

# Unannounced Inspection Report

Queen Elizabeth University Hospital  
NHS Greater Glasgow and Clyde

12–15 December 2016 and 16–17 January 2017

***[This report is embargoed until 10.00am  
on Wednesday 29 March 2017]***

The Healthcare Environment Inspectorate was established in April 2009 and is part of Healthcare Improvement Scotland. We inspect acute and community hospitals across NHSScotland.

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 or community hospital or NHS board by letter, telephone or email.

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## 1 About this report

This report sets out the findings from our unannounced inspection to Queen Elizabeth University Hospital, NHS Greater Glasgow and Clyde, from Monday 12 to Thursday 15 December 2016, and an unannounced follow-up inspection on Monday 16 and Tuesday 17 January 2017.

This report summarises our inspection findings on page 5 and detailed findings from our inspections can be found on page 7. A full list of the requirements and recommendations can be found in Appendix 1 on page 19.

The inspection team was made up of five inspectors and two public partners, with support from a project officer. A key part of the role of the public partner is to talk with patients about their experience of staying in hospital and listen to what is important to them. The unannounced follow-up inspection involved two inspectors and a project officer.

The flow chart in Appendix 2 summarises our inspection process. More information about the Healthcare Environment Inspectorate, our inspections, methodology and inspection tools can be found at [www.healthcareimprovementscotland.org/HEI.aspx](http://www.healthcareimprovementscotland.org/HEI.aspx)

## 2 Summary of inspection

### About the hospital we inspected

Queen Elizabeth University Hospital, Glasgow, is a newly built 1,109 bed acute hospital with a full range of healthcare specialties, including a major emergency department. The hospital opened in April 2015. In addition to the 14-floor hospital building, the hospital site retains a number of other services in adjacent facilities. This includes maternity services, neurosciences and the Langlands Unit for medicine of the elderly and rehabilitation.

### About our inspection

We carried out an unannounced inspection to Queen Elizabeth University Hospital from Monday 12 to Thursday 15 December 2016. This was the first inspection to this site.

We had significant concerns in the emergency department, immediate assessment unit and clinical decisions unit about the cleanliness of the environment and the systems to support this. As a result, we formally escalated these concerns to NHS Greater Glasgow and Clyde's senior management team at the time of our inspection. We asked NHS Greater Glasgow and Clyde to submit an action plan to us detailing how the NHS board would respond to our concerns. We were satisfied that the action plan, when implemented, should address our concerns.

We carried out an unannounced follow-up inspection to these three areas on Monday 16 and Tuesday 17 January 2017. During our follow-up inspection, we found that a number of improvements had been made to address our concerns about the standard of environmental cleanliness and the systems to support this. This included significant improvements in the standard of environmental cleanliness in the immediate assessment unit.

### Inspection focus

This was the first inspection of the hospital against the Healthcare Improvement Scotland *Healthcare Associated Infection (HAI) Standards* (February 2015). Before carrying out this inspection, we reviewed a self-assessment submitted by NHS Greater Glasgow and Clyde.

This informed our decision about which standards to focus on during this inspection.

- Standard 3: Communication between organisations and with the patient or their representative
- Standard 6: Infection prevention and control policies, procedures and guidance, and
- Standard 8: Decontamination.

We inspected the following areas:

- acute receiving units 1, 3 and 5
- clinical decisions unit
- emergency department
- immediate assessment unit
- physically disabled rehabilitation unit
- ward 5C (communicable diseases)

- ward 6A (rheumatology)
- ward 8D (gastroenterology)
- wards 51 and 53 (medicine for the elderly, Langlands building), and
- ward 61 (neurological intensive therapy unit [ITU]), Institute for Neurological Sciences).

We carried out 39 patient interviews and received 62 completed patient questionnaires.

#### **What NHS Greater Glasgow and Clyde did well**

- The standard of environmental cleanliness in the majority of wards inspected was generally good.
- Staff knowledge of standard infection control precautions was generally good.

#### **What NHS Greater Glasgow and Clyde could do better**

- In the emergency department:
  - the standard of environmental cleanliness, and the systems to support this, must be improved
  - the standard of patient equipment cleanliness must be improved, and
  - findings from assurance systems must be acted on to drive improvement in environmental cleanliness.
- Domestic service provision must continue to be reviewed to provide a safe and clean environment. This should include domestic staff access to areas to clean and the availability of the equipment required to allow cleaning to take place.

During our follow-up inspection, we found improvements had been made to address a number of our concerns about the cleanliness of patient equipment and the environment. Notably, the standard of environmental cleanliness had significantly improved in the immediate assessment unit. As a consequence, the number of requirements in this report has been reduced to reflect the findings from the follow-up inspection. A further follow-up inspection will be carried out to ensure that improvements have been sustained.

#### **What action we expect NHS Greater Glasgow and Clyde to take after our inspection**

These inspections resulted in 10 requirements and three recommendations. The requirements are linked to compliance with the Healthcare Improvement Scotland HAI standards. A full list of the requirements and recommendations can be found in Appendix 1.

