Unannounced Inspection Report

Princess Royal Maternity Hospital | NHS Greater Glasgow and Clyde
19–20 October 2016
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

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>About this report</td>
</tr>
<tr>
<td>2</td>
<td>Summary of inspection</td>
</tr>
<tr>
<td>3</td>
<td>Key findings</td>
</tr>
<tr>
<td></td>
<td>3.1 Unannounced inspection (19–20 October 2016)</td>
</tr>
<tr>
<td></td>
<td>3.2 Announced revisit (27 October 2016)</td>
</tr>
<tr>
<td>Appendix 1 – Requirements and recommendations</td>
<td>17</td>
</tr>
<tr>
<td>Appendix 2 – Inspection process flow chart</td>
<td>20</td>
</tr>
<tr>
<td>Appendix 3 – Glossary of abbreviations</td>
<td>21</td>
</tr>
</tbody>
</table>
1 About this report

This report sets out the findings from our unannounced inspection to Princess Royal Maternity Hospital, NHS Greater Glasgow and Clyde, from Wednesday 19 to Thursday 20 October 2016, and an announced revisit on Thursday 27 October 2016.

This report summarises our inspection and revisit findings on page 5 and detailed findings from our inspection and revisit can be found on page 7. A full list of the requirements and recommendations can be found in Appendix 1 on page 17.

The inspection team was made up of three inspectors and two public partners, 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. The announced revisit involved one inspector and a project officer.

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

Princess Royal Maternity Hospital, which is next to Glasgow Royal Infirmary on Alexandra Parade, Glasgow, has 139 beds and provides gynaecology services, maternity services, a special care baby unit and intensive care for neonates.

About our inspection

We previously inspected Princess Royal Maternity Hospital in April 2014. That inspection resulted in six requirements. The inspection report is available on the Healthcare Improvement Scotland website www.healthcareimprovementscotland.org/HEI.aspx

We carried out an unannounced inspection to Princess Royal Maternity Hospital from Wednesday 19 to Thursday 20 October 2016. We discussed our findings with senior board staff and agreed with the chief nurse for neonatology that we would carry out an announced re-visit on Thursday 27 October 2016.

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 Greater Glasgow and Clyde’s self-assessment and previous Princess Royal Maternity Hospital inspection reports. This informed our decision on which standards to focus on during this inspection. We focused on:

- Standard 3: Communication between organisations and with the patient or their representative
- Standard 4: HAI surveillance
- Standard 6: Infection prevention and control policies, procedures and guidance, and
- Standard 8: Decontamination.

We inspected the following areas:

- emergency birthing room and entrance area
- labour ward
- neonatal unit
- ward 56B (gynaecology)
- ward 70 (urology), and
- ward 72 (obstetrics).

As part of this inspection, we visited ward 68 (obstetrics) to look at expressed breast milk storage only.

We also inspected ward 70 (urology). This ward is part of the surgery and anaesthetics directorate at Glasgow Royal Infirmary, but is located on the Princess Royal Maternity Hospital site.
We carried out 17 parent interviews and received 45 completed parent questionnaires. Although all babies in the hospital are identified as patients, some mothers were also still inpatients in the hospital and have also been identified as patients.

**What NHS Greater Glasgow and Clyde did well**

- Hand hygiene practice was good.
- Generally, the ward and department environments inspected were clean.
- Parents and patients were complimentary about the standard of cleanliness of the environment and equipment used for patient care.

**What NHS Greater Glasgow and Clyde could do better**

- Expressed breast milk must be stored safely.
- The emergency birthing room and entrance must be kept clean and ready for use.
- Incubator mattresses must be clean and fit for use.

We recognise that NHS Greater Glasgow and Clyde has made initial improvements in these areas following our inspection. These must continue and be maintained in the longer term.

