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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First published February 2020

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www.healthcareimprovementscotland.org
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Summary of inspection

About the hospital we inspected

The Golden Jubilee National Hospital, Clydebank, near Glasgow, is Scotland’s major centre for regional and national specialist services and carries out planned procedures to assist with reducing patient waiting times. The hospital provides surgical and diagnostic imaging procedures such as cardiac, orthopaedic and ophthalmology surgery, computer tomography (CT) scanning and magnetic resonance imaging (MRI) scanning.

About our inspection

We carried out unannounced inspections of the wards and theatre departments of the Golden Jubilee National Hospital, NHS National Waiting Times Centre, from Tuesday 3 to Thursday 5 December 2019. We previously inspected the wards of the Golden Jubilee National Hospital in October 2015. That inspection resulted in one requirement. The inspection report is available on the Healthcare Improvement Scotland website www.healthcareimprovementscotland.org/HEI.aspx

The ward inspection team was made up of two inspectors and an observer. Although we try hard to involve members of the public as public partners on our inspections, none were available for this inspection. The theatre inspection team was made up of one inspector. Both teams were supported by a project officer.

Inspection focus

Before carrying out these inspections, we reviewed previous Golden Jubilee National Hospital inspection reports. This informed our decision on which standards to focus on during this inspection. We focused on:

- Standard 2: Education to support the prevention and control of infection
- Standard 6: Infection prevention and control policies, procedures and guidance
- Standard 7: Insertion and maintenance of invasive devices (in wards only), and
- Standard 8: Decontamination.

We inspected the following areas:

- cardiac care unit
- cardiac day unit
- cardiac catheterisation laboratories
Ensuring your hospital is safe and clean

- high dependency unit 2
- main theatre department
- orthopaedic outpatient department
- surgical day unit, and
- ward 2 East (orthopaedic).

We also reviewed how staff document the safe insertion and maintenance criteria using care bundles for peripheral vascular catheter care in the following areas:

- ward 2 West (orthopaedic)
- ward 3 East (cardiac), and
- ward 3 West (thoracic).

We received 26 completed patient questionnaires.

**What NHS National Waiting Times Centre did well**

- Environmental cleanliness was very good (wards).
- Staff knowledge of standard infection control precautions and transmission-based precautions was good (wards and theatre department).
- Staff compliance with completing infection, prevention and control education for all staff groups was good (wards and theatre department).
- Decontamination process for surgical instruments was good (theatre department).

**What NHS National Waiting Times Centre could do better**

- Ensure equipment and the environment is clean and monitored (theatre department).
- Ensure clean and sterile equipment is stored appropriately (theatre department).

We have reported our key findings of the ward and theatre inspections separately. Detailed findings from our ward inspection can be found on page 7, and detailed findings from the theatre inspection can be found on page 12.

**What action we expect NHS National Waiting Times Centre to take after our inspection**

The ward inspection resulted in no requirements and no recommendations. The theatre inspection resulted in five requirements and no recommendations.
The requirements are linked to compliance with the Healthcare Improvement Scotland HAI standards. A full list of the requirements can be found in appendices 1.

An improvement action plan has been developed by the NHS boards and is available on the Healthcare Improvement Scotland website www.healthcareimprovementscotland.org/HEI.aspx

We expect NHS National Waiting Times Centre to carry out the actions described in its improvement action plan to address the issues we raised during the inspection.

We would like to thank NHS National Waiting Times Centre, in particular, all staff and patients at the Golden Jubilee National Hospital for their assistance during the inspections.

The flow chart in Appendix 2 summarises our inspection process. More information about our safe and clean inspections, methodology and inspection tools can be found at www.healthcareimprovementscotland.org
Key findings - ward inspection

Standard 2: Education to support the prevention and control of infection

What NHS National Waiting Times Centre did well

During our inspection senior managers told us that all NHS National Waiting Times Centre nursing staff complete mandatory education and training at their induction and yearly thereafter as part of a core skills study day. We saw that the study day focuses on hand hygiene but also includes other infection prevention and control topics relevant to the staffs’ role and current infection prevention and control issues. The training is delivered by the prevention and control of infection team. Staff also complete online training modules. All staff spoken with were aware of the NHS board’s mandatory requirements for the completion of infection prevention and control education.

