Unannounced Follow-up Inspection Report

Aberdeen Maternity Hospital | NHS Grampian

30 June–1 July 2014
Ensuring your hospital is safe and clean

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First published August 2014

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1 Background

The Healthcare Environment Inspectorate (HEI) was established in April 2009. Each year we carry out at least 30 inspections across NHSScotland, most of which are unannounced. Although most of our inspections are to acute hospitals, we also inspect community and non-acute hospitals.

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:

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EH12 9EB

Telephone: 0131 623 4300  
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2 Summary of inspection

2.1 Background

Aberdeen Maternity Hospital provides a consultant-led obstetric service, supported by a midwife-led unit. The hospital serves the region of Grampian, the islands of Shetland and Orkney, and also cares for babies requiring neonatal surgery transferred from the Highlands. It has 133 staffed beds and deals with approximately 5,500–6,000 births each year.

2.2 Previous inspection

We previously inspected Aberdeen Maternity Hospital in March 2014. That inspection resulted in three requirements and two recommendations. As a result of that inspection, NHS Grampian produced a detailed improvement action plan and submitted this to us. The inspection report and details of the action plan are available on the Healthcare Improvement Scotland website http://www.healthcareimprovementscotland.org/HEI.aspx

This follow-up report should be read along with the previous report dated March 2014. This inspection follows up on the requirements made at that inspection. We also detail in the key findings section of the report what the NHS board had done to follow up the recommendations from that inspection.

2.3 This inspection

We carried out an unannounced follow-up inspection to Aberdeen Maternity Hospital on Monday 30 June and Tuesday 1 July 2014. The purpose of the inspection was to:

- assess progress with the three requirements and two recommendations made at the previous inspection in March 2014, and
- assess the hospital against the NHS Quality Improvement Scotland (NHS QIS) healthcare associated infection (HAI) standards.

The NHS QIS HAI standards are available on the Healthcare Improvement Scotland website http://www.healthcareimprovementscotland.org/default.aspx?page=12490

We inspected theatres 1 and 2.

The inspection team was made up of one inspector, with support from a project officer. Membership of the inspection team visiting Aberdeen Maternity Hospital can be found in Appendix 4.
2.4 Inspection findings

Of the three requirements made at the previous inspection in March 2014, the NHS board has:

- met two requirements, and
- partially met\(^1\) one requirement.

<table>
<thead>
<tr>
<th>NHS Grampian must:</th>
<th>Met / Partially met / Not met</th>
</tr>
</thead>
<tbody>
<tr>
<td>ensure that equipment is stored appropriately in the theatre and procedure room during refurbishment. This will reduce the risk of contamination and damage to sterile equipment packaging.</td>
<td>Partially met</td>
</tr>
<tr>
<td>ensure that standard infection control precautions are implemented in the theatre department for the correct assembly of sharps containers. This will ensure that the risk to patients, visitors and staff is minimised.</td>
<td>Met</td>
</tr>
<tr>
<td>ensure that patient equipment and the theatre environment is clean. This will provide assurance that patient equipment and the environment is safe, clean and ready for use.</td>
<td>Met</td>
</tr>
</tbody>
</table>

Overall, we found evidence at Aberdeen Maternity Hospital that:

- the standard of environmental cleanliness of the theatre department has greatly improved
- the standard of patient equipment cleanliness has also improved
- there is increased monitoring of standards of both domestic and patient equipment cleanliness, and
- improved communication and more effective teamworking between domestic services and theatre staff is helping to resolve any cleanliness issues identified within the theatre department.

However, we did find that further improvement is required in the following area.

- Clean and sterile equipment must be appropriately stored in the theatre department.

Detailed findings from our inspection can be found on page 9.

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\(^1\) Partially met means a requirement has not been achieved in its entirety, but progress has been made.
2.5 What action we expect NHS Grampian to take after our inspection

This inspection resulted in one requirement and no recommendations (see Appendix 1 for more information). The requirement is linked to compliance with the NHS QIS HAI standards.

