

Unannounced Inspection Report

Gilbert Bain Hospital | NHS Shetland

21–22 August 2012

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1 Background

The Healthcare Environment Inspectorate (HEI) was established in April 2009 to undertake inspections of all acute hospitals across NHSScotland. In addition to the acute hospitals, the NHS National Waiting Times Centre (Golden Jubilee National Hospital, Clydebank), the Scottish Ambulance Service and the State Hospitals Board for Scotland (State Hospital, Carstairs) will also be inspected.

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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2 Summary of inspection

Gilbert Bain Hospital, Lerwick, serves the people of the Shetland Isles. It contains 67 staffed beds and has a range of healthcare specialties.

We previously inspected Gilbert Bain Hospital in December 2009. That inspection resulted in five requirements and seven 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 Gilbert Bain Hospital on Tuesday 21 and Wednesday 22 August 2012.

We assessed the hospital against the NHS Quality Improvement Scotland (NHS QIS) healthcare associated infection (HAI) standards and inspected the following areas:

- accident and emergency
- maternity unit
- renal unit
- Ronas ward (rehabilitation)
- ward 1 (general surgery), and
- ward 3 (general medicine).

The inspection team was made up of two inspectors and a public partner, with support from a project officer. One inspector led the team and was responsible for guiding them and ensuring the team members were in agreement about the findings reached. A key part of the role of the public partner is to talk to patients and listen to what is important to them. Membership of the inspection team visiting **Gilbert Bain Hospital** can be found in Appendix 4.

Overall we found evidence that NHS Shetland 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:

- staff were aware of their individual responsibilities for infection prevention and control, and
- cleaning in Gilbert Bain Hospital was good and the environment was well maintained.

However, there are some areas where we noted that improvements can be made. In particular:

- improving communication between estates and ward staff, and
- improving HAI information for patients and visitors.

This inspection resulted in two requirements and three recommendations. The requirements are linked to compliance with the NHS QIS HAI standards. A full list of the requirements and recommendations can be found in Appendix 1.

NHS Shetland 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 Shetland and in particular all staff at Gilbert Bain Hospital for their assistance during the inspection.

3 Key findings

3.1 Governance and compliance

Roles and responsibilities

Staff in Gilbert Bain Hospital were aware of their roles and responsibilities in relation to infection prevention and control.

As NHS Shetland is a small NHS board, the infection control doctor/microbiologist currently holds the role of infection control manager. As the infection control doctor is due to leave post soon, the role of infection control manager will return to the director of nursing. The infection control nurse also covers the role of hand hygiene co-ordinator within NHS Shetland. Despite members of the infection control team taking multiple roles, staff told us that they were supportive and easily accessible for advice and leadership when required.

Audit and surveillance

On the day of the inspection, we saw evidence that Gilbert Bain Hospital is complying with national mandatory surveillance requirements. Surveillance of *Clostridium difficile* infections (CDIs) and *Staphylococcus aureus* bacteraemias (SABs) is carried out and the results displayed in all ward areas. Results were also displayed for environmental and hand hygiene audits as well as cleanliness monitoring.

There is a formal programme of environmental audits. We saw that environmental audits had been carried out within the hospital and action plans were developed and completed.

The role of the assistant director of nursing is to monitor the actions and offer support. This support includes escalating outstanding estates jobs and identifying resources.

The domestic supervisor carries out cleaning audits using the national facilities monitoring tool. This generates a list of actions and allocates them to the relevant staff group. This includes estates staff, domestic staff and nursing staff. Domestic staff are given 5 days to resolve any issues identified in the audit.

Ward staff throughout the hospital carry out mattress audits. The infection control nurse also carries out audits of cot mattresses.

Policies and procedures

NHS Shetland's infection control manual is up to date and available online. There were also paper copies of infection control policies on wards. We were told that ward staff check paper copies and make sure they are up to date.

During our inspection, we noted that compliance with a number of policies and procedures was good, including:

- dress code and uniform policy
- hand hygiene, and
- sharps management.

Antimicrobial prescribing

The antibiotic empirical formulary, which provides guidance for prescribers, was available on the ward areas inspected.

