Healthcare Improvement Scotland

HEI Healthcare Environment Inspectorate

Ensuring your hospital is safe and clean

Unannounced Inspection Report

Western General Hospital | NHS Lothian

18–19 and 27 November 2014

Scrutiny

Healthcare Improvement Scotland is committed to equality. We have assessed the inspection function for likely impact on equality protected characteristics as defined by age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation (Equality Act 2010). You can request a copy of the equality impact assessment report from the Healthcare Improvement Scotland Equality and Diversity Officer on 0141 225 6999 or email contactpublicinvolvement.his@nhs.net

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www.healthcareimprovementscotland.org

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1 Background

The Healthcare Environment Inspectorate (HEI) was established in April 2009. Each year we carry out at least 30 inspections across NHSScotland, most of which are unannounced. Although most of our inspections are to acute hospitals, we also inspect community and non-acute hospitals.

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

Our contact details are:

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2 Summary of inspection

The Western General Hospital, Edinburgh, serves the Lothian region. It contains approximately 570 staffed beds and has a full range of healthcare specialties. This includes the regional centre for cancer treatment for the south-east of Scotland and the department of clinical neurosciences, which provides specialist services to patients across much of Scotland.

We previously inspected the Western General Hospital in February 2013. That inspection resulted in four requirements and five 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 the Western General Hospital on Tuesday 18 and Wednesday 19 November 2014. Due to significant concerns about the cleanliness of patient equipment and environmental cleanliness within the Western General Hospital, we escalated our concerns to senior management in NHS Lothian on 18 November and then again on 19 November 2014. On ward 52/53, we also raised concerns about the lack of working macerators and the procedures in place to reduce the risk of cross-infection to patients, staff and visitors. Macerators break human waste down into slurry so it can be sluiced effectively. We requested that immediate action be taken on these issues and an improvement action plan produced to show how these issues would be rectified.

We returned unannounced on Thursday 27 November 2014 to assess progress against the improvement action plan at ward and departmental level. Significant improvements had been made although we still noted some issues with the cleanliness of patient equipment and the environment.

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

- ward 2 (oncology)
- ward 4 (oncology)
- ward 15 (winter ward)
- ward 20 (ICU)
- ward 26 (general medicine)
- ward 27 (colorectal)
- ward 43 (regional infectious diseases unit)
- ward 50 (stroke unit), and
- ward 52/53 (gastroenterology).

The inspection team for our initial inspection was made up of three inspectors and one public partner, with support from a project officer. Another public partner observed the process. 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 partners is to talk to patients and listen to what is important to them. Membership of the inspection team visiting the **Western General Hospital** can be found in Appendix 4.

During our initial inspection, we carried out patient interviews and used patient questionnaires. We spoke with nine patients, one visitor and one carer during the inspection. We received completed questionnaires from 75 patients.

Overall, we found evidence that NHS Lothian is not complying with the NHS QIS HAI standards to protect patients, staff and visitors from the risk of acquiring and infection. In particular we found:

- the standard of cleanliness of the patient environment was poor
- the standard of cleanliness of patient equipment was poor, and
- a lack of appropriate risk assessments, for example for out-of-order macerators.

What action we expect NHS boards to take after our inspection

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

NHS Lothian 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 Lothian and in particular all staff at the Western General Hospital for their assistance during the inspection.

3 Key findings

3.1 Governance and compliance

Policies and procedures

During the inspection, we found the majority of staff complied with the national dress code policy outlined in Chief Executive Letter (CEL) 42(2010).

With a few exceptions, we saw good compliance with staff's hand hygiene practice. Staff were observed taking the opportunity to wash their hands at appropriate times.

We saw that alcohol-based hand rub dispensers were available at the entrance to each ward, bay and single room, with three exceptions. However, we found alcohol-based hand rub was not always available or readily accessible at patient bedsides on:

- ward 4
- ward 26
- ward 43
- ward 50, and
- ward 52/53.

We were told that, in some instances, the alcohol-based hand rub had been removed from patient bed spaces due to patient safety concerns. We discussed this issue with the nurse in charge where this was the case. We agreed that an appropriate risk assessment was necessary to demonstrate the reason for removing the alcohol-based hand rub from the bed space and the alternative control measures. The risk assessment must balance the safety risk to patients with the need to provide alcohol-based hand rub at the point of care to prevent infection.

