Unannounced Inspection Report

Southern General Hospital | NHS Greater Glasgow and Clyde
22 August and 2 September 2011
Ensuring your hospital is safe and clean

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First published October 2011

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www.healthcareimprovementscotland.org
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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 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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**Email:** safeandclean.his@nhs.net
2 Summary of inspection

The Southern General Hospital, Glasgow, is a teaching hospital with approximately 917 beds. The hospital provides a range of acute and related clinical services. While some services, such as obstetrics, dermatology and urology, are provided for the whole city, the majority of services are provided for the south-west of Glasgow.

We previously inspected Southern General Hospital in March 2010. That inspection resulted in two requirements and six recommendations. The inspection report is available on the Healthcare Improvement Scotland website http://www.healthcareimprovementscotland.org/HEI.aspx.

We carried out an unannounced inspection to Southern General Hospital on Monday 22 August 2011.

We assessed the hospital against the NHS Quality Improvement Scotland (NHS QIS) HAI standards and inspected the following areas on Monday 22 August 2011:

- accident and emergency
- outpatients department
- ward 1 (orthopaedic trauma)
- ward 4 (general surgery)
- ward 5 (orthopaedic)
- ward 10 (urology)
- ward 11 (urology)
- ward 21 (general medicine)
- ward 47 (maternity)
- ward 56 (stroke/stroke rehabilitation)
- ward 61 (intensive treatment unit), and
- ward 63 (neurosurgery).

On Friday 2 September 2011, a further unannounced inspection was made because of the significant concerns we had about cleanliness in some wards to ensure the necessary actions were taken to improve standards of cleanliness. This follow-up inspection found little improvement. However, patient equipment cleaning had improved. We inspected the following areas:

- ward 1 (orthopaedic trauma)
- ward 3 (general surgery - receiving)
- ward 5 (orthopaedic)
- ward 10 (urology)
- ward 11 (urology)
- ward 26 (general medicine)
- ward 56 (stroke/stroke rehabilitation), and
- ward 65 (neurosurgery).
The inspection team also visited ward 47 on 2 September 2011 to follow up on issues identified during the previous visit.

The inspection team was made up of five inspectors, with support from a project officer. One inspector was an associate inspector (patient focus), and a key part of their role is to talk to patients and listen to what is important to them. 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 Southern General Hospital can be found in Appendix 4.

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:

- the inspection team noted good compliance with the NHS Greater Glasgow and Clyde uniform policy, and
- staff demonstrated good awareness of antimicrobial prescribing policies and guidance was visible on all wards.

However, we did find that further improvement is required in the following areas:

- both environmental and patient equipment cleaning
- staff understanding of their roles and responsibilities in relation to maintaining a clean environment, and
- communication between the facilities department and ward and departmental staff.

This inspection resulted in four requirements. The requirements are linked to compliance with the NHS QIS HAI standards. A full list of the requirements 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.

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

3.1 Governance and compliance

Audit and surveillance
Audit and surveillance programmes are in place in the Southern General Hospital. Surveillance information for meticillin resistant *Staphylococcus aureus* (MRSA) and *Clostridium difficile* infection (CDI) are displayed at the entrance to all wards. The results of hand hygiene audits are also displayed at the entrance to wards.

Policies and procedures
The NHS Greater Glasgow and Clyde infection control manual is available online and printed copies are available on all wards. All policies, including printed versions, were up to date in all wards and areas inspected with the exception of one policy on ward 4.

Antimicrobial prescribing
Posters containing information regarding antimicrobial prescribing were visible throughout the hospital (see Image 1). Nursing staff spoken to during the inspection were able to describe their role in the stewardship of antimicrobials. They described reviewing records and questioning stop dates, the method of administration and type of antimicrobial used.

Image 1: antimicrobial prescribing guidance displayed at the nurses station (ward 1)
Cleaning
During the inspection on Monday 22 August 2011, the inspection team noted that, with the exception of three areas, cleaning in the Southern General Hospital was poor. The exceptions to this were the accident and emergency department, outpatients department and ward 61. During the inspection large amounts of dust were found, for example:

- on the floor under beds (wards 21 and 56)
- on the undercarriage of beds (wards 5, 56 and 63) (see Image 2)
- on the top of cupboards (wards 10 and 63)
- in corners (ward 56), and
- at floor edges (wards 1 and 56).

Image 2: dust on the floor and undercarriage of bed (ward 56)

The inspection team on Friday 2 September 2011 found that there had been little improvement.

