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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Contents

1  About this report 4

2  Summary of inspection 5

3  Key findings 7

Appendix 1 – Requirements and recommendations 15
Appendix 2 – Inspection process flow chart 17
Appendix 3 – Details of inspection 18
Appendix 4 – Glossary of abbreviations 19
1 About this report

This report sets out the findings from our unannounced inspection to Ayrshire Central Hospital, NHS Ayrshire & Arran, from Tuesday 8 to Wednesday 9 September 2015.

This report summarises our inspection findings on page 5 and detailed findings from our inspection can be found on page 7. A full list of the requirements and recommendations can be found in Appendix 1 on page 15.

The inspection team was made up of two inspectors and a public partner, with support from a project officer. One inspector led the team and was responsible for guiding them and ensuring the team members agreed about the findings reached. 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. Membership of the inspection team visiting Ayrshire Central Hospital can be found in Appendix 3.

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

About the hospital we inspected

Ayrshire Central Hospital is a non-acute (community) hospital in Irvine. It has 106 staffed beds and provides young disabled/rehabilitation services and a number of assessment beds for elderly mental health services. The hospital also has a general outpatient department and rehabilitation centre. A new acute adult mental health and community hospital is currently being built on site. This is expected to open in March 2016.

About our inspection

We previously inspected Ayrshire Central Hospital in December 2013. That inspection resulted in one requirement and one recommendation. The inspection report is available on the Healthcare Improvement Scotland website www.healthcareimprovementscotland.org/HEI.aspx

We carried out an unannounced inspection to Ayrshire Central Hospital from Tuesday 8 to Wednesday 9 September 2015.

This was the first inspection of the hospital against the new Healthcare Improvement Scotland Healthcare Associated Infection (HAI) Standards (February 2015).

Inspection focus

Before carrying out this inspection, we reviewed NHS Ayrshire & Arran's self-assessment and previous Ayrshire Central Hospital inspection report. This informed our decision on which standards to focus on during this inspection. We focused on:

- Standard 4: HAI surveillance
- Standard 6: Infection prevention and control policies, procedures and guidance, and
- Standard 8: Decontamination.

We inspected the following areas:

- pavilion 1 (elderly mental health)
- pavilion 3 (care of elderly rehabilitation)
- pavilion 10 (stroke/general rehabilitation), and
- pavilion 11 (neurology rehabilitation).

We carried out 13 patient interviews and spoke with two visitors. We received 19 completed patient questionnaires.

What the hospital did well

- The standard of environmental cleanliness was good across the majority of wards inspected.
- Staff knowledge of the management of blood and body fluid spillages was good.
What the hospital could do better
- A consistent approach must be applied to auditing standard infection control precautions.
- The cleanliness of patient equipment must be improved.
- The cleanliness of hand contact surfaces in pavilion 1 must be improved.

What action we expect NHS Ayrshire & Arran to take after our inspection
This inspection resulted in three requirements and one recommendation. 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

We would like to thank NHS Ayrshire & Arran and in particular all staff and patients at Ayrshire Central Hospital for their assistance during the inspection.
3 Key findings

Standard 4: HAI surveillance

NHS Ayrshire & Arran told us in its self-assessment that it has an annual HAI surveillance programme. Alert organism and conditions surveillance is a core activity of the infection prevention and control team. The organisms and conditions surveillance programmes, along with trigger levels, are detailed in NHS Ayrshire & Arran’s local alert organism and conditions surveillance standard operating procedure.

Data are entered into a bespoke alert organism and condition surveillance database operated by the infection prevention and control team. This database is also used as an electronic record of all advice and interactions by the infection control nurses. A range of reports and charts can be produced from the database. Reports are generated every month for alert organisms, including *clostridium difficile* infection (CDI), *staphylococcus aureus* bacteraemias (SABs) and first isolates of meticillin resistant *Staphylococcus aureus* (MRSA).

There are two types of monthly reports generated for these organisms.

- **Ward level:** These reports provide each ward with HAI data specific to their area, including statistical process control charts and run charts. They are posted on the infection prevention and control intranet site; senior charge nurses, ward consultants and clinical nurse managers are notified when these are available.