- **Requirement 1**: NHS Lothian must ensure that alcohol-based hand rub is provided and accessible at the point of patient care. This will minimise the risk of infection to patients. If this is not possible due to patient safety concerns, a risk assessment must be completed to demonstrate the reasons for the removal of the alcohol-based hand rub from the point of patient care and the alternative control measures.

We saw non-compliant clinical wash hand basins in wards 2, 26, 27, 43 and 50. Examples included:

- moulded sinks and non-compliant taps in sluices and treatment rooms
- a sink at the entrance to ward 2 that splashed as it worked, causing a slip hazard
- a clinical wash hand basin installed in a dirty utility room in ward 27 with an unsealed back, letting water splash down the wall behind the sink
- the hand wash station at the entrance to ward 50 (see Image 1), and
- all clinical wash hand basins were non-compliant in all single side rooms in ward 43, with one exception.

Image 1: hand wash station at the entrance to ward 50

We requested a risk assessment for the non-compliant clinical wash hand basins in ward 43, which we received following the inspection. It stated that all sinks in ward 43 were considered 'low risk'.

- **Requirement 2**: NHS Lothian must ensure that all newly installed wash hand facilities are compliant with *Health Technical Memorandum (HTM 64) – Sanitary Assemblies, Department of Health, February 2006 (Basin assemblies for use in connection with clinical procedures)* (2006).

We also noted in wards 2, 4 and 52/53 that the clinical wash hand basins were not easily accessible because of bed spacing. On each of these wards, we discussed these issues with the nurse in charge and requested risk assessments to demonstrate the controls in place to minimise the risk to patients, staff and visitors.

We also saw on wards 2 and 4 that the space between the ends of each patient bed was restricted. We saw one example on ward 4 where a patient was being moved on their bed which was touching the end of other patient beds.

- **Requirement 3**: NHS Lothian must assess the layout of the beds and the accessibility of clinical wash hand basins in wards 2, 4 and 52/53 so that staff and patients have easy access to hand wash facilities.

We also found there was no designated clinical wash hand basin in wards 43 and 52/53 in clinical preparation areas. We discussed this with the nurses in charge and requested risk assessments to demonstrate the controls in place to reduce the risk.

- **Requirement 4**: NHS Lothian must ensure that dedicated hand hygiene facilities are in place in the clinical preparation areas to allow staff to safely decontaminate their hands.

A good supply of personal protective equipment (PPE), including gloves and aprons, was available on the wards and departments inspected. We saw generally good compliance with the use and selection of PPE, and the majority of staff were changing and disposing of PPE appropriately.

We noted generally good compliance with waste management, including waste correctly segregated and labelled. Linen management was also generally appropriate, with dirty linen stored away from public access while waiting to be uplifted. A few non-compliances were drawn to the attention of staff during the inspection and these were rectified at the time. Sharps management was generally good, with some exceptions, which were rectified at the time of inspection.

We discussed the management of blood spillages with a variety of staff from all of the wards and departments inspected. There was a mixed understanding among staff about how blood spillages should be managed. All staff we spoke with correctly described some parts of the process, including:

- when they would perform hand hygiene
- which items of PPE they would wear
- how they would manage the blood-contaminated linen, and
- how they would discard the clinical waste generated.

However, we found the majority of staff were unsure of the correct concentration of chlorine-releasing disinfectant and detergent to use for a blood spillage.

- **Requirement 5**: NHS Lothian must ensure that staff follow the correct procedure for the management of blood spillages.

On wards 2, 15 and 26, we found partially-used and unlabelled canisters of patient skin cleansing foam. Patient toiletries should be single patient use as these can be associated with cross-infection.

- **Recommendation a**: NHS Lothian should ensure that single use toiletries, such as skin cleansers, are only available for single patient use. This will reduce the risk of cross-infection between patients.

Ward 52/53 is a gastroenterology ward, where patients with bowel conditions who often need to use the toilet frequently are cared for. In ward 52/53, we found the macerators were broken and out of use. Staff told us that because of this, they had to sluice faeces and urine in a patient toilet and dispose of the urinals and bedpans in clinical waste bags. We were told this had been happening since the evening of Monday 17 November. Patients were isolated on ward 52/53, and one had a confirmed *Clostridium difficile* infection (CDI). Ward staff told us that the estates department was aware of the problem with the macerators but the part needed for the repair was not available. We were also told that the infection prevention and control team was aware the macerators were broken. We found that suitable control measures were not in place to reduce the risk of cross-infection to patients, staff and visitors from this practice.