NHS Grampian must address the requirement and make the necessary improvements within the stated timescales.

An action plan 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 Grampian and in particular all staff Aberdeen Maternity Hospital for their assistance during the inspection.
3 Progress since last inspection

3.1 Governance and compliance

Audit and surveillance

Following the previous inspection in March 2014, we recommended that NHS Grampian should:

‘develop or adopt a specific theatre audit tool to help manage the theatre environment.’

During this follow-up inspection, we discussed with theatre staff and infection control team members the use of a specific theatre audit tool. The option being taken forward by Aberdeen Maternity Hospital is for an existing theatre audit tool used in another NHS board to be trialled within the hospital’s theatre department. This tool will make sure that the unique areas within a theatre department are captured during the audit process. Although the tool will need to be modified to fit with NHS Grampian’s local needs, it includes definitions which will help with the consistency of audit scoring, for example making sure staff identify and score non-compliances in the same way.

We were told that training will be considered to make sure that all staff using the tool will be consistent in their approach.

We look forward to seeing how the use of a specific theatre audit tool progresses within Aberdeen Maternity Hospital, and throughout NHS Grampian theatres.

Following the last inspection in March 2014, we reported on the new planned infection control environmental audit process. During this follow-up inspection, we were told that this new audit process is to commence in July 2014. These audits will be carried out every 6 months. NHS Grampian has committed to ensuring that, at least once a year, an infection prevention and control nurse will accompany senior charge nurses or managers in each ward and department to support them in auditing their area. This should also include all theatre departments throughout NHS Grampian.

Policies and procedures

Following the previous inspection in March 2014, NHS Grampian was required to:

‘ensure that equipment is stored appropriately in the theatre and procedure room during this refurbishment period. This will reduce the risk of contamination and damage to sterile equipment packaging.’

We rated this requirement as a priority 1 for NHS Grampian to action immediately on receipt of the published report. NHS Grampian should have actioned this requirement by May 2014.

During this follow-up inspection, we found that the theatre refurbishment is now complete. Two theatres are now in use. We saw the new storage layout in the refurbished theatre 2. This has partially addressed the issue identified during the last inspection of inappropriate storage of equipment and linen. Open shelving has been boxed in with doors (see Image 1). This helps to minimise the risk of exposure to environmental contamination. All equipment stored within these cupboards was found to be clean and free from dust or other contamination.
As a result of the refurbishment, a storage room has been renovated in theatre 2. This allows for the appropriate storage of sterile equipment for use in the theatre. All items were stored off the floor on shelving in this room. We found this store room was clean and tidy. Cleaning schedules for the storage areas state that all items are removed from shelves and the shelving is cleaned. Theatre staff described to us how they carried this out. We saw the cleaning schedules and saw that they were consistently signed off.

However, a storage room containing clean and sterile items opens directly into the disposal room area in theatre 2. Also, sterile gloves are stored in a cupboard in the disposal room. It is not appropriate to store clean and sterile equipment in a disposal room as this is a ‘dirty’ area.
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This requirement has been partially met. Although the NHS board has made progress towards compliance, a further requirement has been made.

- **Requirement 1:** NHS Grampian must ensure that equipment is stored appropriately in the theatre department. Clean and sterile items should not be stored in a dirty area. This will minimise the risk of contamination to items used within the theatre environment.

We also noted that a clinical hand wash basin has now been installed in the disposal room area in theatre 2. This allows staff to decontaminate their hands before leaving the disposal room. We had previously identified that there was no dedicated hand wash basin in the disposal room in theatre 2 following the August/September 2013 inspection (see Image 2).

Following the previous inspection in March 2014, NHS Grampian was required to:

‘ensure that standard infection control precautions are implemented in the theatre department for the correct assembly of sharps containers. This will ensure that the risk to patients, visitors and staff is minimised.’