- **Organisation level:** These reports provide data at NHS board, hospital and directorate level for the three alert organisms listed above. They are posted on the infection prevention and control intranet site. A notification email along with the key headlines, including progress against the national NHS ‘HEAT’ targets, is issued to senior managers and members of the executive team.

With the exception of pavilion 11, we saw information about infection rates was displayed on patient information boards. We also saw information about other audit and surveillance activity taking place at ward level. For example, this included staff hand hygiene compliance and results from standard infection control precaution audits. The information was presented in a clear and easy to read format for patients, visitors and carers.

An annual HAI surveillance report is published by the infection prevention and control team. We saw minutes of NHS board and infection control committee meetings where the monthly and annual reports had been discussed.

NHS Ayrshire & Arran told us in their self-assessment that data from the alert organisms and surveillance are used to prioritise audit activity within the NHS board.

Staff told us that if a patient tested positive for a SAB infection on a ward, the infection prevention and control team would be contacted. A root cause analysis and additional surveillance would also be completed by the infection prevention and control team.

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1 Health improvement, efficiency, access to services and treatment (HEAT) targets are an internal NHS performance management system that supports national outcomes. NHS boards are accountable to the Scottish Government for achieving HEAT targets.
Standard 6: Infection prevention and control policies, procedures and guidance

NHS Ayrshire & Arran has adopted the Health Protection Scotland *National Infection Prevention and Control Manual* (2015). This manual describes standard infection control precautions. These are 10 key precautions staff should take to minimise the spread of infection. They include hand hygiene, the use of personal protective equipment (aprons, gloves), and the management of linen, waste and sharps. The manual also describes transmission-based precautions. These are precautions staff should take to help prevent cross-transmission of infections. Staff showed us how they access the NHS board’s current infection control manual through the staff intranet. We found review systems for the infection prevention and control policies and procedures in place and all were in date. Staff told us that updates to the infection prevention and control policies and procedures are communicated by email. Senior charge nurses then ensure this information is circulated to staff.

NHS boards are required to measure staff compliance with standard infection control precautions and transmission-based precautions. The frequency of this compliance monitoring is determined by individual NHS boards. We saw that NHS Ayrshire & Arran has a policy for auditing compliance with standard infection control precautions.

The NHS board provided us with a copy of its infection control environmental audit and standard infection control precautions monitoring framework. This details the infection control audit programme that should take place in the NHS board. The senior charge nurse uses a combination of environmental audits and standard infection control precaution monitoring tools to assess staff compliance. To provide independent assurance, the infection prevention and control team undertakes independent monitoring using these audit tools. The frequency of this monitoring is determined by the infection prevention and control team’s annual work programme. Environmental audits review compliance against six of the 10 standard infection control precautions. These are:

- safe management of the environment
- safe management of patient equipment
- safe management of linen
- safe management of blood and body fluid spillages
- safe disposal of waste, and
- safe management of sharps.

To ensure compliance with national hand hygiene monitoring requirements, hand hygiene is audited every 3 months.

The environmental audit does not include the remaining standard infection control precautions. These are:

- personal protective equipment
- patient placement, and
- respiratory hygiene and cough etiquette.

The senior charge nurse and head of department are responsible for ensuring the audit process is completed. The NHS board’s infection control environmental audit and standard infection control precautions monitoring framework also outlines the independent monitoring
Ensuring your hospital is safe and clean

that takes place and the procedure to be followed for intervention monitoring by the infection prevention and control team. This is carried out where deficiencies are identified as part of routine or independent monitoring. The senior charge nurse and the head of department will carry out corrective action as part of an action plan. To demonstrate sustained improvements in practice, a short programme of frequent intervention monitoring must be carried out. This will be performed using the individual standard infection control precautions audit tools or the relevant section of the environmental audit. The frequency of intervention monitoring should be recorded in the audit action plan. The intervention monitoring should continue until sustained improvement is demonstrated.

The audit framework will be discussed further in the areas for improvement section of the report.