- In ward 1, both environmental cleaning and patient equipment cleaning had improved. However, there was still room for improvement. Dust and grit was found under radiators and behind furniture and equipment that could be moved, such as patient lockers and medicine trolleys (see Image 3).
- In ward 3, an area at the end of the ward that was curtained off for the storage of equipment was dusty. There was dust under radiators, under beds, on the undercarriage of beds and under patient chairs.
- In ward 5, there was dust at floor edges, under beds, under bed railings and in storage areas.
- In ward 10, there was thick dust under beds and floors were dusty throughout. There was also a puddle of fluid on the floor beside one of the toilets.
- In ward 11, there was thick dust under all beds and under radiators. Floors were also dusty.
- In ward 26, there was dust under a number of beds.
- In ward 56, while cleaning had improved, it was still not of a satisfactory standard. The floors under beds, undercarriages of beds, floor edges and corners were still dusty in numerous areas. The inspection team also noted that curtain rails and the back of beds were dusty.

Image 3: dust and grit in a corner behind a patient locker (ward 1)

Environmental cleaning is signed off weekly by the senior charge nurse or senior midwife. These systems and procedures are designed to ensure that environmental and patient equipment cleaning meet the NHSScotland National Cleaning Services Specifications (2009). If senior charge nurses are not happy with the standard of cleaning in their ward or department, the process locally is that they should sign off the weekly cleaning schedule but add a comment detailing any concerns. This would then be escalated, in the first instance, to domestic supervisors to take action. Although senior charge nurses are signing off environmental cleaning, a number acknowledged that the cleaning could be improved. However, it was not apparent that senior charge nurses were detailing their concerns. Domestic supervisors are also responsible for checking cleaning standards in all wards and departments on a weekly basis. As a result of our findings during the inspection, the inspection team is not assured that the practices in place are effective.
The inspection team was informed that domestic service provision for each area is determined by a calculation based on the *NHSScotland National Cleaning Services Specifications* (2009). This takes into consideration the size of the ward or department, the tasks that are carried out and the type of patient accommodation. Staff informed the inspection team that they did not feel they had sufficient domestic staff. The inspection team was informed that following the August inspection, senior managers visited wards and departments to ensure they had the correct number of domestic staff. Staff confirmed to senior managers they had the correct number of domestic staff according to the calculation. However, during the September inspection, staff continued to inform the inspection team that they did not feel they had enough domestic staff.

**Requirement 1:** NHS Greater Glasgow and Clyde must ensure that systems and processes are in place to meet cleaning standards consistently in all wards to comply with *NHSScotland National Cleaning Services Specifications* (2009) and that all staff understand their roles and responsibilities in relation to this. This is to ensure that the NHS board is adequately assessing the effectiveness and accuracy of monitoring cleaning activity, maintaining the healthcare environment in a manner to reduce the risk of spreading infection and to maintain public confidence.

NHS Greater Glasgow and Clyde has systems in place for monitoring cleaning of near patient equipment such as commodes and drip stands. A new standard operating procedure for the cleaning of near patient equipment has recently been developed for use across NHS Greater Glasgow and Clyde. The procedure has been rolled out throughout the hospital, however draft versions were still in use in some areas. The standard operation procedure includes a bedside discharge checklist that has been implemented in the hospital.

Some patient equipment was found to be dirty and dusty in a number of areas inspected on 22 August 2011. For example:

- the top of a resuscitaire (ward 47)
- dirty bed bases (ward 1) (see Image 4)
- dirty commodes (wards 1 and 63) (see Image 5)
- blood spots on blood monitoring machines (ward 63)
- dirty toilet seats and shower seats (wards 1 and 5)
- residue in the filter of a suction machine (ward 1), and
- a dirty defibrillator (ward 5).
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Image 4: dirty bed (ward 1) and commode (ward 63)

Image 5: dirty commode (ward 63)
Patient equipment cleaning had improved significantly at the 2 September 2011 inspection.

In some areas, assurance systems were in place to confirm that patient equipment was clean and ready for use. The application of these systems was not consistent in all areas or on all equipment. In some areas, commodes were labelled as clean and ready for use but in others this system was not in place. In some areas, drip stands were labelled but not in others.

- **Requirement 2:** NHS Greater Glasgow and Clyde must ensure that the assurance systems for cleaning are more consistently implemented by ward staff. This will provide confidence that cleaning is being carried out effectively.

In the surgical block, the fabric of the building was not well maintained. The inspection team observed:

- scuffed walls and door frames
- damaged window sills (ward 4) (see Image 6)
- a door frame with a missing panel and broken bumper guard (ward 1)
- a leaking pipe with an incontinence pad wrapped around the bottom (ward 1) (see Image 7)
- a wall bumper guard hanging from its fittings (ward 3), and
- a leaking radiator (ward 1).

![Image 6: damaged window sill (ward 4)](image_url)
Image 7: incontinence pad wrapped around leaking pipe (ward 1)

Damaged surfaces, such as walls and door frames, can not be cleaned effectively.

- **Requirement 3:** NHS Greater Glasgow and Clyde must comply with *Scottish Health Facilities Note 30 (2007)* to maintain the hospital environment. This will ensure that all surfaces can be effectively cleaned, thereby contributing to the prevention and control of infection.