We were provided with education and training compliance rates for all staff groups such as nursing, medical and housekeeping staff. Compliance rates were generally good. Senior charge nurses were aware of education and training compliance rates for their staff and the reasons for some staff not being up-to-date with training, for example due to illness or maternity leave. Each specialty has a clinical educator who organises and monitors staff education and training. The clinical educators provide regular updates to senior charge nurses and clinical nurse managers on staff compliance with mandatory training. Compliance with mandatory training and other education needs are also discussed at staff appraisal meetings. We were told that nursing staff in the outpatient department have protected time for education for one afternoon each month.

A prevention and control of infection nurse provides support for housekeeping services and housekeeping staff receive infection prevention and control education and training specific to their role.

Standard 6: Infection prevention and control policies, procedures and guidance

What NHS National Waiting Times Centre did well

All staff told us they use the NHS National Waiting Times Centre intranet to access infection prevention and control policies and information. Staff showed us how they access Health Protection Scotland’s National Infection Prevention and Control Manual available on the NHS board intranet site. This manual describes standard infection control precautions and transmission-based precautions. These are the
minimum precautions that healthcare staff should take when caring for patients to help prevent cross-transmission of infections.

There are 10 standard infection control precautions, including hand hygiene, the use of personal protective equipment (such as aprons and gloves) and the management of linen, waste and sharps. The transmission-based precautions describe how to care for patients with known or suspected infections and how to help prevent cross-transmission of infections.

NHS boards are required to measure staff compliance with standard infection control precautions. The frequency of this compliance monitoring is determined by individual NHS boards. A programme of infection prevention and control audits are carried out throughout the hospital at ward or department level and by the prevention and control of infection team. Audit results are fed back to staff by the senior charge nurse and action plans are completed where required. Senior charge nurses discuss audit results with their clinical nurse managers weekly and at monthly nurse leads meetings. All audit results are reviewed by the clinical governance Scottish Patient Safety Programme team, prevention and control of infection team and the clinical nurse manager as a quality assurance measure.

During our inspection, from the opportunities we had to observe, we saw good compliance with standard infection control precautions such as waste and sharps management, the use of personal protective equipment and hand hygiene. Clean linen was stored in cupboards and covered trolleys to keep it free from dust. We noted that throughout the hospital used linen cannot be stored in locked areas at present but is stored in open cages within the hospital corridors. We were provided with a full explanation for the storage issues due to a waste management contract issue and the risk-based approach to the temporary measures currently in place.

Staff knowledge of standard infection control precautions, including the management of blood and body fluid spills, was good. Staff could also describe the additional transmission-based precautions for patients cared for in isolation rooms for infection prevention and control purposes. We were told staff complete a daily checklist for patients in isolation. During the inspection, we saw one patient in isolation. We noted that there was appropriate signage and documentation in place and the precautions were reviewed regularly by the prevention and control of infection team.

There were information posters displayed for staff for the management of blood and body fluid spills, linen and waste management. There were hand hygiene information posters for staff, patients and visitors at clinical wash hand basins. There were appropriately located alcohol-based hand gel dispensers and personal protection equipment storage units.
All staff said the relationship with the prevention and control of infection team was good and that staff see them regularly visiting the wards. Staff knew how to contact the prevention and control of infection team for advice if required. The senior charge nurses also meet with the prevention and control of infection team every 2 months to discuss audit results or any additional infection prevention and control support for the ward.

NHS boards are required to monitor water safety to reduce the risks associated with waterborne infections such as Legionella. To reduce the risk of Legionella, there should be regular flushing of unused or less frequently used water outlets. All staff were aware of who is responsible for the daily flushing of water outlets, such as taps and showers and we saw that the flushing was documented.

**Standard 7: Insertion and maintenance of invasive devices**

A peripheral vascular catheter is a small, flexible tube placed into a vein in order to administer medication or fluids. We reviewed the documentation used for recording the insertion and maintenance of peripheral vascular catheters. Care bundles are records used by staff to document the safe insertion and maintenance care of invasive devices. A care bundle is a number of steps that, when performed collectively, reliably and continuously, can improve patient outcomes such as helping to reduce the risk of device-related bloodstream infections when using peripheral vascular catheters.