An improvement action plan has been developed by the NHS board and is available on the Healthcare Improvement Scotland website  
[www.healthcareimprovementscotland.org/HEI.aspx](http://www.healthcareimprovementscotland.org/HEI.aspx)

We would like to thank NHS Greater Glasgow and Clyde and, in particular, all staff and patients at Queen Elizabeth University Hospital for their assistance during the inspections.

### 3 Key findings

#### **Standard 3: Communication between organisations and with the patient or their representative**

Staff told us that infection prevention and control information is provided verbally and a range of patient information leaflets appropriate to patient's conditions are also available. We saw patient information leaflets about infection prevention and control available for patients and visitors at the entrance to wards and departments.

Staff had good knowledge of how and what information to provide to patients with a specific infection-related risks. Most of this was done verbally. The majority of patients we spoke with told us they had received information (verbal or written) about HAI or infection control. Of those people who responded to our survey during our inspection, 74% stated they had received information about HAI or infection control.

Staff told us that an interpreter service was available where the patient's first language was not English. This service was provided both on the telephone and in person. Staff confirmed that assistance was normally provided quickly. We were told that information leaflets can also be accessed from the NHS board's staff intranet site in languages other than English. However, some staff were less familiar with which languages were available, and where and how they could access the leaflets in other languages. In the physically disabled rehabilitation unit, a nurse had developed 'flash cards' in Cantonese to help communicate with a patient.

#### **Standard 6: Infection prevention and control policies, procedures and guidance**

NHS Greater Glasgow and Clyde's infection prevention and control manual and guidance describes standard infection control precautions and transmission-based precautions. These are the minimum precautions that healthcare staff should take when caring for patients to help prevent cross-transmission of infections. There are 10 standard infection control precautions, including hand hygiene and the use of personal protective equipment (such as aprons and gloves). Three transmission-based precautions describe how to care for patients with known or suspected infections.

Staff told us they could access this information on the NHS board's staff intranet site. They told us they would be notified of any updates to infection prevention and control policies and procedures through email, staff huddles and ward safety briefs.

Staff displayed a good level of knowledge and understanding of the various standard infection control precautions. They felt confident to challenge any staff members who were not complying with standard infection control precautions.

In the majority of wards inspected, we saw generally good compliance with standard infection control precautions. This included hand hygiene, management of sharps, linen, and domestic and clinical waste. We also saw personal protective equipment was readily available and was used appropriately.

Patients we spoke with told us they saw staff washing their hands or using the alcohol-based hand rubs before entering wards and between caring for patients. Of those people who responded to our survey during our inspection, 92% stated that ward staff always wash their

hands. Some patients told us that staff had spoken with them about the importance of hand hygiene when they were admitted to hospital. Most patients commented on seeing visitors using the alcohol-based hand rubs on entering and leaving the wards.

We spoke with staff about managing patients with a known or suspected infection and patients who are at risk of an infection. Across the wards and departments inspected, staff described the correct assessment and isolation procedures for managing these patients. We found that the majority of staff had a good level of knowledge about how they would safely manage a blood or body fluid spillage. Guidance was displayed on the wards describing the use of chlorine-releasing disinfectant and detergent for both general cleaning and for the management of blood and body fluid spillages.

NHS boards are required to measure staff compliance with standard infection control precautions. The frequency of this compliance monitoring is determined by individual NHS boards. We saw evidence of standard infection control precautions audits carried out by ward staff in the majority of wards and departments inspected and action plans being produced. Audit results are recorded on the NHS board's electronic data recording and management system. The infection prevention and control team accesses this system to gain an overview of ward and departmental performance.

We saw evidence of audits carried out by the infection prevention and control team. Each ward and department is audited at least once every year, but done more frequently if the overall compliance score falls below 80%. The results are scored red (less than 65% compliance), amber (65–79% compliance) and green (80% compliance and above). Areas with red audit results are re-audited within 3 months, amber within 6 months and green within 12 months.

Where non-compliance is identified during these audits, an action plan is automatically generated. The senior charge nurse is responsible for resolving any issues identified and returns the completed and signed-off action plan to the infection prevention and control team within 30 days of the audit. We saw examples of these audits and corresponding action plans in the majority of wards and departments inspected. We were told that audit results are shared with ward staff by email, staff huddles, meetings and ward safety briefs. Lead nurses prepare monthly reports to discuss with senior managers. These reports are submitted to the relevant NHS board directorate or sector governance committees.

We saw audit and surveillance information displayed for patients, staff and visitors in the wards and departments inspected. This was presented in a clear and informative way. We found that some of this information was not dated and included:

- infection prevention and control audit results
- hand hygiene compliance audit results
- the number of 'days since' infections such as *Clostridium difficile* infection (*C diff* infection) and meticillin resistant *Staphylococcus aureus* (MRSA), and
- peripheral vascular catheter compliance.

Ward staff told us how and when they would contact the infection prevention and control team for advice and support. A consultant microbiologist is also available for infection control guidance and patient-specific advice.

A hospital-wide safety huddle takes place every day. This is attended by senior charge nurses and senior managers. Any changes to policy, significant events and patient safety issues are discussed at these meetings. We attended a hospital-wide safety huddle during our inspection.