We rated this requirement as a priority 1 for NHS Grampian to action immediately on receipt of the published report. NHS Grampian should have actioned this requirement by May 2014.

During this follow-up inspection, we inspected a number of sharps boxes throughout the two theatres. We found all to be clean, labelled appropriately and stored safely. One sharps box was not correctly assembled, but was rectified by staff at the time of the inspection.
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We saw evidence of sharps audits carried out across both theatres twice a day, once each shift. The operating department practitioner and theatre team leader carry out these audits which look at the correct management of sharps waste. We were told that the results are available to staff and they would be informed if there were any issues identified with the management of sharps. We saw the audit records and saw that they had been consistently signed off.

This requirement has been met.

Risk assessment and patient management
Following the previous inspection in March 2014, we recommended that NHS Grampian should:

‘ensure that toiletries, such as baby wipes, which are available for patients are single person use only. This will reduce the risk of cross-contamination.’

During this follow-up inspection, we found no evidence of toiletries being used for more than one woman within the theatre department. We saw that single patient use packs of wipes were the only ones available throughout the theatre department. We were told that if a packet of wipes was used on a woman in the theatre department, the packet would not be reused on another woman. We found no opened packets of wipes in any of the theatre storage areas.

As this inspection was a follow-up inspection for the theatre department, we did not look at this issue on any other wards in the hospital.

Cleaning
Following the previous inspection in March 2014, NHS Grampian was required to:

‘ensure that patient equipment and the theatre environment is clean. This will provide assurance that patient equipment and the environment is safe, clean and ready for use.’

We rated this requirement as a priority 1 for NHS Grampian to action immediately on receipt of the published report. NHS Grampian should have actioned this requirement by May 2014.

During this follow-up inspection, we noted a marked difference in the standard of both environmental and patient equipment cleanliness in the theatre department.

Domestic and theatre staff told us that the time allocated for theatre cleaning by domestic staff has increased. Domestic supervision to check on the cleanliness of the theatre environment has also changed from fortnightly to daily for each theatre. Senior theatre staff accompany the domestic supervisor when this takes place. If any issues with the standard of cleanliness are identified, the domestic would be required to return to the theatre department to address these. The domestic supervisor and the head of midwifery reported an overall improvement in the standard of domestic cleaning in the theatres.

We noted the improved communication and more effective teamworking between domestic services and theatre staff. This has helped in the resolution of any issues identified within the theatre department. This was reported to us by both domestic services and theatre staff.
With some minor exceptions, all items of patient equipment looked at throughout the theatre department were clean. These exceptions were brought to the attention of theatre staff at the time of the inspection and were appropriately rectified.

We saw evidence of equipment ‘sprint audits’ and associated action plans. These provide a quality assurance check on the cleanliness of patient equipment. All items noted as non-compliances were clearly recorded, along with details of the actions taken to rectify these issues. We were told that the frequency of completing the equipment sprint audits had been reduced from daily to every other day due to improved compliance.

We also saw records of weekly equipment cleaning schedules. The records were consistently completed.

**This requirement has been met.**

During the last inspection in March 2014, we identified a clinical waste management issue. We took the opportunity to follow this up during this inspection.

We were shown the clinical waste storage area next to the labour ward where waste from both the labour ward and theatres is disposed of. We noted that the large wheeled clinical waste storage bins were clean. There was no evidence of leakage from any clinical waste bags. We were told that clinical waste is no longer manually decanted for transport to the main waste holding bay. We were told that when the large wheeled clinical waste storage bins are full, these are now exchanged with empty bins.

In this clinical waste storage area, we saw a clinical waste bin for staff to dispose of used personal protective equipment (aprons, gloves) after transporting clinical waste to or from this area. An alcohol-based hand rub is also available for staff to use (see Image 3).
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 are priority rated (see table below). Compliance is expected within the highlighted timescale.

