

NHS Grampian

**Assessment of Position against Recommendations and Requirements Contained in the Healthcare Environment Inspectorate Report
on the Queen Elizabeth University Hospital, Greater Glasgow and Clyde**

Requirement	NHS Grampian Position
<p>Requirement 1</p> <p>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>	<ul style="list-style-type: none"> • Infection Prevention and Control (IPC) Governance & reporting structures to be ratified at HAI Executive meeting 8th April 2019. • Infection Prevention and Control Team (IPCT) work collaboratively with Facilities and Estates and attend the following meetings: <ul style="list-style-type: none"> ○ Infection Prevention and Control Committee (IPCC) ○ Equipment & Healthcare Environment Management Group ○ Water Safety ○ Healthcare Associated Infection (HAI) Executive Committee ○ Health & Safety (H&S) Expert Group ○ Occupational Health & Safety Committee ○ HAI Work Programme Group ○ Waste Management ○ HAI SCRIBE (Healthcare Associated Infection System for Controlling Risk of Infection in the Built Environment) meetings • The Facilities & Estates (F&E) sector has in place a Strategic Delivery Plan to set direction which is endorsed by the NHS Grampian Senior Leadership Team (SLT) and aligned the goals of the Board. The sector also has formal representation on the NHS Grampian HAI Executive Group where HAI performance and any escalated infection control

	<p>issues are reviewed.</p> <ul style="list-style-type: none"> • Performance of the F&E sector including Estates and Domestic services are formally reviewed on a quarterly basis, including attendance by NHS Grampian Directors. Key performance metrics from the national Facilities Management Tool (FMT) are provided to the NHS Grampian Infection Control Committee where the F&E sector is represented by a senior manager. • The F&E sector subscribes to the National Cleaning Services Specification. Clinical stakeholders are engaged to agree (and update where needed) individual area cleaning schedules with the Domestic Services management team. • Sector-level assurance audits are carried out on a sample basis to validate the FMT assessments of cleaning quality and the healthcare environment and to identify areas for process improvement. FMT data is also shared as part of the national reporting programme.
<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 infectious diseases (ID) will be reminded of facilities available for admission of patients with infectious diseases of high consequence</p>	<ul style="list-style-type: none"> • NHS Grampian has access to functioning negative pressure isolation rooms within Aberdeen Royal Infirmary. A Survey of Isolation Facilities and Patient Placement across NHS Scotland was provided and submitted to Health Protection Scotland (HPS) in December 2018. • The existing <i>NHS Grampian Protocol for the Isolation of Patients within the NHS Hospital Setting with a Known or Suspected Transmissible Infection</i> (which is currently under review), advises staff on where and how to isolate appropriately. This includes an isolation facility flow chart as an appendix, which informs negative pressure use • The updated Isolation protocol will require a communication strategy with relevant educational components identified to ensure organisational awareness of any relevant changes. • The functioning of the negative pressure facilities is validated by an external company on an annual basis.

<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>	<ul style="list-style-type: none"> • Local risk control notice (RCN) includes roles and responsibilities, <i>RCN 17-05 Management & Control of Legionella</i>, also available on IPCT intranet page. • Local risk control notice includes roles and responsibilities, <i>RCN 17-06 Water Sources and Potential Infection Risk to Patients in High Risk Units (e.g. Neo-Natal Units: Levels 1, 2 & 3), Adult and Paediatric Intensive Care Units, etc.</i> Also available on IPCT intranet page • The implementation of the above RCNs was supplemented by safety walkrounds undertaken by members of the Health and Safety Expert Advisory Group late in December 2017 (See ICC minute January 2018, H&S advisory minutes). 10 areas were visited with a feedback score of 4.3/5.0 (good to very good). • Water safety included review of documented evidence and is included within the Management of Environment section of the current HAI Audit Tool. Local managers (Senior Charge Nurse (SCN) or equivalent) undertake the audit every six months, following an initial Quality Assurance (QA) audit accompanied by the IPCT. • Toolbox talk issued 2017 titled <i>Routine Flushing of Water Outlets (021-2017)</i> disseminated via Health & Safety Expert Advisory Group • Action:- Assurance is required that these RCNs are currently in place, maintained and can be evidenced during management safety checks
<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>	<ul style="list-style-type: none"> • NHSG Shared Learning Notice recently disseminated, <i>Use of Dyson Fans in Clinical Areas</i>, November 2018. Also available on IPCT intranet page • The NHS Grampian hospital estate has a mix of mechanical and natural fresh air ventilation. There is very limited air cooling across the estate and in most cases temperature management relies on the external ambient air temperature. Where mechanical ventilation is available, the F&E team respond to environmental temperature issues, where possible