Peripheral vascular catheters are inserted by staff who are trained to do so. The main risk of using a peripheral vascular catheter is that they can sometimes allow bacteria to enter the body. The key intervention to avoid the identified risks is to avoid insertion unless clinically required.

**What NHS National Waiting Times Centre did well**

We visited three wards to review documentation and assess compliance with the insertion and maintenance of peripheral vascular catheters. We reviewed 21 care bundles and spoke with seven patients.

When a patient has a peripheral vascular catheter, staff should document in the insertion section of the bundle:

- the decision making for invasive device use
- specifics of the insertion procedure
- observations and maintenance of the device, and
- planning for removal of the device.
During the previous 2015 inspection, we found that there was no system to record peripheral vascular catheter insertion. The NHS board had plans to introduce a combined insertion and maintenance care bundle. During this inspection, we saw that this combined care bundle is now in use.

We found that if the peripheral vascular catheter was inserted on the ward, the insertion criteria of the bundle was well completed. However, most peripheral vascular catheters are inserted in theatres or critical care. More information is provided in the ‘What NHS National Waiting Times Centre could do better’ section below.

The maintenance criteria of the bundle, including daily flushing of the device, was well completed by ward staff.

With patients’ permission, we looked at a number of peripheral vascular catheters. This involved a physical check of the device and the dressings. We found that all insertion sites were free from any signs of redness, swelling or inflammation, and all dressings were dry and intact. All patients we spoke with told us that staff had explained why the peripheral vascular catheter was required.

What NHS National Waiting Times Centre could do better

All staff we spoke with told us that when a peripheral vascular catheter is inserted prior to the patient being admitted to the wards, the paper version of the insertion care bundle is not completed. This was evident during our review of the care bundles.

We saw that some areas within the hospital now use a paperless patient records system. We were told that the transfer of data in wards still using paper documentation, such as the peripheral vascular catheter bundle, is difficult. The NHS board is aware of the issue of transfer of data and it aims to address this with the continued roll-out of the paperless system which will continue in 2020.

Standard 8: Decontamination

What NHS National Waiting Times Centre did well

The standard of environmental cleaning was very good and ward staff described a good relationship with the housekeeping team. Staff were aware of the escalation process to raise any issues to housekeeping management, if necessary. In all areas inspected, senior charge nurses told us there was sufficient housekeeping resource.

The majority of areas inspected were well organised and equipment was stored appropriately to allow effective cleaning of the environment. Housekeeping staff told...
us they had enough equipment to carry out their duties. We saw that housekeeping staff complete an end of shift daily sheet for the nurse in charge to sign-off. Housekeeping staff will use the daily sheet to document any outstanding duties to be completed on the next shift. We were told that the housekeeping supervisor carries out spot checks within the wards to ensure the standard of cleaning is being maintained. Housekeeping staff we spoke with were able to describe the correct process and products for cleaning sanitary fittings.

Comments from the completed patient questionnaires included:

- ‘One of the best and cleanest hospitals I’ve been to. Staff are all brilliant.’
- ‘No bad comment, only good. Very good standard of hygiene, cleanliness and manners, well done again.’

We looked at a range of equipment such as intravenous stands and pumps, procedure trolleys, commodes, patient chairs, patient monitoring equipment and patient beds. The majority of patient equipment was clean. Any exceptions were raised with staff at the time of our inspection.

The fabric of the wards was generally good and any exceptions were raised with the senior charge nurse at the time of the inspection. Staff report any estates issues onto the electronic reporting system. If the job is urgent, staff can phone the estates team. Senior charge nurses can monitor the progress of jobs and told us that the estates reporting system works well and that response times and communication with the estates team was good.

The estates team and prevention and control of infection team have developed a generic risk assessment for some maintenance work. The risk assessment aims to allow maintenance staff to progress with certain works safely and within a quicker timeframe.

There were several non-compliant clinical wash hand basins throughout the hospital. These have been identified by the NHS board and these are detailed on the estates risk register. These will be replaced with compliant clinical wash hand basins when any refurbishment of these areas take place.

