Announced Inspection Report

Southern General Hospital
NHS Greater Glasgow and Clyde
8 and 9 March 2010
The Healthcare Environment Inspectorate (HEI) as part of NHS Quality Improvement Scotland (NHS QIS) is committed to equality and diversity. We have assessed the inspection function for likely impact on the six equality groups defined by age, disability, gender, race, religion/belief and sexual orientation. For this equality and diversity impact assessment, please see our website (www.nhshealthquality.org). The full report in electronic or paper form is available on request from the NHS QIS Equality and Diversity Officer.

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1 Background

The Healthcare Environment Inspectorate (HEI) was established in April 2009 to undertake announced and unannounced inspections to each acute hospital in NHSScotland at least once every 3 years.

Our focus is to reduce the healthcare associated infection (HAI) risk to patients through a rigorous inspection framework. Specifically we will focus on:

- providing public assurance and protection, to restore public trust and confidence
- contributing to the prevention and control of HAI
- contributing to improvement in infection control and the broader quality improvement agenda across NHSScotland.

In keeping with our philosophy, we will use an open and transparent method for inspecting hospitals, using standardised processes and documentation.

Our philosophy

We will:

- work to ensure that patients are at the heart of everything we do
- measure things that are important to patients
- be firm, but fair
- have members of the public on our inspection teams
- ensure our staff are trained properly
- tell people 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 people using the hospitals we inspect
- if necessary, check hospitals again after we have reported the findings
- check to make sure our work is making hospitals cleaner and safer. If it is not, we will change it, and
- publish reports on our inspection findings which will be available to the public in a range of formats on request.
2 Methodology

The inspection process has two key parts: local self-assessment followed by external on-site inspection. First, each NHS board assesses its own performance against the Standards for Healthcare Associated Infection (HAI), published by NHS Quality Improvement Scotland (NHS QIS) in March 2008, by completing an online self-assessment and providing supporting evidence. The self-assessment focuses on three key areas:

- governance/compliance
- communication/public involvement, and
- education and development.

The inspection team assesses performance both by considering the self-assessment data and visiting acute hospitals within the NHS board to validate this information and discuss related issues. The inspection team uses audit tools to assist in the assessment of the physical environment by noting compliance against a further eight areas:

- environment and facilities
- handling and disposal of linen
- departmental waste handling and disposal
- safe handling and disposal of sharps
- patient equipment
- hand hygiene
- ward/department kitchen, and
- clinical practice.

The complete inspection process is described in detail in the flow chart in Appendix 2.

Each inspection team is led by an experienced inspector, who is responsible for guiding the team and ensuring that team members are in agreement about the assessment reached. Membership of the inspection team visiting Southern General Hospital can be found in Appendix 3.

Further information about HEI, its inspection visits, and methodology and audit tools used can be found at http://www.nhshealthquality.org/nhsqis/6710.140.1366.html.
3 Key findings

Inspection visit to Southern General Hospital, NHS Greater Glasgow and Clyde

The Southern General Hospital, Govan, Glasgow, is a teaching hospital with approximately 917 beds. The hospital provides a range of acute and related clinical services. While some services, such as obstetrics, dermatology and urology, are provided for the whole city, the majority of services are provided for the south-west of Glasgow.

The HEI carried out an inspection visit to the Southern General Hospital on Monday 8 and Tuesday 9 March 2010 and undertook an inspection of the following areas:

- ward 3
- ward 22
- ward 50
- ward 51
- ward 62
- ward 63
- accident and emergency
- outpatients department (neurosciences)
- outpatients department (general).

Our findings are set out below. Areas of strengths as well as areas for further improvement, including requirements and recommendations for actions are highlighted.

The two requirements and six recommendations in this report are linked to compliance with the NHS QIS HAI standards.

It is expected that all requirements and recommendations are addressed and the necessary improvements made as a matter of priority.

An action plan for areas of improvement has been developed by the NHS board and is available to view on the NHS QIS website http://www.nhshealthquality.org/nhsqis/7432.html.

