeks. This entails:

- the initial onsite inspection visit
- review of evidence and discussion sessions with the NHS board
- any return visits where required
- production of the inspection report
- factual accuracy process, and
- publication of the inspection report and improvement action plan.

In the event that this timeframe cannot be achieved, this information will be shared with the NHS board as soon as possible.

Our focus

All inspections will reflect the existing context of operating environments and service pressures within NHS Scotland mental health units.

Our mental health unit infection prevention and control inspections will be based on available intelligence ([see section 4.1](#)).

The focus of inspections will be to:

- assess compliance with mandatory requirements in the National Infection Prevention and Control Manual and other relevant standards
- assess the standards achieved during the inspection
- report our findings during our inspection, highlight areas of good practice, and make recommendations or requirements where areas for improvement are 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 for infection prevention and control, in order to provide assurance on the safety and quality of care.

We will inspect using *Healthcare Improvement Scotland Infection Prevention and Control Standards, For Health and Social Care Settings*, published May 2022. They supersede all previous Healthcare Associated Infection (HAI) standards produced by Healthcare Improvement Scotland. We will also use the Healthcare Improvement Scotland Quality Assurance System (September 2022). Our inspections align with the Quality Assurance Framework domains and criteria outlined in [Appendix 1](#).

We will also consider the delivery of care in accordance with the Health and Social Care Standards (2017).

Inspection tools will continue to be reviewed to ensure that they reflect current national guidance. A list of national guidance is available in [Appendix 2](#).

Key Stages

4.1 Data gathering and intelligence

The decision on which hospitals we inspect is based on information and intelligence from internal colleagues and relevant external agencies. Previous inspection findings are included in this data.

Prior to any inspection taking place, members of the inspection and DMBI team will liaise. The group will discuss data and intelligence relevant to healthcare associated outbreaks. 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.

4.2 Inspection

Inspections will be unannounced unless otherwise indicated by intelligence regarding the service or service type.

The inspection team will comprise of:

- a senior inspector/reviewer and/or lead inspector
- inspectors (number dependent on size of hospital), and
- project officers (these members will not attend the on-site inspection but will support the inspection remotely).

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

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

Roles and responsibilities – inspection team

The inspection team will carry a Healthcare Improvement Scotland photo ID card and letter of authority.

The onsite inspection is expected to take place over 1 to 3 days (depending on the size of the hospital site). Off-site discussion with representatives of the NHS board using Microsoft Teams will also form part of the inspection. 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.

Inspectors will endeavour to minimise 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 practice. However, where possible and necessary, we will speak with members of staff and inspectors will, if approached, be happy to listen to the views or concerns of staff.

On arrival at the hospital site, the lead inspector will attend the hospital main reception, announce the inspection and ask reception staff to contact the NHS board senior managers on site requesting they meet with the lead inspector to make the

NHS board aware of the inspection process, the time the inspection team are expected to be on site and the remit of the inspection.

An inspection programme (including timings but excluding details of the wards and departments to be inspected) will be shared with the hospital management team.

During our inspection, the inspection team will:

- use inspection tools held on tablet computers 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 personal protective equipment (PPE), observe hospital safety huddles
- speak with ward staff (where appropriate)
- access monitoring reports, policies and procedures where appropriate
- take photographs to demonstrate findings if required, and
- speak with patients and their representatives (where appropriate) about their experience and view on the cleanliness of the hospital.

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

High level feedback will be provided on each ward the team inspect. 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.

A virtual staff discussion session with representatives from the NHS board will take place (via Microsoft Teams) following the inspection, 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.

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

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

A return visit can take place within 1-3 weeks of the initial inspection. This is to check progress against the concerns the inspection team had. Findings from this return visit will be included in the original inspection report.

We can also return for a follow up inspection to any hospital to check the NHS board has acted on our requirements and made sustained improvements. This will normally happen within 26 weeks of the initial onsite inspection, however this timeline may be extended where required. 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

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 after. 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.

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.

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

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

The NHS board chief executive and key contacts will receive a draft version of the inspection report following the onsite inspection. This should be approximately 8 weeks of the inspection taking place, however this timeframe may be adjusted dependent on inspection findings and time required to review additional evidence. The NHS board will then have five 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, an embargoed version of the report will be shared with Scottish Government for information approximately 1 week before publication.

The final inspection report and improvement action plan will be published on the Healthcare Improvement Scotland website approximately 12 weeks after the inspection. These are available in a range of accessible formats, upon request.

4.6 Areas of good practice

When the inspection team gather strong evidence that an NHS board is delivering areas of good practice, ways of working or good 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 NHS Scotland and to give recognition to the NHS boards involved.

4.7 Requirements

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.

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 Recommendations

A recommendation relates to national guidance and good practice which the inspection team considers a hospital or service should follow to improve standards of care.

4.9 Improvement action plans

The development and implementation of the improvement plan is the responsibility of the NHS Board. 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 on-site visit to discuss and assess their implementation of improvement actions or to request evidence of completion.

Where appropriate, the inspection team may contact Healthcare Improvement Scotland's Improvement and Implementation Support (iHub) and Evidence Directorates for support, information and guidance.

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 publication of the inspection report; although the exact timing will depend on the severity of the issues highlighted by the inspection team and the impact on patient care.