Safety briefs also take place each day at ward level to share information with ward staff. A safety brief is used as a communication tool to focus on patient safety issues. This includes infection prevention and control information such as identifying patients with a known or suspected infection. We saw evidence of infection prevention and control issues being discussed at ward safety briefs.

### Areas for improvement

We found that adherence to standard infection control precautions was variable in the emergency department, immediate assessment unit and clinical decisions unit. Due to the high level of activity in these areas during our inspection, it was not possible to talk with many staff about their knowledge of standard infection control precautions.

In the emergency department, immediate assessment unit and clinical decisions unit, we saw that compliance with hand hygiene decreased as these areas became busier. Outwith emergency situations, we also saw some occasions where emergency department staff did not remove their personal protective equipment before leaving the patient bed space. We highlighted our concerns about the adherence to standard infection control precautions to the relevant senior charge nurses and lead nurses at the time of our inspection.

The clinical decisions unit is staffed by nurse practitioners. We identified a lack of HAI-related leadership and activity taking place in the unit. For example, we were told that these staff were not carrying out audits of standard infection control precautions. The infection prevention and control team was also not carrying out audits in the unit. The nurse practitioners were unaware of any domestic monitoring of the environment being carried out. We discussed these issues with the lead nurse for the unit who confirmed that no-one had been allocated responsibility for these tasks. We escalated these concerns to the NHS board's senior management team at the time of our inspection.

In the immediate assessment unit, we saw evidence of 6-monthly standard infection control audits carried out in June 2016. All of these audits scored 100%. The senior charge nurse told us these audits are carried out at the weekend when the unit is partially closed and is quieter. Although the audits are carried out when workload allows, doing so at the weekend during quieter periods may not reflect staff practices when the unit is busier. For example, we noted that compliance with hand hygiene decreased in this area as the unit became busier.

- **Recommendation a:** NHS Greater Glasgow and Clyde should consider the timing of standard infection control precautions audits in the immediate assessment unit to ensure the results of audits are representative of staff practices during busy periods.

Staff in the clinical decisions unit could correctly describe how to manage blood and body fluid spillages. However, they did not have access to the chlorine-releasing disinfectant and detergent needed to do this on the unit. The nurse practitioners told us they had to leave the unit to obtain this product from a neighbouring ward. As this unit was very busy, we were concerned there was a risk that staff may not use the correct product to manage blood

spillages, if it is not readily available. We raised our concerns about this with staff and senior managers at the time of our inspection for them to action.

In the immediate assessment unit, staff knowledge about the safe management of blood and body fluid spillages varied. Due to the activity level on the unit, we were only able to speak with four members of staff at the time of our inspection. These staff could not describe the correct method for cleaning a blood spillage. We also saw one staff member using detergent wipes to clean a significant blood spillage we had found on a patient trolley. Blood spillages should be cleaned using chlorine-releasing disinfectant and detergent. We raised this with staff at the time of our inspection who said they would address this.

- **Requirement 1:** NHS Greater Glasgow and Clyde must ensure that staff in the immediate assessment unit are aware of, and practice, the safe management of blood and body fluid spillages in line with Health Protection Scotland's *National Infection Prevention and Control Manual*.

In the immediate assessment unit, we saw three bed spaces where intravenous fluids had been disconnected from patients' peripheral venous catheters. These patients had left the unit for further investigations in another area of the hospital. The fluid bags and attached tubing had been left to be re-attached when the patients returned to the unit. Best practice is for partially-used bags of intravenous fluids to be discarded when detached from a patient to minimise the risk of infection. We informed the senior charge nurse about this at the time of the inspection for them to rectify. We will follow this up at future inspections.

During our inspection, we found some partially-used single patient use toiletries, for example skin cleansing foam, had not been disposed of following use in the emergency department, the immediate assessment unit, and in wards 51 and 53. Single patient use toiletries should be allocated to one patient or be disposed of when no longer required by that patient to prevent the risk of cross-infection. They should not be used for multiple patients. We raised this with staff in the affected wards and departments at the time of our inspection and were told they would be removed.

Clinical waste from the neurological intensive therapy unit awaiting uplift by portering staff is stored in large, lockable waste hold bins. These waste hold bins are located outside the unit in a public area. We found that the bins were not locked at the time of our inspection. We discussed this with the senior charge nurse for the unit at the time of the inspection. We were told that refurbishment work was planned to make a 'waste room' for the safe storage of all waste. This room will have a keypad entry system to make sure waste is kept locked away from public access. In the meantime, waste should be managed in line with national policy.

- **Requirement 2:** NHS Greater Glasgow and Clyde must ensure that all clinical waste is stored in line with Health Facilities Scotland's *Scottish Health Technical Note 3 NHSScotland waste management guidance Part A* (2015).

### ***Follow-up inspection findings***

During the follow-up inspection, we observed good compliance by medical, nursing and domestic staff with hand hygiene and the use of personal protective equipment in the immediate assessment unit and clinical decisions unit. However, in the emergency department, we saw some staff not removing their personal protective equipment at appropriate times and missing opportunities for carrying out hand hygiene.

- **Requirement 3:** NHS Greater Glasgow and Clyde must ensure staff in the emergency department comply with hand hygiene and the use of personal protective equipment guidance in line with Health Protection Scotland's *National Infection Prevention and Control Manual*.