Governance/Compliance

Roles and responsibilities

NHS Greater Glasgow and Clyde has a single system approach to infection control across its four geographical sectors (north-east, north-west, south and Clyde). The infection control manager reports directly to the medical director who in turn reports to the chief executive. The infection control manager also has line management responsibilities for the co-ordinating infection control doctor and the assistant director of nursing. There are four infection control nurses, one audit facilitator and one infection control administrator based at the hospital with other members of the sector infection control team available when required. The lead infection control nurse and
infection control doctor for the sector are also based at the hospital and all microbiologists in the hospital take on the role of the infection control doctor when they are not available.

The inspection team noted that the infection control structure in NHS Greater Glasgow and Clyde aligns with Health Department Letter (HDL) 2005(08). In addition to line managing the co-ordinating infection control doctor and assistant director of nursing, the infection control manager also meets regularly with the decontamination lead and director of facilities, and is a member of the antimicrobial utilisation committee.

**Audit and surveillance**

Audit and monitoring is taking place in relation to HAIs and domestic services in the Southern General Hospital. Results of audits for meticillin resistant *Staphylococcus aureus* (MRSA) and *Clostridium difficile* infection (CDI) are displayed at the entrances to wards alongside results for domestic services and hand hygiene audits.

Environmental audits are also carried out, and the results are fed back to ward managers and action plans developed. Wards are provided with a score and will be re-audited at defined frequencies dependent on this score. The inspection team noted that the results of the environmental audits were not being robustly investigated and followed-up. Although some wards received a score that indicated a re-audit in 6 months, some of the issues that had been raised through the audit could be resolved and re-audited sooner. The inspection team recommends that NHS Greater Glasgow and Clyde reviews the content and timescales of the environmental audits carried out in the Southern General Hospital. Consideration should be given to either shortening the timescales between audits or adding a weighting to higher risk issues. This will ensure that infection control risks are more robustly assessed, prioritised and controlled.

The inspection team was aware that many of the issues raised in the environmental audits carried out were related to the repair and maintenance of the ageing hospital premises. The inspection team was encouraged to note that a weighting system was being developed with staff in estates and facilities in order that issues raised through these audits will receive a higher priority.

**Policies and procedures**

The NHS Greater Glasgow and Clyde infection control manual is a comprehensive collection of policies available online and in folders on wards. The online version of the infection control manual is maintained by the infection control team. The infection control team ensures that it reviews each policy every 3 years, or sooner if required. When online policies are updated, the infection control team notifies ward managers who are responsible for updating the folders on wards. The inspection team checked infection control manuals on wards and found all were up to date. While clinical staff on the wards inspected reported easy access to this manual, domestic services staff had limited awareness of, and access to, the manual. The inspection team recommends that NHS Greater Glasgow and Clyde improves the way in which the infection control manual is promoted to, and accessed by, domestic services staff.

Throughout the inspection, the inspection team observed that, in general, ward staff were adhering to the current dress code policy. However, other staff were seen not to comply as closely. The dress code clearly states that operating theatre staff should not leave the perioperative environment wearing theatre suits and that theatre clogs and caps should not be worn outside the theatre. Some theatre staff were observed
wearing theatre clothes in public areas. The inspection team recommends that NHS Greater Glasgow and Clyde ensures the dress code policy is implemented and monitored throughout the Southern General Hospital, and adhered to by all staff to further reduce the risk of spread of infection and increase public confidence. The NHS Greater Glasgow and Clyde staff dress code policy is currently under review and the new version is in its final draft. The inspection team noted that the draft policy is clear and compliance with the policy could be monitored.

**Antimicrobial prescribing**

Policies are in place relating to the prescribing of antibiotics for both primary and secondary care in NHS Greater Glasgow and Clyde. The inspection team was advised that the lead physician had visited a substantial number of GP practices to promote the primary care prescribing guidelines and the NHS board is to be commended for this. The policies are available to staff through the NHS Greater Glasgow and Clyde intranet, posters available on wards and information is also included in a prescribing handbook. Pharmacy staff distribute prescribing handbooks annually to all prescribers. Document control processes have been established to ensure that all prescribers are using the most current version of the handbook.

