

HEALTH AND SPORT COMMITTEE

HEALTH HAZARDS IN THE HEALTHCARE ENVIRONMENT

March 2019

Background

The Royal College of Nursing is actively involved in infection prevention issues and practice to support improvements in nursing and patient outcomes across the UK. Activity takes place on a national, regional and local level, ranging from representation at national forums to meetings, stakeholder events, education provision and site visits to members' workplaces. RCN safety representatives represent the health and safety interests of members at work and work jointly with employers, to ensure compliance with relevant health and safety legislation.

What is the scale of health problems acquired from the healthcare environment in Scotland?

Healthcare Associated Infections (HAIs) are everyone's business, not just nurses and doctors – patients, visitors and all those working in hospitals have to take HAIs seriously and play their part in stopping their spread. Processes for maintaining the physical environment and equipment are also key. All staff, including nurses and health care assistants, need to be aware of their national regulatory or statutory requirements in order to support their employing organisation to meet and improve the expected standards which provide assurance to patients and the public that safe and high quality health care systems are in place. The RCN is supportive of the work of the Scottish Patient Safety Programme in raising awareness of the actions required to reduce HAIs and improving monitoring and reporting and ultimately reducing the number of HAIs across Scotland's NHS.

What/where are the main risks?

The 'healthcare environment' can be many things and is a broad term ranging from building issues – management of asbestos, radiation safety, ventilation systems, water supply, cladding and fire safety – to the use and maintenance of equipment, staffing levels and infection prevention and control measures. New and old hospitals both face infrastructure and maintenance issues depending on the design, size and age of the building.

Infection or disease may be caused by bacteria, fungi, viruses or prions and can result in a wide variety of infections, for example, wound, respiratory, blood, bone and skin infections. Not all infections are transmissible but some, such as *C. difficile*, influenza and norovirus have the potential to spread from one patient to another, causing outbreaks of infection with serious implications for patients.

Health and social care settings can provide a challenging environment in which to manage risks associated with the transfer of micro-organisms from patient to patient or between the environment, equipment, staff and patients. Vulnerable patients, opportunist pathogens, and the intensity and complexity of health care interventions means that vigilance is required at all times. Preventing infections requires sustained compliance with a number of good

practice areas – including the provision of a well maintained clean environment, aseptic techniques, hand washing, and the management of invasive devices.

NHS Scotland has invested significantly in new healthcare infrastructure however there appear to be consistent problems with the bedding in of new build facilities and questions relating to the procurement and commissioning processes.

The NHS Scotland assets and facilities report highlights that despite this investment there is a need to do more “to move away from, old, poor quality and functionally unsuitable properties.”* While steps are taken to mitigate the impact on patient safety of providing services in these unsuitable environments the RCN does have concerns about the potential for harm to both patients and staff. This can result in clinical staff being left to manage the consequences of a working environment that they cannot influence or change. In many cases the estate portfolio is working against the provision of a safe healthcare environment and brave decisions on the future of these facilities will be required.

In their report Care homes: Then, now and the uncertain future, Scottish Care acknowledges that care homes are “often akin to hospital environments in term of the levels of need they are supporting”. The Committee may also want to consider the implications of health hazards in these environments.

Are the current systems and processes in Scotland adequate for monitoring, reporting, eliminating or controlling these hazards?

Safety is at the heart of all care and must be underpinned by a culture which is open and transparent. The RCN believes it is important that the professional voice is listened to in the process of building and designing new healthcare facilities to ensure the most up-to-date clinical standards and patient welfare are met from the outset. The RCN would like information on how construction firms are selected and reassurance that the quality of the building is more of a priority than cost.

It is important to share learning and intelligence on developing the health and social care estate and on any health problems acquired from the healthcare environment in Scotland so improvements can be made. This is particularly important when planning and commissioning new healthcare facilities. The RCN seeks clarity on the processes for sharing learning across health boards and developing a national resource of commissioning expertise. It would also be helpful to have clarity on the ongoing oversight and allocation of funding for maintenance of healthcare infrastructure under the integration of health and social care, taking into account the range of models for investment for new builds.

Healthcare settings must aim to develop and maintain an organisational culture that provides an environment where staff and those accessing services feel confident to raise concerns. NHS Boards need to have processes in place and the capacity (both staffing and financial) to respond in a timely manner to these concerns. There must be visibility from the frontline to the board and appropriate governance and transparency around decisions to invest or not.

Within NHS hospitals, senior charge nurses (SCN) are uniquely placed to monitor and maintain compliance with infection prevention and control standards and to understand the impact the built environment has on their team’s ability to provide safe, high quality care. They must be given the time and autonomy to manage the ward and the delegated authority

The Royal College of Nursing (RCN) is the world’s largest professional organisation and trade union for nursing staff, with members in the NHS, independent and third sectors. RCN Scotland promotes patient and nursing interests by campaigning on issues that affect members, shaping national health policies, representing members on practice and employment issues and providing members with learning and development opportunities. With over 40,000 members in Scotland, the RCN is the voice of nursing.



to do what is necessary to ensure the welfare of patients. If this means ordering a ward to be cleaned out with the normal cleaning schedule, for example, or for environmental safety issues to be immediately addressed, then the SCN should have confidence in the reporting systems to raise any environmental issues and for the issue to be dealt with quickly and effectively. The move to make the SCN non caseload holding in the Health and Care (Staffing) (Scotland) Bill is a key lever to ensure SCNs have time and authority to do so.

If you require any further information please contact Rachel MacBeath at rachel.macbeath@rcn.org.uk

*NHS Scotland assets and facilities 2017: annual report published Oct 2018