The action plan submitted by NHS Greater Glasgow and Clyde following our December 2016 inspection states that a senior nurse will be identified in each area to complete audits of standard infection control precautions. Weekly assurance checks of the cleanliness of patient equipment and the environment to monitor and identify any possible risks to patients and staff will also be carried out by a senior nurse.

We found improvements had been made in the clinical decisions unit since our December 2016 inspection. One of the nurse practitioners had taken on the role of co-ordinating audit activity and completing assurance checks in the unit. We saw evidence of completed hand hygiene audits and a recent audit carried out by the infection prevention and control team. Staff spoke positively about the changes that had been implemented and felt these had led to the necessary improvements being made.

We found five partially-used canisters of skin cleansing foam had not been disposed of in the major injury and resuscitation areas of the emergency department. One canister was contaminated with faecal matter.

- **Recommendation b:** NHS Greater Glasgow and Clyde should ensure that single patient use toiletries are only available for single patient use and are discarded when no longer required by the patient.

## Standard 8: Decontamination

We found the standard of environmental cleaning carried out by domestic staff in the majority of wards inspected was generally good. We discussed any exceptions we found with staff at the time of our inspection.

In most wards inspected, we saw evidence of completed domestic cleaning schedules. These are completed by the domestic, then signed off by the domestic, domestic supervisor and senior charge nurse.

Ward staff described a good working relationship with the domestic team. The majority of staff told us they were happy with the system for raising any concerns about the standard of cleanliness and the resulting response times from the domestic team. Domestic staff told us that ward staff would make them aware of any patients being cared for in isolation for infection prevention and control reasons.

Patients we spoke with were generally positive about the standard of cleanliness across the hospital. This included toilets, showers, bed spaces and ward areas. They could describe the daily cleaning routines they had observed. Patients told us that any spillages were dealt with promptly. Most patients felt that equipment and furniture was clean and generally in good repair. Of those people who responded to our survey during our inspection:

- 97% stated that they thought the standard of cleanliness on their wards was good, and
- 97% stated that the equipment used by staff for their care was clean.

Some patients we spoke with or who responded to our survey said:

- ‘The cleaners do a wonderful job, first rate.’
- ‘Staff clean room every day and they are all friendly.’
- ‘Cleaners are in at a regular basis throughout day and night.’
- ‘They do their best to keep it clean, given all the work they have to do.’

NHS Greater Glasgow and Clyde uses Health Facilities Scotland’s facilities management tool to monitor the cleanliness and condition of estates. This audit tool is completed by domestic staff. Any issues with the fabric and cleanliness of the building are identified by this audit tool which randomly selects the areas in wards and departments to be audited each month. The facilities management tool audit results for the emergency department, immediate assessment unit and clinical decisions unit all showed positive recent results (above 90% compliance). These audit results are often displayed at the entrances to wards and departments.

Domestic supervisors also have a role in the monitoring of environmental cleanliness. They sign off domestic cleaning schedules to confirm that cleaning has taken place to an acceptable standard.

We looked at a variety of patient equipment throughout the wards inspected. This included equipment trolleys, patient monitoring equipment, commodes, drip stands and hoists. We found the majority of this equipment on the wards was clean and ready for use.

NHS Greater Glasgow and Clyde has an online estates reporting system for staff to report any repair and maintenance issues. Ward staff spoke positively about communication with the estates department, the service provided and response times. Staff told us that any outstanding jobs would be discussed at the daily hospital-wide safety huddle. Generally, we found the wards and departments inspected appeared to be in a good state of repair and, therefore, could be effectively decontaminated.

### **Areas for improvement**

During the course of our inspection, we had significant concerns about the standard of environmental cleanliness in the emergency department and immediate assessment unit, and the systems in place for domestic cleaning in the clinical decision unit. We found the standard of domestic cleanliness varied significantly from those reported through the facilities management tool. As a result, we were not confident in the accuracy and effectiveness of the domestic monitoring systems.

We spoke with frontline domestic and facilities management staff to better understand the factors affecting the ability to deliver a clean environment. We found a difference of opinion and understanding between frontline domestic and facilities management staff about:

- domestic roles and responsibilities in the immediate assessment unit
- the time and staffing to complete duties in a number of wards and departments, and
- the availability of equipment to achieve a good standard of environmental cleanliness.

We escalated these concerns to the NHS board's senior management team for them to action. This included submitting an action plan to us detailing how the NHS board would respond to our concerns.

### **Clinical decisions unit**

The clinical decisions unit is a day unit with four clinical rooms used to assess and medically review patients.

We found that the floors in the clinical decisions unit were dusty and gritty.

We were able to examine two patient trolleys. We saw that one mattress base and mattress were heavily contaminated with blood. Staff told us they were unaware that the mattress could be detached from the base of the trolley. Therefore, they were not routinely cleaning this area of the patient trolley or mattress. We found that the other patient trolley was dirty and dusty at the base. We also saw that the bases of patient monitoring equipment stands were dirty and dusty.