<table>
<thead>
<tr>
<th>Priority</th>
<th>Indicative timescale</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Immediately on receipt of report</td>
</tr>
<tr>
<td>2</td>
<td>Within 1 month of report publication date</td>
</tr>
<tr>
<td>3</td>
<td>Within 3 months of report publication date</td>
</tr>
<tr>
<td>4</td>
<td>Within 6 months of report publication date</td>
</tr>
<tr>
<td>5</td>
<td>Within 9 months of report publication date</td>
</tr>
<tr>
<td>6</td>
<td>Within 12 months of report publication date</td>
</tr>
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</table>

### Governance and compliance

<table>
<thead>
<tr>
<th>Requirements</th>
<th>HAI standard criterion</th>
<th>Priority</th>
</tr>
</thead>
<tbody>
<tr>
<td>NHS Grampian must:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 ensure that equipment is stored appropriately in the theatre department. Clean and sterile items should not be stored in a dirty area. This will minimise the risk of contamination to items used within the theatre environment (see page 11).</td>
<td>3a.3</td>
<td>1</td>
</tr>
</tbody>
</table>

This was previously identified as a requirement in the March 2014 inspection report for Aberdeen Maternity Hospital.

<table>
<thead>
<tr>
<th>Recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
</tr>
</tbody>
</table>
Appendix 2 – Inspection process

Our inspection process starts with a local self-assessment, includes at least one inspection to a hospital and ends with HEI publishing its inspection report and the NHS board’s improvement action plan.

Before an 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.

During an inspection

We assess performance both by considering the self-assessment data and inspecting acute, non-acute and community hospitals within the NHS board area to validate this information and discuss related issues. We inspect the physical environment of the clinical areas. We also speak with key staff, ward staff and patients on the wards, as well as talk with senior members of staff from the hospital and NHS board. We use audit tools to help us assess 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. We will normally 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 inspection:** the NHS board and hospital may or may not be given advance notice of the inspection. A follow-up inspection will take place no later than 26 weeks from the publication of the initial report.

**Follow-up activity**

The inspection team will follow up on the progress made by the NHS board/hospital in relation to the implementation of the improvement action plan. Healthcare Improvement Scotland will request an updated action plan 16 weeks after the initial inspection. The inspection team will review the action plan when it is returned 2 weeks later and decide if follow-up activity is required.

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

- scheduling an announced or unannounced inspection
- planning a targeted announced or unannounced inspection looking at specific areas of concern
- a meeting (either face to face or via telephone/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 the initial inspection.

A report or letter may be produced depending on the style and findings of the follow-up activity.

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).
Appendix 3 – How we inspect hospitals and services

We follow a number of stages in our inspection process.

Before inspection

The NHS board undertakes a self-assessment exercise and submits the outcome to us.

The self-assessment submission is reviewed to help inform and prepare for on-site inspections.

During inspection

We arrive at the hospital or service and undertake physical inspection. We have discussions with senior staff and/or operational staff, people who use the hospital or service and their carers.

We give feedback to the hospital or service senior staff.

We undertake further inspection of hospitals or services if significant concern is identified.

After inspection

We publish reports for patients and the public based on what we find during inspections. NHS staff can use our reports to find out what other hospitals and services do well and use this information to help make improvements. Our reports are available on our website at www.healthcareimprovementscotland.org

We require NHS boards to develop and then update an improvement action plan to address the requirements and recommendations we make. We check progress against the improvement action plan.
Appendix 4 – Details of inspection

The inspection to **Aberdeen Maternity Hospital, NHS Grampian** was conducted on **Monday 30 June and Tuesday 1 July 2014**.

The inspection team was made up of the following members:

**Jacqueline Jowett**  
Inspector (Lead)

Supported by:

**Jan Nicolson**  
Project Officer
Appendix 5 – Glossary of abbreviations

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>HAI</td>
<td>healthcare associated infection</td>
</tr>
<tr>
<td>HEI</td>
<td>Healthcare Environment Inspectorate</td>
</tr>
<tr>
<td>NHS QIS</td>
<td>NHS Quality Improvement Scotland</td>
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