**What action we expect NHS Greater Glasgow and Clyde to take after our inspection**

This inspection and revisit resulted in seven requirements. The requirements are linked to compliance with the Healthcare Improvement Scotland HAI standards. A full list of the requirements 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](http://www.healthcareimprovementscotland.org/HEI.aspx)

We would like to thank NHS Greater Glasgow and Clyde and in particular all staff, parents and patients at Princess Royal Maternity Hospital for their assistance during the inspection and revisit.
3  Key findings

3.1  Unannounced inspection (19–20 October 2016)

Standard 3: Communication between organisations and with the patient or their representative

All staff described a positive working relationship with the infection prevention and control team who were easily contactable by telephone for advice and support. We were told that wards and departments also had weekly visits from an infection prevention and control nurse. Some of these are themed educational visits, and include standard infection control precautions and norovirus. The team provides condition-specific care plans for patients with known infections or conditions such as meticillin resistant *Staphylococcus aureus* (MRSA). An on-call consultant microbiologist is available during the out-of-hours period for infection control guidance and patient-specific advice.

Staff showed us the record of one patient who was being cared for in isolation for infection prevention and control reasons. We saw documented evidence in the patient record of a discussion between medical staff and the patient’s mother about a positive specimen result.

Staff told us that they provide HAI-related information to parents and visitors either verbally or by giving them information leaflets. This included providing guidance which the staff, parents, family members and other visitors should follow, specifically in relation to the patient’s care plan, isolation, hand hygiene and wearing personal protective equipment (aprons, gloves). Information was also provided about washing their baby’s laundry at home. Parents were provided with an admission pack in the neonatal unit.

Throughout the hospital, we saw a variety of posters, signs and guidance for staff, parents and visitors about infection control and hand hygiene. We saw a range of HAI-related patient information leaflets available for parents, patients and visitors. These included:

- hand hygiene
- infections such as MRSA and as *Clostridium difficile* infection (CDI), and
- norovirus.

Across the hospital, all parents we spoke with said staff had explained to them the importance of hand hygiene and most said they had been given leaflets. We saw that all parents and visitors in the neonatal intensive care room were washing their hands and using alcohol-based hand rub before and after touching their babies.

Staff told us that an interpreter service was available where the parent or patient’s first language was not English. We were told that information leaflets can also be accessed from the NHS board’s staff intranet in five languages other than English. Some nursing and midwifery staff were uncertain about the languages, types of information available, and where and how it could be accessed.
Standard 4: HAI surveillance

We saw a variety of audit and surveillance information displayed for parents, patients, visitors and staff in some of the wards and departments inspected. This included:

- the incidence of MRSA infections
- infection prevention and control audit results
- hand hygiene audit results, and
- facilities management tool audit results looking at the environmental cleanliness and state of repair of the area being audited.

Areas for improvement

We noted that some of the audit and surveillance information displayed was not always parent or visitor friendly. Some data charts could be difficult to interpret.

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

NHS Greater Glasgow and Clyde has adopted Health Protection Scotland's National Infection Prevention and Control Manual. This manual describes the 10 standard infection control precautions that all healthcare staff should take when caring for patients to help prevent cross-infection. These 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 which are to be used when caring for patients with known or suspected infections.

Staff told us the manual was available for them to access on the NHS board's staff intranet site. We were shown that a quick link icon was available on computers to take staff directly to the manual. They told us they would be notified of any updates to infection prevention and control policies and procedures through email, daily staff huddles or alerts on the intranet site.

During the inspection, we spoke with staff and observed staff practices of standard infection control precautions. We saw generally good compliance with these precautions, including:

- good management of sharps, with sharps boxes assembled and labelled correctly, and temporary closure mechanisms appropriately used
- appropriate handling, disposal and storage of domestic and clinical waste, and
- appropriate segregation, handling and storage of used and infectious linen.

We saw good compliance with hand hygiene practices by the staff groups we observed during our inspection. This included medical, nursing and domestic staff. We saw that alcohol-based hand rub dispensers were available in appropriate locations throughout the hospital. This included at the entrance to the wards, outside side rooms or bays, or at the point of patient care. Staff told us they felt happy and supported to challenge any staff members who were not correctly complying with the 5 moments for hand hygiene. This includes before contact with a patient and after contact with the patient’s surroundings.

All parents and patients we spoke with told us they saw staff washing their hands or using the alcohol-based hand rubs before attending to patients, and wearing gloves and aprons. Of the
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45 people who responded to our survey during our inspection, 98% stated that ward staff always wash their hands. All parents and patients we spoke with said they had access to sinks and were encouraged to carry out hand hygiene. Some parents and patients had brought in their own hand wipes to use.

