Procedure for Closing Wards to New Admissions
PROCEDURE FOR CLOSING A WARD TO NEW ADMISSIONS
GUIDANCE NOTES

Introduction

1 The National Health Service (Scotland) Act 1978 gives general wide ranging powers to Healthcare Improvement Scotland so that we may discharge our functions in relation to supporting, ensuring and monitoring the quality of health care provided or secured by the health service. Such functions include conducting inspections of NHS Hospitals either as part of our inspection programmes, or specifically when requested to do so by Scottish Ministers.

2 In November 2014, The Rt Hon Lord MacLean published the Vale of Leven Inquiry Report which detailed the findings of the public inquiry into the occurrence of *Clostridium difficile* infection at the Vale of Leven Hospital from 1 January 2007 onwards, in particular between 1 December 2007 and 1 June 2008. Lord MacLean’s report made 75 recommendations and all the recommendations were accepted by the Scottish Government.

3 The first recommendation was for the Healthcare Environment Inspectorate to have the power to close a ward to new admissions.

   Recommendation 1: Scottish Government should ensure that the Healthcare Environment Inspectorate (HEI) has the power to close a ward to new admission if the HEI concludes that there is a real risk to the safety of patients. In the event of such a closure, an urgent action plan should be devised with the Infection prevention and Control team and management.

While the recommendation is directly applicable to the role of the Healthcare Environment Inspectorate, this guidance also applies to the other scrutiny related functions undertaken by Healthcare Improvement Scotland.

4 The Healthcare Improvement Scotland (Delegation of Functions) Order 2016 delegates the power to Healthcare Improvement Scotland to give directions to Health Boards to close hospital wards to new admissions where Healthcare Improvement Scotland believes that, in the absence of such a direction, there is a serious risk to the life, health or wellbeing of persons. The order is not limited to HEI inspection and applies to all activity undertaken by Healthcare Improvement Scotland.

Applicability of this guidance

5 It is important to emphasise that the power to close a ward to new admissions would only be used on extremely rare occasions. These powers will only be applied where other avenues have been exhausted and agreement cannot be realised with the Health Board Executive Team. Every effort will be taken to resolve issues at a local level.
6 The flow diagrams (Figures 1&2) and guidance notes provide clarity on the steps to be taken when considering closing a ward to new admissions as part of the inspection process. The decision to close a ward to new admissions will balance the risk of preventing admission with the risk to patients of not being admitted, for example, where the patient requires immediate, emergency treatment or where the ability of the site to provide safe care across the whole system would be severely compromised.

7 Contemporaneous notes must be recorded by the Lead Inspector/Senior Inspector at each stage of the process.

**Serious risk to the life, health or wellbeing of persons identified – escalation to closure of ward/department to new admissions**

8 The key principle is ensuring that any response is proportionate, evidenced and considers all the risks related to patient care.

9 If, during an inspection, an inspector identifies a serious risk to the life, health or wellbeing of patients they must discuss this with the Lead Inspector/Senior Inspector immediately.

10 The Lead Inspector/Senior Inspector will work with the NHS Board to try and seek local resolution to the concerns. Should this not be practical or appropriate then this will be discussed with the Head of Quality of Care and the Director of Quality Assurance. Where practicably possible, this discussion should take place prior to escalation to the NHS Board Executive Lead, and the NHS Board Executive Lead should be notified of the intention to escalate to the Head of Quality of Care and Director of Quality Assurance. If neither is available then the decision to escalate must be discussed with another member of the Healthcare Improvement Scotland Executive Team.

12 The NHS Board **must** be provided with the opportunity to investigate the concerns and formulate immediate remedial action to minimise and mitigate any risks or harm to patients. Suitable actions may include quarantining or relocation of existing inpatients, change of staffing arrangements etc. The immediate remedial action should be communicated to the lead inspector and agreement reached on a timescale to address the risks identified. The timescale will depend on the type of risk but will normally be within 1-2 hours of the risk being identified. The remedial action must be confirmed in writing.

13 Consideration should be given to the need to ensure that the risk has not been transferred to another part of the hospital site or NHS Board.

14 A revisit to the area of concern will be required to determine if the risks have been removed. If the immediate remedial action has removed the risk to patients, the
Lead Inspector will inform the NHS Board Executive Lead and Head of Quality of Care and Director of Quality Assurance, Healthcare Improvement Scotland.

15 If immediate remedial action is insufficient to remove the risk and no further action can be agreed, the Lead Inspector will escalate to the Head of Quality of Care and the Director of Quality Assurance. The Lead Inspector will provide as much detail as possible as to why they believe that there remains a serious risk to the life, health or wellbeing of patients on a ward/department, detailing the actions already taken by the NHS Board and inspection team. The Director of Quality Assurance will escalate to the Chief Executive, Healthcare Improvement Scotland.

