

Unannounced Inspection Report

Ninewells Hospital | NHS Tayside

25–26 April 2011

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1 Background

The Healthcare Environment Inspectorate (HEI) was established in April 2009 to undertake at least one announced and one unannounced inspection to all acute hospitals across NHSScotland 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, inspect 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
- publish reports on our inspection findings which will be available to the public in a range of formats on request, and
- listen to your concerns and use them to inform our inspections.

We will not:

- assess the fitness to practice or performance of staff
- investigate complaints, and
- investigate the cause of outbreaks of infection.

More information about our inspection process can be found in Appendix 2.

You can contact us to find out more about our inspections or to raise any concerns you have about cleanliness, hygiene or infection prevention and control in an acute hospital or NHS board by letter, telephone or email.

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2 Summary of inspection

Ninewells Hospital, Dundee, serves the region of Angus, Dundee City, North East Fife, and Perth and Kinross. It contains 855 staffed beds and has a full range of healthcare specialties.

We previously carried out an unannounced inspection to Ninewells Hospital in November 2010. That inspection resulted in 11 requirements and four recommendations. The inspection report is available on the Healthcare Improvement Scotland website <http://www.healthcareimprovementscotland.org/HEI.aspx>.

We carried out an unannounced follow-up inspection to Ninewells Hospital on Monday 25 and Tuesday 26 April 2011.

We assessed the hospital against the NHS Quality Improvement Scotland (NHS QIS) HAI standards and inspected the following areas:

- ward 3 (respiratory)
- ward 6 (medicine for the elderly)
- ward 7 (general surgery)
- ward 8 (urology - temporarily moved to ward 31)
- ward 17 (trauma/emergency orthopaedics), and
- ward 22 (renal).

The inspection team was made up of two inspectors, with support from a project officer. One inspector led the team and was responsible for guiding them and ensuring the team members were in agreement about the findings reached. Membership of the inspection team visiting **Ninewells Hospital** can be found in Appendix 4.

Overall, we found evidence that NHS Tayside is working towards complying with some of the NHS QIS HAI standards to protect patients, staff and visitors from the risk of acquiring an infection. In particular:

- the ward environment and clinical areas inspected were clean, and
- a designated strategic HAI lead for education has been appointed.

However, as previously identified in the November 2010 inspection report for Ninewells Hospital, we did find that further improvement is required in the following areas.

- The Health Facilities Scotland (HFS) national colour coding scheme for hospital cleaning materials and equipment must be implemented. This will improve the safety of hospital cleaning and reduce the risk of infection.
- A robust and proactive system must be in place for the continuous risk assessment of patients as part of patient management to ensure the risk of infection to patients, staff and visitors is minimised.
- Food should be stored in kitchen fridges at the correct temperature, and systems should be in place for the appropriate inspection and recording of fridge temperatures.

This inspection resulted in 11 requirements and three recommendations. The requirements are linked to compliance with the NHS QIS HAI standards. A full list of the requirements and recommendations can be found in Appendix 1.

NHS Tayside must address the requirements 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 Healthcare Improvement Scotland website <http://www.healthcareimprovementscotland.org/HEI.aspx>.

We would like to thank NHS Tayside and in particular all staff at Ninewells Hospital for their assistance during the inspection.

3 Key findings

3.1 Governance and compliance

Roles and responsibilities

NHS Tayside's directorate of infection control and management has responsibility for the NHS board's compliance with national HAI-related directives and standards. Following the inspection to Ninewells Hospital in November 2010, the lines of accountability within the directorate and roles and responsibilities of key members of the infection control team have been reviewed. NHS Tayside stated that its current infection control and management structure allows a shared perspective across management, professional and clinical aspects. The director of infection control and management and the general manager (infection control and management) both take specific responsibility for particular aspects of the role of infection control manager. However, the inspection team noted that neither of them have specific accountability for cleaning services, in line with Health Department Letter (HDL) (2005)8. Additionally, as the role of infection control manager is not undertaken by a single postholder, NHS Tayside remains non-compliant with HDL(2005)8 and HDL(2001)10.

- **Requirement 1:** NHS Tayside must continue to review the lines of accountability within the directorate of infection control and management and the responsibilities of the general manager (infection control and management) to ensure it meets the requirements of HDL(2005)8 and HDL(2001)10.

