Unannounced Inspection Report

Victoria Infirmary | NHS Greater Glasgow and Clyde
23 –24 July 2013
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1 Background

The Healthcare Environment Inspectorate (HEI) was established in April 2009 to undertake inspections of all acute hospitals across NHSScotland. In addition to the acute hospitals, the NHS National Waiting Times Centre (Golden Jubilee National Hospital, Clydebank), the Scottish Ambulance Service and the State Hospitals Board for Scotland (State Hospital, Carstairs) will also be inspected.

Our focus is to improve the standards of care for patients through a rigorous inspection framework. Specifically we will focus on:

- providing public assurance and protection, to restore public trust and confidence
- ensuring care is delivered in an environment which is safe and clean, and
- contributing to the broader quality improvement agenda across NHSScotland.

In keeping with our philosophy, we will use an open and transparent method for inspecting hospitals, using published 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
- publish reports on our inspection findings which are available to the public in a range of formats on request, and
- listen to the concerns of patients and the public and use them to inform our inspections.

We will not:

- assess the fitness to practise 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.

Our contact details are:

**Healthcare Environment Inspectorate**  
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1 South Gyle Crescent  
Edinburgh  
EH12 9EB

**Telephone:** 0131 623 4300  
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2 Summary of inspection

The Victoria Infirmary, Glasgow, consists of three main buildings, the Victoria Infirmary, the New Victoria Hospital and the Mansionhouse Unit. Services available on the hospital site include outpatient clinics, accident and emergency, general medicine, general surgery and medicine for the elderly.

We previously inspected the Victoria Infirmary in February 2012. That inspection resulted in three requirements and one recommendation. The inspection report is available on the Healthcare Improvement Scotland website http://www.healthcareimprovementscotland.org/HEI.aspx.

We carried out an unannounced inspection to the Victoria Infirmary on Tuesday 23 and Wednesday 24 July 2013.

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

- high dependency unit
- intensive care unit
- renal dialysis (New Victoria Hospital)
- ward 8 (orthopaedics and trauma)
- ward 10 (respiratory)
- ward 15 (elderly care assessment)
- ward 17 (general medicine)
- ward south 2 (elderly assessment), and
- ward Lomond View (elderly rehabilitation)

The inspection team was made up of three 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. A key part of the role of the inspection team is to talk to patients and listen to what is important to them. Membership of the inspection team visiting the Victoria Infirmary can be found in Appendix 4.

During our inspection, we carried out patient interviews and used patient questionnaires. We spoke with four patients during the inspection. We received completed questionnaires from 29 patients.

Overall, we found evidence that NHS Greater Glasgow and Clyde is complying with the majority of NHS QIS HAI standards to protect patients, staff and visitors from the risk of acquiring an infection. In particular:

- we found environmental audits were being carried out in all wards and departments inspected and that relevant action plans were also available, and
- NHS Greater Glasgow and Clyde continues to comply with the requirements of mandatory surveillance for Clostridium difficile infection (CDI), surgical site infections and Staphylococcus aureus bacteraemias (SABs) as described within Health Department Letter (HDL) (2006)38 and Chief Executive Letter (CEL) 11(2009).
Ensuring your hospital is safe and clean

However, we did find that further improvement is required in the following areas. In particular,

- ensuring that a managed environment is demonstrated in ward south 2 to minimise the risk of infection and ensure that improvement can be sustained.
- ensuring that compliance with the national services cleaning specification is maintained in the healthcare environment, and
- demonstrating compliance with the requirements of CEL 08(2013) and the Health Protection Scotland and National Services Scotland joint document.

**What action we expect NHS boards to take after our inspection**

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

NHS Greater Glasgow and Clyde 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](http://www.healthcareimprovementscotland.org/HEI.aspx).

We would like to thank NHS Greater Glasgow and Clyde and in particular all staff at the Victoria Infirmary for their assistance during the inspection.
3 Key findings

3.1 Governance and compliance

Roles and responsibilities

During the inspection, we spoke with a number of staff, including senior charge nurses, staff nurses and domestic staff. In the majority of the wards inspected, senior charge nurses were able to demonstrate a clear understanding of their role and responsibilities for the prevention and control of infection. They could describe their role with environmental audits, risk assessment of patients, appropriate patient placement and waste management.

However, we found some issues in ward south 2. The ward had two environmental audits completed (November 2012 and May 2013). The May 2013 environmental audit was brought forward 6 months due to the number of issues found in the November 2012 audit.

NHS Greater Glasgow and Clyde uses a traffic light system for audits (gold, green, amber and red). The November 2012 audit in ward south 2 resulted in an amber rating and May 2013 audit resulted in a green rating. Both of the action plans from these two audits highlighted cleanliness of patient equipment, sharps management and waste management as areas for improvement.