We saw a patient equipment cleaning schedule which staff in the unit had developed. Although this schedule was generally completed and up to date, it did not reflect our findings in terms of the cleanliness of patient equipment and the general environment. NHS Greater Glasgow and Clyde's self-assessment states that senior charge nurses will complete a weekly assurance check of the cleanliness of patient equipment and the environment to monitor and identify any possible risks to patients and staff. This checklist had not been implemented in this unit.

One of the nurse practitioners told us that domestic services support was provided in the unit for 2 hours each morning. We were unable to speak with a domestic in the unit or view any domestic cleaning schedules during the inspection.

### ***Follow-up inspection findings***

During our follow-up inspection, we found improvements had been made and that the standard of environmental cleanliness in the clinical decisions unit was good.

We saw a patient equipment cleaning schedule and weekly equipment assurance checklists had been introduced in the clinical decisions unit since our December 2016 inspection. These were completed and up to date. We found that the standard of patient equipment cleanliness was good.

### **Immediate assessment unit**

Patients are referred to this 28-bedded unit by GPs for assessment. The cubicle bed spaces are curtained areas with no en-suite facilities.

During our inspection, we saw staff decontaminating patient equipment between uses. We found that most of this equipment was clean. However, we found that two patient trolleys in cubicles ready for the next patient were heavily contaminated with blood and faeces. We were told that these trolleys had been brought in from the corridor outside the unit that morning. Nursing staff had assumed the trolleys had been cleaned before being left on the corridor ready for use. We discussed this with the senior charge nurse who informed us that patient trolleys from the corridor would now be inspected for cleanliness before use.

The senior charge nurse told us that if any issues with the standard of environmental cleanliness are identified, the domestic supervisor or duty manager is contacted to request additional domestic cleaning. We were told staff in this unit regularly request additional domestic cleaning. For example, one senior charge nurse told us they had identified concerns with the standard of cleanliness of the floors and patient bed tables the previous day. These concerns were reported to the domestic response team. The senior charge nurse was told that domestic staff would be available to clean the floors but would not have enough time to clean the patient bed tables. As a result, the senior charge nurse cleaned the patient bed tables. There did not appear to be a mechanism to review domestic provision in this unit to address the concerns raised by unit staff. Facilities management staff do not keep records of the requests for additional cleaning. This means that the number of times domestic cleaning is not satisfactory or extra cleaning is required cannot be quantified.

The standard of environmental cleanliness varied in the unit. The majority of surfaces were dust free and the floors were clean and grit free. Of the patient cubicles we were able to inspect, we found the majority of bed spaces were clean. However, we found that two of the seven communal patient toilets in the unit were heavily contaminated with faeces on the walls, mirrors and hand wash basins. We were told that these toilets were available for the 102 patients that had been seen in the unit on the day of our inspection. We spoke with facilities managers about toilet cleaning on the unit. They told us the patient toilets in this area were cleaned once every day and were spot checked each shift. The frequency of cleaning of these toilets was not resulting in a clean environment. Facilities managers told us that, given the high volume of patients attending this unit, the domestic team would reconsider the number of times the toilets in the immediate assessment unit are cleaned each day.

Domestic staff told us there were no dedicated staff to clean the immediate assessment unit. Environmental cleaning responsibilities for this unit are shared between two domestics who are based in other clinical areas. The domestic supervisor confirmed this to be the case. There was no domestic cleaning schedule for the unit for the domestic to sign off completed tasks and highlight outstanding tasks. This meant that domestics and the domestic supervisor responsible for the unit were not being made aware of outstanding cleaning tasks needing to be completed by staff on the next shift. The senior charge nurse was not informed of cleaning responsibilities of domestic staff working in the unit, outstanding cleaning tasks and had nowhere to document whether cleaning had taken place on the unit.

We found different opinions and understanding between the domestic supervisor and facilities managers about the role of domestic staff on the immediate assessment unit. This included information about the number of hours and tasks the nightshift domestic carried out on the unit. The senior charge nurse we spoke with was unaware of any nightshift domestic working on the unit.

### ***Follow-up inspection findings***

During our follow-up inspection, we found that the standard of environmental cleanliness had significantly improved in the immediate assessment unit. As a result of our inspection, the unit now had dedicated domestic staff. A new domestic cleaning schedule had been put in place specifically for this area. The domestic records completed tasks and highlights any outstanding tasks on the cleaning schedule. We saw that this schedule had been signed off each day in the previous week by the domestic and that any outstanding tasks had been completed. The senior charge nurse then signs off the schedule to provide assurance that cleaning has taken place.

Both staff on the unit and the new domestic spoke positively about the improvements put in place. The domestic told us they were included in the unit's safety brief and this helped them to plan their work for their shift. They were also informed of any infection control issues at this time. The domestic told us they felt supported by the domestic supervisor.

We were told that the patient toilets in the immediate assessment unit were cleaned at the start of the shift, checked and cleaned as required throughout the shift, and cleaned again at the end of the shift. We found that all toilets in the unit were clean.

We found that patient equipment was clean. This included bed frames, mattresses, patient tables, patient monitoring equipment and toilet hand rails. We saw staff cleaning equipment between patients.

### **Emergency department**

Domestic staff told us that they were unable to access patient bays if they were occupied by a patient. We were told that all cleaning needed to take place when the bays were empty. The emergency department was very busy on the day of our inspection. Most patient bays were occupied by patients for the majority of our time in the department. It is essential that domestic staff are given the opportunity to clean all areas to provide a safe and clean environment.