Operationally, senior charge nurses were generally knowledgeable and aware of their responsibilities in relation to infection control and the ward environment.

Audit and surveillance

NHS Tayside continues to comply with the requirements of mandatory surveillance for *Clostridium difficile* (CDI), surgical site infections (SSIs) and *Staphylococcus aureus* bacteraemias (SABs) as described within HDL(2006)38. However, NHS Tayside has not met the national SABs reduction target which was expected by March 2011. A number of work streams have commenced in a bid to address this. This includes the establishment of a SAB action group which is developing an action plan. Additionally, the NHS board reported that projects are ongoing in the medical admissions unit and the accident and emergency (A&E) department relating to blood culture sampling and the use of peripheral vascular catheter (PVC) insertion bundles.

Audit and surveillance information is routinely displayed in ward areas, and a more uniform approach was being taken to the display of information in the wards inspected. This included data for meticillin resistant *Staphylococcus aureus* (MRSA), SABs and CDI infection rates. Wards were also displaying information on compliance with hand hygiene and PVC bundles. Additionally, surveillance information is now included in the daily safety briefings at ward level. This has been taken forward following the inspection in November 2010.

However, some of the information displayed is presented in a complex manner that may not be easily understood by ward staff and members of the public, for example the use of 'g-charts' in the wards inspected.

- **Recommendation a:** NHS Tayside should consider other ways of presenting surveillance information to ensure that this is done in a way that will improve staff and public understanding.

Staff were aware of environmental, hand hygiene and mattress audit activity in their wards. However, five mattresses were inspected, of which two were found to be dirty (one each in wards 6 and 7). National guidance from the Medicines and Healthcare products Regulatory Agency (MHRA) relating to all types of bed mattresses (MDA/2010/002) was issued in January 2010. It was not clear to the inspection team what process is in place for regularly checking mattresses.

- **Requirement 2:** NHS Tayside must implement a system for the regular and routine checking of mattresses in all wards and departments to ensure compliance with national requirements for the prevention and control of infection.

NHS Tayside has introduced an infection control quality assurance monitoring tool which is used on a weekly basis by the senior charge nurses. This incorporates a clear communication channel through the directorate structures. However, it was not clear how the results of these audits are communicated back to the ward team.

A peer review audit for hand hygiene has been introduced, whereby staff from one ward will audit staff in another ward to encourage continual improvement in good hand hygiene practices. The inspection team surveyed 71 patients in six wards about hand washing practice. 73% stated that ward staff always wash their hands and 51% said that patients were always offered the opportunity to clean their hands.

The inspection team observed poor hand hygiene practice by several staff members while treating patients and working within the wards inspected. This included:

- one doctor and one social worker not washing their hands in ward 6, and
- eight medical staff not using the correct procedure to wash their hands across wards 6, 7 and 22.

Additionally, staff were observed not adhering to the NHSScotland dress code, in accordance with Chief Executive Letter (CEL) 53(2008) and CEL 42(2010). This included:

- five medical staff wearing watches across wards 3, 7 and 22
- charge nurse in ward 3 wearing a stoned ring
- social worker in ward 6 wearing a watch
- medical staff member with long nails in ward 7
- two medical staff with long hair not tied back in wards 7 and 22
- nurse with a noticeably dirty uniform in ward 7
- two medical staff with long sleeves in wards 7 and 22, and
- medical staff member with long sleeves and wearing cufflinks in ward 22.

- **Requirement 3:** NHS Tayside must ensure all staff comply at all times with national guidance relating to hand hygiene and dress code in order to minimise the risk of infections and cross contamination for patients and the public.

Policies and procedures

During the unannounced follow-up inspection, the inspection team observed several examples of staff not complying with standard infection control precautions. This included:

- temporary closure mechanisms on sharps bins were not being used consistently in all six wards inspected. These are designed to protect both staff and patients from the risks associated with the disposal of sharps.
- overfilled sharps bins (wards 22 and 31)
- a sharps bin inappropriately left on the floor in a patient area of ward 22 (see Image 1), and
- only red linen bags were available and in use in ward 22. Used linen was being stored in red canvas bags without first placing in alginate (soluble) bags to prevent further handling and possible contamination.