In May 2013, ward south 2 had a CDI Trigger Tool completed, following two unrelated cases of CDI on the ward. In these cases cross-infection was excluded as a route of infection. The infection prevention and control team uses a CDI Trigger Tool to determine if infection control systems are effective in keeping patients safe from CDI. The CDI Trigger Tool action plan noted that the hygiene of clinical equipment was poor when the ward was audited 4 days previous to the environmental audit carried out in May 2013. The action plan also noted that the cleanliness issues were rectified at the time and the standard of cleanliness was to be maintained.

During the inspection, we noted the same issues with the cleanliness of patient equipment, sharps management and waste management.

We spoke with the lead infection control nurse about the role of the infection control team in supporting sustainable improvement in the wards. We were told that the action plan produced as a result of the audit is the responsibility of the senior charge nurse and the lead nurse for that ward. We were also told if the action plan identifies training issues then the infection prevention and control team provides this as appropriate.

The lead nurse for ward south 2 explained their role in supporting and sustaining improvements. They visit the ward at least twice a day and have also started monthly meetings with each senior charge nurse in their area. These meetings cover: clinical governance issues (including HAI), education, training and development and operational issues in the ward team.

During the inspection, we found that over a period of time, there were recurring issues on ward south 2 with cleanliness of patient equipment, sharps and waste management. We were not assured that a managed environment could be consistently demonstrated to minimise the risk of infection and maintain necessary improvements identified through environmental audits and other audit tools.
Requirement 1: NHS Greater Glasgow and Clyde must ensure that a managed environment is demonstrated in ward south 2 to minimise the risk of infection and ensure that improvement can be sustained.

Audit and surveillance
NHS Greater Glasgow and Clyde continues to comply with the requirements of mandatory surveillance for CDI, surgical site infections and SABs as described within HDL (2006)38 and CEL 11(2009). Surveillance results were displayed in the majority of wards inspected. We also found up-to-date audit data on hand hygiene and peripheral vascular catheters (PVCs) displayed on the wards inspected, as part of the Scottish Patient Safety Programme.

We also found that the majority of wards had a care quality indicator board showing information on cleanliness champions for the ward and infection control team contact details.

We found that both surveillance and compliance results from audit activity were not very clear and easy to understand. The information was presented as graphs and patients, carers and visitors may have difficulty interpreting the data. However, ward staff demonstrated an understanding and awareness of the data and how they relate to the prevention and control of infection.

Recommendation a: NHS Greater Glasgow and Clyde should ensure that all audit and surveillance information is presented in an easy read, patient friendly format. This will ensure that patients and visitors can understand ward audit and surveillance activity.

We found environmental audits were being carried out in all wards and departments inspected and that relevant action plans were also available. The infection control team carry out these audits. Lead nurses receive all environmental audit results for their specific areas. However, the senior charge nurse is responsible for implementing any actions arising from the environmental action plan.

Intensive care unit staff showed us that they carry out peer to peer audit system in the intensive care unit, critical care unit and the high dependency unit. This is in addition to audits carried out by the infection control team. Action plans are produced as a result of these audits and are followed through to completion.

Policies and procedures
There was satisfactory compliance with most standard infection control precautions in the wards inspected. All of the staff we observed took opportunities to clean their hands. Patients spoken with during the inspection said they had observed good hand hygiene from all staff disciplines.

Overall, we noted good compliance with the national dress code policy, with all staff disciplines adhering to the CEL 42(2010).

However, we observed poor compliance in some standard infection control precautions, in particular, the following.

- Sharps management in ward 17 and ward south 2 (for example a sharps bin in a clinical preparation area with protruding sharps and temporary closure mechanisms not used on sharps bins) (see Image 1).
• Segregation of waste in ward 8 and ward south 2 (for example personal protective equipment (aprons and gloves) found in a domestic waste bin and soiled continence pads disposed of in the domestic waste bin).

• Personal protective equipment in ward south 2 (for example three members of staff were seen carrying clinical waste bags through the ward and tying up used linen bags without using gloves).

■ Requirement 2: NHS Greater Glasgow and Clyde must ensure that staff implement standard infection control precautions, particularly sharps management, waste segregation and the use of personal protective equipment and monitor compliance. This will reduce the risk of infection to patients, staff and visitors.

Risk assessment and patient management
NHS Greater Glasgow and Clyde has implemented a PVC bundle across all wards and departments. The bundles are used to reduce the risk of device-related bloodstream infections. This includes a record to document the safe management of the inserted PVC. The bundle includes documenting daily checks to make sure that the PVC is free from any signs of infection and is still required. Any dressings used to secure the PVC in place should be dated and timed on insertion.

Following the previous inspection in February 2012, NHS Greater Glasgow and Clyde was required to ensure that all staff complete the PVC bundle.