**What NHS National Waiting Times Centre could do better**

In all wards inspected the window frames were sealed with tape as a control measure to prevent the ingress of dust from the hospital building works. However, inspectors noted that tape was not firmly fixed to all of the frames in the areas inspected. We raised this at the time of inspection.
Key findings - theatre inspection

Standard 2: Education to support the prevention and control of infection

What NHS National Waiting Times Centre did well

We saw that infection prevention and control training needs for all theatre and cardiac catheterisation department staff have been identified. Staff spoken with had an understanding of their responsibilities in relation to infection prevention and control including how to access relevant and mandatory training required for their roles. Theatre department staff told us that they have protected, dedicated days each month for updates on a variety of topics which included infection prevention and control.

Systems were in place to monitor compliance with mandatory training. Both the theatre and cardiac catheterisation departments have dedicated clinical educators who facilitate training. Learning and Organisational Development provide all departments with up-to-date mandatory training compliance data quarterly. This data is discussed at the regular senior charge nurse meetings in each department.

Standard 6: Infection prevention and control policies, procedures and guidance

What NHS National Waiting Times Centre did well

Staff knowledge of standard infection control precautions and transmission-based precautions was good. Staff described how senior theatre managers promote and empower them to challenge non-adherence to good practice and we observed this in the theatre department during the inspection. We observed good staff adherence to standard infection control precautions.

We saw evidence from the prevention and control of infection team showing actions taken where there was an increase in infections following cardiac surgery. We note that the infection rates were very low and that a hospital infection incident assessment was carried out. The theatre nursing team described their involvement with this assessment which resulted in changes being made to the type of dressings used following cardiac surgery. We note that the number of infections had decreased.

Monthly unannounced standard infection control precautions audits are completed in both the theatre and cardiac catheterisation departments. Staff were aware that these audits are undertaken. The prevention and control of infection team carry out
annual reviews and, depending on the results of these, the frequency may increase. The audit findings and required action plans are completed by each specialty they refer to, including radiology, perfusion, nursing and medical staff. Staff described how the good working relationship between all staff groups resulted in effective communication about audit findings and a positive approach to supporting improvement.

We were told that all staff attend morning meetings that are held in both the theatre and cardiac catheterisation department. In addition to the usual safety brief information, these meetings are used to inform staff of recent audit results and any required actions. Audit results are also discussed at the regular senior charge nurse meetings.

What NHS National Waiting Times Centre could do better

In the theatre department, we saw that a number of clinical waste bags were not closed appropriately to reduce the risk of overfilling and possible leakage.

- **Requirement 1:** NHS National Waiting Times Centre must ensure that clinical waste bags within the theatre department are closed as described in *Health Facilities Scotland’s Scottish Health Technical Note 3.*

**Standard 8: Decontamination**

**What NHS National Waiting Times Centre did well**

We looked at a range of reusable patient equipment in both the theatre and cardiac catheterisation departments, the majority of which was clean and ready for use. With the exception of positioning pieces, all reusable patient equipment was appropriately stored.

We followed the ‘journey’ of the surgical instruments from the accredited central sterilising processing department, through transport, storage, use and transport back to the processing department. We found all sterile instruments, packs and trays in the theatre and cardiac catheterisation departments were appropriately stored. Systems and processes were in place to ensure that the stock is rotated to reduce wastage and that clean and dirty instruments are kept separate. A traceability system is used for sterile instruments, trays, packs and implants. We found the journey of surgical instruments and the traceability system to be robust.

We observed in a number of theatres the environmental and equipment cleaning processes between patient cases. The processes were systematic and there was good communication between staff. Appropriate equipment and concentrations of chlorine-releasing disinfectant were used during this process.
Daily cleaning checklists were completed by staff in both departments for each theatre and procedure room. We were told that assurance checks were undertaken by senior charge nurses, however these checks were not documented.

What NHS National Waiting Times Centre could do better

We inspected two mattresses in the cardiac catheterisation department. Both mattresses had signs of damage to the mattress covers. We were assured that replacement mattresses would be ordered immediately.