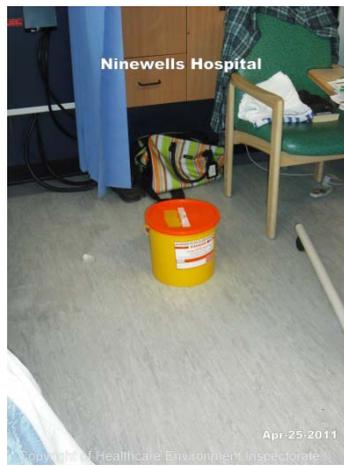


Image 1: Sharps bin in patient area (ward 22)

Some issues were identified in ward 31 in relation to the uplift of clinical waste, as this ward is on the ground floor and has no disposal chute. All used linen, clinical and sharps waste are stored in the sluice prior to uplift by portering staff. This can, at times, lead to an excessive build-up of waste for uplift. NHS Tayside reported in its action plan following the November 2010 inspection that portering duty schedules were being reviewed to ensure an effective routine uplift schedule is in place.

The inspection team found a lack of consistent application and availability of personal protective equipment (eg apron, gloves) by both nursing and domestic staff in the wards inspected. This included nursing staff wearing different coloured aprons for different duties across the wards. National guidance from Health Protection Scotland (HPS) advises that separate coloured aprons are worn for food handling duties (eg serving meals or assisting patients with eating).

The inspection team observed:

- nursing staff in ward 3 wearing white aprons for food handling duties. White aprons were also used by staff engaged in clinical work which means there is a possibility of the same aprons being used for both food handling and clinical activities.
- nursing staff in ward 22 wearing yellow aprons for food handling duties and white aprons for clinical work. Red aprons were used by staff on medicine rounds to prevent them being interrupted.

- **Requirement 4:** NHS Tayside must fully implement all policies relating to sharps and linen management, and the use of personal protective equipment, and monitor compliance. This will ensure that staff are adhering to standard infection control precautions at all times.

Personal protective equipment is provided at ward level for domestic staff to use, although this is not colour coded. Generally, white aprons are used by domestic staff in an isolation area or in the kitchen areas. Again, there is a possibility of the same apron being used for both cleaning of isolation areas and kitchen areas by domestic staff.

NHS Tayside is not complying with the Health Facilities Scotland national colour coding scheme. Through the use of colour-coded hospital cleaning materials and equipment, the scheme ensures that equipment is not used in multiple areas, therefore reducing the risk of cross-infection. Although domestic staff understand the national colour coding scheme, they confirmed that colour coding is not routinely used in NHS Tayside. In ward 31, domestic staff reported that they were usually provided with red and blue re-usable rubber gloves. As red gloves were not available for use by the domestic team on one ward inspected, they had been instructed to use clear vinyl gloves in sanitary areas. On another ward, the domestic did not have any colour-coded re-usable gloves.

NHS Tayside has implemented a microfibre damp mopping cleaning system and, as a result, does not use colour-coded mop heads, buckets or cloths. NHS Tayside reported that a decision has been taken not to colour code each mop head for financial reasons. NHS Tayside has stated that it considers that colour coded single use, disposable equipment and personal protective equipment are not necessary to ensure infection prevention and control.

Domestic staff are instructed on when to change mop heads, for example when they become contaminated or start to dry out, as well as how to prioritise cleaning tasks from high to low surfaces and from low risk to high risk areas. The inspection team observed a domestic on one ward moving from one infected room, to a non-infected room, and into another infected room without appropriately changing mop heads or personal protective equipment.

- **Requirement 5:** NHS Tayside must implement the Health Facilities Scotland national colour coding scheme for hospital cleaning materials, equipment and personal protective equipment, and ensure an adequate supply of cleaning equipment is available at all times. This will improve the safety of hospital cleaning and reduce the risk of infection.

Inconsistent recording of fridge temperatures for both clinical and kitchen fridges has been previously identified during HEI inspections to Ninewells Hospital in November 2009 and in November 2010. Different risks are associated with the storage of food and medicines in fridges. The inspection team found that fridge temperature recording is still sporadic, and appropriate actions and controls are not being implemented. Inconsistencies were found with the documentation used to record fridge temperatures and the frequency of the recording taking place.

- **Recommendation b:** NHS Tayside should implement a consistent approach to the recording of temperatures for clinical fridges to ensure products within the fridges are being held at the correct temperature.