	<p>optimising the fresh air flow.</p> <ul style="list-style-type: none"> • Generic risk assessment regarding bladeless fans disseminated November 2018. Also available on IPCT intranet page • Checklist tool for the, <i>Use of Bladed Fan within a Clinical Setting</i>, disseminated November 2018. Also available on IPCT intranet page • Action: Bladeless fans to be placed onto to the risk register until assurance can be evidenced. • Action: Assurance is required that these risk assessments are in place and can be evidenced during management safety checks. • Action: Assurance is required that there are not bladeless fans within clinical areas and that this can be evidenced during management safety checks
<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>	<ul style="list-style-type: none"> • Standard guidelines for the storage and handling of expressed milk are in place across maternity, neonatal and paediatric services. • Action: Provide assurance on recording charts and alignment to national guidance
<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>	<ul style="list-style-type: none"> • The Emergency Department (ED) nursing team can demonstrate that the HAI audit tool has been utilised within the preceding 12 months and the relevant action plans generated and issues identified addressed or escalated. The bed space cleaning checklist is also used and no gaps have been identified • The ED nursing team conduct monthly Standard Infection Control Procedures (SICP) audits for management care equipment and any issues identified addressed • The F&E sector subscribes fully to the National Cleaning Services Specification. Clinical stakeholders for the area have been engaged to

	<p>agree the area cleaning schedule with the Domestic Services management team.</p> <ul style="list-style-type: none"> • The Facilities Management Tool (FMT) is completed by the area Domestic supervisor on a periodic basis and results reviewed by the Domestic Services management team. • Action: Aspects of cleaning task completion are not document as part of supervisor daily walkabout checks, requirement to formalise this with an additional process.
<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>Recommendation a</p> <p>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>	<ul style="list-style-type: none"> • Six monthly implementation of the HAI audit tool within the Acute Service is an established process. The SCN or equivalent departmental manager coordinates this locally, collating the report and uploading it to DATIX with a relevant action plan generated. The DATIX system does not currently allow the organisation to pull key themes from the audits uploaded or merge relevant data • Six monthly implementation of the HAI audit tool within other divisions is an established process. • The HAI audit tool is currently under review by the IPCT to ensure alignment with the recently published, <i>National Monitoring Framework to Support Safe and Clean Care Audit Programmes Sept 2018</i>. This review will now include incorporation of the gaps identified by NHSG within this self assessment • Action: The updated HAI tool will require a communication strategy with relevant educational components identified to ensure organisational awareness of any relevant changes • To complement the HAI auditing process and as an identified key theme from local audits and previous HIS inspections on safe and clean care within NHSG, the SCN or equivalent departmental manager coordinates a locally produced monthly Standard Infection Control Precautions audit for management of care equipment. This is paper based, held locally

