Announced Inspection Report

Perth Royal Infirmary
NHS Tayside
19 and 20 May 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 Perth Royal Infirmary 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.
### Overview of inspection visit

**Inspection visit to Perth Royal Infirmary, NHS Tayside**

We carried out an announced inspection visit to Perth Royal Infirmary on Wednesday 19 and Thursday 20 May 2010. Perth Royal Infirmary is a district general hospital with 335 beds. The hospital provides a variety of services for the Perth and Kinross area.

We assessed the hospital against the NHS QIS HAI standards. We inspected the following areas:

- accident and emergency
- gynaecology and community midwifery unit
- intensive treatment unit
- outpatients department
- Tay ward
- ward 3 (general medicine)
- ward 5 (coronary care unit / high dependency unit) and,
- ward 6 (general medicine).

We could see that at Perth Royal Infirmary, NHS Tayside is working hard to ensure that the care delivered to patients is in line with the expectations of the NHS QIS HAI standards and we are assured that all staff are working to protect patients, staff and visitors from the risks of acquiring and HAI. In particular:

- the hospital was clean and in a good state of repair
- staff understood surveillance data and,
- good lines of communication exist between the infection control team and other hospital staff.

However, some areas for improvement were noted, in particular:

- all staff should follow standard infection control procedures at all times
- a uniform approach to cleaning schedules and records should be developed and,
- the ‘patient care environment’ should be defined more clearly so the dress code can be more effectively enforced.

Overall, the inspection visit to Perth Royal Infirmary resulted in no requirements and seven recommendations. These are linked to compliance with the NHS QIS HAI standards. NHS Tayside must address the requirements and recommendations, with any necessary improvements made as a matter of priority.

An improvement action plan has been developed by the NHS board and is available to view on the NHS QIS website [http://www.nhshealthquality.org/nhsqis/7436.html](http://www.nhshealthquality.org/nhsqis/7436.html).
4 Key findings

Governance/Compliance

Roles and responsibilities
The roles of staff involved in infection prevention and control at Perth Royal Infirmary are clearly defined and comply with Health Department Letter (HDL) 2005(08). A single system approach is in place. All staff are working together to avoid duplication and improve understanding of infection prevention and control. A new organisational structure has recently been introduced and the reporting mechanisms in this structure are clear. Strong lines of communication exist between the General Manager Infection Control and Management and staff in Perth Royal Infirmary. The General Manager Infection Control and Management is informed of matters relating to infection prevention and control and is able to influence and challenge others. The General Manager Infection Control and Management is accountable to the NHS Tayside Board and Chief Executive through the Director of Infection Control and Management.

Senior charge nurses are supported to take ownership of HAI issues in Perth Royal Infirmary. They are empowered to make decisions regarding infection prevention and control in their wards and departments.

Audit and surveillance
Mandatory audit and surveillance is undertaken throughout Perth Royal Infirmary. The information from these audits, including hand hygiene and environmental audits, are displayed on wards. The system for sharing this information used at Perth Royal Infirmary is well understood by a variety of staff who were interviewed during the inspection. A programme of audit is also in place for the appropriate use of peripheral venous catheters and results of these audits are encouraging.

The inspection team recommends that NHS Tayside develops a more consistent approach to closing audit cycles. Audits at Perth Royal Infirmary should follow a pattern of:

- audit,
- action plan, and
- completion of action plans.

Some wards created and completed action plans based on audit results for that ward. Other action plans were sent to the infection control team for development, while others were responded to through line management routes.

Staff contracted to work for a limited period in Perth Royal Infirmary are subject to the same standards as staff working on a permanent basis. Systems and measures are in place to ensure that both clinical and non-clinical contracted staff comply with infection prevention and control standards. If contracted staff do not comply, their contract is ended.

Policies and procedures
All policies and procedures relating to infection prevention and control are available on Staffnet, NHS Tayside’s intranet. Ward staff demonstrated that these are easy to access and assured inspectors that there are no paper copies held on the ward.
Domestic staff also stated that they have access to the policies and, if they do not have access to a computer, can contact their supervisor or infection control nurses for advice if required. All policies checked by the inspection team were found to be in date and in line with current national guidance on infection prevention and control.

The inspection team recommends that NHS Tayside ensures all wards and departments follow guidance relating to standard infection control procedures. Although compliance with policies is good, the inspection team noted that some standard procedures were not fully complied with.

- The inspection team found that in a number of wards and departments, temporary closures on sharps bins were not being used and bins were left open, posing an injury risk.
- In a corridor outside accident and emergency, inspectors found clean linen, including blankets, stored on the floor prior to use on ambulances (see Image 1).
- On Tay ward, inspectors observed soiled linen being placed in a dissolvable bag then in to the fabric linen bag without being placed in a second protective plastic bag.

