

## Scottish Parliament Region: North East Scotland

### Case 200800374: Tayside NHS Board

#### Summary of Investigation

##### **Category**

Health: Hygiene; cleanliness and infection control

##### **Overview**

The complainant (Mr C) raised a number of concerns regarding the standard of cleanliness in Ward 17 of Ninewells Hospital (the Hospital). He complained that Tayside NHS Board (the Board) failed to maintain an adequate standard of cleanliness in the ward and that their systems for monitoring cleanliness were flawed. Mr C also complained that, when he visited the Hospital, patient records were left unattended in areas accessible by the public.

##### **Specific complaint and conclusions**

The complaints which have been investigated are that:

- (a) cleanliness standards at the Hospital were poor (*no finding*);
- (b) staff at the Hospital failed to adhere to the Board's hygiene policies (*no finding*);
- (c) the Board's procedures for monitoring cleanliness were ineffective (*not upheld*); and
- (d) the Board failed to securely store patient records (*upheld*).

##### **Redress and recommendations**

The Ombudsman recommends that the Board:

- (i) invite Mr C to a meeting at the Hospital to discuss his concerns about cleanliness and infection control; and
- (ii) instruct their Caldecott Guardian to review the procedures for transferring clinical records between the Orthopaedic Out-patient Clinic reception area and clinical staff to ensure the security of clinical records at all times.

The Board have accepted the recommendations and will act upon them accordingly.

## **Main Investigation Report**

### **Introduction**

1. On various occasions during March and April 2008, the complainant (Mr C) visited relatives that were being treated in Ninewells Hospital (the Hospital). He said that the ward that his mother-in-law was staying in, Ward 17, was unclean and that ward staff failed to follow basic hygiene standards. He also complained that patient records were left unattended on a trolley in a public waiting area.

2. Mr C raised his concerns with Tayside NHS Board (the Board) in a formal complaint. The Board assured him that Ward 17's staff followed strict hygiene protocols and that the levels of cleanliness were regularly audited. For the period relating to his complaint, Ward 17 had scored a compliance rate of 93 percent, which satisfied the Board that their staff had maintained a high level of cleanliness within the ward. Mr C said that, given his own experiences of Ward 17, a compliance rate of 93 percent was unrealistic. Unhappy with the Board's response, he brought his complaint to the Ombudsman in May 2008, questioning the auditing process's effectiveness.

3. The complaints from Mr C which I have investigated are that:

- (a) cleanliness standards at the Hospital were poor;
- (b) staff at the Hospital failed to adhere to the Board's hygiene policies;
- (c) the Board's procedures for monitoring cleanliness were ineffective; and
- (d) the Board failed to securely store patient records.

### **Investigation**

4. In order to investigate this complaint, I reviewed the correspondence between Mr C and the Board. I also interviewed senior staff of the Board, visited Ward 17 at the Hospital and reviewed the Board's cleanliness policy and auditing records for the ward. I have not included in this report every detail investigated but I am satisfied that no matter of significance has been overlooked. Mr C and the Board were given an opportunity to comment on a draft of this report.

**(a) Cleanliness standards at the Hospital were poor; (b) Staff at the Hospital failed to adhere to the Board's hygiene policies; and (c) The Board's procedures for monitoring cleanliness were ineffective**

5. Mr C attended the Hospital on a number of occasions during March and April 2008 to visit his mother-in-law who was being treated in Ward 17, an Orthopaedic Out-patient ward. He told me that, during his visits he noticed a number of hygiene and cleanliness issues. Mr C said that he witnessed hospital staff wearing excessive jewellery, contrary to the Board's staff hygiene policy, and that staff were often seen wearing their uniforms around the town and on public transport.

6. Mr C said that he found the general standard of cleanliness in Ward 17 to be poor. Concerned about the thoroughness of any cleaning being carried out, he placed a sweet wrapper under his mother-in-law's bed. He told me that it remained there for four days, indicating that the beds were not pulled out when the floors were cleaned. Mr C said that, during a conversation with one of the ward staff, he casually asked whether beds were pulled out for cleaning and was told that they were not, as staff 'did not have the time to do this'. In his complaint to the Ombudsman, Mr C noted that the Board's cleaning standards policy specifically states that beds should be pulled out for cleaning.

