

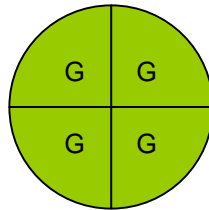
Internal Audit



HEI Inspection – Follow-Up

October 2015

Report Assessment



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Introduction

The Healthcare Environment Inspectorate (HEI) carries out inspections across NHS Scotland hospitals and services. The focus of HEI inspections is to reduce the risk of healthcare associated infections. The HEI carries out both announced and unannounced visits as part of its inspection processes.

Since November 2014, the HEI has carried out three inspections of the Western General Hospital (WGH), one of Ellen’s Glen House, and one of the Royal Infirmary of Edinburgh (RIE). In terms of the Ellen’s Glen House and RIE inspections, the HEI found that “overall...NHS Lothian is complying with the majority of NHS QAI HAI standards”. However, following its first inspection at WGH on 18-19 November 2014, the HEI reported “significant concerns about the cleanliness of patient equipment and environmental cleanliness”. The HEI stated that, due to these issues, it immediately “escalated its concerns to senior management”.

Following its 18-19 November 2014 visit to the WGH, the HEI carried out an unannounced visit on 27 November to assess progress against the improvement action plan at ward and departmental level. The HEI confirmed that “significant improvements had been made although there were still some issues with the cleanliness of patient equipment and the environment”. A further visit to WGH was carried out in May 2015, during which continued improvements were noted and the outcome of the inspection led to no new requirements or recommendations. The report noted 6 out of 8 requirements / recommendations were fully met and 2 were partially met and these were rolled forward to continue to be progressed; the 16 week update on these have since been submitted.

Scope

We reviewed the processes that are in place to ensure that requirements and recommendations arising from HEI inspections are implemented within agreed timescales. We used the findings from the HEI inspections of the WGH (in November 2014 and May 2015), Ellen’s Glen House (in March 2015), and the RIE (in April 2015) as examples for our review.

Acknowledgements

We would like to thank all staff consulted during this review, for their assistance and cooperation.

Executive Summary

Conclusion

We have gained assurance that effective controls are in place to ensure that actions arising from HEI inspections are progressed within the agreed timescales. We have also gained assurance that NHS Lothian has effective processes in place to share common themes and lessons learned across all sites.

Summary of Findings

The table below summarises our assessment of the adequacy and effectiveness of the controls in place to meet each of the objectives agreed for this audit. Definitions of the ratings applied to each action are set out in Appendix 1.

No.	Control Objective	Control objective assessment	Number of actions by action rating			
			Critical	Significant	Important	Minor
1	NHS Lothian has developed a formal action plan in response to the findings from the HEI inspections since November 2014, which includes action owners and timescales	Green	-	-	-	-
2	Progress against the action plan is regularly monitored and reported to the Healthcare Governance Committee, including explanations where actions are not going to be implemented within the agreed timescales	Green	-	-	-	-
3	NHS Lothian has implemented each of the requirements and recommendations arising from the HEI inspection in line with agreed timescales	Green	-	-	-	-
4	NHS Lothian has effectively shared lessons learned across all sites	Green	-	-	1	-

Control Objective Ratings

Action Ratings	Definition
Red	Fundamental absence or failure of controls requiring immediate attention (60 points and above).
Amber	Control objective not achieved - controls in place are inadequate or ineffective (21 – 59 points).
Green	Control objective achieved – no major weaknesses in controls but may be scope for improvement (20 points or less).

Main Findings

We noted a number of areas of good practice during the review.

Once an HEI inspection is complete, the inspectors provide staff with informal feedback on their main findings. Staff at all three sites used this feedback to develop local action plans to ensure that actions could be progressed immediately, including action owners and timescales.

Following the inspection, the HEI issues a formal report, with a template action plan that must be completed, authorised by the Chair and Chief Executive, and returned to the HEI within specified deadlines. All of this is coordinated and overseen by the Infection Prevention and Control Team. We confirmed that NHS Lothian complied with the deadlines in this regard.

Progress against the actions from the inspections was closely monitored and scrutinised, particularly through the weekly Chief Nurse meetings at each site, which included representation from all relevant departments and disciplines. This helped ensure that actions were implemented within the agreed timescales. In addition, the Executive Nurse Director provided regular updates to the Healthcare Governance Committee and the Board on progress against the actions.

Following the HEI inspections, senior management has introduced a programme to carry out unannounced visits to wards during which they simulate a HEI inspection. Immediate feedback is given to the ward and feedback sessions with the wider staff group are also in place. NHS Lothian also has a suite of other inspections and audits, such as day-to-day checks carried out by charge nurses and domestic staff, audits of Patient Quality Indicators, and peer reviews carried out by Clinical Nurse Managers. These checks help ensure that health and care standards are maintained across NHS Lothian at all times.

We have identified one important area for consideration:

- Management should introduce a feedback mechanism where each member of the Chief Nurse Committee is asked to confirm that the issues identified during a HEI inspection have been addressed at their site, are not applicable at their site, or where further actions are identified that action plans have been agreed and are being closely monitored. This discussion should be explicitly recorded in the minutes.

Further details of these points are set out in the Management Action Plan.

Management Action Plan

Control objective 1: NHS Lothian has developed a formal action plan in response to the findings from the HEI inspections since November 2014, which includes action owners and timescales.

