

NHS LANARKSHIRE

Assessment of Position against Recommendations and Requirements Contained in the Healthcare Environment Inspectorate Report on the Queen Elizabeth University Hospital.

Infection Prevention & Control and Property and Support Services Assessment of NHS LANARKSHIRE Board Position against Recommendations and Requirements Contained in the Healthcare Environment Inspectorate Report on the Queen Elizabeth University Hospital

| Requirement | NHS LANARKSHIRE Position |
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| <p>Requirement 1 NHS Greater Glasgow and Clyde must improve the governance arrangements in both estates and infection prevention control teams to assure themselves of safe patient care in line with Scottish Government's guidance, <i>NHS Scotland Health Boards and Special Health Boards – Blueprint for Good Governance</i> (2019) (see page 10).</p> | <p>There are robust governance arrangements in place within NHS Lanarkshire for Infection Prevention and Control all of which are in line with HAI Standards. These arrangements have previously been inspected by HEI at University Hospital Monklands (UHM), University Hospital Wishaw (UHW), University Hospital Hairmyres (UHH) and Udston Hospital and no requirements or recommendations made for improvement.</p> <p>The NHS Lanarkshire Infection Control Committee (LICC) is chaired by the Executive Lead for HAI. Associated sub-groups each have representatives from IPC, Microbiology and Property and Support Services as appropriate and each sub-group has a role to provide the LICC with assurance that the built environment, water management systems and ventilation systems in all NHS Lanarkshire estate are maintained and managed in line with national guidance.</p> |

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| <p>Requirement 2</p> <p>Boards must ensure functioning negative pressure isolation rooms are available in the hospital in line with Healthcare Facilities Scotland, Scottish Health Planning Note 04.</p> <p>(a) Where these are not available, staff are provided with clear guidance on how to manage a situation where a patient would require this type of isolation. 8.1 and 6.5 priority 1</p> <p>(b) Staff in ID will be reminded of facilities available for admission of patients with infectious diseases of high consequence</p> | <p>The Infectious Diseases Unit (IDU) in UHM is the only site in the NHSL estate portfolio to have fully functioning negative pressure rooms. There are isolation facilities (single rooms with en-suite facilities) in all acute sites and some community sites.</p> <p>There is a process in place across NHS Lanarkshire where patients deemed to be at high risk of transmission of infection can be transferred to the IDU in UHM however this depends on bed availability. There have also been some cases in the past where transfer to the IDU in NHSGGC has been planned – e.g. Ebola case.</p> |
| <p>Requirement 3</p> <p>NHS Greater Glasgow and Clyde must ensure all staff involved in the running of water are clearly informed of their roles and responsibilities in this and a clear and accurate record is kept to allow early identification of any water outlets that are not being run</p> | <p>There is a water safety group established as a sub group of the LICC in NHSL. In line with national guidance there are processes in place for recording flushing of water outlets in areas deemed to be high risk such as Intensive Care Unit and Neonatal Intensive Care Unit and also little used water outlets</p> |
| <p>Requirement 4</p> <p>NHS Greater Glasgow and Clyde must ensure all clinical areas across comply with the current national guidance in relation to the use of bladeless fans</p> | <p>The LICC issued the recent national guidance to all areas via Nurse Directors in 2018. It has been agreed that where wards/ departments require the use of fans for patient care a risk assessment must be completed and documented in patient care records.</p> |
| <p>Requirement 5</p> <p>NHS Greater Glasgow and Clyde must ensure that information on the expressed breast milk recording charts is in line with national guidance. This will ensure that the storage of expressed breast milk is managed in a way that reduces the risk to patients.</p> | <p>A 2018 inspection of the Maternity in-patient wards in UHW by HEI resulted in a requirement/recommendation relating to the signage used on fridges to store Expressed Breast Milk (EBM). This has since been actioned. In terms of management of EBM, ward staff were knowledgeable when questioned by HEI and no concerns were raised by inspectors.</p> |

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| <p>Requirement 6</p> <p>Is there a strategy that ensures the environment in the emergency department is clean and patient equipment is clean and ready for use to ensure infection prevention and control can be maintained?</p> | <p>All wards and departments have capacity to escalate concerns with the standard of environmental cleaning and to record requests for cleaning via electronic helpdesks. There is traceability of all requests logged via the helpdesk and monitoring of response times is the role of Property & Support Services.</p> |
| <p>Requirement 7</p> <p>NHS Greater Glasgow and Clyde must ensure the patient environment, and patient equipment, is clean and ready for use to reduce the risk of cross infection</p> | <p>All wards and departments have capacity to escalate concerns with the standard of environmental cleaning and to record requests for cleaning via electronic helpdesks. There is traceability of all requests logged via the helpdesk and monitoring of response times is the role of PSSD.</p> <p>As part of Infection Prevention and Control (IPC) inspections, domestic schedules are examined for completion. There are also processes in place whereby Senior Charge Nurses (SCN) countersign cleaning schedules to confirm that cleaning has taken place.</p> <p>The most recent HEI inspections in UHH (2017), Udston (2017) and UHW (2018) commented positively on the standards of patient equipment and environment.</p> <p>Specific healthcare premises' problems (such as University Hospital Monklands) may directly lead to one or more risks, such as sewerage blockages leading bacterial contamination of surfaces, pungent and toxic smells, halting of services, clean-up and repair costs as well as delayed treatment and public and media concerns.</p> |