We saw a variable standard of environmental cleanliness throughout the emergency department. We found significant levels of dust on high and low surfaces in the resuscitation area. This included pendant arms, cupboard tops, curtain rails, floor corners and edges, and beneath trolleys. We also found significant dust contamination on higher surfaces in the major and minor injury treatment areas. Some storage areas had thick dust on higher surfaces, including cupboard tops and shelving.

We spoke with the domestic and domestic supervisor for the emergency department. Both highlighted a need for more allocated time for domestic cleaning in the department and a need to access occupied patient bays.

Staff carry out standard infection control precautions audits in the emergency department. For 5 out of the previous 6 months, staff had identified issues with the standard of environmental cleanliness. All five audits had scored 67% compliance in this area. No action plans were completed following these audits.

Further assurance should be provided by the audits carried out by the infection prevention and control team in the emergency department. The two most recent audits produced amber results (65–79% compliance) with both highlighting issues with environmental dust. We saw the completed action plan following the first audit.

We were shown records of the facilities management tool audits for the previous 6 months. There was no evidence that this assurance system had highlighted any problems with environmental cleanliness in the emergency department. This was in contrast to the results from audits carried out by the infection prevention and control team and department staff and our own findings which had highlighted problems with environmental cleanliness in the department.

We were told that all audit results are discussed between the lead nurse and clinical services manager at their regular meetings. We were confident that standard infection control precautions and infection prevention and control team audits were highlighting non-

compliances with environmental cleanliness. However, they were not leading to sustained improvement or addressing the repeated poor standard of environmental cleaning.

We found a variety of patient equipment was contaminated with dust, debris or body fluids. This included:

- patient trolleys in 'clean' resuscitation bays
- a mattress in a 'clean' resuscitation procedure room
- equipment, dressing and procedure trolleys
- pendant lamps, and
- a blood gas analyser.

We found the patient equipment cleaning schedules completed by nursing staff in the emergency department were signed off and up to date. Some of these cleaning schedules related to equipment we had found contaminated with thick dust and/or body fluids. We also saw evidence of completed and up-to-date weekly assurance checks of the cleanliness of equipment and the environment carried out by the senior charge nurse. This suggests limited assurance can be taken from the signed cleaning schedules that patient equipment is clean and ready for use.

In the emergency department resuscitation area, we found the management of sterile instrument trays and individual supplementary instrument packs was not in line with Health Facilities Scotland's *Management of reusable surgical instruments during transportation, storage and after clinical use*. This would mean the contents could no longer be considered sterile. For example, we found numerous items were out of date, with dates ranging from February 2013 to November 2016. We were told that emergency department staff did not check the sterile instrument trays and individual supplementary instrument packs to ensure they were in date and that packaging was intact.

We inspected patient trolleys and transport chairs stored in the corridors of the hospital ready for use by the emergency department and immediate assessment unit. We found the majority of these to be dirty, and some were contaminated with blood and body fluids.

### ***Follow-up inspection findings***

During the follow-up inspection, we found there had been improvement in the standard of environmental cleanliness. However, the number of patient bays we were able to access was limited. The domestic we spoke with described continuing difficulty in accessing patient bays to clean.

Domestic staff told us that, as a result of our inspection, there had been an increase in domestic staff provision in the emergency department from one to two full-time staff covering Monday to Friday day shifts.

We found a significant amount of patient equipment was contaminated with body fluids and dust.

Four out of eight patient trolley mattresses we inspected were damaged. These trolleys were in the emergency department and ready for use.

All sterile instrument trays were in date, with packaging intact and free from damage. Senior staff told us that theatre staff were now responsible for checking the sterile instrument trays in the resuscitation area. A stock rotation system had been put in place by theatre staff to ensure the instrument trays in the emergency department were in date. We will follow this up at future inspections.

We looked at 10 patient trolleys stored in corridors and the immediate assessment unit. All were generally clean. We also looked at six patient transport chairs and found that these were clean and intact.

The action plan submitted by NHS Greater Glasgow and Clyde following our December 2016 inspection states that portering staff are responsible for cleaning patient trolleys unless they are contaminated with body fluids. During our follow-up inspection, we found that most porters we spoke with were still unaware that they were responsible for cleaning patient trolleys. We will follow this up at future inspections.

- **Requirement 4:** NHS Greater Glasgow and Clyde must ensure that patient equipment in the emergency department is clean and ready for use.
- **Requirement 5:** NHS Greater Glasgow and Clyde must ensure that the environment in the emergency department is safe and clean.
- **Requirement 6:** NHS Greater Glasgow and Clyde must ensure that:
  - a) accurate records are kept of domestic cleaning, and
  - b) staff are aware of their responsibilities for environmental cleanliness.
- **Requirement 7:** NHS Greater Glasgow and Clyde must ensure that:
  - a) domestic monitoring assurance systems identify where environmental cleanliness in the emergency department is below the accepted standard, and
  - b) remedial actions are taken to ensure the environment is safe and clean.
- **Requirement 8:** NHS Greater Glasgow and Clyde must ensure that where audit data identifies deficiencies in the emergency department, remedial actions are taken to reduce risk, prevent recurrence, and promote improvement and compliance with infection prevention and control policies.
- **Requirement 9:** NHS Greater Glasgow and Clyde must ensure that patient equipment cleaning schedules in the emergency department are accurately completed.
- **Requirement 10:** NHS Greater Glasgow and Clyde must ensure that mattresses and mattress covers are consistently checked for their integrity and cleanliness, and actions are taken to ensure they are fit for purpose.
- **Recommendation c:** NHS Greater Glasgow and Clyde should review domestic staff access to patient areas in the emergency department allowing them to deliver a safe and clean environment.