In ward 22, soft cheese for patient consumption was being stored in a fridge which had been recorded as above an acceptable temperature on several occasions over the previous 2 months. At the time of the inspection, the temperature was above the correct range. This was drawn to the immediate attention of staff by the inspection team.

In ward 31, a good example of a fridge recording temperature sheet was found which included a note on what action should be taken if the temperature was out of range. There was also space for staff to record comments or actions taken (see Image 2).

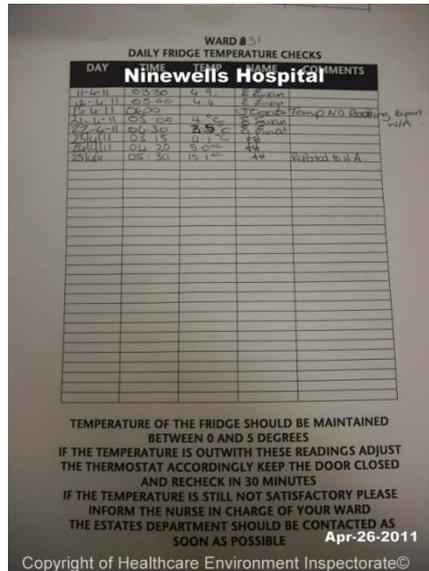


Image 2: Daily fridge temperature recording sheet (ward 31)

- **Requirement 6:** NHS Tayside must ensure food in kitchen fridges is stored at the correct temperature in line with local food hygiene policy. Systems should also be in place for the appropriate inspection and recording of fridge temperatures in accordance with HDL(2002)82.

Risk assessment and patient management

Following the inspection to Ninewells Hospital in November 2010, NHS Tayside has updated the patient admissions record to include HAI risk factors for new patients. At the time of the inspection, this new document was being rolled out across the hospital. This will be routinely audited by the infection control team once fully implemented.

Risk assessment is undertaken on patient admission and MRSA screening also takes place. During this unannounced follow-up inspection, there was good awareness among staff on the wards inspected of which patients had known infections. These patients were either isolated or cohorted appropriately (where group of patients with the same infection are nursed together in a ward or bay area). The inspection team noted that a risk-based approach to side room allocation is being implemented.

In ward 31, a good example of a poster alerting staff and visitors to appropriate infection control measures was displayed (see Image 3).



Image 3: Poster on door of isolation room (ward 31)

However, a more consistent approach to the communication of infection is required to ensure that patients, staff and visitors can take appropriate precautions. For example, in ward 22, staff explained that one of the six-bedded patient areas was a dedicated cohort for patients with a known infection. There was no additional information displayed about appropriate precautions for staff or visitors, including no information on potential visiting restrictions (one patient had three visitors at their bedside, including a child). Additionally, not all staff were clear on how the commode for the dedicated use of these cohort patients was to be cleaned. In view of the inconsistent availability and use of personal protective equipment and colour-coded cleaning materials, the lack of information for patients, staff and visitors and the lack of clarity on cleaning patient equipment, the inspection team was not fully assured that risk management processes were fully embedded on this ward.

- **Requirement 7:** NHS Tayside must implement a robust and proactive system for the continuous risk assessment of patients as part of patient management to ensure the risk of infection to patients, staff and visitors is minimised.

Scottish Health Facilities Note (SHFN) 30 version 3 - Infection control in the built environment: Design and planning (9.209) (2007) recommends that there should be one clinical hand wash sink to every four patient beds to encourage good hand hygiene practice in an acute hospital setting. Many wards had bay areas with one clinical hand wash sink to six beds. NHS Tayside reported in its action plan following the November 2010 inspection that it is revising the bed reduction risk assessment tool.

- **Recommendation c:** NHS Tayside should continue to risk assess the numbers of beds within wards to ensure that appropriate controls are in place to allow compliance with good practice in terms of clinical hand wash sink provision.

PVC care bundles have been implemented to reduce the risk of device-related blood stream infections. Six cannulae were inspected in ward 7, with all patients able to state when the device had been inserted and for what reason. There was good evidence of regular inspection by medical staff and of continual audit with results clearly displayed on the ward.

Cleaning

During the unannounced follow-up inspection, all areas inspected were found to be clean with some minor issues with high level dust (eg curtain rails). All patient equipment inspected was clean. From the patients who responded to the HEI survey, 66% stated that they thought the wards were always clean. Just over half of patients (52%) surveyed thought that the equipment used for care was always clean and in good repair.