At the previous inspection, we recommended that NHS Shetland started monthly audits against the antimicrobial prescribing policy for 20 patient records within the acute receiving units. During this inspection, we found that these monthly audits are now carried out. As compliance data in medical admissions are consistently high, NHS Shetland has decided to reduce audits to every 3 months. The results of audits are shared through a variety of routes such as the antimicrobial management team, the medical governance committee and the surgical audit meeting. The information is then shared with prescribers. The clinical pharmacist reported that there is good engagement with the senior medical staff in the hospital and clinicians will proactively seek advice from the pharmacy team if required.

NHS Shetland has an alert antibiotic policy. An alert antibiotic is an antibiotic that must be more closely monitored. Junior doctors must have permission from a consultant microbiologist before prescribing an alert antibiotic. Consultants are authorised to prescribe, but will often discuss their decision with a specialist consultant. The doctor records this in the patient notes and drugs record. Pharmacy staff review the notes at the next opportunity for all alert antibiotics to make sure the choice of drugs and indicators complies with the local policy. There are only two alert antibiotics held within the hospital. If additional antibiotics are required, they are delivered to the island at short notice. Although prescribers are required to document this decision in the patient notes, there is no dedicated documentation for prescribing alert antibiotics. We suggest that NHS Shetland consider how they can learn from systems operated by other NHS boards.

At the previous inspection, we noted that the guidelines for surgical antibiotic prophylaxis in adults were being drafted. Surgical antibiotic prophylaxis is when antibiotics are administered around the time of surgery to prevent any associated infection developing. These guidelines were still in draft during this inspection. Although these guidelines are still to be finalised, the NHS board told us that staff were using them.

- **Recommendation a:** NHS Shetland should finalise the guidelines for surgical antibiotic prophylaxis in adults as soon as possible. This will ensure that staff are confident they have the most up-to-date guidance when prescribing antibiotics for surgical prophylaxis.

Risk assessment and patient management

Although there were no patients being cared for in isolation due to infection at the time of inspection, staff were aware of the procedures for caring for such patients. There were appropriate facilities for nursing patients in isolation throughout the hospital.

NHS Shetland uses a patient admission document that includes a section for recording peripheral vascular catheter (PVC) care bundles. Another document provides guidance on good practice for the use of PVCs.

It is good practice to apply a clear dressing over the PVC with the date of insertion written on it. This enables staff to ensure that PVCs are changed every 72 hours. PVCs can be left in place longer than 72 hours if there is a clinical need. During the inspection, there were only two patients with a PVC in place that we could review. Neither patient had a dated dressing. We also found that one of the patients had a PVC in place for more than 72 hours. There was no reason noted in the patient health record or other documentation, although the

senior charge nurse provided a reason. The dates for the insertion of the other PVC did not match the dates in the care bundle but did match the dates in the patient admission document.

NHS Shetland has reduced the frequency of audit of PVC compliance from every month to every 6 months. This followed good compliance and discussions with the Scottish Patient Safety Programme (SPSP). Due to our findings, we believe this needs to be reviewed. Further discussion with SPSP would help to develop a strategy for reducing audit activity.

- **Recommendation b:** NHS Shetland should review the frequency of PVC compliance audit activity with the Scottish Patient Safety Programme. This will provide a greater level of assurance that compliance with the PVC bundle is maintained.

Cleaning

Cleaning in Gilbert Bain Hospital was good and the environment was well maintained. Cleaning schedules are in place for both nursing and domestic staff. Domestic cleaning schedules were available in the domestic services rooms. Domestic staff will call their supervisor every day to advise them they have completed everything on the schedules. Supervisors review the cleaning schedules every week and speak to the nurse in charge about any concerns they may have. A cleaning sign-off form is also used every week to communicate between the domestic and senior charge nurse. The form allows senior charge nurses to list any additional cleaning and make any remarks about the standard of cleaning.

An informal communication book is used between healthcare assistants and domestic staff. The book is used to pass information between different shifts and includes areas that were not cleaned on the day shift and have been left for the night shift. The hotel services manager was aware of this method of communication and acknowledged there were no formal arrangements in place.

