REF NO.

HEALTH AND SPORT COMMITTEE

HEALTH HAZARDS IN THE HEALTHCARE ENVIRONMENT

SUBMISSION FROM THE ROYAL COLLEGE OF PHYSICIANS AND SURGEONS OF GLASGOW

Organisational Background

The Royal College of Physicians and Surgeons of Glasgow was founded in 1599 to improve quality and practice of Medicine.

Based in Glasgow, we have 14,000 Fellows and Members who work as senior clinicians throughout the United Kingdom and across the world. Unlike our sister Royal Colleges, we have a multidisciplinary membership, which we believe gives us a unique viewpoint of the health environment and the needs of patients and medical professionals.

In order to inform this response, we have consulted with our membership though our College Council, our Lay Advisory Committee and our internal Policy Network.

Question 1: What is the scale of health problems acquired from the healthcare environment in Scotland?

Our College believes that while the full extent of health problems acquired from the healthcare environment in Scotland is currently impossible to effectively monitor accurately. The actual incidence of this is probably higher than estimated.

Question 2: What/where are the main risks?

Our College believes that there are a number of areas in the current healthcare environment which present a risk to patient health. These include:

- Medical errors
- The physical and building environment
- Wellbeing of staff, including bullying and harassment
- Infection control
- Systems failures (management, rotas, IT)

It has been estimated that there are some 200 avoidable deaths in UK hospitals every week. The vast majority of these deaths are caused by human error. If this type of medical error was considered as a disease, it would represent the third biggest killer after cancer and heart disease.

It is vital, therefore, that we properly investigate areas of concern in clinical practice and environment to establish robust institutional mechanisms to share the lessons to be learned.

One of our members made the following observation on the physical environment of the Queen Elizabeth University Hospital (QEUH) in Glasgow:

> *"The major concern that many staff have….. is of smoking at the entrances of the hospital. Often there is a significant smog of smoke that young and old have to walk through to get to work/hospital. Wheelchairs are lined up at the entrance to facilitate those patients smoking that cannot stand for long periods. Despite the no smoking on hospital grounds there has been no headway in tobacco or even weed/marijuana smoking at the front door."*

In addition, we are concerned about the potential impact of the wellbeing of staff on patient care. In this regard, our members have raised consistent concerns about the lack of physical provision to support the wellbeing of healthcare staff at QEUH. For example:

> *"The stress of job of the staff and the need to decompress from these stresses is not allowed fully as no specific mess/tea room is allocated to at least the nursing staff and doctors. We are expected to join the patients in the atrium after especially stressful shifts where colleagues cannot discuss issues freely. I believe this indeed has an impact on burnout and health."*

The hospital environment is important. While we await the results of the investigations of deaths related to unusual organisms at QEUH in Glasgow, it would be prudent that the systems of building contract negotiation, project management, commissioning and post opening surveillance are reviewed. Infection control policies would also need to be reviewed in this context. Where relevant, contracts with PFI Partners may also be need to be reviewed where this is appropriate.

Question 3: Are the current systems and processes in Scotland adequate for monitoring, reporting, eliminating or controlling these hazards?

The Critical Incident Analysis guidance developed by NES for use in NHS Scotland is robust and effective. This non-confrontational approach to significant adverse events serious untoward events and never events is best practice and should be supported.

We believe that while there is existing good practice in the NHS for monitoring, reporting, eliminating or controlling these environmental hazards, this practice sometimes needs to become better embedded throughout the system. Delay in investigation may reduce the opportunity to change practice.

For example, the use of structured mortality and morbidity reviews give healthcare professionals an opportunity to do this, but this has still to become established practice in some medical specialties. Other methods such as Clinical Audit may be helpful.

Our members have reported that they are satisfied that staff training on safety matters is sufficient and that obligatory training modules on issues like fire safety, managing aggressive individuals and dealing with sharps are effective.

ENDS