We also inspected patient trolley mattresses in the theatre department. A number of these mattresses were found to have damage and staining to the mattress cover and some had visible contamination to the mattress foam. Staff acted immediately by checking all the mattresses and removing from use those which were damaged and contaminated. We were told that an order for new mattresses and mattress covers was immediately placed. When we returned the following day, we saw evidence that new systems and processes had been put in place to ensure patient trolley mattresses are regularly checked to ensure they are clean and intact.

Decontamination certificates should be used for all equipment prior to maintenance, service and repair to indicate whether the equipment has been effectively cleaned. We were told that decontamination certificates were not used for one type of specialist equipment in the cardiac catheterisation laboratory. This could put staff or contractors at risk of exposure to blood and body fluids. After this was identified during our inspection, a new standard operating procedure was put in place to ensure that decontamination certificates are used for all equipment.

- **Requirement 2:** NHS National Waiting Times Centre theatres must monitor the mattress checking and use of decontamination certificates to ensure the new systems and processes are effective.

A variety of positioning pieces were noted to be damaged and or stained. As a result, theatre staff removed some of these items from use and replaced them, with other replacements being ordered. Theatre staff are looking for innovative solutions to protect positioning pieces from damage and staining, including tape residue.

- **Requirement 3:** NHS National Waiting Times Centre must ensure that all equipment is clean and intact to reduce the risk of cross-contamination.
Ensuring your hospital is safe and clean

We noted evidence of high and low level dust in multiple areas, including in sterile pack storage areas, changing rooms and in some theatres. The cleaning schedules we saw at the time of our inspection did not reflect our findings.

■ **Requirement 4**: NHS National Waiting Times Centre must ensure that all areas within the cardiac catheterisation and theatre departments are clean, dust free and effectively monitored.

We found some clean and sterile items stored in the ‘dirty room’ attached to one theatre. This was raised with the senior charge nurses at the time of the inspection and actions were immediately taken to remove the items. Inspectors were told that where specialised storage cabinets had been located in this dirty room, such as the warming cabinet, they would be moved to an appropriate area as soon as this was possible.

■ **Requirement 5**: NHS National Waiting Times Centre must ensure that clean and sterile items are appropriately stored.
Appendix 1: Requirements and recommendations - theatre inspection

The actions Healthcare Improvement Scotland 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 we are concerned about the impact this has on patients using the hospital or service. We expect that all requirements are addressed and the necessary improvements are made.

- **Recommendation**: A recommendation relates to national guidance and best practice which we consider a hospital or service should follow to improve standards of care.

### Standard 8: Decontamination

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<th>Requirements</th>
<th>HAI standard criterion</th>
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<tr>
<td><strong>1</strong> NHS National Waiting Times Centre must ensure that clinical waste bags within the theatre department are closed as described in <em>Health Facilities Scotland’s Scottish Health Technical Note 3</em> (see page 13).</td>
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<td><strong>2</strong> NHS National Waiting Times Centre theatres must monitor the mattress checking and use of decontamination certificates to ensure the new systems and processes are effective (see page 14).</td>
<td>8.1 and 8.3</td>
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<td><strong>3</strong> NHS National Waiting Times Centre must ensure that all equipment is clean and intact to reduce the risk of cross-contamination (see page 14).</td>
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<td><strong>4</strong> NHS National Waiting Times Centre must ensure that all areas within the cardiac catheterisation and theatre departments are clean, dust free and effectively monitored (see page 15).</td>
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<td>Standard 8: Decontamination cont.</td>
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<td>5</td>
<td>NHS National Waiting Times Centre must ensure that clean and sterile items are appropriately stored (see page 15).</td>
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<th>Recommendation</th>
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Appendix 2: Inspection process flow chart

We follow a number of stages in our inspection process.

**Before inspection**
We review a range of information, including a report provided by our data measurement and business intelligence team. The report includes data publically available such as NHS National Scotland Services Scotland publications and reporting platforms and inpatient Experience Survey.
We review previous inspection reports and action plans.

**During inspection**
We arrive at the hospital or service and undertake a 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 family or 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 or 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 our inspections, methodology and inspection tools can be found at [www.healthcareimprovementscotland.org](http://www.healthcareimprovementscotland.org)
You can read and download this document from our website. We are happy to consider requests for other languages or formats. Please contact our Equality and Diversity Advisor on 0141 225 6999 or email contactpublicinvolve@nhs.net

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