Across the wards and departments inspected, staff described the correct assessment and isolation procedures for managing patients with a known or suspected infection and patients who are at risk of an infection. We were told that an isolation sign would be placed on the isolation room doors advising staff and visitors of the correct precautions to take before entering the patient’s room. Staff would alert the infection prevention and control team when necessary.

The laundry guidance in the National Infection Prevention and Control Manual states that thermal disinfection occurs when a temperature of 65ºC is achieved for a minimum of 10 minutes. During our inspection to Princess Royal Maternity Hospital in April 2014, we made a requirement that the washing machine in the neonatal unit achieved and maintained the correct conditions for thermal disinfection. At this inspection, we saw records to show the washing machine on the unit was reaching thermal disinfection conditions.

NHS boards are required to measure staff compliance with standard infection control precautions. The frequency of this monitoring is determined by individual NHS boards. We saw evidence of standard infection control precautions audits being carried out on the wards and departments inspected. Hand hygiene audits take place every month. We were told that audits for other standard infection control precautions are carried out every 6 months by the senior charge midwife or senior charge nurse. In some areas, we were told staff carry out peer review audits of standard infection control precautions. This involves staff visiting other areas to carry out these audits. We were shown examples of recent audits and action plans to address any non-compliances identified.

We saw evidence of audits carried out by the infection prevention and control team. This audit is made up of four sections, including standard infection control precautions and quality improvement audits. An overall compliance score is given. Each ward and department is audited at least once every year, but done more frequently if the overall compliance score falls below 80%. The results are scored red (less than 65% compliance), amber (65%–79% compliance) and green (80% compliance and above). Areas with red audit results are re-audited within 3 months, amber within 6 months and green within 12 months. Where non-compliances are identified during the audit, an action plan is automatically generated. The senior charge nurse or midwife is responsible for resolving any issues identified and returns a completed and signed-off action plan to the infection prevention and control team within 30 days of the audit.

We were told that audit results are communicated with staff through:

- ward or department noticeboard displays
- emails
- staff safety briefs, and
- discussions at meetings.

The senior charge nurse on the neonatal unit told us that audit results from the unit are discussed at monthly infection prevention and control meetings across the three neonatal units in NHS Greater Glasgow and Clyde for shared learning between these units.
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NHS boards are required to comply with guidance to reduce the risk of *Pseudomonas aeruginosa* infection in high risk areas. This is detailed in Health Protection Scotland’s *Guidance for neonatal units (NNUs) (levels 1, 2 & 3), adult and paediatric intensive care units (ICUs) in Scotland to minimise the risk of Pseudomonas aeruginosa infection from water* (2014). To comply with this guidance, we saw that the use of water for personal patient care was limited where this was possible and a designated equipment sink was used to discard any bathing water. The estates manager told us that all clinical wash hand basins have automated taps which flush automatically each day. The method used for defrosting and warming expressed breast milk does not involve the use of water and complies with the guidance.

During the inspection, we saw generally good compliance by staff with the national uniform and dress code policy, in line with Chief Executive Letter (CEL) 42(2010).

**Areas for improvement**

We spoke with a number of staff on the wards and departments inspected about the management of blood and body fluid spillages. We found that staff knowledge was generally poor in the neonatal unit and labour ward. When reading the staff guidance on display or when accessing the guidance on the NHS board’s staff intranet, staff were still unsure about the correct strength of chlorine-releasing disinfectant and detergent used for cleaning blood spillages.

Large waste hold bins are used to store clinical and domestic waste waiting uplift from portering staff. These are stored in locked cupboards in corridors near the ward areas. Portering staff told us there were occasional blood and body fluid spillages in the waste hold bins. The method they described to clean this type of blood and body fluid contamination is not in line with national guidance.

**Requirement 1:** NHS Greater Glasgow and Clyde must ensure that staff in the neonatal unit and labour ward know how to manage blood and body fluid spillages safely to minimise risks to patients, relatives and staff.