16 The Chief Executive, Healthcare Improvement Scotland will discuss the situation with the Chief Executive of the NHS Board. If no immediate resolution can be found, the Chief Executive, Healthcare Improvement Scotland will mandate the closure of the ward to further admissions. The Chief Executive, Healthcare Improvement Scotland, will inform the Director of Quality Assurance of the discussions with the NHS Board, providing information on the agreed actions and timescale for resolution. The Director of Quality Assurance will notify the Senior Inspector/Lead Inspector.

17 The Chief Nursing Officer, Scottish Government, will be informed of the decision to close the ward to new admissions.

18 The Chief Executive, Healthcare Improvement Scotland will follow up the discussion by issuing a formal notification in a letter to the NHS Board confirming the decision to mandate closure of the ward/department to further admissions until such time Healthcare Improvement Scotland is assured that there is no longer a serious risk to the life, health or wellbeing of patients. This will be emailed to the NHS Board Chief Executive with a copy to the Chief Nursing Officer, Scottish Government.

19 The NHS Board must take appropriate action to inform all relevant bodies of the ward/department closure (e.g. Scottish Ambulance Service).

**Re-opening the ward/department to new admissions**

20 Once the NHS Board is satisfied that the risk has been removed, the Chief Executive, Healthcare Improvement Scotland and the Lead Inspector/Senior Inspector should be notified and a further inspection of the ward/department will take place within 24 hours.

21 If the Lead Inspector/Senior Inspector is satisfied that there is no longer a serious risk to patients, their findings will be discussed in a teleconference call with the Chief Executive of Healthcare Improvement Scotland. This call may also include the Director of Quality Assurance and Head of Quality of Care.
22 Subject to shared agreement with the views of the Lead Inspector, the NHS Board Chief Executive will be informed by telephone that the ward/department can re-open to new admissions. This will be followed up with a letter from the Chief Executive, Healthcare Improvement Scotland, informing the NHS Board of the decision to allow the ward/department to re-open to new admissions. A copy of the letter will be sent to the Chief Nursing Officer, Scottish Government.

23 Should the decision be that the ward/department remains closed following the teleconference call this will be followed up with a letter from the Chief Executive, Healthcare Improvement Scotland, informing the NHS Board of the decision and the steps that are required to be taken to re-open the ward.

24 The Chief Nursing Officer at the Scottish Government will be informed of the decision.

Guidance on practical applications

25 It is not possible to provide practical examples for all eventualities and professional judgement will be required. An inspector must be of the opinion that a risk, if not resolved, will have a serious and detrimental effect on the life, health or wellbeing of patients on the ward/department and to any new admissions. Consideration will be given to the patient group, activities on the ward/department and controls already in place.

Examples of the type of situation may include:

- where the inspector believes that an infectious patient is being managed in such a way as to present a risk to other patients
- a patient with \textit{Clostridium difficile} is being managed without adequate controls in a communal area where patients are at a serious risk
- A norovirus outbreak has been declared but the affected area has not implemented adequate controls to prevent the spread of the virus or a systemic failure of staff implementing standard infection control precautions resulting in poor care.
- There may be environmental factors that could be considered a serious risk to patients, such as systemic failure to clean the patient environment and evidence of risk.
- A further factor may be a ward environment affected by outside factors such burst service pipes affecting a wide area.
FIGURE 1
CLOSING THE WARD/DEPT TO NEW ADMISSIONS
FLOW DIAGRAM

Inspector identifies serious risk to the life, health or wellbeing of patients

Lead Inspector reviews information and discusses with Senior Inspector

Discuss findings with Head of Quality of Care & Director of Quality Assurance

Closure not considered necessary

Local resolution

Closure not considered necessary

Lead inspector escalates to NHS Board Executive Lead

NHS Board investigates concerns and formulates remedial action

Inspector revisits the ward/department area to address concerns

Concerns Remain

Lead inspector escalates to Head of Quality of Care & Director of Quality Assurance and informs NHS Board Executive Lead

Director of Quality Assurance escalates to Chief Executive HIS

Chief Executive HIS contacts Chief Executive from the NHS Board to seek resolution

Local resolution reached

No immediate resolution

Chief Executive HIS mandates to NHS Board that the ward is closed to new admissions and informs lead inspector

Concerns Resolved

Lead inspector, informs Executive Lead, Head of Quality of Care and Director of Quality Assurance that they are satisfied concerns have been resolved.

Healthcare Improvement Scotland informs Chief Nursing Officer

Chief Executive HIS issues formal notification to NHS Board that the ward/department is closed to new admissions
NHS Board notifies Chief Executive HIS & Lead inspector that risks have been removed

Further inspection to ward/department will be undertaken by HIS within 24 hours

Discuss findings with senior inspector

Teleconference between Lead Inspector, Chief Executive HIS, Director of Quality Assurance & Head of Quality of Care

No longer a serious risk to patients

Serious risk to patients remain

Chief Executive HIS informs Chief Executive NHS Board that ward/department can re-open to admissions and follows up with a letter

Chief Executive HIS informs Chief Executive NHS Board that ward/department remains closed to new admissions.

Healthcare Improvement Scotland informs Chief Nursing Officer of outcome