



The Scottish Parliament  
Pàrlamaid na h-Alba

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Scotland, Health and Safety  
Executive

Alastair Delaney, Director of  
Quality Assurance, Healthcare  
Improvement Scotland;

Jim Miller, Director of  
Procurement, Commissioning  
and Facilities, NHS National  
Services Scotland, and  
representative of Health  
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Phillip Couser, Director of Public  
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Via email only

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Dear Iain Brodie, Alastair Delaney, Jim Miller and Phillip Couser

### **Health Hazards in the Healthcare Environment**

Thank you for providing oral evidence on [19 March](#) as part of the Committee's short inquiry into Health Hazards in the Healthcare Environment.

I am writing to request information on a range of issues that arose from the session. We would like to request the further information you offered to provide, seek answers to questions posed at the evidence session that you were unable to answer and

pursue some issues that the Committee wishes to probe further having reflected on your oral evidence.

A central theme of the Committee's work to date has been where responsibility and expertise on these issues lies across your four organisations. It would be helpful to receive a collective response to this letter. Where appropriate please can you specify which organisation has provided the response to offer us a further insight into each organisations remit.

Phillip Couser offered to provide a breakdown of what proportion of the 48 healthcare associated infections arose from water based, ventilation based and cleaning or cleanliness issues. Please can we request this information? (Col 5)

A request was made for data on the level of mortality that is attributed to healthcare associated infections. (Col 34) Please can we request this data for the last 10 years. Also for any data you have on how Scotland performs against other countries in this regard.

Phillip Couser referred to Scotland performing well in international benchmarking for healthcare associated infection. Please provide details on the basis for this statement. (Col 5-7)

Later in the evidence session Phillip Couser referenced that HPS had conducted literature research on the issues and incidents internationally on healthcare associated infections that had been attributed to the built environment. It would be helpful to have further information on the findings from that literature review. (Col 18)

During the evidence session you were unable to answer the following questions:

- Is it correct that the only routine proactive testing for contamination of the physical environment is for legionella? (Col 9)
- Can surveillance systems be used to prevent outbreaks/infections from occurring in the first place? (Col 11)
- Is there any system in place that should pick up on organisms like Cryptococcus in the ventilation system before patients become infected? (Col 12)
- What is the process for tracking down the source of an infection when an outbreak occurs on a ward? (Col 18)

We would be grateful if you could provide further information on these questions if possible.

The Committee is also interested in the governance of infection control in systems like water and ventilation. In response to a question around ensuring compliance with guidance produced by HFS, Jim Miller said the organisation "presumes that there is compliance with the guidance" and aside from cleaning standards and decontamination of medical instruments, compliance with other areas refers back to the boards' internal management structures (Col 17). Do you know what the NHS boards do to ensure compliance with the rest? What gives confidence that best practice is being implemented across the country?

Jim Miller referred to the Healthcare Associated Infection System for Controlling Risk in the Built Environment (HAI- SCRIBE) (Col 13). Is there currently any monitoring by Health Facilities Scotland of a board's usage of HAI-SCRIBE and an assessment of their performance against this tool? Reference was made to boards sharing information on HAI-SCRIBE if they wished to. Would there be advantages to all boards being required to share this information to encourage the sharing of best practice? Is there a central repository that could be used for this? Or any suggestions about how it could be shared?

Alastair Delaney was asked whether plant rooms in a hospital were subject to regular inspection. Mr Delaney stated in his response "Not directly, but if it was identified that there might be issues with a plant room, the team would have a look." (Col 14) The Committee also heard about the intelligence led approach to inspections. However, the Committee would like to know how likely it is that this intelligence system would pick up on issues with estate management. Was HIS aware of any problems with the QEUH estate prior to the Cryptococcus infections? In what ways and using what indications would the intelligence system identify such an issue?

One of our written submissions stated that plant rooms at one hospital were infested with pigeons and cockroaches because 'no-one seems to have been designated responsible for cleaning and/or monitoring these areas'. What is your understanding of where the responsibility lies for the cleaning and monitoring of plant rooms? Does the monitoring undertaken look to identify where responsibilities lie?

Alastair Delaney discussed the reduction in the number of safety and cleanliness inspections since 2014 and told the Committee that he expected the number of inspections to 'move back up' in the coming year. (Col 14-15) Has the reduction in the number of inspections in recent years created an additional risk of health hazards in the healthcare environment? Are inspections now being increased due to a rise in incidents?

Members sought to explore with witnesses the specification covering the frequency of cleaning of patient rooms or bed spaces on wards. Alastair Delaney offered to provide the precise detail of the specification in this regard. We therefore request this information. (Col 32)

The Committee has also received concerns around a discrepancy in reports of cleaning compliance from HFS and HIS. The correspondence states that the Facilities Monitoring Reports from HFS show a high level of compliance (90%+) with the cleaning specification across all hospitals, while the reports from HIS which cover the same hospitals and time period show a much lower level of compliance. Can you please comment on this and if appropriate explain this apparent discrepancy?

During the course of the evidence session the issue of when your organisations would be called in to support an NHS board where there was believed to be a potential outbreak of healthcare associated infections was discussed. (Col16,32). It would be helpful to receive further information on that process, what and who triggers your involvement. It would also be helpful to receive further clarification on

when the Scottish Government would be informed of a potential outbreak. What, who and at what level of outbreak would trigger Scottish Government Ministers being informed?

The Committee is also interested in how infection control is built in to the environment. Can you respond to suggestions that there needs to be less variation in new facilities and instead they should have a more standardised design, signed off by infection control experts, to avoid repeated interpretations of the guidance?

The Committee wishes to consider its next steps for its inquiry in advance of the Easter recess. It would therefore be helpful if a response could be provided by **Friday 29 March**.

Yours sincerely



Lewis Macdonald

Convener, Health and Sport Committee