### **Other wards and departments inspected**

We found domestic staff and facilities managers had different opinions and understanding about equipment needed and how it was supplied for ward and departmental cleaning. Domestic staff told us there were not enough mop heads for them to clean wards and departments. Facilities management told us there were sufficient mop heads in the system, but these would be delivered to the wards and departments throughout the domestics' shifts.

Over the course of our inspection, we looked at public toilets in the emergency department, main hospital atrium and at the entrances to wards and departments. In the atrium, mezzanine level 1 and the emergency department waiting area, we found that the majority of the toilets were contaminated with blood, faeces, urine or vomit. These toilets have more frequent use as they are in general public areas. We also found the baby changing facilities were contaminated with faeces. No records are kept when any of these areas are cleaned. In the emergency department, the domestic told us the public toilets in this area are cleaned once every day and spot checked on each shift. However, domestic managers told us the toilets in this area are cleaned three times each day.

### ***Follow-up inspection findings***

During the follow-up inspection, we looked at public toilets in the atrium and reception area of the emergency department. We found these to be generally clean. We also found that the baby changing facilities were clean.

## 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 is 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 made within the stated timescales.
- **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, unless an extension has been agreed in writing with the lead inspector.

Priority	Indicative timescale
1	Within 1 week of report publication date
2	Within 1 month of report publication date
3	Within 3 months of report publication date
4	Within 6 months of report publication date

### Standard 6: Infection prevention and control policies, procedures and guidance

Requirements	HAI standard criterion	Priority
1 NHS Greater Glasgow and Clyde must ensure that staff in the immediate assessment unit are aware of, and practice, the safe management of blood and body fluid spillages in line with Health Protection Scotland's <i>National Infection Prevention and Control Manual</i> (see page 10).	6.11	1
2 NHS Greater Glasgow and Clyde must ensure that all clinical waste is stored in line with Health Facilities Scotland's <i>Scottish Health Technical Note 3 NHSScotland waste management guidance Part A</i> (2015) (see page 10).	6.11	1

**Standard 6: Infection prevention and control policies, procedures and guidance (continued)**

Requirements	HAI standard criterion	Priority
<b>3</b> NHS Greater Glasgow and Clyde must ensure staff in the emergency department comply with hand hygiene and the use of personal protective equipment guidance in line with Health Protection Scotland's <i>National Infection Prevention and Control Manual</i> (see page 11).	<b>6.11</b>	<b>1</b>
<b>Recommendations</b>		
<b>a</b> NHS Greater Glasgow and Clyde should consider the timing of standard infection control precautions audits in the immediate assessment unit to ensure the results of audits are representative of staff practices during busy periods (see page 9).		
<b>b</b> NHS Greater Glasgow and Clyde should ensure that single patient use toiletries are only available for single patient use and are discarded when no longer required by the patient (see page 11).		