The inspection team noted that ward 8 had been temporarily moved to ward 31 to allow a deep cleaning programme to commence across the surgical department in response to recent issues with vancomycin-resistant enterococci (VRE).

The inspection team found an inconsistent approach to environmental and patient equipment cleaning schedules. In particular, NHS Tayside reported on the difficulties of standardising cleaning schedules for patient equipment. A revised patient equipment cleaning schedule had been piloted in Perth Royal Infirmary, but there are issues in agreeing on a single cleaning schedule that meets all needs. However, NHS Tayside reported that a standardised cleaning schedule has been adopted by A&E, with cleaning schedules for ward areas still being evaluated. The inspection team noted the use of indicator tape in wards 6 and 7 to provide assurance that patient equipment is clean and ready for use. The inspection team encourages the continued work with stakeholders to develop a consistent approach to cleaning patient equipment which is appropriate and acceptable to meet the needs of all ward areas.

- **Requirement 8:** NHS Tayside must develop and implement effective cleaning schedules for both environmental and patient equipment cleaning in order to provide consistency of approach and to ensure the adequate cleaning of all patient equipment.

3.2 Communication and public involvement

Effective communication

Across all wards inspected, infection control information such as current infection status and surveillance data are communicated to staff at daily safety briefings at ward level. Additional efforts are also made to capture multidisciplinary staff groups, for example during ward handovers and during ward rounds.

During the unannounced follow-up inspection, estates work was taking place on ward 3 (see Image 4). However, there appeared to be a lack of communication between ward, management and estates staff, for example ward staff were not clear when the workmen would be in the ward. Additionally, ward staff were uncertain of the project's end date as the work had been delayed. Staff were also not clear on what risk assessment had taken place prior to the work commencing, and what monitoring for cleanliness and dust levels was taking place. Access through the corridor was significantly impeded by the ongoing work and the limited width of the temporary corridor created by the dust barrier. The inspection team raised a concern about access for emergency response teams as the isolation rooms adjacent to the work were occupied. NHS Tayside confirmed that a risk assessment had been undertaken, but acknowledged that this may not have been well communicated to the affected staff. The inspection team was not assured that all risks and control measures associated with the work were understood by staff.

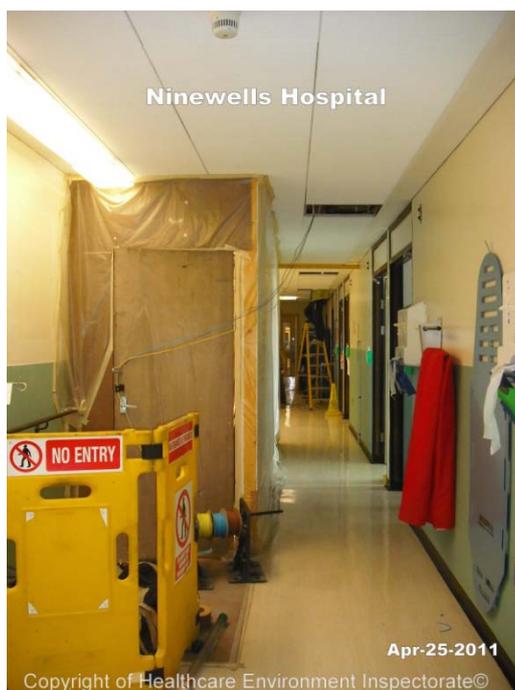


Image 4: Estates work adjacent to single rooms (ward 3)

Increased support is also necessary from all departments to allow senior charge nurses to take effective ownership of their clinical areas. For example, one senior charge nurse reported that the estates department had not yet actioned her request made in February 2011 to replace stained cord pulls in the toilets. Her ward had been relocated to this new area on a temporary basis and it had been closed for some time following a CDI outbreak.

- **Requirement 9:** NHS Tayside must enhance existing communication channels to ensure effective communication between the infection control team, NHS board senior management staff, patients and visitors. This includes communication across staff groups to ensure that appropriate actions can be taken by those responsible for the day-to-day running of the wards to protect staff and patients.

Following the inspection to Ninewells Hospital in November 2010, NHS Tayside has established a healthcare environment group to facilitate more structured communication across the organisation. This group includes representation from many disciplines, including infection control. Although the group has more of an organisation-wide focus than just infection control, part of its remit is to develop a ward 'blueprint'. This will include a set of standard requirements for ward environments which ensure compliance with patient safety and infection control issues. The group will report quarterly to the infection control committee.