- **Recommendation c:** NHS Shetland should develop a formal process for communicating information between different shifts of domestic staff. This will ensure that cleaning schedules are fully implemented.

We inspected a variety of patient equipment and found that this was clean. At the previous inspection, we recommended that staff were reminded about the correct use of indicator tape. During this inspection, indicator tape was used to identify items that had been cleaned and were ready for use by a patient. This included drip stands, monitoring equipment and commodes.

3.2 Communication and public involvement

Communication with staff

Staff told us that there was good communication between different staff groups within the hospital. Senior charge nurses spoke positively about the relationship between ward staff and domestic staff.

Ward staff also reported a good relationship with estates staff. They felt the service was prompt and estates staff were approachable. They also told us about the process for reporting estates jobs. When ward staff report a fault to estates, they are given a job number. This is then recorded in the ward estates log book. An online system also records all jobs reported. During the inspection, both the online system and the log books were incomplete

and the date the job was completed was rarely recorded. Ward staff told us that they only knew a job was completed if they saw the repair. An estates manager told us that estates staff would complete a record sheet held at the hospital reception and ward staff could access information there. As the senior charge nurse is responsible for their ward, they must be kept informed of any work taking place in their ward.

- **Requirement 1:** NHS Shetland 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.

Communication with the public

HAI information leaflets were available on wards and posters on hand washing were displayed throughout the hospital. However, none of the 10 patients we spoke with recalled receiving HAI information. A 'Coming to Hospital' leaflet is currently being reviewed and will contain some HAI information.

- **Requirement 2:** NHS Shetland must ensure that there are effective systems in place for the dissemination of HAI information to patients and visitors to ensure patients and visitors are fully informed.

Public involvement

During the inspection, we spoke with a member of the public who is part of NHS Shetland's patient focus public involvement (PFPI) group. They told us that they felt the hospital encouraged and supported volunteers. Volunteers are involved in drafting information leaflets for patients and visitors. New volunteers attend an induction course and there is ongoing training for existing volunteers.

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 have been priority rated (see table below). Compliance is expected within the highlighted timescale.

Priority	Timescale
MINOR	9 months
LOW	6 months
MEDIUM	3 months
HIGH	1 month

Governance and compliance

Requirements

None

Recommendations

NHS Shetland should:

- a finalise the guidelines for surgical antibiotic prophylaxis in adults as soon as possible. This will ensure that staff are confident they have the most up-to-date guidance when prescribing antibiotics for surgical prophylaxis (see page 9).
- b review the frequency of PVC compliance audit activity with the Scottish Patient Safety Programme. This will provide a greater level of assurance that compliance with the PVC bundle is maintained (see page 10).
- c develop a formal process for communicating information between different shifts of domestic staff. This will ensure that cleaning schedules are fully implemented (see page 10).

Communication and public involvement			
Requirements	HAI standard criterion	Priority	Timescale
NHS Shetland must:			
1 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 11).	1a.7	Minor	9 months
2 ensure that there are effective systems in place for the dissemination of HAI information to patients and visitors to ensure patients and visitors are fully informed (see page 11).	2a.2	Minor	9 months
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.