7. Mr C's son was also admitted to the Hospital around the same time. He was admitted to the Cardiac Unit in Ward 21. Mr C said that the difference between the cleanliness levels of the two wards was immediately noticeable. He found Ward 21 to be very clean. Visiting hours were strictly enforced, limiting public access to the ward and all visitors and staff were made to use hand gels. He said that, by comparison, Ward 17 was busy, untidy, and that the use of hand gels was not enforced. He told me that his mother-in-law was attended to by a nurse who had just assisted another patient. The nurse did not wash her hands between patients.

8. On 4 April 2008, Mr C complained verbally to the Board's Complaints and Advice Co-ordinator. The Board's Director of Nursing, Delivery Unit (the Director) wrote to him on 2 May 2008 to answer the points that he had raised. She assured him that hand hygiene is considered to be an extremely important aspect of the nurses' role in preventing cross infection and that the Senior Charge Nurse monitors ward staff's performance in this regard closely. The Director explained that normal practice is for ward staff to decontaminate their hands between patients, either by washing with liquid soap or the hand gels

provided for general use. She said that hand hygiene is monitored via an auditing tool and random checks, carried out by the Hospital's Infection Control Team. The Director advised Mr C that the most recent audit for Ward 17 had found it to have an overall compliance rate of 93 percent.

9. The Director told Mr C that Senior Charge Nurses throughout the Board monitor staff's compliance with the uniform policy. She noted that only wedding bands are considered acceptable jewellery and that staff are challenged if found to be wearing items of jewellery that do not conform to the policy.

10. With regard to the cleanliness of Ward 17, the Director stressed that beds are pulled out for cleaning daily, Monday to Friday, and the floor dry and damp mopped. She said that the floor is deep cleaned weekly with a machine. The Director conceded that access for cleaning in the ward can be restricted when there are issues in the ward, however, she found no record of any problems during the period that Mr C complained about. She said that monitoring scores for Ward 17 during March and April 2008 were between 92 and 95 percent, which she considered a clear indication that the ward had been cleaned to the expected standard.

11. Mr C told me that he would rate the cleanliness of Ward 17, at the time of his visits, no higher than 40 percent and compliance with hand hygiene around 30 percent. He stated it as fact that no cleaning was carried out on the ward and questioned the reliability of the Board's cleanliness and hand hygiene auditing procedures.

12. I asked the Board to provide me with details of their Infection Control Team's monitoring and auditing procedures. They provided me with copies of their auditing procedures, the most recent audits for Ward 17 and those relevant to the period that Mr C complained about. They also provided me with the induction and training material used to train staff on cleanliness and hand hygiene.

13. I visited the Hospital on 10 February 2009 to interview senior staff involved in domestic services, infection control and the running of Ward 17. At the meeting, I asked the Board how ward checks are carried out: whether these are in the form of random spot-checks, or scheduled inspections and whether the compliance information is provided by ward staff or gathered first-hand by the Infection Control Team. I also asked how frequently individual wards are

audited. The Board explained that the ward is checked by Infection Control staff daily, however, no formal records are kept of their findings. Should a significant or recurrent problem be identified, this would be formally recorded and, depending on the nature of the problem, training or supervision provided to staff to ensure that the issue is addressed. The Board told me that this is done on an ad-hoc basis, as required, rather than as the result of a formal, structured, process. All of the Board staff present at the meeting were keen to stress that ward staff, Domestic Services and the Infection Control Team act together as a team, enabling free-flowing communication between the various functions. I learned that Domestic Services staff are mainly ward-specific, meaning that the same staff tend to clean Ward 17 daily. There are a few variations to staff due to shift changes.

14. The Board told me that, as well as the unreported daily checks, weekly and monthly audits are carried out. The results of these are recorded formally and the monthly audits, which are carried out by the Domestic Services Supervisor, produce the percentage scores that Mr C queried. I was advised that these audits are based on specific criteria and that they are carried out in line with National Cleaning Specifications. In 2004, the Scottish Government (at that time, the Scottish Executive) published the National Cleaning Specifications (the Specifications), which set out the expected standards for cleanliness in Scottish hospitals. The Specifications also provide templates for auditing tools that should be used to monitor cleanliness and ensure that specific, required, cleaning duties are carried out. The Board told me that, due to the nature of the ward, Ward 17 is always cleaned to the level required by the Specifications, or above.