We brought this to the attention of the nurse in charge of the ward and the clinical nurse manager during the inspection. We requested that a risk assessment was provided to demonstrate the controls in place for the interim process to reduce the risk of cross-infection

to patients, staff and visitors. We escalated our concerns about the macerators as part of our formal escalation of concerns about ward 52/53 to the NHS board on 19 November 2014.

We received the risk assessment for the macerators on 19 November 2014. It did not adequately detail the controls in place to reduce the risk of cross-infection to patients, staff and visitors. We requested an amended risk assessment on 21 November, which we received later that day. We received an action plan for ward 52/53 on 21 November. The dates recorded in the action plan were not consistent with what we were told or what we observed during the inspection. For example, the risk assessment for one of the macerators stated it had broken down on the 12 November, a week prior to our inspection. This contradicted what we had been told verbally during the inspection. We remained concerned that this risk was not being managed appropriately.

We returned unannounced on Thursday 27 November 2014 to assess progress against the improvement action plan. We found that both the macerators in ward 52/53 were in full working order. We discussed the procedures in place in the event that the macerators break down again. We found that suitable controls are now in place to reduce the risk of cross-infection to patients, staff and visitors.

Risk assessment and patient management

Staff were aware of the correct procedures for isolating and managing patients with a suspected or known infection or patients at risk of an infection. We found that patients with suspected or known infections were isolated appropriately. However, we found two isolation rooms without any signage to alert staff and visitors that patients were in isolation on ward 2. Also, in ward 52/53, a number of patients were in isolation and the door of one of the isolation rooms did not close properly. Ward staff informed the maintenance team of this during the inspection.

In May 2013, NHS boards were issued with CEL 08(2013) on water sources and potential infection risk to patients in high risk units. This is supported by the Health Protection Scotland and NHSScotland National Services Scotland's *Guidance for neonatal units (NNUs) (levels 1, 2 and 3), adult and paediatric intensive care units (ICUs) in Scotland to minimise the risk of Pseudomonas aeruginosa infection from water* (2014). The guidance states NHS boards must ensure that:

- all high risk units, where patients may be at an increased risk of Pseudomonas aeruginosa and related infections, are identified, risk assessed and control measures put in place
- all taps in all clinical areas in high risk units are flushed daily (and a record kept), and
- domestic staff have been trained in the correct decontamination procedures.

During the inspection, we spoke with staff in the ICU about the control measures that were in place to control the risk of pseudomonas. All staff we spoke with were able to correctly describe the critical control points in place, as defined in CEL 08(2013).

Staff use peripheral vascular catheter (PVC) care bundles as a record to document the safe management of the inserted catheter. The bundle includes daily checks. The checks make sure that the PVC is free from any signs of inflammation and help to reduce the risk of device-related blood stream infections.

During this inspection, we looked at 10 PVCs and the associated care bundle documentation for these patients. We saw nine PVCs with the date of insertion recorded on either the dressing or the PVC documentation. All PVC maintenance bundle documentation was

completed. However, in ward 2, both PVCs we saw were heavily bandaged. The presence of a bandage at the insertion site of the PVC does not allow the PVC to be observed for signs of infection. We were told they would be bandaged if the PVC was considered to be at risk of being dislodged. However, no documentation was available to support this risk assessment. We will follow this up at future inspections.

Cleaning

Due to our concerns about the cleanliness of the environment and patient equipment, on 18 November 2014, we escalated our concerns about ward 2 to the senior management team in NHS Lothian.

On 19 November, we escalated our concerns about the cleanliness of the patient environment and patient equipment on a further two wards. These were wards 43 and 52/53.

Overall, we found that the standard of cleanliness of the patient environment in the majority of the wards and departments inspected was poor. We provided detailed feedback about our concerns to the nurse in charge and the clinical nurse manager during the inspection of each ward.

During the inspection of ward 2, 26 and 43, we noted dust to high and low level areas (see Image 2). This included:

- bed lamps
- upper and lower parts of the undercarriages of beds
- window ledges
- lockers
- shelves
- wall-mounted cupboards
- work-tops in clinical areas
- patient wardrobes (particularly in ward 26)
- curtain rails, and
- fans (ward 2 only).

Image 2: dust found on fans above patient beds on ward 2 (oncology)

Other areas included:

- mould around shower surround in ward 43
- mould on some shower heads in ward 50
- removable marks on the wall above the bed-head and behind two toilets in ward 43
- dust on extraction vents in the toilet and shower rooms in wards 2, 26, 43
- dust on balanced vents in the room that was prepared for a potential patient with viral haemorrhagic fever in ward 43
- a cracked shower floor lining, meaning water could escape under the covering in ward 2, and
- the drain covers in two patient showers were found to be dirty and stained in ward 2.