At our last inspection to Princess Royal Maternity Hospital in April 2014, we made a requirement for the safe storage of expressed breast milk. NHS Greater Glasgow and Clyde provided a detailed action plan to manage expressed breast milk safely. We looked at expressed breast milk fridges and freezers in the neonatal unit. Most temperature recordings were complete for September and October 2016. Most fridge temperatures were within the accepted temperature range highlighted on the temperature recording sheet. However, two of the freezers had temperatures recorded which were outside the accepted temperature range described on the temperature recording sheet. The freezer temperatures were too warm in almost half of the recorded temperatures in September and October 2016. There was no evidence of rechecking the freezer temperatures when they were too warm or remedial actions such as reporting the faults to the estates department.

We raised these issues with the senior charge nurse in the neonatal unit. The milk was removed from use at the time of the inspection. We were later assured that actions had been taken to ensure that expressed breast milk stored in the affected freezers was either pasteurised (heated to kill any micro-organisms) or discarded.

On ward 68, we noted gaps in the recording on the temperature recording sheet for the fridge used to store expressed breast milk. All temperatures recorded were within the accepted temperature range. We saw out-of-date and undated breast milk stored in the fridge. We
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drew this to the attention of staff and this milk was removed and destroyed at the time of our inspection.

■ **Requirement 2:** NHS Greater Glasgow and Clyde must ensure that all staff involved with the management and storage of expressed breast milk are aware of and follow the NHS board’s expressed breast milk policy. This will ensure that stored expressed breast milk is safe to use.

During our inspection, we discussed the HAI-related audits carried out on wards. Most staff were aware of hand hygiene audits taking place. However, with the exception of staff on wards 72 and 56B, staff were generally unaware of other HAI-related audits taking place or results from these audits.

■ **Requirement 3:** NHS Greater Glasgow and Clyde must ensure that audit results are fed back to staff to drive improvement and communicate any identified risks.

**Standard 8: Decontamination**

We found the standard of environmental cleaning carried out by the domestic staff in the hospital was generally good. We saw evidence of completed domestic cleaning schedules in the labour ward. These were signed off every day by the domestic supervisor and a member of nursing or midwifery staff.

We spoke with the facilities manager about the role of public partners participating in domestic monitoring (cleaning) audits. We were told that training is provided for public partners before they participate in any domestic monitoring audits.

Parents and patients we spoke with were complimentary about the standard of cleanliness in the ward environments. They said that toilets and showers were clean, describing toilets as ‘lovely’ or ‘spotless’. Most were able to describe the daily cleaning routines they had observed, and said that spillages were dealt with promptly. Of the 45 people who responded to our survey during our inspection, 100% stated that they thought the standard of cleanliness on their wards was good.

We looked at a variety of patient equipment throughout the hospital, including bed mattresses, cot mattresses, incubators, drip stands, monitoring equipment, baby baths and baby scales. We found most to be clean and ready for use. We saw examples of midwifery cleaning schedules in the labour ward. These were complete and up to date. We also saw examples of bed space checklists used in the neonatal unit. The records we checked were complete. The records were completed daily for occupied incubators, but less frequently in unoccupied incubators. We also saw completed weekly assurance checklists. Parents and patients we spoke with felt that the equipment and furniture were clean and in good repair. Of the 45 people who responded to our survey during our inspection, 98% stated that the equipment used by staff for their care was clean.

Some parents and patients we spoke with or who responded to our survey said:

- ‘You’d be amazed at the cleaning. Every day they’re washing floors and surfaces and using a special brush for heights.’
- ‘The cleaners are always “on the go”. Nothing is left unturned.’
- ‘I am amazed at the cleaning that goes on. It never stops!’
However, one parent we spoke with, who was visiting the hospital, commented on the poor state of cleanliness of the male toilets in the public reception area of the hospital.

Areas for improvement

Princess Royal Maternity Hospital has an emergency birthing room located outwith the ward areas. This room has an entrance area and a separate birthing room. The entrance area was being used to store community midwifery equipment, including sterile packs on shelving, and bags and suitcases of equipment on the floor. Storing items on the floor prevents domestic staff accessing the whole floor area to clean. We found that the floors of both the entrance area and emergency birthing room were very dusty and had debris present.