15. I reviewed the weekly and monthly audits for Ward 17 during the period that Mr C complained about. These list all of the cleaning duties required to be carried out in line with the Specifications. Each duty is allocated a number of points and these points are awarded if the auditor is satisfied that the work has been completed, and deducted if not. The auditor failed Ward 17 on a number of individual points, including the cleanliness of some wash hand basins, dust on some of the furniture and glasswork, and an unclean milk tray. This resulted in points being deducted, however, the overall percentage score was not substantially affected. For example, an audit dated 7 March 2008 awarded Ward 17 a score of 346 points from a possible 370, resulting in a 93.5 percent score. However, the accompanying audit form highlighted nine separate issues that had been recorded as 'fails'. I asked the Board how the percentage scores

generated by the monthly audits are used. I was also keen to understand the impact that the percentage scores have on ward and Domestic Services staff, for example, would a 95 percent score be viewed by staff as them having done an adequate job? The Board explained that the percentage scores are not fed back to staff, as they have no real meaning for them instead, once the audit has been completed, the results are fed back to the appropriate heads of department along with an action plan, which describes the remedial action that should be taken to rectify each problem. Each remedial action is prioritised as red, amber or green, depending on its urgency. Timescales are set for each remedial action with an emphasis on improving services rather than meeting targets. Each action is then tracked via the feedback form until it can be marked as having been achieved. Whilst the percentage scores are not directly fed back to Domestic Services staff, the problems that have been identified by the inspector are highlighted with them at the time of the inspection and they have the opportunity to take immediate remedial action.

16. When asked about Mr C's concerns that the levels of cleanliness were far superior in Ward 21 than in Ward 17, the Board did not dispute this and said that this was a natural difference. They explained that Ward 17 is open to the public at specific times and has a high number of visitors attending for short periods of time, often arriving and leaving in groups. There are open ward areas, as well as enclosed side rooms. I was shown around Ward 17 during my visit, and noted that it had a rather busy look due to the number of visitors at patients' bedsides, chairs pulled out, their handbags and shopping on the floor, and the fact that the area was generally full of activity. I did not view Ward 21, however, was told that it appears far tidier, as there is no open ward area; all beds are in enclosed rooms. Ward 21 is classed as a critical care unit. Cleaning standards are the same as Ward 17, however, Ward 21 is used differently by visitors. There are normally smaller numbers of people visiting within a few families for a longer period of time. The ward area itself is more spacious and free from clutter. The Board did not consider it possible to make a fair comparison between the two wards, but stressed that infection control standards were consistent between the two with basic procedures, such as hand hygiene, being strictly enforced in both wards.

17. As I mentioned in paragraph 12 of this report, the Board provided me with an extensive bundle of induction and training material that they use to train staff on hand hygiene protocols. They also provided copies of guidance that is available to healthcare staff on infection prevention and control. This covers

basic hygiene principles and a number of procedures that are in place to prevent the spread of infection, such as the use of colour coded equipment to ensure that there is no cross infection between different areas of the ward. In addition to this, I reviewed samples of Ward 17's most recent hand hygiene audits. The records that I saw resulted in compliance scores ranging between 70 to 85 percent, between July 2008 and January 2009. The auditing tool notes that the national target for hand hygiene compliance is 90 percent and recorded comments as to why marks had been deducted. The notes in this regard are brief, however, it would appear that the majority of marks lost were due to hand cleaning being carried out for an insufficient length of time, rather than not at all.