During the inspection, we looked at 16 PVCs and the associated health records for these patients. We saw a number of instances where the required information was not recorded on the PVC dressing or in the bundle documentation. These included:

• dressings which were not dated or timed
• no bundle in use where patients had a PVC in place, and
bundle documentation being used for more than one PVC, creating difficulties in understanding which PVC the documentation related to.

**Requirement 3:** NHS Greater Glasgow and Clyde must ensure that, where a PVC is in place, staff are aware of the local policy when completing the accompanying care bundle documentation. This is to ensure that the PVC care bundle is implemented consistently and the risk of infection to the patient is reduced.

In May 2013, NHS boards received CEL 08(2013) on water sources and potential infection risk to patients in high risk units. The guidance included in the CEL states NHS boards must ensure that:

- all high risk units, where patients may be at an increased risk of *Pseudomonas aeruginosa* and related infections, are identified and control measures are put in place, and
- all taps in all clinical areas in high risk units are flushed daily (and a record kept).

We inspected areas of high risk, as identified by the NHS board. These were:

- high dependency unit, and
- intensive care unit.

Ward staff spoken with in these areas were not aware of CEL 08(2013) or of the need to record the regular flushing of all taps in clinical areas to reduce the risk of *Pseudomonas aeruginosa*. During the inspection, NHS Greater Glasgow and Clyde provided their board-wide water safety policy. However, the NHS Greater Glasgow and Clyde policy does not demonstrate that the NHS board meets the requirements as described in CEL 08(2013) in terms of flushing and recording.

**Requirement 4:** NHS Greater Glasgow and Clyde must demonstrate compliance with the requirements of CEL 08(2013) and the Health Protection Scotland and NHS National Services Scotland joint document *Guidance for neonatal units (NNUs) (levels 1, 2 & 3), adult paediatric intensive care units (ICUs) in Scotland to minimise the risk of Pseudomonas aeruginosa infection from water* (2013). This will provide assurance that there is an effective water management system in place.

**Cleaning**

The majority of areas that were inspected were clean. However, we observed some areas where attention to detail is required, in particular:

- significant high and low level dust on curtain rails (ward 8)
- dust on underside of beds (wards 8, 17 and intensive care unit)
- blood staining on bay area curtains (ward 8)
- significant dust behind beds on trunking (ward 17), and
- dust on lamp fixtures and window sills (the visitors’ room of the intensive care unit).
Requirement 5: NHS Greater Glasgow and Clyde must ensure compliance with the NHSScotland National Cleaning Services Specification (2009) to maintain the healthcare environment in a manner which reduces the risk and spread of infection.

Following the previous inspection in February 2012, NHS Greater Glasgow and Clyde was required to ensure that staff understand and fully implement the standard operating procedure for the cleaning of patient equipment.

Across the nine wards visited, we inspected a variety of patient equipment, such as bed frames, intravenous drip stands, chairs and commodes. The cleaning of patient equipment is the responsibility of nursing staff. The majority of patient equipment was clean, with the exception of ward south 2, where we observed the following:

- eight bed frames and/or bed control panels were dirty
- two intravenous drip stands, which were in use, were dirty
- patient hoists were contaminated and dusty, and
- one patient chair weighing scale was unclean.

Across all the wards inspected, we checked a total of 17 commodes and we found eight were not clean.

Following the previous inspections in November 2010 and February 2012, we identified inconsistencies with staff awareness and implementation of the mattress auditing policy. NHS Greater Glasgow and Clyde subsequently implemented a standard operating procedure for the cleaning of patient equipment. The operating procedure includes a bed space checklist. The checklist involves the unzipping and checking of mattresses. All ward staff spoken with during the inspection were aware that mattresses needed to be unzipped as part of the bed space checklist.

We checked eight mattresses throughout the site. On ward 17, we reviewed the bed space checklist. It had been completed on patient discharge and the checklist had been ticked, stating the mattress had been checked. We inspected the mattress and found that it was stained (see Image 2). We found two other mattresses with stains (wards 8 and Lomond View ward).
**Requirement 6:** NHS Greater Glasgow and Clyde must ensure that staff understand and fully implement the standard operating procedure for the cleaning of patient equipment. This will provide assurance that patient equipment is clean and ready for use.

During the inspection, we interviewed four patients. They all commented on the cleanliness of the wards. Of the patients asked to complete our survey, 87% stated that their ward was ‘always’ clean. The other respondents stated that their ward was ‘mostly clean’.
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 standards published by Healthcare Improvement Scotland, or its predecessors. These are the standards which every patient has the right to expect. A requirement means the hospital or service has not met the standards and the HEI are concerned about the impact this has on patients using the hospital or service. 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 or service should follow to improve standards of care.

Prioritisation of requirements:
All requirements have been priority rated (see table below). Compliance is expected within the highlighted timescale.