We looked at a variety of patient equipment in the emergency birthing room. We found that:

- the integrity of the resuscitaire mattress cover was damaged (specialised equipment used to resuscitate babies immediately following delivery if required)
- the top of the resuscitaire was dusty
- the clinical waste bin was full of clinical waste
- the birthing bed frame and stirrups were rusty
- the birthing bed was made up ready for use, but was not covered to protect it from contamination with dust
- a linen bag with clean linen was stored on the floor, and
- a sharps box was not dated or signed.

We were told the labour ward was responsible for stocking and maintaining the emergency birthing room. We brought these issues to the attention of staff in the labour ward and senior managers during our inspection. We were told that midwifery staff would clean and restock the emergency birthing room following each delivery. However, staff were unable to tell us when the room had last been used. The emergency birthing room was not included on any of the labour ward’s patient equipment cleaning schedules.

Senior site managers told us that both the emergency birthing room and entrance area were cleaned weekly and following each use. No records were available to show that domestic cleaning or supervision had taken place. Monitoring using the facilities management audit tool had been carried out. Health Facilities Scotland’s National Cleaning Services Specification (2009) provides cleaning codes which determine the minimum cleaning and monitoring frequency of different hospital areas. We saw that the emergency birthing room and entrance area were being cleaned according to an incorrect cleaning code. This resulted in these areas not being cleaned or monitored as frequently as they should have been.

Requirement 4: NHS Greater Glasgow and Clyde must provide a safe and clean environment in the emergency birthing room and entrance area and ensure that these areas are cleaned and monitored in line with Health Facilities Scotland’s National Cleaning Services Specification (2009) and facilities management tool.

On the second day of our inspection, we revisited the emergency birthing room and found the standard of equipment cleanliness had markedly improved. We noted that some damaged equipment identified on the first day of the inspection had been replaced, including the resuscitaire mattress. We were provided with a patient equipment cleaning schedule for the emergency birthing room. This was to be completed by labour ward midwifery staff to ensure...
weekly cleaning of equipment takes place. We also saw that the environment had been cleaned. We will follow this up at future inspections.

We checked incubator mattresses in the neonatal unit. We found that a number of these mattresses were stained. For example, we checked mattresses in five incubators identified as clean and ready for use, stored in the equipment store room. None of these mattresses had zips, meaning they could not be opened to check the inside of the mattress cover or mattress core. We found that four of these mattresses were visibly stained on the outside of the mattress covers. One of the stained mattresses also had damage (a hole) to the integrity of the cover.

We checked mattresses in two unused incubators in the neonatal intensive care room. Both were signed as clean and ready for use on the most recent bed space checklists. The mattresses were markedly stained on the inside of the mattress covers.

We asked the senior charge nurse in the neonatal unit about how mattress checks took place. We were told that any staining would have come from skin cleansing solutions used when the babies were undergoing procedures. However, we were not assured that this was necessarily the case. We asked the NHS board to provide a risk assessment for the ongoing use of these mattresses. This was provided following our inspection.

Requirement 5: NHS Greater Glasgow and Clyde must ensure that all incubator, cot and resuscitaire mattresses are clean and in a good state of repair. This will minimise the risk of cross-infection to patients.

We saw that the majority of equipment pendants next to individual incubators in the neonatal intensive care room had retractable leads attached to them. These were being used to attach a stethoscope to each individual bed space to prevent them from being used on multiple patients. These leads are not medical devices and, as such, are unable to be effectively decontaminated (cleaned). Items which cannot be effectively decontaminated should not be used in a clinical area. We raised this with the senior charge nurse and the chief nurse for paediatrics and neonates. We were told they would be immediately removed. We also discussed the retractable leads with senior members of the infection prevention and control team who were unaware of their use in the neonatal unit.

We inspected intravenous pumps and syringe drivers which were in clean, unoccupied incubator spaces. We found that one syringe driver was heavily contaminated at one incubator space in the neonatal intensive care room. We also saw three intravenous pumps which had removable marks present and were stored as clean and ready for use.