18. I discussed Mr C's specific comments on the cleanliness of Ward 17 with the Board and asked them what they felt may have led to his complaint. They told me that they were surprised to receive his complaint, and that they could not understand how some of the problems that he described could have occurred. Whilst they conceded that emergency situations or the presence of a disruptive group of visitors can lead to cleaning being delayed or missed, the Board said that they are happy to admit when this happens and to explain the reasons for the lack of cleaning. They reiterated the fact that there is a deliberately different standard between Ward 17 and Ward 21 and noted that, due to the layout of Ward 17, it may not always be apparent to visitors that staff have washed their hands between patients. The Board stressed that all ward staff are diligent about cleanliness and take pride in performing well in this respect. I was told that staff are not shy about pointing out when visitors or colleagues have failed to use hand gels or washed their hands. I was further assured that Domestic Services would be informed immediately by ward staff if a cleanliness problem was identified. Having shown me around Ward 17, the Board said that they would be happy to invite Mr C to the Hospital for a similar tour of the ward and discussion about their approach to cleanliness.

19. With regard to Mr C's complaints about hospital staff's failure to follow uniform guidelines, the Board said that the uniform policy is strictly enforced within Ward 17, but noted that they had no authority to prevent staff from wearing uniform outwith the Hospital. That said, they stressed that this is not condoned or encouraged by the Board.

*(a) Conclusion*

20. I have been given no reason to dispute Mr C's observations when he attended Ward 17 at the Hospital in March and April 2008. That said, it is

impossible for me to confirm the standard of cleanliness in the ward at that time. Therefore, rather than seeking to establish this, I accept the points that Mr C raised with the Board as being valid and have considered whether the Board's cleanliness monitoring procedures are effective and suitable for the identification and remediation of cleanliness issues.

21. During my visit to the Hospital, I was impressed by the staff's evident awareness of the standards that are expected of them with regard to cleanliness and hand hygiene. It was clear that the Hospital's senior management are proactive in their efforts to maintain a clean ward and prevent the spread of infection. I am satisfied that the auditing tools used to monitor cleanliness and hand hygiene are in line with the Specifications, as published by the Scottish Government. I also found the three-tier approach, involving daily, weekly, and monthly checks to be appropriate and the working relationship between ward staff, Domestic Services and the Infection Control Team to be positive.

22. The procedures that the Board have in place adhere closely to the national best practice guidance and regular monitoring takes place. However, with the best will in the world, even the most effective monitoring procedures cannot guarantee 100 percent success and cleaning tasks will occasionally be missed whether due to emergency situations or lack of staff thoroughness. I am satisfied that the Board acknowledge this within their procedures and that they have adequate systems in place to identify omissions in the cleaning duties and follow-up to ensure that they are addressed promptly.

23. I was concerned when reading Mr C's complaint that the cleanliness and hand hygiene audit results of over 90 percent may be viewed as a success by ward staff and that they may subsequently overlook those areas where points were lost. Having reviewed the auditing process, I am satisfied that the percentage scores are used for management information, rather than having any real impact on what work is carried out in the ward. I do not feel that this, or the action plan system, was explained to Mr C at the time of his complaint. I consider that, had this been done, although his perception of the cleanliness of Ward 17 during his visits may not have been changed, he may have been reassured that the Board have processes in place to address cleanliness issues.



24. As I mentioned above, I cannot confirm Mr C's assertion that Ward 17 was unclean during the times that he visited the Hospital. As such, there is insufficient evidence available for me to reach a useful conclusion. I, therefore, have no finding on this complaint.

*(a) Recommendations*

25. The Ombudsman has no recommendations to make.

*(b) Conclusion*

26. I cannot confirm whether the specific cleaning duties required to be carried out by the Specifications were completed prior to or during Mr C's visits to Ward 17. As such, there is insufficient evidence available for me to reach a useful conclusion. I, therefore, have no finding on this complaint.

*(b) Recommendations*

27. The Ombudsman has no recommendations to make.

*(c) Conclusion*

28. The Board have been able to demonstrate that their staff are thoroughly trained in infection control procedures and hand hygiene protocols. I am further satisfied that they have appropriate systems in place to identify shortcomings in cleanliness and procedures to address these. As such, I do not uphold this complaint.

*(c) Recommendation*

29. Although I did not uphold this complaint, I acknowledge the Board's willingness to invite Mr C to the Hospital to discuss their approach to cleanliness and to answer any questions that he may have.

30. The Ombudsman recommends that the Board invite Mr C to a meeting at the Hospital to discuss his concerns about cleanliness and infection control.