We also received the following comment from a patient who completed our survey.

- 'Toilet and shower room in ward 26 room 2 could be clean more often as seats plus floor has been covered in stool (faeces) a few times.'

■ **Requirement 6**: NHS Lothian must ensure that systems and processes are in place and implemented that meet cleaning standards consistently and comply with *NHSScotland National Cleaning Services Specifications* (2009) and provide an environment that is safe and clean. This will ensure that NHS Lothian maintains a healthcare environment that reduces the risk and spread of infection and maintains public confidence.

We discussed the role of the domestic staff in cleaning areas where patients were placed in isolation due to suspected or known infections. On the majority of wards, domestic staff could describe the correct policies and procedures that should be followed. However, on ward 2, the domestic could not describe the correct dilution ratio for chlorine-releasing disinfectant and detergent. This was fed back to the clinical nurse manager at the time of the inspection.

Across the majority of wards we found that the standard of cleanliness of patient equipment was poor. We found the following examples.

- Out of 29 patient bedframes and handrails we inspected, 22 were contaminated (wards 2, 4, 15, 27, 43, 52/53). One of the contaminated patient bed handrails was found in the room prepared to care for a patient with viral haemorrhagic fever in ward 43.
- Out of 18 patient armchairs (see Image 3) we inspected, 16 were contaminated (wards 2, 26, 43, 52/53).
- Out of 21 commodes or raised toilet seats (see Image 4) we inspected, 16 were contaminated with faeces, blood or body fluids (wards 2, 26, 50, 52/53). Two out of five commodes on ward 50 were damaged and could not be cleaned effectively.
- Out of 18 mattress covers we inspected, seven were contaminated (wards 2, 27, 43, 52/53).

Image 3: patient armchair on ward 52/53

Image 4: blood on a raised toilet seat in ward 2

We also found faecal contamination to patient handrails in toilets (ward 4) and to toilet-roll dispensers (ward 4). In a store room in ward 26, a pair of pressure-relieving boots were significantly contaminated with body fluids when turned inside-out. A pressure-relieving seat cushion had significant contamination of body fluids on the top and bottom of the inside cover.

- **Requirement 7**: NHS Lothian must ensure that all patient equipment is clean and ready for use. This will reduce the risk of infection to patients, staff and visitors.

We were told that a mattress policy is in use in NHS Lothian. We found an inconsistent approach with the application of this policy.

- **Requirement 8:** NHS Lothian must ensure that a consistent mattress audit system is in place for checking all mattresses and mattress accessories across all wards and departments. This will reduce the risk of cross-infection to patients.

We requested that immediate action be taken to improve the standard of cleanliness of the patient environment and patient equipment. We asked the senior management team to provide an action plan for each of the concerns we escalated on wards.

We returned and carried out an unannounced inspection of wards 4, 43 and 52/53 on 27 November 2014. We found the standard of cleanliness of the patient environment and patient equipment had improved. We noted a few minor exceptions to this, which the charge nurse for each ward would address.

3.2 Communication and public involvement

Communication with the public

During the inspection, we spoke with nine patients, one visitor and one carer. Patients were mostly positive about the care and treatment they had received at Western General Hospital. There were mixed responses from patients we spoke with about the cleanliness of the wards, with the majority saying the wards were always or mostly clean. Although the majority said they were satisfied, they stated that cleaning could be interrupted and therefore was slow to be completed due to conflicting demands on staff.

Of the 75 patients who responded to our survey:

- 84% patients stated that their ward was ‘always’ or ‘mostly’ clean
- 79% patients stated that staff ‘always’ washed their hands, and
- 83% patients stated that they thought patient equipment was ‘always’ clean and in a good state of repair.

Public involvement

The infection control committee in NHS Lothian has members who are public representatives. Members of the public are also involved in mystery visitor walk-rounds of wards, where they talk to patients about the cleanliness of wards.