Access ports on either end of the incubators are used by staff to allow equipment access into the incubator. The port covers used on these ports used elastic cuffs to attach them to the incubator. Staff told us the port covers were cleaned using detergent wipes between patients as part of the incubator cleaning process. The packaging for these items did not state that the cuffs were single patient use, and did not give any advice for staff on how they should be cleaned. We raised this with the senior charge nurse at the time of the inspection.
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■ **Requirement 6:** NHS Greater Glasgow and Clyde must ensure that:

  a) all equipment used in clinical areas is fit for purpose and able to be effectively
decontaminated, and

  b) all equipment is properly decontaminated following use and is stored clean and
ready to use.

The senior charge nurse, domestic and senior infection prevention and control staff described
the process for flushing sinks in the neonatal unit. However, no records are kept to
demonstrate that these flushes are done.

The *Pseudomonas aeruginosa* guidance describes a particular method to clean a clinical
wash hand basin. We spoke with domestic staff and observed how they cleaned clinical wash
hand basins in the neonatal unit. We also spoke with a deputy site manager about the
process for cleaning clinical wash hand basins. The cleaning process we observed and
described to us was not in line with the guidance for cleaning clinical wash hand basins in a
neonatal unit.

We saw that some humidifiers used in incubators were reusable. We discussed
decontamination of these items of equipment with the senior charge nurse and were told they
were cleaned with neutral detergent each day of use. They were also cleaned using neutral
detergent when no longer required before storing ready for their next use. The current
method of cleaning is not in line with the *Pseudomonas aeruginosa* guidance. This states that
reusable humidifiers must be able to withstand reprocessing (decontamination) at a central
decontamination unit in line with the manufacturer’s instructions.

■ **Requirement 7:** NHS Greater Glasgow and Clyde must ensure that the control
measures in Health Protection Scotland’s *Guidance for neonatal units (NNUs)*
(levels 1,2 & 3), adult and paediatric intensive care units (ICUs) in Scotland to
minimise the risk of *Pseudomonas aeruginosa* infection from water (2014) are
adhered to in the neonatal unit. This will minimise the risk of *Pseudomonas
aeruginosa* infection to patients.
3.2 Announced revisit (27 October 2016)

Following discussion with senior staff at the Princess Royal Maternity Hospital, we revisited the hospital to provide assurance that remedial actions had been taken following our initial inspection on 19 and 20 October 2016. We revisited the hospital on Thursday 27 October 2016.

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

We looked at the storage and management of expressed breast milk on the neonatal unit and ward 68. We saw evidence of staff being informed at daily ward and unit safety briefs about how expressed breast milk should be safely managed, including the correct temperature ranges for storage. New record sheets were being used to document daily temperature recordings and actions taken if the temperatures were outwith the recommended temperature range. We noted that expressed breast milk was being stock rotated in the expressed breast milk fridges.

We saw that a poster had been attached to the expressed breast milk freezers in the neonatal unit to clearly demonstrate the accepted temperature range for staff recording these temperatures. This should minimise any confusion with understanding freezer temperatures.

We saw that expressed breast milk was correctly labelled and that each patient’s milk was also easily identified. One expressed breast milk freezer in the neonatal unit remained out of use until staff were assured it was working correctly. The expressed breast milk freezer in the neonatal intensive care unit was also being assessed by the medical physics department. This is to assess how quickly it gets back to the accepted temperature range after the freezer door has been opened.

We will follow up the safe storage of expressed breast milk at future inspections.

Standard 8: Decontamination

We looked at the emergency birthing room and entrance area. We found that both areas were clean. We saw that new shelving had been installed to hold bags and suitcases off the floor to allow domestic access for cleaning. We saw that the national cleaning services specification code in use for this area had been changed. This would ensure more frequent cleaning and monitoring. We saw a domestic cleaning schedule was now in place. All patient equipment in the two areas was covered with plastic sheets to protect it from dust contamination. We saw equipment cleaning checklists for both areas and found them to be complete and up to date.

We were told that all incubator mattresses had been checked in the neonatal units across the NHS board. All visibly stained or damaged mattresses were discarded. We saw that a new bed space checklist was in place. This checklist had a standard operating procedure for the management of stained or damaged incubator mattresses which identified when mattresses need to be removed from use. We spoke with staff about how mattresses are checked. They described the same process as detailed on the bed space checklist and told us that they would report to the team leader or senior charge nurse if a mattress needed to be replaced.