NHS Greater Glasgow and Clyde reported that a number of audits and monitoring processes are in place, including antibiotic usage and compliance with the prescribing policy. In the medical receiving ward, 20 patient records are audited in relation to antibiotic usage each month. This does not take place in other receiving wards. The inspection team recommends that NHS Greater Glasgow and Clyde implements auditing of 20 patient records each month in all other receiving wards. Quarterly monitoring of antibiotic usage is also undertaken in the Southern General Hospital. This has demonstrated a decrease in antimicrobial usage throughout the hospital.

**Risk assessment and patient management**

NHS Greater Glasgow and Clyde demonstrated a comprehensive system of risk assessment and patient management. Risk assessments of patients with infections that can be transmitted from one person to another are carried out by ward nurses in partnership with infection control nurses. Where appropriate, patients are managed in isolation in single bedded rooms with dedicated en-suite toilets. Due to environmental factors, this is not possible on some wards and patients are transferred to a ward where they can be managed in isolation. When caring for patients with known or suspected infections, staff wear appropriate dedicated personal protective equipment, in line with standard infection control procedures.

The inspection team noted some non-compliance with national guidance in relation to clinical hand wash sinks and taps. The majority of mixer taps at clinical hand wash sinks were of a ‘swan neck’ design which do not comply with published guidelines presented in *Health Technical Memorandum (HTM) 64 – Sanitary Assemblies, Department of Health, February 2006 (Basin assemblies for use in connection with clinical procedures)* (2006); Scottish Health Facilities Note (SHFN) 30 version 3 – *Infection control in the built environment: Design and planning* (9.216) (2007) and *Scottish Health Technical Memorandum (SHTM) 64 – SHTM Building Component Series: Sanitary Assemblies, Health Facilities Scotland, December 2009* (2009). NHS Greater Glasgow and Clyde demonstrated that it had carried out a risk assessment in relation to the continued use of swan neck taps and has now commenced installing compliant taps and sinks where necessary as part of its ongoing maintenance work.
Cleaning

The overall standard of cleaning in Southern General Hospital could be improved. It was noted in the wards inspected that areas at both high and low level, such as curtain rails and skirting boards, were dusty and should be cleaned more effectively. Mould was also found on the silicone sealant around several showers, air vents were observed to be dusty and dirty, and some ceiling tiles were stained (see Image 1). The inspection team observed that cleaning is hampered in some clinical areas by the poor physical condition of the environment.

Image 1: stained ceiling tiles and a dusty air vent

Cleaning schedules and assurance systems were in place in all wards inspected, but implementation of assurance systems was inconsistent. NHS Greater Glasgow and Clyde must ensure that the assurance systems for cleaning are more consistently implemented by ward staff in order to provide confidence that cleaning is being carried out effectively as required by criterion 4a.1 of the NHS QIS HAI standards.

The inspection team observed that the hospital is an ageing premises in need of repair in many areas. Several areas of skirting boards were found to be cracked and broken as were some window frames and ledges. Many walls had sustained impact damage and were cracked in many areas (see Image 2). Although the inspection team acknowledges that ongoing maintenance of a large and ageing hospital site can be challenging, it is important that surfaces can be cleaned effectively. NHS Greater Glasgow and Clyde must comply with the current version of HAI-SCRIBE when maintaining the hospital environment. This will ensure that all surfaces can be effectively cleaned, thereby contributing to the prevention and control of infection, as required by standard 4b of the NHS QIS HAI standards.
Procurement

The procurement process for NHS Greater Glasgow and Clyde was described to the inspection team in detail during the inspection. The inspection team was encouraged to note the involvement of the infection control team, which is consulted prior to the purchase of any new equipment. Any items that have not been purchased for infection control reasons are added to a register of known risks for future reference.