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

Priority	Indicative timescale
1	Immediately on receipt of report
2	Within 1 month of report publication date
3	Within 3 months of report publication date
4	Within 6 months of report publication date
5	Within 9 months of report publication date
6	Within 12 months of report publication date

Governance and compliance

Requirements NHS Lothian must:		HAI standard criterion	Priority
1	ensure that alcohol-based hand rub is provided and accessible at the point of patient care. This will minimise the risk of infection to patients. If this is not possible due to patient safety concerns, a risk assessment must be completed to demonstrate the reasons for the removal of the alcohol-based hand rub from the point of patient care and the alternative control measures (see page 8).	**1a.2**	**1**
2	ensure that all newly installed wash hand facilities are compliant with *Health Technical Memorandum (HTM 64) – Sanitary Assemblies, Department of Health, February 2006 (Basin assemblies for use in connection with clinical procedures)* (2006) (see page 9).	**4b**	**1**

Governance and compliance (continued)

	Requirements NHS Lothian must:	HAI standard criterion	Priority
3	assess the layout of the beds and the accessibility of clinical wash hand basins in wards 2, 4 and 52/53 so that staff and patients have easy access to hand wash facilities (see page 9).	**3a.3**	**1**
4	ensure that dedicated hand hygiene facilities are in place in the clinical preparation areas to allow staff to safely decontaminate their hands (see page 9).	**3a**	**1**
5	ensure that staff follow the correct procedure for the management of blood spillages (see page 10).	**3a.3**	**1**
6	ensure that systems and processes are in place and implemented that meet cleaning standards consistently and comply with *NHSScotland National Cleaning Services Specifications* (2009) and provide an environment that is safe and clean. This will ensure that NHS Lothian maintains a healthcare environment that reduces the risk and spread of infection and maintains public confidence (see page 13).	**4a**	**1**
7	ensure that all patient equipment is clean and ready for use. This will reduce the risk of infection to patients, staff and visitors (see page 14).	**4a.1**	**1**
8	ensure that a consistent mattress audit system is in place for checking all mattresses and mattress accessories across all wards and departments. This will reduce the risk of cross-infection to patients (see page 15).	**1a.2**	**1**
Recommendation **NHS Lothian should:**			
a	ensure that single use toiletries, such as skin cleansers, are only available for single patient use. This will reduce the risk of cross-infection between patients (see page 10).		

Communication and public involvement
Requirements
None
Recommendations
None

Appendix 2 – Inspection process

Our inspection process starts with a local self-assessment, includes at least one inspection to a hospital and ends with HEI publishing its inspection report and the NHS board's improvement action plan.

Before an inspection

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.

During an inspection

We assess performance both by considering the self-assessment data and inspecting acute, non-acute and community hospitals within the NHS board area to validate this information and discuss related issues. We inspect the physical environment of the clinical areas. We also speak with key staff, ward staff and patients on the wards, as well as talk with senior members of staff from the hospital and NHS board. We use audit tools to help us assess 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. We will normally publish a written report 8 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 inspection:** the NHS board and hospital may or may not be given advance notice of the inspection. A follow-up inspection will take place no later than 26 weeks from the publication of the initial report.

Follow-up activity

The inspection team will follow up on the progress made by the NHS board/hospital in relation to the implementation of the improvement action plan. Healthcare Improvement Scotland will request an updated action plan 16 weeks after the initial inspection. The inspection team will review the action plan when it is returned 2 weeks later and decide if follow-up activity is required.