**(d) The Board failed to securely store patient records**

31. Mr C told me that, while visiting the Hospital and sitting in the Orthopaedic Out-patient Clinic waiting area, he witnessed patient records being left unattended on a trolley (Trolley 1) outside the reception area. He said that this area was open to the public and, at certain times, there were no staff behind the reception desk, leaving the records unattended. He was concerned by the

implications that this could have in terms of patient confidentiality, or theft of important patient information.

32. Mr C included his concerns about the security of patient records in his verbal complaint to the Board on 4 April 2008. The Board responded in writing on 2 May 2008. They explained that normal procedure within the Orthopaedic Out-patient Clinic was for the receptionist to access the patient's records prior to their arrival for their appointment and to place them onto Trolley 1. They stressed that the records remain on Trolley 1 for a very short time before they are uplifted by the nurse and taken to the clinic. The Board said that Trolley 1 is in full view of reception staff at all times and that there is a mirror on a pillar that allows them to see it from all positions. Trolley 1 is in an area that patients do not pass through and is considered necessary, as nursing staff would be unable to carry the large volumes of clinical records that some patients have.

33. I was unable to view the waiting area when I attended the Hospital, however, its layout was described to me. I have included a rough representation of the layout at Annex 3 of this report. Trolley 1 is situated outside the enclosed reception area, but within a walled area, blocking access from patients and visitors entering the waiting room. A second trolley (Trolley 2) is located in the consulting room area, in a corridor in front of a desk, which is occupied by a nurse at all times. The Board told me that there is insufficient space within the reception area for Trolley 1 to be kept there while still allowing access through the reception door. The Board said that the wall outside the reception door blocks Trolley 1 from view and noted that patients do not have access to that area. The consultation rooms are accessed via a closed door and patients and visitors are not allowed access without being accompanied by a member of staff.

34. In July 2008, the Scottish Government published best practice guidance on the storage of medical records in their document Records Management: NHS Code of Practice (the Guidance). The Guidance does not specifically prescribe a procedure for the provision and collection of medical records in publicly accessible areas, however, it sets out some general principles for good management of medical records. The Guidance notes the following:

'1.4 Aims of Health Records Management System:

- health records are secure – from unauthorised and inadvertent alteration or erasure. Access and disclosure are properly controlled and audit trails will track all use and changes to ensure that health

records are held in a robust format which remains readable for as long as they are required.

### 1.5.2 Storage

Health records storage areas should provide a safe working environment with secure storage that allows health records to be retrieved at all times.

These areas should only be accessible to authorised staff.

- access to health records storage areas is restricted to authorised personnel only. Health records should not be accessible to unauthorised persons nor left for any period where they might be accessed by unauthorised persons...

#### Record maintenance

47. Equipment used to store current records on all types of media should provide storage that is safe and secure from unauthorised access and meets health and safety and fire regulations, but which also allow maximum accessibility to the information commensurate with its frequency of use.'

#### *(d) Conclusion*

35. Although the Guidance's comments on the storage of clinical records is directed more at long-term storage, I consider the principles of restricted access and barred access to unauthorised personnel to be very important, and relevant to the transfer of records from storage to clinical staff. The Guidance is clear that all reasonable efforts must be made to ensure that records are not left unaccompanied.

36. Having reviewed the layout of the area that Mr C complained about, I am satisfied that Trolley 2's position is sufficiently well attended by staff and obscured from public view.

37. Although I acknowledge the Board's position that Trolley 1, whilst visible from the waiting area, is in full view of reception staff, I consider it likely that there will be occasions, or at least that there is the possibility for occasions, when the reception area is unmanned, or reception staff's attention is otherwise occupied. The fact that Mr C raised a complaint about Trolley 1's position indicates that it is visible to the public and accessible should an opportunist wish to access the records for any reason.

38. I accept that Trolley 1 is placed outside the reception area due to space restrictions and the practicalities of access by nursing staff, which reflects the Guidance's comments on having processes that suit the frequency of access. That said, I am concerned that records are left in a publicly accessible area even briefly. I consider Mr C's concerns that records can be left unattended and accessible by unauthorised personnel to be valid. Although I consider the likelihood of this happening to be remote, on balance, I uphold this complaint.