<table>
<thead>
<tr>
<th>Priority</th>
<th>Timescale</th>
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<tbody>
<tr>
<td>MINOR</td>
<td>9 months</td>
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<tr>
<td>LOW</td>
<td>6 months</td>
</tr>
<tr>
<td>MEDIUM</td>
<td>3 months</td>
</tr>
<tr>
<td>HIGH</td>
<td>1 month</td>
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Governance and compliance

<table>
<thead>
<tr>
<th>Requirements</th>
<th>HAI standard criterion</th>
<th>Priority</th>
<th>Timescale</th>
</tr>
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<tbody>
<tr>
<td>1</td>
<td>ensure that a managed environment is demonstrated in ward south 2 to minimise the risk of infection and ensure that improvement can be sustained (see page 9).</td>
<td>1.a</td>
<td>High</td>
</tr>
<tr>
<td>2</td>
<td>ensure that staff implement standard infection control precautions, particularly sharps management, waste segregation and the use of personal protective equipment and monitor compliance. This will reduce the risk of infection to patients, staff and visitors (see page 10).</td>
<td>3a.3</td>
<td>High</td>
</tr>
<tr>
<td>3</td>
<td>ensure that, where a PVC is in place, staff are aware of the local policy when completing the accompanying care bundle documentation. This is to ensure that the PVC care bundle is implemented consistently and the risk of infection to the patient is reduced (see page 11).</td>
<td>3b.2</td>
<td>High</td>
</tr>
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</table>
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<table>
<thead>
<tr>
<th></th>
<th>demonstrate compliance with the requirements of CEL 08(2013) and the Health Protection Scotland and NHS National Services Scotland joint document Guidance for neonatal units (NNUs) (levels 1, 2 &amp; 3), adult paediatric intensive care units (ICUs) in Scotland to minimise the risk of Pseudomonas aeruginosa infection from water (2013). This will provide assurance that there is an effective water management system in place (see page11).</th>
<th>1a.2</th>
<th>High</th>
<th>1 month</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>ensure compliance with the NHSScotland National Cleaning Services Specification (2009) to maintain the healthcare environment in a manner which reduces the risk and spread of infection (see page 12).</td>
<td>4a.2</td>
<td>High</td>
<td>1 month</td>
</tr>
<tr>
<td>6</td>
<td>ensure that staff understand and fully implement the standard operating procedure for the cleaning of patient equipment. This will provide assurance that patient equipment is clean and ready for use (see page 13). This was previously identified as a requirement in the November 2010 and February 2012 inspection reports for the Victoria Infirmary.</td>
<td>4a.3</td>
<td>High</td>
<td>1 month</td>
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Recommendation
NHS Greater Glasgow and Clyde should:

a ensure that all audit and surveillance information is presented in an easy read, patient friendly format. This will ensure that patients and visitors can understand ward audit and surveillance activity (see page 9).
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 8 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 inspection tools can be found at [http://www.healthcareimprovementscotland.org/HEI.aspx](http://www.healthcareimprovementscotland.org/HEI.aspx).
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Appendix 3 – Inspection process flow chart

Prior to inspection
- Online self-assessment framework finalised and issued
- NHS board undertakes self-assessment exercise and submits outcomes to HEI
- HEI reviews self-assessment submission to inform and prepare onsite inspections

During inspection
- Arrive at hospital
- Inspections of selected wards and departments
- Individual discussions with senior staff and/or operational staff and patients
- Group discussions with NHS board and senior hospital staff
- Feedback with NHS board and senior hospital staff
- Further inspection of hospital if areas of significant concern identified

After inspection
- Report and improvement action plan published
- Follow-up activity to ensure improvement actions are completed
Appendix 4 – Details of inspection

The inspection to the Victoria Infirmary, NHS Greater Glasgow and Clyde was conducted on Tuesday 23 and Wednesday 24 July 2013.

The inspection team was made up of the following members:

**Aidan McCrory**  
Inspector, lead

**Brian Auld**  
Inspector

**Allison Wilson**  
Inspector

Supported by:

**Orlagh Sheils**  
Project Officer
# Appendix 5 – Glossary of abbreviations

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
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<tbody>
<tr>
<td>CDI</td>
<td><em>Clostridium difficile</em> infection</td>
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<tr>
<td>CEL</td>
<td>Chief Executive Letter</td>
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<tr>
<td>HAI</td>
<td>healthcare associated infection</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>MRSA</td>
<td>meticillin resistant <em>Staphylococcus aureus</em></td>
</tr>
<tr>
<td>NHS QIS</td>
<td>NHS Quality Improvement Scotland</td>
</tr>
<tr>
<td>PVC</td>
<td>peripheral vascular catheter</td>
</tr>
<tr>
<td>SAB</td>
<td><em>Staphylococcus aureus</em> bacteraemia</td>
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