**Standard 8: Decontamination**

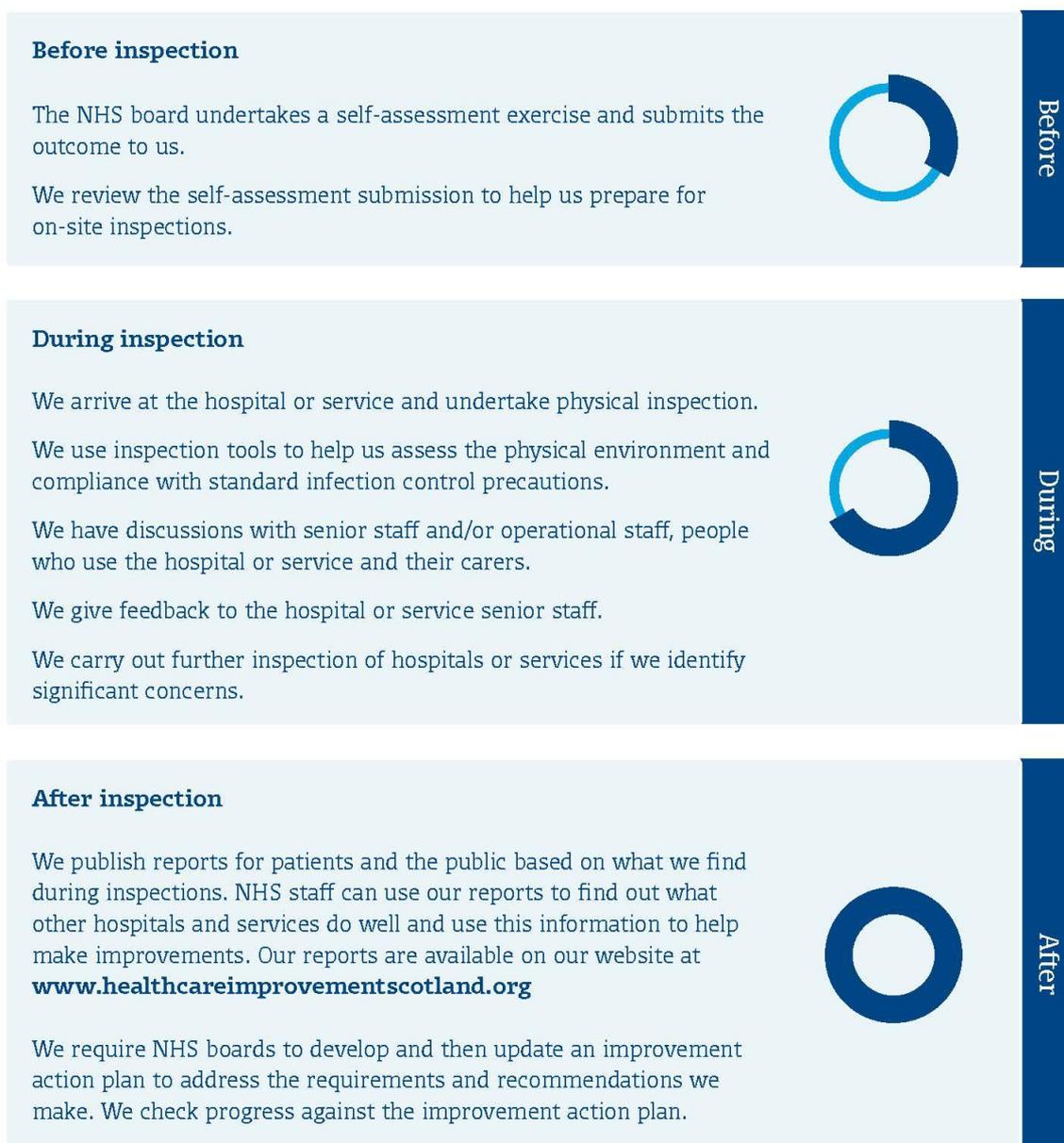
Requirements	HAI standard criterion	Priority
<b>4</b> NHS Greater Glasgow and Clyde must ensure that patient equipment in the emergency department is clean and ready for use (see page 17).	<b>8.1</b>	<b>1</b>
<b>5</b> NHS Greater Glasgow and Clyde must ensure that the environment in the emergency department is safe and clean (see page 17).	<b>8.1</b>	<b>2</b>
<b>6</b> NHS Greater Glasgow and Clyde must ensure that: <ul style="list-style-type: none"> <li>a) accurate records are kept of domestic cleaning, and</li> <li>b) staff are aware of their responsibilities for environmental cleanliness (see page 17).</li> </ul>	<b>8.2</b>	<b>1</b>
<b>7</b> NHS Greater Glasgow and Clyde must ensure that: <ul style="list-style-type: none"> <li>a) domestic monitoring assurance systems identify where environmental cleanliness in the emergency department is below the accepted standard, and</li> <li>b) remedial actions are taken to ensure the environment is safe and clean (see page 17).</li> </ul>	<b>8.3</b>	<b>2</b>

**Standard 8: Decontamination (continued)**

Requirements	HAI standard criterion	Priority
<b>8</b> NHS Greater Glasgow and Clyde must ensure that where audit data identifies deficiencies in the emergency department, remedial actions are taken to reduce risk, prevent recurrence, and promote improvement and compliance with infection prevention and control policies (see page 17).	<b>1.9</b>	<b>1</b>
<b>9</b> NHS Greater Glasgow and Clyde must ensure that patient equipment cleaning schedules in the emergency department are accurately completed (see page 17).	<b>8.3</b>	<b>1</b>
<b>10</b> NHS Greater Glasgow and Clyde must ensure that mattresses and mattress covers are consistently checked for their integrity and cleanliness, and actions are taken to ensure they are fit for purpose (see page 17).	<b>8.1</b>	<b>1</b>
<b>Recommendation</b>		
<b>c</b> NHS Greater Glasgow and Clyde should review domestic staff access to patient areas in the emergency department allowing them to deliver a safe and clean environment (see page 17).		

## Appendix 2 – Inspection process flow chart

We follow a number of stages in our inspection process.



More information about the Healthcare Environment Inspectorate, our inspections, methodology and inspection tools can be found at [www.healthcareimprovementscotland.org/HEI.aspx](http://www.healthcareimprovementscotland.org/HEI.aspx)

Healthcare Improvement Scotland is committed to equality. We have assessed the inspection function for likely impact on the equality protected characteristics in line with the Equality Act 2010.

Please contact the Healthcare Improvement Scotland Equality and Diversity Advisor on 0141 225 6999 or email [contactpublicinvolvement.his@nhs.net](mailto:contactpublicinvolvement.his@nhs.net) to request a copy of:

- the equality impact assessment report, or
- this inspection report in other languages or formats.



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The Healthcare Environment Inspectorate is part of Healthcare Improvement Scotland.