From our own observations, we saw generally good compliance with some standard infection control precautions. For example:

- personal protective equipment was readily available and was used appropriately
- sharps boxes were labelled and the temporary closures in use where required to protect staff and patients from any risk when disposing of sharps, and
- domestic and clinical waste awaiting uplift was stored appropriately.

However, we noted some areas of non-compliance. These will be reported in the areas for improvement section.

We saw that alcohol-based hand rub was available at the entrance to each ward and each bay or room. Due to patient safety concerns, alcohol-based hand rub was not available at each patient bedside on some wards. However, we saw that some staff were wearing personal issue alcohol-based hand rub dispensers. With the exception of pavilion 1, staff had access to clinical hand wash facilities in patient areas to decontaminate their hands appropriately.

All patients we spoke with commented on seeing staff washing their hands or using the alcohol-based hand rubs, and wearing aprons and gloves. Patients also commented on seeing visitors using alcohol-based hand rub. All patients had access to hand wash basins. Of the 19 people who responded to our survey during our inspection:

- 74% stated that ward staff always wash their hands, and
- 72% stated that they were always offered the opportunity to clean their hands.

NHS Ayrshire & Arran’s self-assessment states that a major education programme to improve staff’s knowledge of the management of blood and body fluid spillages was carried out in 2014. We spoke with staff about how they would safely manage a blood or urine spill. The majority of staff could explain the process they would follow, the equipment they would use, the precautions they would take and the correct dilution strength of chlorine-releasing disinfectant and detergent. We saw information posters were displayed in each ward’s sluice room describing the use of chlorine-releasing disinfectants and detergents, including dilution rates.

One patient was in isolation at the time of the inspection. Staff were able to explain the correct assessment and isolation procedures for managing patients with a suspected or known infection or patients at risk of an infection. This patient had been isolated appropriately. The isolation room door was closed and clear signage was displayed on the door instructing staff
and visitors to speak to the nurse in charge before entering the room. An alcohol-based hand rub dispenser and personal protective equipment were available directly outside the room. Clinical waste and domestic waste bins were available in the room. Staff told us that there was excellent input from the infection prevention and control team. They said they were easily contactable, including out of hours, and were often visible on the ward.

**Areas for improvement**

We noted that the NHS board's infection control environmental audit and standard infection control precautions monitoring framework does not direct staff to routinely monitor compliance against three of the 10 standard infection control precautions that are not included as part of the environmental audit.

Following the inspection, we were told that it had been agreed by the infection prevention and control committee that all wards will audit one standard infection control precaution each month through a rolling programme. The programme for monitoring standard infection control precautions is agreed between the infection prevention and control team and senior nurse managers. The NHS board told us that this is to allow flexibility to respond to and prioritise issues that arise as a result of wider HAI intelligence.

During our inspection, we did not find evidence of audits against all ten standard infection control precautions.

In pavilions 10 and 11, we saw monthly audits on the safe management of linen and personal protective equipment. However, we saw that audits for patient placement or respiratory hygiene were not included in the rolling programme of standard infection control precautions audits for these wards. We also found no evidence of any audits of standard infection control precautions being completed in pavilion 3.

We saw evidence of ward-based environmental audits, infection prevention and control team environmental audits and hand hygiene audits being completed in all wards inspected. However, in pavilion 3, we saw that detailed action plans with target dates for completion were not completed following ward and infection prevention and control team environmental audits.

In pavilions 3 and 10, hand hygiene compliance scores had been consistently low for the period covering May–August 2015. Results ranged from 41–75% in pavilion 3, and ranged from 75–90% in pavilion 10. As a result, auditing had increased to every month during that period on both wards. Following our inspection, we were provided with evidence of the actions taken on both wards as result of the audit results. We were told that the senior charge nurse would speak to individual staff members if they were observed not complying with hand hygiene precautions at the time of the hand hygiene audit. Senior managers told us that senior charge nurses and clinical nurse managers were responsible for acting on poor standard infection control precautions audit scores. We were also told that there is no trigger point to escalate an issue of poor and ongoing poor compliance as the red, amber, green (RAG) risk-rating system previously used was not effective. Interventions were now based on the risk presented to patients, staff and visitors.