*(d) Recommendation*

39. The Ombudsman recommends that the Board instruct their Caldecott Guardian<sup>1</sup> to review the procedures for transferring clinical records between the Orthopaedic Out-patient Clinic reception area and clinical staff to ensure the security of clinical records at all times.

40. The Board have accepted the recommendations and will act upon them accordingly. The Ombudsman asks that the Board notify him when the recommendations have been implemented.

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<sup>1</sup> A Caldecott Guardian is a senior person responsible for protecting the confidentiality of patient and service-user information and for ensuring that health boards and other partner organisations satisfy the required standards for handling patient information.

**Explanation of abbreviations used**

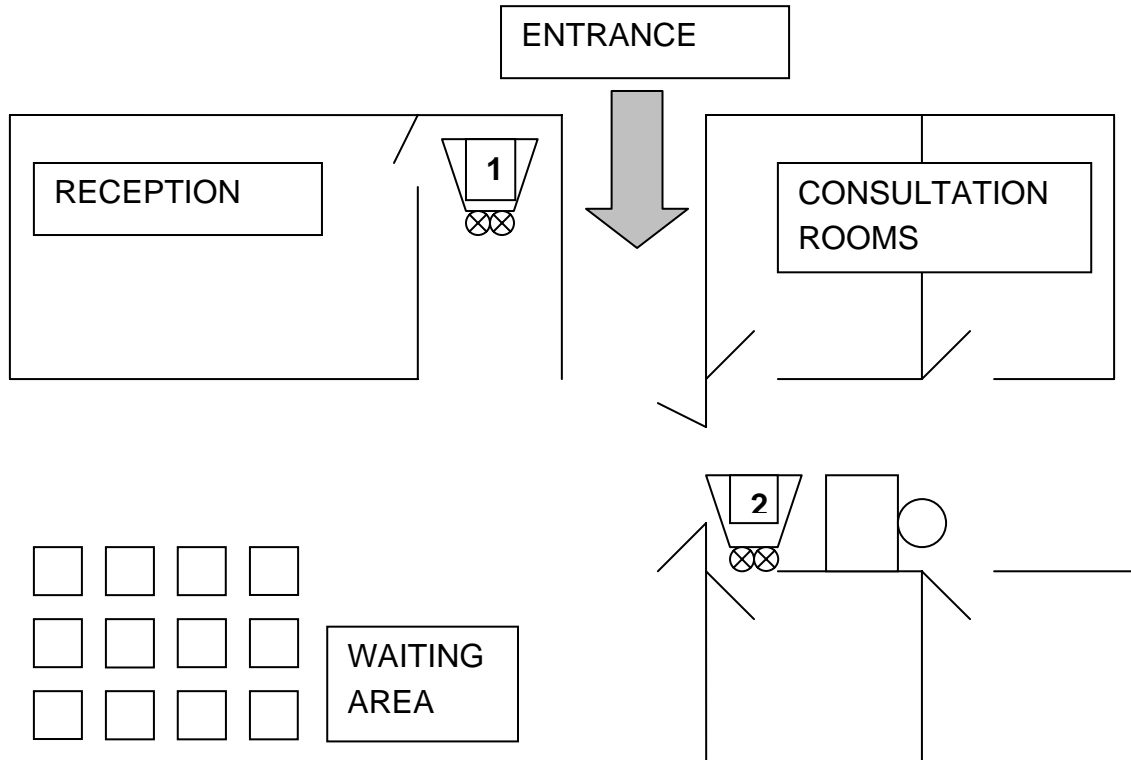
Mr C	The complainant
The Hospital	Ninewells Hospital, Dundee
The Board	Tayside NHS Board
The Director	The Board's Director of Nursing, Delivery Unit
The Specifications	The NHS Scotland National Cleaning Service Specifications
Trolley 1	Records trolley outside reception area
Trolley 2	Records trolley in consultation room area
The Guidance	Records Management: NHS Code of Practice

**List of legislation and policies considered**

The NHS Scotland National Cleaning Service Specifications

Records Management: NHS Code of Practice

Layout of the Orthopaedic Out-patient Clinic waiting area



1 = records trolley outside reception area

2 = records trolley in consultation room area