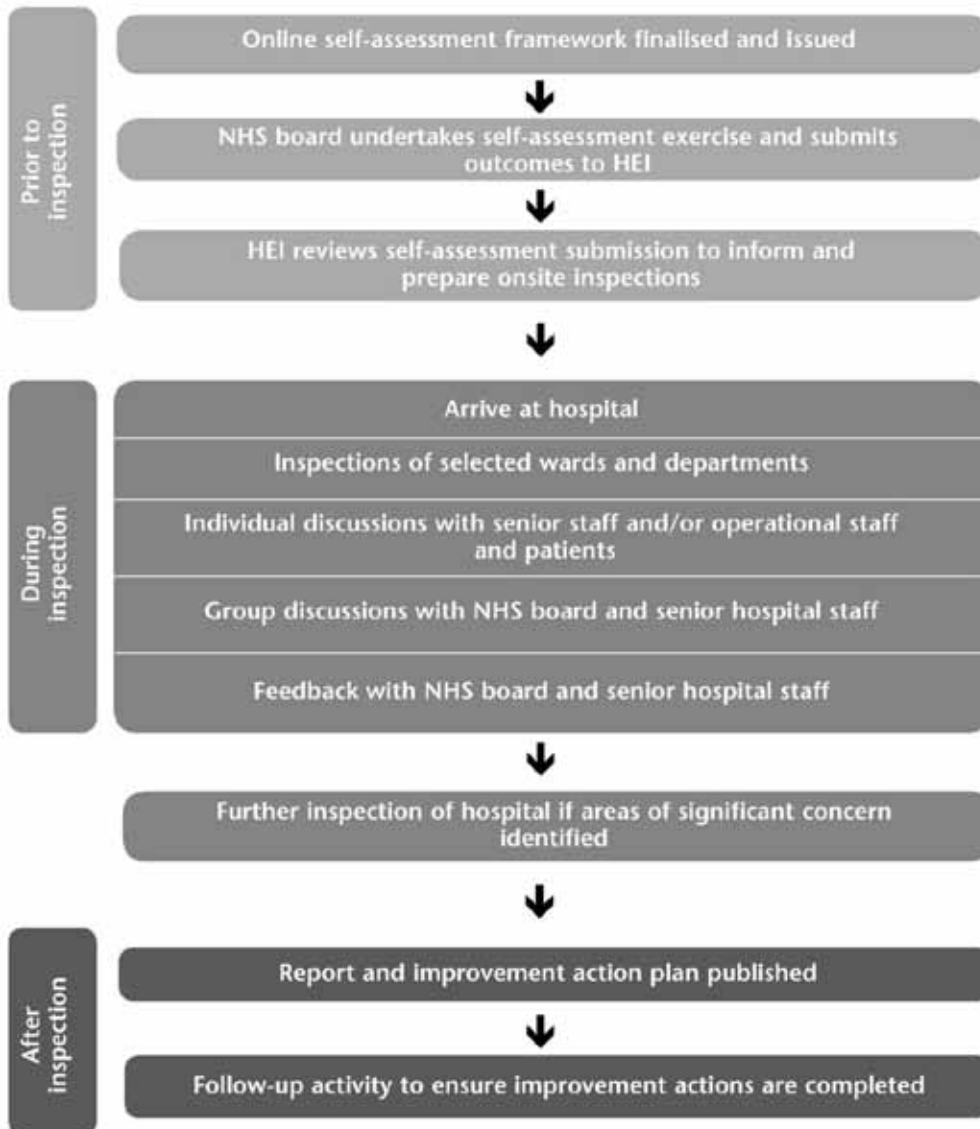
The follow-up activity will be determined by the risk presented and may involve one or more of the following:

- 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 inspection tools can be found at <http://www.healthcareimprovementscotland.org/HEI.aspx>.

Appendix 3 – Inspection process flow chart



Appendix 4 – Details of inspection

The inspection to **Gilbert Bain Hospital, NHS Shetland** was conducted on **Tuesday 21 and Wednesday 22 August 2012**.

The inspection team consisted of the following members:

Jane Walker

Lead Associate Inspector

Alastair McGown

Regional Inspector

Marguerite Robertson

Public partner

Supported by:

Sara Jones

Project Officer

Appendix 5 – Glossary of abbreviations

Abbreviation

CDI	<i>Clostridium difficile</i> infection
HAI	healthcare associated infection
HEI	Healthcare Environment Inspectorate
NHS QIS	NHS Quality Improvement Scotland
PFPI	patient focus public involvement
PVC	peripheral vascular catheter
SABs	<i>Staphylococcus aureus</i> bacteraemias
SPSP	Scottish Patient Safety Programme

You can read and download this document from our website. We are happy to consider requests for other languages or formats. Please contact our Equality and Diversity Officer on 0141 225 6999 or email contactpublicinvolvement.his@nhs.net



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The Healthcare Environment Inspectorate is a part of Healthcare Improvement Scotland.