Image 1: Clean linen stored on the floor outside accident and emergency

The inspection team recommends that NHS Tayside delivers a clear message to all staff regarding the application of the dress code and all staff groups consistently implement policies. The local dress code policy states that watches should be removed and long hair tied back in the patient care environment. However,
inspectors were not assured that staff knew what was meant by the patient care environment.

**Antimicrobial prescribing**

NHS Tayside adheres to national antimicrobial prescribing guidelines. Work on surgical prophylaxis is ongoing and has been challenging. Surgical prophylaxis is the administration of antibiotics to patients with no signs of infection to reduce the risk of wound infection following surgery. Work undertaken in conjunction with the Scottish Patient Safety Programme (SPSP) is supporting developments in this area. This work is very new and the inspection team is interested to see how it impacts on practice on future inspections.

Messages and guidance regarding antimicrobial prescribing are clearly communicated to staff. Doctors interviewed on the day of inspection were able to demonstrate where to find further guidance on the prescribing of antibiotics. Education on prescribing is also provided to medical staff.

The antimicrobial pharmacist for NHS Tayside has clear objectives. There is good communication between the antimicrobial pharmacist and hospital staff as well as teams within the NHS board. The antimicrobial pharmacist attends local and national meetings and events to ensure the hospital is well informed and represented. Action plans for antimicrobial prescribing are also managed well in the antimicrobial management team meetings.

**Risk assessment and patient management**

New patient documentation has been introduced making the assessment and documentation of risk in Perth Royal Infirmary much clearer. The nursing staff interviewed during the inspection supported the introduction of the new documentation, which has specific criteria relating to HAI. An audit of healthcare records is planned for the near future. This will give assurances that the new documentation is being completed correctly.

A meticillin resistant *Staphylococcus aureus* (MRSA) screening programme is in place and pre-admission risk assessments are undertaken. Patients are appropriately isolated if they are suspected or confirmed to have an infection. All staff interviewed had a clear understanding of the procedure in place should the levels of a specific infection in the ward or department indicate an outbreak.

On Tay ward, colour coded commodes are being used. All commodes are assigned to one toilet area and are clearly colour coded and identified as clean by staff using their own labelling system. Isolation rooms have red commodes to ensure they are not shared with the main ward areas, which have blue commodes (see Image 2). A good system for assuring the commodes are clean is in place.
Although there are some compliant taps and sinks, the majority do not comply with guidance presented in 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). Examples of compliant sinks were found in conjunction with non-compliant taps and compliant taps were found with non-compliant sinks. In some clinical areas, domestic hand wash and kitchen sinks were installed. The inspection team recommends that NHS Tayside:

- reviews the sinks and taps in place throughout the hospital
- undertakes a risk assessment of the continued installation of non-compliant taps and,
- ensures compliant sinks and taps are installed when new facilities are needed.

**Cleaning**

On the day of inspection, Perth Royal Infirmary was clean. Patients who were interviewed had very positive comments to make about the standards of cleanliness, stating that “cleanliness is excellent; you can be assured of that”.

**Image 2: Colour-coded commode (blue) in use on Tay ward**

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Although cleanliness is good, inspectors are keen to see a systematic and consistent approach to the management of cleaning implemented throughout Perth Royal Infirmary. A variety of patient equipment cleaning schedules were in use in the hospital. Although each ward and department has different needs, the relevant aspects of the different schedules could be combined to produce one comprehensive schedule. The inspection team recommends that NHS Tayside develops a single, comprehensive cleaning schedule to ensure consistent cleaning throughout Perth Royal Infirmary.

Senior charge nurses were aware of their responsibility to provide assurance that patient equipment was clean. After cleaning equipment, staff sign and date indicator tape or labels. This provides assurance to staff and patients that the equipment is clean. Inspectors noted, however, that the indicator tape used sometimes came off the clean equipment as it did not adhere well.

**Procurement**

Infection prevention and control is clearly considered in the procurement process in Perth Royal Infirmary. All staff are aware that they must consult the infection control team prior to purchasing any items and national contracts are used where possible. A purchase requisition must be completed to confirm that the infection control team has been consulted.

**Requirements:**

None

**Recommendations:**

1. It is recommended that NHS Tayside develops a more consistent approach to closing audit cycles.

2. It is recommended that NHS Tayside ensures all wards and departments follow guidance relating to standard infection control procedures.

3. It is recommended that NHS Tayside delivers a consistent message to all staff regarding the application of the staff dress code.

4. It is recommended that NHS Tayside:
   - reviews the sinks and taps in place throughout the hospital
   - undertakes a risk assessment of the continued installation of non-compliant taps and,
   - ensures compliant sinks and taps are installed when new facilities are needed.

5. It is recommended that NHS Tayside develops a single, comprehensive cleaning schedule to ensure consistent cleaning throughout Perth Royal Infirmary.
Communication/Public involvement

Effective communication

Clear and effective communication is evident in Perth Royal Infirmary. The infection control team is clearly visible at ward level and is communicating well with ward staff. Audit results are communicated back to ward level and displayed for staff and patients to see.