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

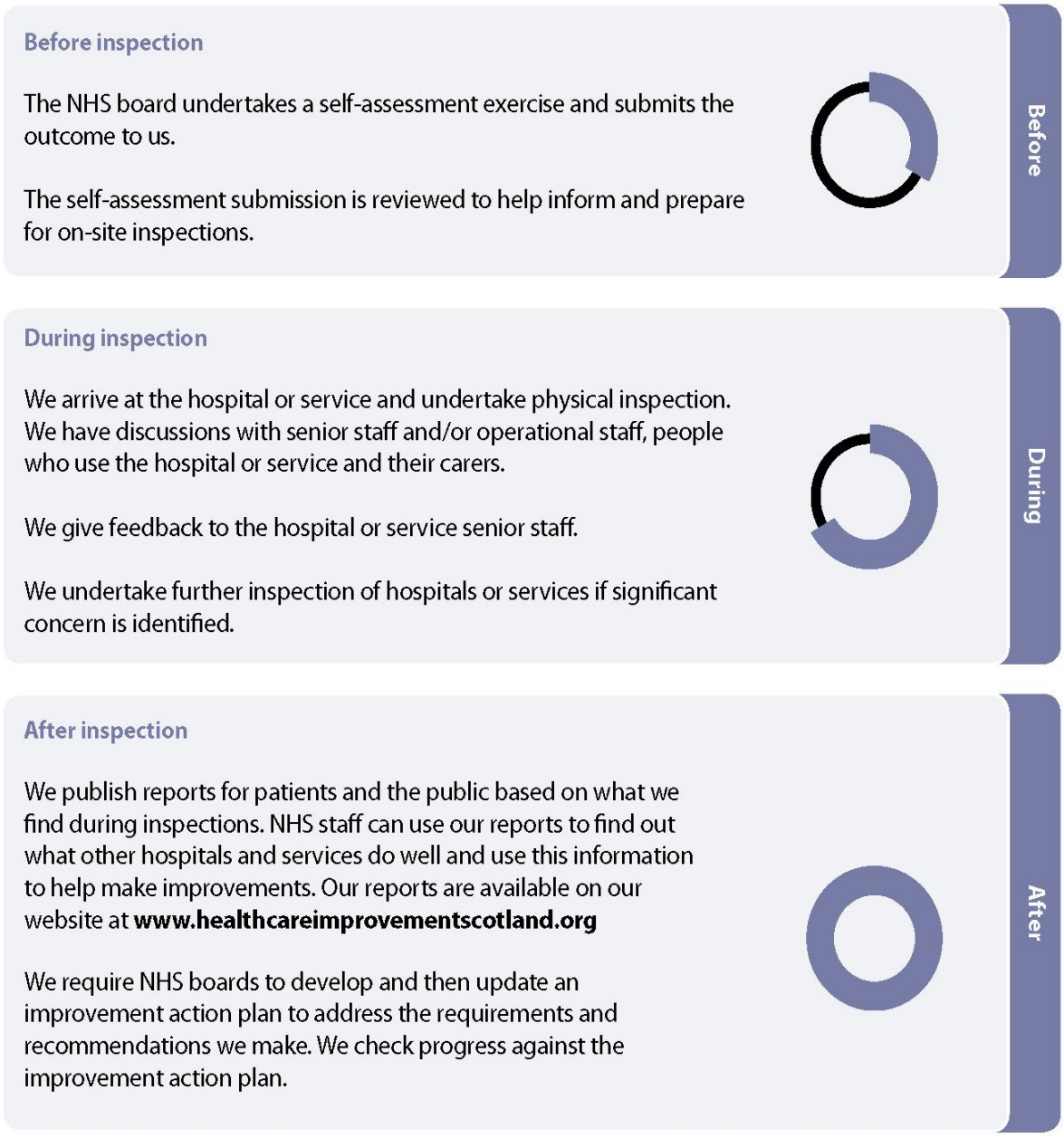
- scheduling an announced or unannounced inspection
- planning a targeted announced or unannounced inspection looking at specific areas of concern
- a meeting (either face to face or via telephone/video conference)
- a written submission by the NHS board on progress with supporting documented evidence, or
- another intervention deemed appropriate by the inspection team based on the findings of the initial inspection.

A report or letter may be produced depending on the style and findings of the follow-up activity.

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

We follow a number of stages in our inspection process.



Appendix 4 – Details of inspection

The inspection to **Western General Hospital, NHS Lothian** was conducted on **18–19 and 27 November 2014**.

The inspection team was made up of the following members:

Allison Wilson
Inspector (Lead)

Jacqueline Jowett
Inspector

Emer Shepherd
Inspector

Ken Barker
Public Partner

Observed by:

Howard McNulty
Public Partner

Supported by:

Ross McFarlane
Project Officer

The return inspection to **Western General Hospital, NHS Lothian** was conducted on **Thursday 27 November 2014**.

The inspection team was made up of the following members:

Allison Wilson
Inspector (Lead)

Jacqueline Jowett
Inspector

Appendix 5 – Glossary of abbreviations

Abbreviation

CDI	*Clostridium difficile* infection
CEL	Chief Executive letter
FMT	Facilities Management Tool
HAI	healthcare d infection
HDL	Health Department Letter
HEI	Healthcare Environment Inspectorate
ICU	intensive care unit
HPS	Health Protection Scotland
MRSA	meticillin resistant *Staphylococcus aureus*
NHS QIS	NHS Quality Improvement Scotland
PPE	personal protective equipment
PQI	patient experience quality indicator
PVC	peripheral vascular catheter
QIDS	quality improvement data system
SABS	*Staphylococcus aureus bacteraemias*
SICPs	standard infection control precautions

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

HEI Healthcare Environment Inspectorate

Ensuring your hospital is **safe** and **clean**

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Healthcare Improvement Scotland

The Healthcare Environment Inspectorate is part of Healthcare Improvement Scotland.