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.

During future inspections to a hospital, we will review progress against previous improvement action plans in order to seek assurance that all actions were completed or have been progressed.

4.10 Additional follow-up activity

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. 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 additional elements:

- a future announced or unannounced inspection ([please see section 4.3](#))
- a future 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 completed and the requirement is met.

Where we have returned for a follow-up inspection we will require the NHS board to produce a further improvement action plan. The NHS board will remain the owner of the action plan and holds responsibility for the necessary improvements to meet the requirements. We will publish and review any follow-up actions plans as detailed in section 4.9.

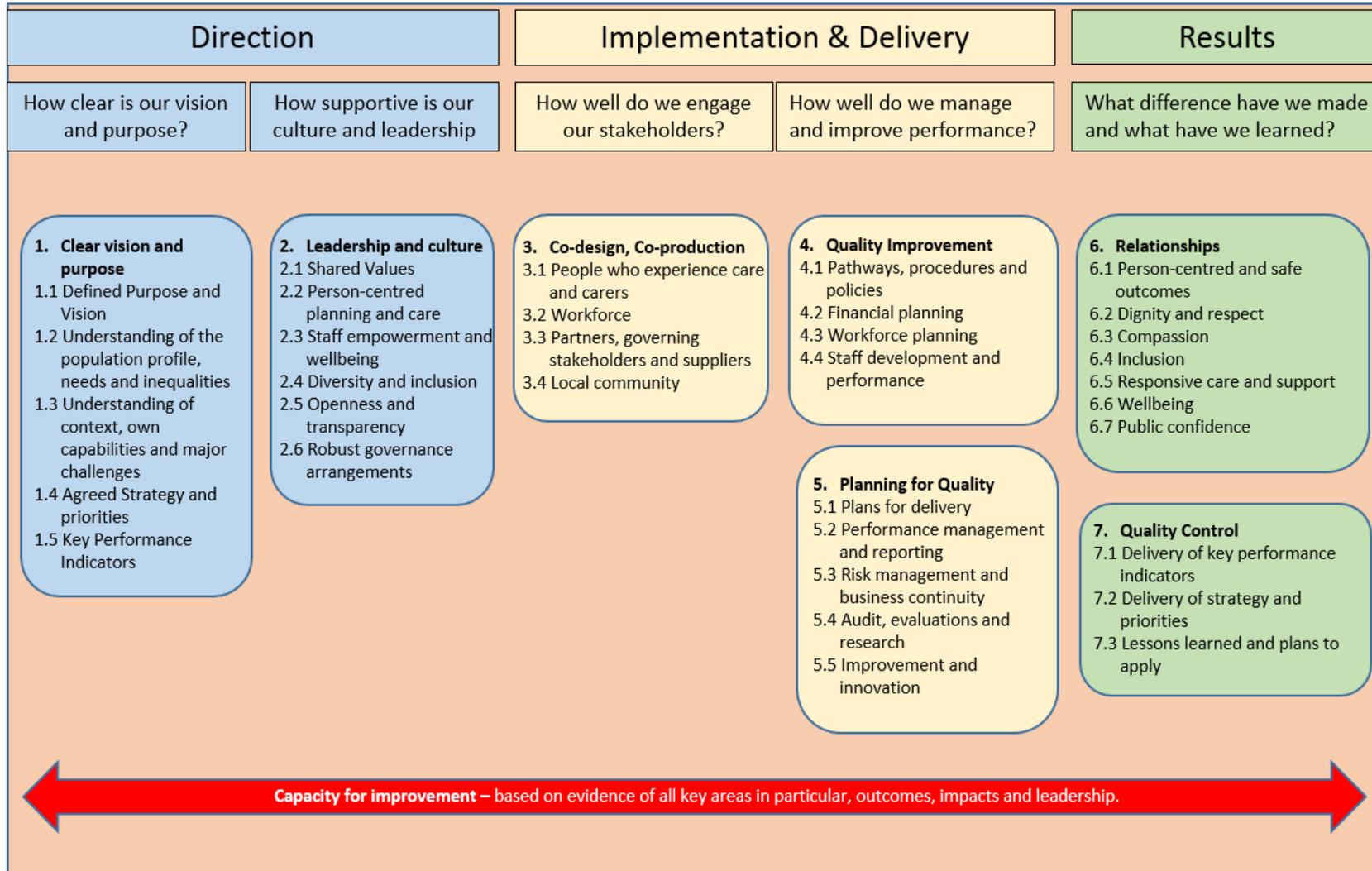
4.11 Further information

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

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 Assurance Framework



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.

- [COVID-19: Endorsed Guidance For NHS Scotland Staff and Managers on Coronavirus](#) (NHS Scotland, January 2022)
- [Health and Social Care Standards](#) (Scottish Government, June 2017)
- [Infection Prevention and Control Standards](#) (Healthcare Improvement Scotland, May 2022)
- [National Infection Prevention and Control Manual](#) (NHS National Services Scotland, July 2022)
- [The Code: Professional Standards of Practice and Behaviour for Nurses and Midwives](#) (Nursing and Midwifery Council, October 2018)
- [Quality Assurance Framework: September 2022](#) (Healthcare Improvement Scotland, September 2022)