HAI information

Across the wards inspected, there was a lack of core HAI information leaflets on display and available to patients and visitors. It was noted that the availability of this information is to be incorporated into the infection control quality assurance monitoring tool.

- **Requirement 10:** NHS Tayside must ensure that core up-to-date HAI information is readily available and displayed in public areas, wards and clinics. This should include information on infections (CDI, MRSA), hand hygiene and home laundering of patient clothing.

3.3 Education and development

Strategy

Following the inspection to Ninewells Hospital in November 2010, NHS Tayside has appointed the associate director of nursing (HAI portfolio) as the designated strategic lead for HAI education in NHS Tayside. She is supported in this by the nurse consultant (HAI). The director of infection control and management is the HAI lead for medical staff. There is also a designated HAI lead for allied health professional staff. There is a rolling programme of education for domestic staff which is developed and delivered by the infection control nurses.

Across the wards inspected, there was a general lack of awareness of what role cleanliness champions were expected to have in the promotion of infection prevention and control. On ward 31, it was explained to the inspection team that the ward cleanliness champions were allocated specific activities such as undertaking monthly commode audits and environmental audits. NHS Tayside has recognised the need to better use the skills of the large number of staff who have completed the NHS Education for Scotland cleanliness champions programme.

Assurance

The inspection team spoke to staff about training and education, including nursing, domestic and clinical support staff. A number of these staff were not clear on their own specific objectives in relation to HAI within their personal development plans.

- **Requirement 11:** NHS Tayside must ensure that all staff are aware of and understand the HAI objectives in their personal development plans, which should be relevant to their role.

Appendix 1 – Requirements and recommendations

The actions the HEI expects the NHS board to take are called requirements and recommendations.

- **Requirement:** A requirement sets out what action is required from an NHS board to comply with the NHS QIS HAI standards published in March 2008. These are the standards which every patient in hospital has the right to expect. A requirement means the hospital has not met the NHS QIS HAI standards and the HEI is concerned about the impact this has on patients using the hospital. The HEI expects that all requirements are addressed and the necessary improvements are implemented.
- **Recommendation:** A recommendation relates to national guidance and best practice which the HEI considers a hospital should follow to improve standards of care.

Governance and compliance	
Requirements	HAI standard criterion
NHS Tayside must:	
<p>1 continue to review the lines of accountability within the directorate of infection control and management and the responsibilities of the general manager (infection control and management) to ensure it meets the requirements of HDL(2005)8 and HDL(2001)10 (see page 8).</p> <p>This was previously identified as a requirement in the November 2010 inspection report for Ninewells Hospital.</p>	1a.2
<p>2 implement a system for the regular and routine checking of mattresses in all wards and departments to ensure compliance with national requirements for the prevention and control of infection (see page 9).</p>	1a.2
<p>3 ensure all staff comply at all times with national guidance relating to hand hygiene and dress code in order to minimise the risk of infections and cross contamination for patients and the public (see page 9).</p>	1a.2
<p>4 fully implement all policies relating to sharps and linen management, and the use of personal protective equipment, and monitor compliance. This will ensure that staff are adhering to standard infection control precautions at all times (see page 11).</p> <p>This was previously identified as a requirement in the November 2010 inspection report for Ninewells Hospital.</p>	3a.3