Although we saw that overall the audit scores had been slowly improving from May 2015, the monthly scores were still not reaching the target hand hygiene compliance score of 100% (zero tolerance). It was not clear what further actions were being taken to more rapidly increase and improve hand hygiene compliance scores on these two wards.
Ensuring your hospital is safe and clean

- **Requirement 1:** NHS Ayrshire & Arran must ensure that staff carry out standard infection control precautions audits as described in the NHS board’s infection control environmental audit and standard infection control precautions monitoring framework. Where poor compliance is identified through these audits, corrective action must be taken to ensure that improvements are sustained.

The Health Protection Scotland *National Infection Prevention and Control Manual* (2015) identifies five opportunities which all staff must take for carrying out hand hygiene. In pavilions 10 and 11, we saw four out of five staff members not taking the opportunity to decontaminate their hands in line with the ‘5 moments’. We had limited opportunity to observe hand hygiene in pavilions 1 and 3 due to the layout of the wards. We will follow this up at future inspections.

In pavilion 1, we saw no clinical hand wash facilities were available in patient areas. Staff were only able to wash their hands using the small hand rinse sinks in the toilet in each patient room. During the inspection, we asked the NHS board to provide us with evidence of a risk assessment to demonstrate the controls in place to reduce the risk of cross-infection to patients, staff and visitors. A risk assessment was submitted to us following the inspection. This detailed the controls that had now been put in place to reduce the risk of cross-infection to patients, staff and visitors. We will follow this up at future inspections.

The Health Protection Scotland *National Infection Prevention and Control Manual* (2015) states that all personal protective equipment should be located close to the point of use, and stored to prevent contamination in a clean/dry area until required for use. In pavilion 1, we saw that all personal protective equipment dispensers (containing aprons and gloves) in patient rooms were located directly beside patient toilets. This presents a risk of cross-contamination.

- **Requirement 2:** NHS Ayrshire & Arran must comply with the guidance in the Health Protection Scotland *National Infection Prevention and Control Manual* (2015) for the placement of personal protective equipment dispensers. If a decision is taken not to follow this guidance, a risk assessment must be provided to demonstrate the controls in place to reduce the risk of cross-contamination to personal protective equipment.

The Health Protection Scotland *National Infection Prevention and Control Manual* (2015) states that waste must always be disposed of immediately, as close to the point of use as possible, and into the correct segregated colour-coded approved waste bag or container. In pavilions 3 and 10, we saw that clinical waste bins were located in the patient bathrooms. As they are not located at the point of patient care, this means staff have to remove their used personal protective equipment, and potentially go through a closed bathroom door to dispose of the used personal protective equipment and decontaminate their hands appropriately. This poses a risk of cross-contamination. In pavilions 1 and 11, clinical waste bins were only located in the ward sluice rooms. We were told that staff use a clear plastic bag to transport the clinical waste to the appropriate waste container in the sluice for disposal. In pavilion 1, we were told the clinical waste bins had been removed from patient areas due to patient safety concerns. During the inspection, we asked the NHS board to provide us with evidence of a risk assessment to demonstrate the controls in place to reduce the risk of cross-infection to patients, staff and visitors. A risk assessment was submitted to us following the inspection. This detailed the control measures that had been put in place to reduce the risk of cross-infection to patients, staff and visitors. We will follow this up at future inspections.
Standard 8: Decontamination

Across the majority of wards, the standard of environmental cleanliness was good. However, we found some exceptions to this. These are detailed in the areas for improvement section of the report.

We spoke with nursing and domestic staff about how they carry out isolation room and terminal (deep) cleaning duties. Staff described the correct procedures to follow. Staff told us there is good communication between nursing and domestic staff.

We were told that ward assistants are predominately responsible for the daily cleaning of beds and the surrounding bed space, mattress cleaning and mattress checks, and some other cleaning duties.

We were told that a mattress checking policy is in place to ensure bed mattresses are clean and intact. We were told that this check is performed every day by the bed makers. The majority of mattresses that we inspected were found to be clean. Any exceptions to this were raised with the nurse in charge at the time of the inspection and rectified.