Requirements:

1. **Criterion 4a.1 of the NHS QIS HAI standards**
   NHS Greater Glasgow and Clyde is required to ensure that the assurance systems for cleaning are more consistently implemented by ward staff as required by criterion 4a.1 of the NHS QIS HAI standards.

   This will provide confidence that cleaning is being carried out effectively.

2. **Standard 4b of the NHS QIS HAI standards**
   NHS Greater Glasgow and Clyde is required to comply with the current version of HAI-SCRIBE when maintaining the hospital environment.

   This will ensure that all surfaces can be effectively cleaned, thereby contributing to
the prevention and control of infection.

**Recommendations:**

3. It is recommended that NHS Greater Glasgow and Clyde reviews the content and timescales of the environmental audits carried out in the Southern General Hospital.

4. It is recommended that NHS Greater Glasgow and Clyde improves the way in which the infection control manual is promoted to, and accessed by, domestic services staff.

5. It is recommended that NHS Greater Glasgow and Clyde ensures the dress code policy is implemented and monitored throughout the Southern General Hospital, and adhered to by all staff to further reduce the risk of spread of infection and increase public confidence.

6. It is recommended that NHS Greater Glasgow and Clyde implements auditing of 20 patient records each month in all receiving wards.

**Communication/Public involvement**

**Effective communication**

Audit results are clearly displayed for staff, patients and visitors to see at the entrance to the wards. These displays include domestic services audits, hand hygiene audits, and CDI and MRSA run charts to show how long the ward has been free of infection. Photographs and contact details for the infection control team for the south sector are also displayed beside these charts.

Communication between ward staff and facilities staff is not always effective regarding notification of carrying out repairs and maintenance. During the inspection of one ward, facilities staff arrived to replace sinks. The manager of the ward had not been notified that this work was to take place, leading to unnecessary ward rearrangements at short notice. Effective communication must be in place at all times to ensure the appropriate balance is maintained between ongoing patient care and the prevention and control of infection. The inspection team recommends that NHS Greater Glasgow and Clyde facilities staff communicate more effectively with ward staff to ensure awareness of planned maintenance activities.

**HAI information**

The inspection team found a wide range of HAI information available for patients and visitors in all wards and departments on topics including HAIs and the laundering of patient clothing at home. These leaflets were available in a variety of languages and formats.

Although a wide range of information was available, only two out of nine patients interviewed recalled receiving any information, although they were aware that leaflets are available on the ward. NHS Greater Glasgow and Clyde policy states that information should be provided to patients either prior to admission, for planned admissions, or at admission for patients who are emergency admissions, however...
this is not happening in all cases. The inspection team recommends that NHS Greater Glasgow and Clyde ensures that the procedures it has in place for the dissemination of HAI information are consistently and effectively implemented in order that patients and visitors are suitably informed.

**Involving the public in infection prevention and control activities**

Members of the public are actively involved in a range of infection control activities including cleanliness monitoring and membership of the NHS board infection control committee. Patient representatives interviewed during the inspection stated they feel well supported by staff in NHS Greater Glasgow and Clyde and the Southern General Hospital to carry out their role. Public partners were consulted about the design and content of patient information leaflets available in the hospital.

Public partners are provided with good opportunities for learning and development. Annual development days are organised to keep public partners informed of the latest national developments in infection control. The inspection team noted that although members of the public receive hand hygiene training prior to working on cleanliness monitoring, they are not involved in the monitoring of hand hygiene. The inspection team suggests this may be a future development opportunity.

### Requirements:

None

### Recommendations:

7. It is recommended that NHS Greater Glasgow and Clyde ensures that facilities staff communicate more effectively with ward staff regarding ongoing maintenance.

8. It is recommended that NHS Greater Glasgow and Clyde ensures that the procedures it has in place for the dissemination of HAI information are consistently and effectively implemented in order that patients and visitors are suitably informed.