### 3.2 Communication and public involvement

**Communication with staff**

The inspection team noted that communication between ward staff and estates staff could be significantly improved. Currently, if ward staff contact estates to report an issue, they are given a reference number and this is recorded in a log book. No timescale is given for the completion of the job but priority faults are responded to promptly. When the issue is not considered urgent or high priority, there is poor communication of when the issue will be resolved.
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For example, two showers on ward 47 that were out of order during the August inspection were still out of order during the September inspection. The inspection team was informed this was an ongoing problem. The estates reporting log suggested that one of the showers had been out of order since December 2010. The senior midwife informed the inspection team that she had contacted the estates department a number of times to report the problem. The issue had also been escalated to the lead nurse. The inspection team was not assured that the system for fault reporting and managing estates was suitably effective.

The general manager with responsibility for the Southern General Hospital described a new system for reporting estates issues that is currently being developed in NHS Greater Glasgow and Clyde. The new system is a computer-based system and estates staff will be provided with a handheld device. The handheld device will list jobs to be completed and estates staff will be able to sign jobs off on the handheld device. The new system is intended to be in place by March 2012. The general manager has proposed a number of measures to improve the delivery of estates and domestic services. This will include improving communication within the estates and domestic services department as well as with ward and departmental staff.

- **Requirement 4:** NHS Greater Glasgow and Clyde must ensure there is effective two-way communication between estates and ward staff. This will ensure that ward and departmental staff are kept informed of ongoing maintenance issues in their area of responsibility.

### 3.3 Education and development

**Assurance**

Staff informed the inspection team that although there is little face-to-face infection control training, online training is available. Attendance at training is recorded online.
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.

<table>
<thead>
<tr>
<th>Governance and compliance</th>
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<tbody>
<tr>
<td><strong>Requirements</strong></td>
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<tr>
<td>NHS Greater Glasgow and Clyde must:</td>
</tr>
<tr>
<td><strong>1</strong> ensure that systems and processes are in place to meet cleaning standards consistently in all wards to comply with NHSScotland National Cleaning Services Specifications (2009) and that all staff understand their roles and responsibilities in relation to this. This is to ensure that the NHS board is adequately assessing the effectiveness and accuracy of monitoring cleaning activity, maintaining the healthcare environment in a manner to reduce the risk of spreading infection and to maintain public confidence (see page 11).</td>
</tr>
<tr>
<td><strong>2</strong> ensure that the assurance systems for cleaning are more consistently implemented by ward staff. This will provide confidence that cleaning is being carried out effectively (see page 12). This was previously identified as a requirement in the March, 2011 inspection report for Southern General Hospital.</td>
</tr>
<tr>
<td><strong>3</strong> comply with Scottish Health Facilities Note 30 (2007) to maintain the hospital environment. This will ensure that all surfaces can be effectively cleaned, thereby contributing to the prevention and control of infection (see page 13).</td>
</tr>
<tr>
<td><strong>Recommendations</strong></td>
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<tr>
<td><strong>None</strong></td>
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### Communication and public involvement

<table>
<thead>
<tr>
<th>Requirements</th>
<th>HAI standard criterion</th>
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<tr>
<td><strong>NHS Greater Glasgow and Clyde must:</strong></td>
<td>1a.7</td>
</tr>
<tr>
<td>4 ensure there is effective two-way communication between estates and ward staff. This will ensure that ward and departmental staff are kept informed of ongoing maintenance issues in their area of responsibility (see page 14).</td>
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**Recommendations**

None

### Education and development

<table>
<thead>
<tr>
<th>Requirements</th>
<th>Recommendations</th>
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<tr>
<td><strong>None</strong></td>
<td><strong>None</strong></td>
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**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](http://www.healthcareimprovementscotland.org/HEI.aspx).
Appendix 3 – Inspection process flow chart

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

The inspection to Southern General Hospital, NHS Greater Glasgow and Clyde was conducted on Monday 22 August 2011.

The inspection team consisted of the following members:

Alastair McGown
Regional Inspector

Kay Eastwood
Locum Associate Inspector

Ian Smith
Regional Inspector

Maureen Telfer
Associate Inspector (Patient focus)

Allison Wilson
Associate Inspector

Supported by:

Sara Jones
Project Officer

The inspection to Southern General Hospital, NHS Greater Glasgow and Clyde was conducted on Friday 2 September 2011.

The inspection team consisted of the following members:

Alastair McGown
Regional Inspector

Ian Smith
Regional Inspector

Supported by:

Sara Jones
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>HAI</td>
<td>healthcare associated infection</td>
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<tr>
<td>HEI</td>
<td>Healthcare Environment Inspectorate</td>
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<tr>
<td>MRSA</td>
<td>meticillin resistant <em>Staphylococcus aureus</em></td>
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<tr>
<td>NHS QIS</td>
<td>NHS Quality Improvement Scotland</td>
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