HAI information

A variety of HAI patient information leaflets are available in Perth Royal Infirmary. However, these are poorly and inconsistently displayed throughout the hospital. Although leaflets are available online to print when needed, this was not made clear to the inspection team. The inspection team recommends that the six core leaflets from Health Protection Scotland are made available on all wards and a schedule for updating and changing these is implemented.

There is a significant amount of hand hygiene signage and guidance in the hospital. A video loop is shown in the main entrance to encourage visitors to practise good hand hygiene. Electronic signs are displayed at the entrance to some wards directing visitors to alcohol hand gel bottles. There are also instructions on how to decontaminate hands beside gel bottles. The inspection team noted that these instructions were much more suited to those in the medical profession. The inspection team recommends more public friendly guidance on hand washing is developed and displayed next to hand gels and soaps.

Involving the public in infection prevention and control activities

Members of the public are actively involved in infection prevention and control within Perth Royal Infirmary. When groups are established relating to infection prevention and control, the public partner group co-ordinator is invited to assess whether public involvement is appropriate. If it is considered appropriate, a member of the public is recruited by the co-ordinator to contribute to the group.

The public partner interviewed during the inspection clearly felt involved and well informed. Training for public partners is delivered according to their interests and responsibilities within Perth Royal Infirmary. There is a high retention of members of the public who become involved with work in the hospital and within the wider NHS board. The public partner group was also consulted regarding the completion of NHS Tayside’s online self-assessment.

Requirements:

None

Recommendations:

6 It is recommended that NHS Tayside ensures the six core leaflets from Health Protection Scotland are available on all wards and a schedule for updating and changing these is implemented.

7 It is recommended that NHS Tayside develops more public friendly guidance on hand washing and that this is displayed next to hand gels and soaps.
Education and development

Strategy
NHS Tayside has a comprehensive educational strategy in place relating to HAI and it is being treated as a top priority. Inspectors commended NHS Tayside for including infection prevention and control in mandatory 1 hour annual updates. The infection control team is clearly linked to practice development as well as work with support services and estates staff. The cleanliness champions programme is in place in NHS Tayside and learning is cascaded from those undertaking the training to other members of staff. Focused, local education is delivered in clinical areas when required to support specific areas of concern.

Training programmes are accessed by staff and need is identified in personal development plans according to the NHS Knowledge and Skills Framework (KSF). SPSP improvement methodologies are being embedded into approaches to education in NHS Tayside. Some work is ongoing around innovative ways to educate staff using scenario training methods. Inspectors noted there is still some work to be done to ensure that training events and programmes are evaluating well and have an impact on practice.

Assurance
Infection prevention and control is included in personal development plans for staff at all levels and work is moving forward with KSF. Further assurance is required regarding medical appraisal, education and training for infection prevention and control. Medical staff were not available to comment during the group discussion. However, three doctors who were interviewed on wards stated that education and training was thorough and delivered well.

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 Tayside.

The HEI team would like to thank NHS Tayside and in particular all staff at Perth Royal Infirmary for their assistance during the announced inspection visit.
## Appendix 1 – Glossary of abbreviations

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<th>Abbreviation</th>
<th>Description</th>
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<td>HAI</td>
<td>healthcare associated infection</td>
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<td>HEI</td>
<td>Healthcare Environment Inspectorate</td>
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<td>KSF</td>
<td>Knowledge and Skills Framework</td>
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<td>MRSA</td>
<td>meticillin resistant <em>Staphylococcus aureus</em></td>
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<td>NHS QIS</td>
<td>NHS Quality Improvement Scotland</td>
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<td>SHFN</td>
<td>Scottish Health Facilities Note</td>
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<tr>
<td>SHTM</td>
<td>Scottish Health Technical Memorandum</td>
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<tr>
<td>SPSP</td>
<td>Scottish Patient Safety Programme</td>
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Appendix 2 – Inspection process

Prior to inspection visit
- 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 visit
- Arrive at hospital for walk around and general inspection
- Inspections of selected wards
- Group discussion with NHS board and senior hospital staff on key issues
- Feedback with senior team, infection control team and other relevant staff

After inspection visit
- Draft report produced and sent to inspection team for comment
- Report published
Appendix 3 – Details of inspection visit

The inspection visit to Perth Royal Infirmary, NHS Tayside was conducted on Wednesday 19 and Thursday 20 May 2010.

The inspection team consisted of the following members:

Kevin Freeman
Regional Inspector

Brain Auld
Associate Inspector

Joanne Odgers
Associate Inspector

Barry Weldon
Associate Inspector (Patient focus)

Supported by:

Sara Porthouse
Project Officer

Observed by:

Karen McGeary
Communications & Publications Co-ordinator, NHS Quality Improvement Scotland
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.