We found that all retractable leads had been removed from bed spaces in the neonatal intensive care unit. Staff we spoke with told us that stethoscopes were kept with other patient
equipment in individual incubator spaces and that they were cleaned before and after use. We did not see stethoscopes being taken from one patient to another during our revisit.

We discussed the cleaning of reusable humidifiers following use in the neonatal unit with the chief nurse for paediatrics and neonatology. We were told that the process for this would be discussed with the infection prevention and control team.
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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.

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<td>2</td>
<td>Within 1 month of report publication date</td>
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<tr>
<td>3</td>
<td>Within 3 months of report publication date</td>
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<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**

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<th>Requirement</th>
<th>HAI standard criterion</th>
<th>Priority</th>
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NHS Greater Glasgow and Clyde must ensure that staff in the neonatal unit and labour ward know how to manage blood and body fluid spillages safely to minimise risks to patients, relatives and staff (see page 10).

This was previously identified as a requirement in the April 2014 inspection report for Princess Royal Maternity Hospital.
### Standard 6: Infection prevention and control policies, procedures and guidance (continued)

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<th>Requirements</th>
<th>HAI standard criterion</th>
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<td>2 LINUX Greater Glasgow and Clyde must ensure that all staff involved with the management and storage of expressed breast milk are aware of and follow the NHS board’s expressed breast milk policy. This will ensure that stored expressed breast milk is safe to use (see page 11).</td>
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This was previously identified as a requirement in the April 2014 inspection report for Princess Royal Maternity Hospital.

<table>
<thead>
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<th>Recommendations</th>
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</tbody>
</table>

### Standard 8: Decontamination

<table>
<thead>
<tr>
<th>Requirements</th>
<th>HAI standard criterion</th>
<th>Priority</th>
</tr>
</thead>
<tbody>
<tr>
<td>4 LINUX Greater Glasgow and Clyde must provide a safe and clean environment in the emergency birthing room and entrance area and ensure that these areas are cleaned and monitored in line with Health Facilities Scotland’s National Cleaning Services Specification (2009) and facilities management tool (see page 12).</td>
<td>8.1</td>
<td>1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Requirements</th>
<th>HAI standard criterion</th>
<th>Priority</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 LINUX Greater Glasgow and Clyde must ensure that all incubator, cot and resuscitaire mattresses are clean and in a good state of repair. This will minimise the risk of cross-infection to patients (see page 13).</td>
<td>8.1</td>
<td>1</td>
</tr>
</tbody>
</table>
## Standard 8: Decontamination (continued)

<table>
<thead>
<tr>
<th>Requirements</th>
<th>HAI standard criterion</th>
<th>Priority</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>6</strong> NHS Greater Glasgow and Clyde must ensure that:</td>
<td>8.1</td>
<td>1</td>
</tr>
</tbody>
</table>
| a) all equipment used in clinical areas is fit for purpose and able to be effectively decontaminated, and  
b) all equipment is properly decontaminated following use and is stored clean and ready to use (see page 14). | | |
| This was previously identified as a requirement in the April 2014 inspection report for Princess Royal Maternity Hospital. | | |
| **7** NHS Greater Glasgow and Clyde must ensure that the control measures in Health Protection Scotland’s Guidance for neonatal units (NNUs) (levels 1, 2 & 3), adult and paediatric intensive care units (ICUs) in Scotland to minimise the risk of Pseudomonas aeruginosa infection from water (2014) are adhered to in the neonatal unit. This will minimise the risk of Pseudomonas aeruginosa infection to patients (see page 14). | 8.2 | 1 |
| Recommendations | | |
| None | | |
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 – Glossary of abbreviations

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>CDI</td>
<td><em>Clostridium difficile</em> infection</td>
</tr>
<tr>
<td>CEL</td>
<td>Chief Executive Letter</td>
</tr>
<tr>
<td>HAI</td>
<td>healthcare associated infection</td>
</tr>
<tr>
<td>HEI</td>
<td>Healthcare Environment Inspectorate</td>
</tr>
<tr>
<td>MRSA</td>
<td>meticillin resistant <em>Staphylococcus aureus</em></td>
</tr>
</tbody>
</table>
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.