<p>5 implement the Health Facilities Scotland national colour coding scheme for hospital cleaning materials, equipment and personal protective equipment, and ensure an adequate supply of cleaning equipment is available at all times. This will improve the safety of hospital cleaning and reduce the risk of infection (see page 11).</p> <p>This was previously identified as a requirement in the November 2010 inspection report for Ninewells Hospital.</p>	<p>1a.2</p>
<p>6 ensure food in kitchen fridges is stored at the correct temperature in line with local food hygiene policy. Systems should also be in place for the appropriate inspection and recording of fridge temperatures in accordance with HDL(2002)82 (see page 12).</p> <p>This was previously identified as a recommendation in the November 2010 inspection report for Ninewells Hospital.</p>	<p>1a.2</p>
<p>7 implement a robust and proactive system for the continuous risk assessment of patients as part of patient management to ensure the risk of infection to patients, staff and visitors is minimised (see page 13).</p> <p>This was previously identified as a requirement in the November 2010 inspection report for Ninewells Hospital.</p>	<p>3b.6</p>
<p>8 develop and implement effective cleaning schedules for both environmental and patient equipment cleaning in order to provide consistency of approach and to ensure the adequate cleaning of all patient equipment (see page 14).</p> <p>This was previously identified as a requirement in the November 2010 inspection report for Ninewells Hospital.</p>	<p>4a.1</p>
<p>Recommendations</p> <p>NHS Tayside should:</p>	
<p>a consider other ways of presenting surveillance information to ensure that this is done in a way that will improve staff and public understanding (see page 8).</p>	
<p>b implement a consistent approach to the recording of temperatures for clinical fridges to ensure products within the fridges are being held at the correct temperature (see page 11).</p>	
<p>c continue to risk assess the numbers of beds within wards to ensure that appropriate controls are in place to allow compliance with good practice in terms of clinical hand wash sink provision (see page 13).</p>	

Communication and public involvement	
Requirements	HAI standard criterion
NHS Tayside must:	
<p>9 enhance existing communication channels to ensure effective communication between the infection control team, NHS board senior management staff, patients and visitors. This includes communication across staff groups to ensure that appropriate actions can be taken by those responsible for the day-to-day running of the wards to protect staff and patients (see page 15).</p> <p>This was previously identified as a requirement in the November 2010 inspection report for Ninewells Hospital.</p>	1a.7
<p>10 ensure that core up-to-date HAI information is readily available and displayed in public areas, wards and clinics. This should include information on infections (CDI, MRSA), hand hygiene and home laundering of patient clothing (see page 15).</p> <p>This was previously identified as a requirement in the November 2010 inspection report for Ninewells Hospital.</p>	2a.1
Recommendations	
None	

Education and development	
Requirements	HAI standard criterion
NHS Tayside must:	
<p>11 ensure that all staff are aware of and understand the HAI objectives in their personal development plans, which should be relevant to their role (see page 16).</p> <p>This was previously identified as a requirement in the November 2010 inspection report for Ninewells Hospital.</p>	5a.3
Recommendations	
None	

Appendix 2 – Inspection process

Inspection is a process which starts with local self-assessment, includes at least one inspection to a hospital and ends with the publication of the inspection report and improvement action plan.

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.

We assess performance both by considering the self-assessment data and inspecting acute hospitals within the NHS board area to validate this information and discuss related issues. We use audit tools to assist in the assessment of the physical environment and practices by noting compliance against a further nine 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
- clinical practice, and
- antimicrobial prescribing.

The complete inspection process is described in the flow chart in Appendix 3.

Types of inspections

Inspections may be announced or unannounced and will involve the physical inspection of the clinical areas, interviews with staff and patients on the wards, interviews with key staff and a discussion session with senior members of staff from the NHS board and hospital. We will publish a written report 6 weeks after the inspection.

- **Announced inspection:** the NHS board and hospital will be given **at least 4 weeks notice** of the inspection by letter or email.
- **Unannounced inspection:** the NHS board and hospital **will not be given any advance warning** of the inspection.

Follow-up activity

The inspection team will follow up on the progress made by the NHS board in relation to their improvement action plan. This will take place no later than 16 weeks after the inspection. The exact timing will depend on the severity of the issues highlighted by the inspection and the impact on patient care.