### Education and development

**Strategy**

All staff in NHS Greater Glasgow and Clyde are provided with infection control training at their mandatory induction when they join the NHS board. The inspection team was encouraged to note that NHS Greater Glasgow and Clyde is currently reviewing its education strategy, to include mandatory updates for all staff in the prevention and control of infection in compliance with criterion 5a.1 of the NHS QIS HAI standards.

**Assurance**

All staff in NHS Greater Glasgow and Clyde are required to undertake annual training as an objective in their personal development plans. Part of this training includes the prevention and control of infection. This annual training is not generic but is targeted...
and specific to the requirements of each role and the individual staff member in that role.

Staff in NHS Greater Glasgow and Clyde are able to access training on the prevention and control of infection through Training Tracker, an online training system with modules in the prevention and control of infection. Staff are expected to complete the online modules linked to their personal development plans and their progress is recorded via Training Tracker for line managers to see.

**Requirements:**

None

**Recommendations:**

None

All requirements and recommendations in this report are linked to compliance with the NHS QIS HAI standards.

It is expected that all requirements and recommendations are addressed and the necessary improvements made as a matter of priority by NHS Greater Glasgow and Clyde.

The HEI team would like to thank NHS Greater Glasgow and Clyde and in particular all staff at the Southern General Hospital for their assistance during the announced inspection visit.
# Appendix 1 – Glossary of abbreviations

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>CDI</td>
<td><em>Clostridium difficile</em> infection</td>
</tr>
<tr>
<td>HAI</td>
<td>healthcare associated infection</td>
</tr>
<tr>
<td>HAI-SCRIBE</td>
<td>healthcare associated infection system for controlling risk in the built environment</td>
</tr>
<tr>
<td>HDL</td>
<td>Health Department Letter</td>
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<tr>
<td>HEI</td>
<td>Healthcare Environment Inspectorate</td>
</tr>
<tr>
<td>HTM</td>
<td>Health Technical Memorandum</td>
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<tr>
<td>NHS QIS</td>
<td>NHS Quality Improvement Scotland</td>
</tr>
<tr>
<td>MRSA</td>
<td>meticillin resistant <em>Staphylococcus aureus</em></td>
</tr>
<tr>
<td>SHFN</td>
<td>Scottish Health Facilities Note</td>
</tr>
<tr>
<td>SHTM</td>
<td>Scottish Health Technical Memorandum</td>
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</tbody>
</table>
## Appendix 2 – Inspection process

<table>
<thead>
<tr>
<th>Prior to inspection visit</th>
<th>During inspection visit</th>
<th>After inspection visit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Online self-assessment framework finalised and issued</td>
<td>Arrive at hospital for walk around and general inspection</td>
<td>Draft report produced and sent to inspection team for comment</td>
</tr>
<tr>
<td>NHS board undertakes self-assessment exercise and submits outcomes to HEI</td>
<td>Inspections of selected wards</td>
<td>Report published</td>
</tr>
<tr>
<td>HEI reviews self-assessment submission to inform and prepare onsite inspections</td>
<td>Group discussion with NHS board and senior hospital staff on key issues</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Feedback with senior team, infection control team and other relevant staff</td>
<td></td>
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</tbody>
</table>
Appendix 3 – Details of inspection visit

The inspection visit to Southern General Hospital, NHS Greater Glasgow and Clyde was conducted on Monday 8 and Tuesday 9 March 2010.

The inspection team consisted of the following members:

Gerry Kennedy
Regional Inspector

Anna Brown
Associate Inspector

Rehela Hussain
Associate Inspector (Patient Focus)

Ian Smith
Associate Inspector

Jane Walker
Associate Inspector (locum)

Supported by:

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Project Officer
If you have any comments about HEI inspections, please email safeandclean.qis@nhs.net

We can also provide this information:

- by email
- in large print
- on audio tape or CD
- in Braille (English only), and
- in community languages.

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The Scottish Health Council, the Scottish Intercollegiate Guidelines Network (SIGN) and the Healthcare Environment Inspectorate are also key components of our organisation.