In pavilion 3, we found the standard of patient equipment cleanliness was generally good. However, across the other wards inspected, we found that the standard of cleanliness of patient equipment varied. This is detailed in the areas for improvement section of the report.

We saw evidence of completed cleaning schedules for patient equipment in the majority of wards inspected. Any gaps where cleaning had either not occurred or had not been signed for were discussed with the nurse in charge of the ward at the time of the inspection. In pavilion 3, we were told that these schedules had been developed, but had not yet been implemented by the ward team.

Ward staff described to us the system for requesting estates work. We saw evidence of this on the wards, such as estates log books. They told us that the system works well, work is completed promptly as required and outstanding issues can be escalated to the estates manager if necessary.

We were told that the current construction and build activity on site is subject to the Healthcare Associated Infection System for Controlling Risk in the Built Environment (HAI-SCRIBE) process. This ensures that infection risks to patients, staff and others arising from construction activities are identified and controlled. Staff told us that the ongoing building work on the hospital site was not cause for concern and did not adversely impact on the day-to-day running of the wards. When we spoke with management representatives from the estates and domestic teams and the infection prevention and control team, it was clear that there was good communication between them about the ongoing building work.

All patients we spoke with commented on the high standard of cleaning. They felt their toilets, showers, bed spaces and ward areas were clean. They also commented on how equipment and furniture was clean and fit for purpose. Patients were able to describe cleaning routines in their rooms. When any spillages occurred, they said these were dealt with promptly by staff.

Of the 19 people who responded to our survey during our inspection:

- 84% stated that they thought the wards were always clean, and
- 89% stated that the equipment used for care was always clean and in good repair.
Some patients we spoke with or who responded to our survey said:

- ‘Toilets and showers are spotless.’
- ‘Cleaning is perfect.’
- ‘It is scrupulously clean. Sometimes it looks obsessive.’
- ‘I feel the cleanliness... is above standard. Better than other hospitals I've been in. Staff are always aware of infection prevention and this is demonstrated through their practice.’

Areas for improvement
Throughout pavilion 1, we found evidence of faecal contamination on hand contact surfaces in patient bays and communal areas of the ward. This included door handles, door frames and toilet roll dispensers (see Image 1). We also found some curtains contaminated with faeces. We raised these issues with the nurse in charge of the ward at the time of the inspection. We returned to the ward the following day. We found that the overall standard of cleanliness had improved. However, we still found evidence of faecal contamination to some hand contact surfaces and curtains.

![Image 1: contaminated door handle (pavilion 1)](image1.jpg)

We found that eight out of nine bed frames inspected in pavilions 10 and 11 were contaminated (see Image 2). In pavilion 10, we saw that completed cleaning schedules were available for each of these bed spaces. This indicated these bed spaces had been cleaned the day before.
Patient equipment stored in pavilion 11 and in the neurology rehabilitation annex in pavilion 10 was contaminated with dust. This included recliner chairs, procedure trolleys, infusion pumps and blood pressure monitors. This was brought to the attention of the senior charge nurse at the time of the inspection.

- **Requirement 3:** NHS Ayrshire & Arran must ensure that all patient equipment is safe, clean and ready for use. This will minimise the risk of cross-infection to patients, staff and visitors.

- **Recommendation a:** NHS Ayrshire & Arran should review cleaning schedules in pavilion 1 to ensure that they meet the needs of patients.

NHS Ayrshire & Arran told us in its self-assessment that the views of patients, relatives and the public on the standards of cleanliness in the hospital are collated from a range of different sources. These include:

- patient surveys
- public involvement in facilities monitoring tool audits
- feedback at ward level, and
- complaints and suggestions.

During our inspection, we were told that patients and visitors can use patient surveys to give feedback on their views of their care and time on the ward. Patient feedback noticeboards were displayed on some wards. These included ‘You said, we did’ noticeboards. We saw that the patient surveys do not ask specific questions about the cleanliness of the patient environment and equipment. We will follow this up at future inspections.
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.