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| | In others the impact may be contributory, such as difficult to clean surfaces due to age and wear and tear which may make the application of standard infection prevention control practices, such as, cleaning and decontamination of surfaces more difficult. |
| <p>Requirement 8</p> <p>The board must ensure that domestic cleaning schedules are signed as complete by domestic supervisors with evidence and satisfaction that the domestic cleaning has been completed as detailed within the cleaning schedule</p> | Domestic staff record on a daily basis areas cleaned which are signed off by domestic managers. As part of IPC inspections, domestic schedules are examined for completion. There are also processes in place whereby SCN countersign cleaning schedules to confirm that cleaning has taken place. |
| <p>Requirement 9</p> <p>The board must ensure domestic staff have the necessary equipment to perform their cleaning duties, to keep the environment clean and safe</p> | <p>The majority of wards and departments across the NHSL estate have access to Domestic Services Rooms (DSR). There have been no escalations of concern to LICC in relation to supply and availability of cleaning equipment.</p> <p>Domestic staff are provided with appropriate Personal Protective Equipment (PPE) and cleaning equipment. Standards attained are monitored through the Facilities Monitoring Tool (FMT) and daily Supervision.</p> |
| <p>Requirement 10</p> <p>NHS Greater Glasgow and Clyde must provide staff with suitable and functioning domestic services rooms to minimise the risk of cross contamination from the disposal of soiled water after cleaning regime</p> | As detailed above all domestic staff have access to Domestic Services Rooms (DSR). Due to the age of UHM space within DSR is restricted and the number of DSR's is limited with regards current practices. |
| <p>Requirement 11</p> <p>The Board senior management must ensure all staff are aware of the correct cleaning method for cleaning hand wash basins and that the correct cleaning products are used to clean all sanitary fittings in line with current national guidance</p> | Annual training is delivered to all domestic staff via toolbox talks covering cleaning methods and products for wash hand basins and sanitary fittings in line with current guidance. This training also forms part of the induction programme for new staff. Observational audits |

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| | of domestic staff carrying out their duties is routinely undertaken by supervisors and managers to provide additional assurance that guidelines are being followed. |
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| <p>Requirement 12</p> <p>The Board must ensure that the built environment is effectively monitored to ensure it is maintained to allow effective cleaning to ensure effective infection prevention and control</p> | <p>There are a number of processes and audit tools used across NHSL estate to quality assure standards of cleanliness within the built environment.</p> <p>The Heath Facilities Scotland Facilities Monitoring Tool (FMT) is the tool used in all NHS Scotland Boards by Domestic Supervisors to monitor the environment and results from these audits are distributed internally and externally by Health Facilities Scotland in a publicly accessible performance report.</p> <p>Whilst FMT monitoring tracks issues relating to difficult to clean facilities due to age etc., specific healthcare premises' problems (such as University Hospital Monklands) may directly lead to one or more risks, such as sewerage blockages leading bacterial contamination of surfaces, pungent and toxic smells, halting of services, clean-up and repair costs as well as delayed treatment and public and media concerns. In others the impact may be contributory, such as difficult to clean surfaces due to age and wear and tear which may make the application of standard infection prevention control practices, such as, cleaning and decontamination of surfaces more difficult.</p> |
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| <p>Requirement 13 The Board must ensure the estates reporting system is reliable and effective and acted on. Staff should also be informed of timescales for completion.</p> | <p>There is capacity for all wards and departments to electronically request support and record issues with the environment and PSSD have oversight of these systems.</p> <p>Reactive maintenance items are captured through FMT audits and helpdesk reports by staff. Staff can obtain updates through this system and further updates are reported to Hospital hygiene meetings by Maintenance Manager.</p> <p>It should be noted that tasks are prioritised in accordance with pre-agreed categories reflecting level of risk. In some properties such as UH Monklands the list of remedial actions required is extensive and some tasks may not achieve high enough priority on their own to be prioritised for immediate repair, resulting in waiting times for maintenance.</p> |
| <p>Requirement 14 The board must ensure that ventilation panels are cleaned</p> | <p>Ventilation panels are cleaned in accordance SHTM 03-01, with the exception PFI premises whose contracts predate this standard. As previously reported via HFS, there is little difference between this historic standard and current SHTM 03-01. It is understood that a short life HFS led working group is reviewing the need for any review of the SHTM standard.</p> |
| <p>Recommendation a NHS Greater Glasgow and Clyde should ensure that access to audit information is not person dependent to ensure the continuity of the audit programme</p> | <p>LanQip is the information repository in NHSL for all audits of Standard Infection Control Practice (SICPS). Senior Charge Nurses and Senior Nurses have access to the SICPS audit scores and there are allocated performance boards across the majority of wards and departments to display recent performance.</p> |