	<p>and is not uploaded to a suitable platform to allow access, data merging or collation of key themes. These monthly audits are reviewed as part of the HAI auditing process</p> <ul style="list-style-type: none"> • Action: A gap exists within NHSG as a shared platform is required to collate all HAI & cleaning audit information to enable access to data and reports by all relevant parties and enable organisational oversight and governance (Note: nursing teams do have access to FMT and the cleaning monitoring, opportunity to revive this access and training on system.) • The Facilities Management Tool (FMT) is completed by the area Domestic supervisors and results reviewed by the Domestic Services management team. • F&E quality assurance staff undertake internal healthcare environmental audits to identify any issues and provide a level of validation of the FMT tool. Key themes from these audits are collated and shared at the Equipment & Healthcare Environment Management Group to enable coordinated action planning. • Action: Aspects of cleaning task completion are not documented as part of supervisor daily walkabout checks, requirement to formalise this with an additional process.
<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>	<ul style="list-style-type: none"> • The Facilities Management Tool (FMT) is completed by the area Domestic supervisors on a periodic basis and the results reviewed by the Domestic Services management team. • Key performance metrics from the national FMT tool are reviewed at the F&E Quarterly Performance Review, reported nationally and provided to the NHS Grampian Infection Control Committee where the sector also is represented by a senior manager.

<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>	<ul style="list-style-type: none"> • Equipment procurement is planned as part of a rolling 5-year plan or as part of the annual revenue plan. • Current equipment levels are not optimal but actively managed to avoid an impact on cleaning quality. Equipment has not been currently raised as an audit issue for domestics carrying out their duties.
<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>	<ul style="list-style-type: none"> • DSR's and their appropriate layout and contents are reviewed as part of all planned refurbishments and new builds utilising SHFN30 and HBN 00-03. Domestic Services participate with the multidisciplinary project / design team to agree. • The availability of suitable DSRs has not been raised as a significant issue • Domestic staff are trained that soiled water must be disposed in the DSRs to avoid the risk of cross-contamination. • Action: Assurance process on the level of compliance requires to be formalised.
<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>	<ul style="list-style-type: none"> • IPCT and Domestic Services agreed chlorine releasing agents to be used for all sanitary fittings July 2018 as per national guidance. • Action: Assurance on compliance with the recent change required.
<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>	<ul style="list-style-type: none"> • HAI audit tool is established process, undertaken by departmental manger six monthly • The Facilities Management Tool (FMT) is completed by the area Domestic supervisors on a periodic basis and the results reviewed by the Domestic Services management team. Any issues relating to the built environment affecting the ability to clean are reported through the

	<p>Facilities & Estates help desk and resolution is tracked. Where an FMT result that falls below 90% for a specific location as a result of built-environment issues, the relevant maintenance manager is informed.</p> <ul style="list-style-type: none"> • Key performance metrics from the national FMT tool are reviewed at the F&E Quarterly Performance Review, reported nationally and provided to the NHS Grampian Infection Control Committee where the sector also is represented by a senior manager.
<p>Requirement 13</p> <p>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>	<ul style="list-style-type: none"> • Facilities & Estate have an established process for the recording and management of reported issues related to the built environment. Issues can be reported by telephone through the helpdesk or online (directly into the Planet Enterprise system). Issues are separated into 'investment' and 'reactive maintenance' issues. • Investment issues are collated, prioritised based on risk and funding sought as appropriate from NHS Grampian through the Asset Management Group. • Reactive maintenance issues are given an initial priority by the helpdesk and the reporter given a reference number which is then validated or amended by the Estates Office/Supervisor. Maintenance work is assigned to Estates staff and once complete the Planet Enterprise system is updated. Reporters can access the Planet Enterprise system directly to review the job priority, status and work planning dates. Completion of reactive maintenance issues is reviewed as part of the formal F&E Quarterly Performance Review.

Requirement 14

The Board must ensure that ventilation panels are cleaned

- Non-invasive surface cleaning of ventilation panels in general healthcare areas is included in each area cleaning schedule and agreed with the service representative (usually the SCN).
- Non-invasive surface cleaning of ventilation panels in high risk areas (e.g. Intensive Care Unit (ICU)) is conducted by the Estates team using appropriate equipment to avoid the dispersion of dust. This work is scheduled and completion recorded in the Planet Enterprise system.
- Action: There are different approaches to cleaning ventilation panels approach across NHS Grampian. This requires to be standardised.