We identified no issues in relation to this control objective.

Following each inspection the HEI produces a formal report which sets out each of the requirements and recommendations arising from the inspection, along with associated timescales for completion of each requirement. NHS Lothian is required to populate the template action plan outlining the individual responsible for each action, noting any progress to date and the date the action has been completed. This process is overseen and supported by the Infection Prevention and Control Team to ensure that NHS Lothian provides satisfactory responses.

In addition to the formal reporting process, the inspectors provide informal feedback immediately following the inspection. The Associate Nurse Director or Chief Nurse works with staff to create a local action plan to ensure that issues identified through this informal feedback are progressed immediately. We confirmed that this happened for each of the three sites in question.

The Head of Service for Infection Prevention and Control is the named contact for the HEI and has overall responsibility for collating actions plans and ensuring that they are signed-off by the Chairman and the Chief Executive and returned to the HEI within required deadlines.

Control Objective 2: Progress against the action plan is regularly monitored and reported to the Healthcare Governance Committee, including explanations where actions are not going to be implemented within the agreed timescales.

We identified no issues in relation to this control objective.

The Associate Nurse Directors and Chief Nurses hold weekly meetings, which were attended by staff from all relevant departments (i.e. nursing, domestics and estates) within the relevant site. The meetings were used to monitor progress against the local action plans, and ensure that issues were being addressed in a timely manner.

The Board is required to provide the HEI with a 16-week progress report against the requirements and recommendations raised in the inspection reports. The Infection Prevention and Control Team supports this process to ensure that information is gathered in sufficient detail and within the required timeframes. Deadlines for the return of the 16-week updates for the three sites were met.

In addition, the Executive Nurse Director provided regular written and verbal updates to the Healthcare Governance Committee and the Board on the progress against each of the HEI action plans.

Control Objective 3: NHS Lothian has implemented each of the requirements and recommendations arising from the HEI inspection in line with agreed timescales.

We identified no significant issues in relation to this control objective.

NHS Lothian reported that each of the requirements and recommendations arising from the HEI inspections at the three sites were completed within the agreed timelines. The HEI requested evidence of the completed actions taken at the RIE to be submitted electronically. For Ellen's Glen, the HEI has advised that it will follow up the completion of actions at the next inspection.

For the WGH the inspectors chose to follow up with a further unannounced visit in May 2015, and, while the inspectors were generally positive about the improvements that had been made, they found two of the eight requirements that had been raised in the original report were only partially met in the new wards inspected.

One of the requirements related to the identification of contaminated mattresses, and the action to address this is being taken forward nationally, with HEI involvement. The other requirement related to the level of cleanliness of an individual ward.

Although NHS Lothian was satisfied that actions to address the requirements and recommendations raised in the HEI reports had been applied to all wards, the follow-up inspection at the WGH highlighted that there are problems in ensuring that standards are being met consistently across the all wards and sites. In response to this, additional checks have been introduced, such as the unannounced inspections by senior clinical and support staff to simulate HEI inspections.

Control Objective 4: NHS Lothian has effectively shared lessons learned across all sites.	
4.1 There is no confirmation from other sites that issues arising from HEI inspections have been addressed or are not applicable	Important
<p>Observation and Risk</p> <p>There is a pan-Lothian Chief Nurse Committee in place, which meets monthly and is chaired by the Executive Nurse Director. This is the main forum for sharing findings from HEI inspections across each site. We reviewed minutes from these meetings and saw evidence of discussion of the HEI inspections for the three sites. However, we found no evidence in the minutes where other sites confirmed that the issues identified at one site were not applicable to them or had been addressed by them. This is a key element of the lessons learned and assurance process.</p> <p>There is a risk that issues identified at one site are identified at a future inspection at another site. This would suggest that NHS Lothian sites are operating independent of each other and are not sharing lessons learned.</p>	
<p>Recommendation</p> <p>Following the discussion of HEI inspection findings at the Chief Nurse Committee, the Associate Nurse Directors and Chief Nurses for each site should be asked to report back to the next Chief Nurse Committee meeting that the findings from the inspection have either been addressed or were not applicable to their site, or what actions are being taken where issues were identified. This feedback should be explicitly recorded in the minutes.</p>	
<p>Management Response and Action:</p> <p>The findings will be discussed at the Site Infection Control Committee and the Pan Lothian Infection Control Committee, with reporting on actions taken at each site being recorded in the minutes as described in the recommendation.</p>	
<p>Responsibility: Head of Service for Infection Prevention and Control</p>	<p>Target date: March 2016</p>

Appendix 1 - Definition of Ratings

Management Action Ratings

Action Ratings	Definition
Critical	The issue has a material effect upon the wider organisation – 60 points
Significant	The issue is material for the subject under review – 20 points
Important	The issue is relevant for the subject under review – 10 points
Minor	This issue is a housekeeping point for the subject under review – 5 points

Control Objective Ratings

Action Ratings	Definition
Red	Fundamental absence or failure of controls requiring immediate attention (60 points and above)
Amber	Control objective not achieved - controls in place are inadequate or ineffective (21 – 59 points)
Green	Control objective achieved – no major weaknesses in controls but may be scope for improvement (20 points or less)