<table>
<thead>
<tr>
<th>Priority</th>
<th>Indicative timescale</th>
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<tbody>
<tr>
<td>1</td>
<td>Within 1 week of report publication date</td>
</tr>
<tr>
<td>2</td>
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<tr>
<td>3</td>
<td>Within 3 months of report publication date</td>
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<tr>
<td>4</td>
<td>Within 6 months of report publication date</td>
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**Standard 6: Infection prevention and control policies, procedures and guidance**

<table>
<thead>
<tr>
<th>Requirements</th>
<th>HAI standard criterion</th>
<th>Priority</th>
</tr>
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<tbody>
<tr>
<td>1 NHS Ayrshire &amp; Arran must ensure that staff carry out standard infection control precautions audits as described in the NHS board’s infection control environmental audit and standard infection control precautions monitoring framework. Where poor compliance is identified through these audits, corrective action must be taken to ensure that improvements are sustained (see page 11).</td>
<td>6.5 6.8</td>
<td>2</td>
</tr>
<tr>
<td>2 NHS Ayrshire &amp; Arran must comply with the guidance in the Health Protection Scotland <em>National Infection Prevention and Control Manual</em> (2015) for the placement of personal protective equipment dispensers. If a decision is taken not to follow this guidance, a risk assessment must be provided to demonstrate the controls in place to reduce the risk of cross-contamination to personal protective equipment (see page 11).</td>
<td>6.11</td>
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### Standard 8: Decontamination

<table>
<thead>
<tr>
<th>Requirement</th>
<th>HAI standard criterion</th>
<th>Priority</th>
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<td>3</td>
<td>8.1</td>
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**NHS Ayrshire & Arran must ensure that all patient equipment is safe, clean and ready for use. This will minimise the risk of cross-infection to patients, staff and visitors (see page 14).**

**Recommendation**

1. NHS Ayrshire & Arran should review cleaning schedules in pavilion 1 to ensure they meet the needs of patients (see page 14).
Appendix 2 – Inspection process flow chart

We follow a number of stages in our inspection process.

### Before inspection
- The NHS board undertakes a self-assessment exercise and submits the outcome to us.
- We review the self-assessment submission to help us prepare for on-site inspections.

### During inspection
- We arrive at the hospital or service and undertake physical inspection.
- We use inspection tools to help us assess the physical environment and compliance with standard infection control precautions.
- We have discussions with senior staff and/or operational staff, people who use the hospital or service and their carers.
- We give feedback to the hospital or service senior staff.
- We carry out further inspection of hospitals or services if we identify significant concerns.

### After inspection
- We publish reports for patients and the public based on what we find during inspections. NHS staff can use our reports to find out what other hospitals and services do well and use this information to help make improvements. Our reports are available on our website at [www.healthcareimprovementscotland.org](http://www.healthcareimprovementscotland.org).
- We require NHS boards to develop and then update an improvement action plan to address the requirements and recommendations we make. We check progress against the improvement action plan.

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)
Appendix 3 – Details of inspection

The inspection to Ayrshire Central Hospital, NHS Ayrshire & Arran was carried out from Tuesday 8 to Wednesday 9 September 2015.

The members of the inspection team were:

**Allison Wilson**
Inspector (Lead)

**Cheryl Newton**
Inspector

**Fraser Tweedie**
Public Partner

Supported by:

**Jan Nicolson**
Project Officer

Observed by:

**Rob Coward**
NHS Education for Scotland (NES) Educational Projects Manager
(Wednesday 9 September only)
## Appendix 4 – Glossary of abbreviations

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
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<tbody>
<tr>
<td>CDI</td>
<td><em>Clostridium difficile</em> infection</td>
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<tr>
<td>HAI</td>
<td>healthcare associated infection</td>
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<tr>
<td>HAI-SCRIBE</td>
<td>Healthcare Associated Infection System for Controlling Risk in the Built Environment</td>
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<td>HEI</td>
<td>Healthcare Environment Inspectorate</td>
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<tr>
<td>MRSA</td>
<td>meticillin resistant <em>Staphylococcus aureus</em></td>
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<td>SAB</td>
<td><em>Staphylococcus aureus</em> bacteraemia</td>
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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 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.