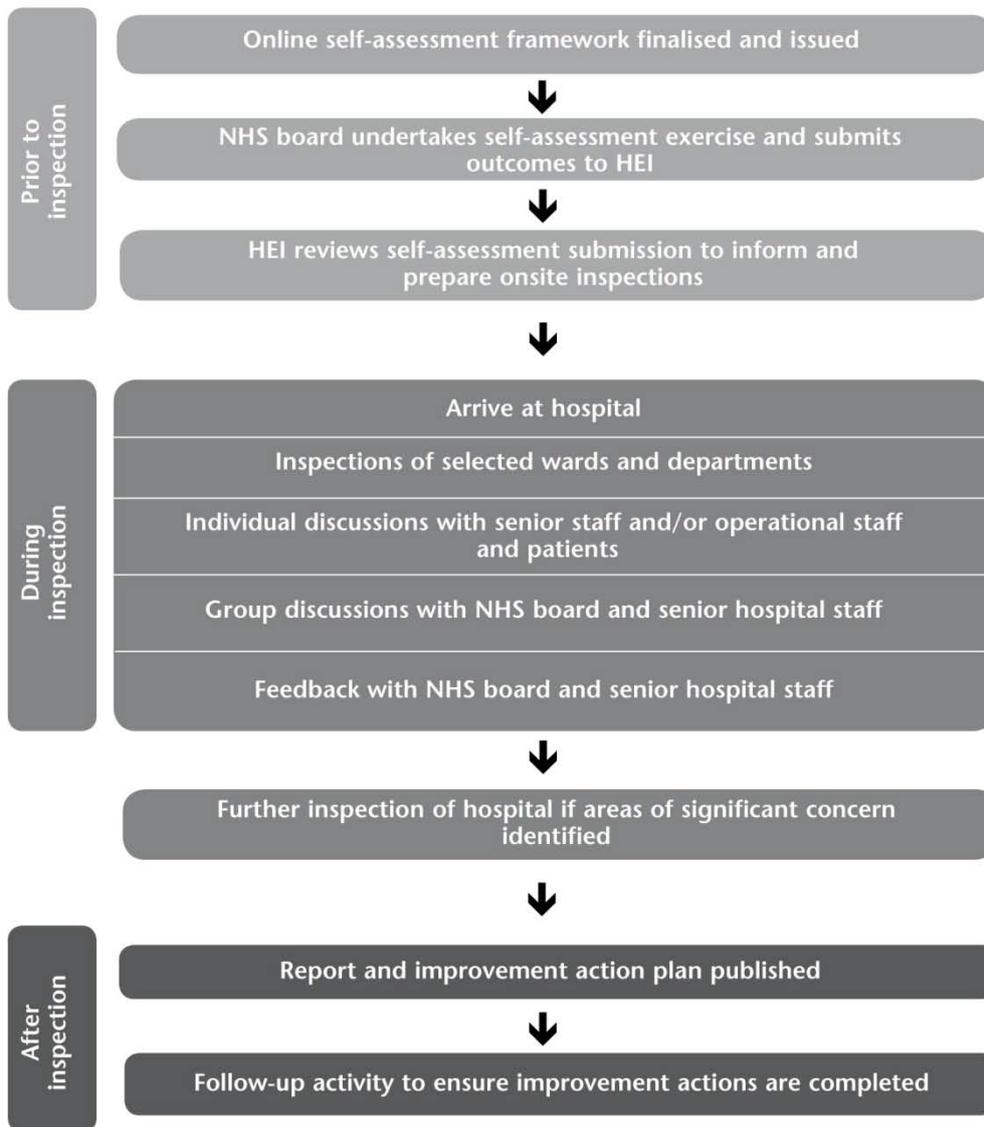
The follow-up activity will be determined by the risk presented and may involve one or more of the following:

- an announced or unannounced inspection
- a targeted announced or unannounced inspection looking at specific areas of concern
- an on-site meeting
- a meeting by video conference
- a written submission by the NHS board on progress with supporting documented evidence, or
- another intervention deemed appropriate by the inspection team based on the findings of an inspection.

Depending on the format and findings of the follow-up activity, we may publish a written report.

More information about the HEI, our inspections, methodology and audit tools can be found at <http://www.healthcareimprovementscotland.org/HEI.aspx>.

Appendix 3 – Inspection process flow chart



Appendix 4 – Details of inspection

The inspection to **Ninewells Hospital, NHS Tayside** was conducted on **Monday 25 and Tuesday 26 April 2011**.

The inspection team consisted of the following members:

Brian Auld

Associate Inspector (Lead)

Lindsay Guthrie

Associate Inspector

Supported by:

Jan Nicolson

Project Officer

Appendix 5 – Glossary of abbreviations

Abbreviation

A&E	accident and emergency
CDI	<i>Clostridium difficile</i> infection
CEL	Chief Executive Letter
HAI	healthcare associated infection
HDL	Health Department Letter
HEI	Healthcare Environment Inspectorate
HFS	Health Facilities Scotland
HPS	Health Protection Scotland
MRSA	meticillin resistant <i>Staphylococcus aureus</i>
NHS QIS	NHS Quality Improvement Scotland
PVC	peripheral vascular catheter
SAB	<i>Staphylococcus aureus</i> bacteraemias



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