Unannounced Follow-up Ward Inspection and Unannounced Theatre Inspection Report

Princess Royal Maternity Hospital
NHS Greater Glasgow and Clyde

20–21 June 2017
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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1 About this report

This report sets out the findings from our unannounced inspections to the wards and theatre departments of Princess Royal Maternity Hospital, NHS Greater Glasgow and Clyde, from Tuesday 20 to Wednesday 21 June 2017.

We have reported our key findings of the follow-up ward and theatre inspections separately. The key findings from our follow-up ward inspection can be found on page 8. The follow-up ward inspection team was made up of two inspectors. As the ward inspection was a follow-up of the previous inspection in October 2016, we did not have a public partner with us on this inspection.

The key findings from the theatre inspection can be found on page 15. The theatre inspection team was made up of one inspector. A full list of the requirements and recommendation resulting from the theatre inspection can be found in Appendix 1 on page 19.

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

We would like to thank NHS Greater Glasgow and Clyde and, in particular, all staff and patients at Princess Royal Maternity Hospital for their assistance during the inspections.
2 Summary of follow-up ward 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 the previous inspection

We previously inspected the wards of Princess Royal Maternity Hospital in October 2016. That inspection resulted in seven requirements. As a result of that inspection, NHS Greater Glasgow and Clyde produced a detailed improvement action plan and submitted this to us. The inspection report and details of the action plan are available on the Healthcare Improvement Scotland website www.healthcareimprovementscotland.org/HEI.aspx

This follow-up report should be read along with the previous October 2016 report.

About our inspection

We carried out an unannounced follow-up inspection to the wards of Princess Royal Maternity Hospital from Tuesday 20 to Wednesday 21 June 2017. The purpose of the follow-up inspection was to:

- assess progress with the seven requirements made at the previous inspection in October 2016, and
- assess the hospital against the Healthcare Improvement Scotland Healthcare Associated Infection (HAI) Standards (February 2015).

The inspection also took account of the information supplied by NHS Greater Glasgow and Clyde in the 16-week improvement action plan submitted in February 2017. This plan details the action taken by the NHS board to address the requirements and recommendations we made at our previous inspection.

We inspected the following areas:

- neonatal unit
- labour ward
- wards 56A and 56B (gynaecology)
- wards 68, 72 and 73 (obstetrics), and
- emergency birthing room and entrance area.

Inspection findings

Of the seven requirements made at the previous inspection in October 2016, the NHS board has:

- met all seven requirements.
<table>
<thead>
<tr>
<th>Previous requirements</th>
<th>Met / Partially met / Not met</th>
</tr>
</thead>
<tbody>
<tr>
<td>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. This was previously identified as a requirement in the April 2014 inspection report for Princess Royal Maternity Hospital.</td>
<td>Met</td>
</tr>
<tr>
<td>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. This was previously identified as a requirement in the April 2014 inspection report for Princess Royal Maternity Hospital.</td>
<td>Met</td>
</tr>
<tr>
<td>NHS Greater Glasgow and Clyde must ensure that audit results are fed back to staff to drive improvement and communicate any identified risks.</td>
<td>Met</td>
</tr>
<tr>
<td>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.</td>
<td>Met</td>
</tr>
<tr>
<td>NHS Greater Glasgow and Clyde must ensure that all incubator, cot and resusciataire mattresses are clean and in a good state of repair. This will minimise the risk of cross-infection to patients.</td>
<td>Met</td>
</tr>
<tr>
<td>NHS Greater Glasgow and Clyde must ensure that: all equipment used in clinical areas is fit for purpose and able to be effectively decontaminated, and all equipment is properly decontaminated following use and is stored clean and ready to use. This was previously identified as a requirement in the April 2014 inspection report for Princess Royal Maternity Hospital.</td>
<td>Met</td>
</tr>
<tr>
<td>NHS Greater Glasgow and Clyde must ensure that the control measures in Health Protection Scotland’s Guidance for neonatal units (NNUs) (levels 1, 2 &amp; 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.</td>
<td>Met</td>
</tr>
</tbody>
</table>

1 Partially met means a requirement has not been achieved in its entirety, but progress has been made.
What action we expect NHS Greater Glasgow and Clyde to take after our ward inspection

The follow-up ward inspection resulted in no requirements or recommendations.
3 Progress since last ward inspection

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

Following the previous inspection in October 2016, NHS Greater Glasgow and Clyde was required to:

‘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.’

We asked NHS Greater Glasgow and Clyde to action this requirement within 1 week of the October 2016 inspection.

NHS Greater Glasgow and Clyde told us in its 16-week improvement action plan that:

• the infection prevention and control team would provide standard infection control precaution training for staff, and
• the senior charge nurse would audit staff knowledge every month and the lead nurse or midwife would receive a report on this.

During this follow-up inspection, we saw guidance posters displayed on the wards describing the appropriate use of chlorine-releasing disinfectant and detergent for both general cleaning and for the management of blood and body fluid spillages.

During the inspection, we spoke with 24 ward staff, such as nursing and healthcare support workers, about how they would safely manage blood and body fluid spillages. The majority of staff could describe the correct procedure and knew the correct dilution of chlorine-releasing detergent and disinfectant to use for a blood spillage.

This requirement has been met.

Following the previous inspection in October 2016, NHS Greater Glasgow and Clyde was required to:

‘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.’

We asked NHS Greater Glasgow and Clyde to action this requirement within 1 week of the October 2016 inspection.

NHS Greater Glasgow and Clyde told us in its 16-week improvement action plan that:

• refrigerator temperature specifications and escalation processes would be highlighted in the ward safety brief
• all relevant staff in NHS Greater Glasgow and Clyde are trained in the safe storage of breast milk
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- refrigerator recording charts had been changed in all areas to ensure clarity and now include temperature specifications and escalation procedure
- the senior charge manager assurance checklist includes a weekly checking of breast milk recording charts, and
- all staff had been updated on safe storage of breast milk through safety briefs and emails.

During this follow-up inspection, we looked at expressed breast milk stored in refrigerators and freezers in the neonatal unit and ward 68. We found that all refrigerators and freezers were within the accepted temperature range and daily temperature checks were being carried out. We saw completed temperature records for the previous 3 months. Where temperatures were outside the accepted temperature range, corrective actions had been put in place and documented on the temperature recording sheets. Staff could tell us what they would do if refrigerators and freezers were outside the required temperature ranges.

During the inspection of the neonatal unit, we saw a poster on the expressed breast milk freezers showing the accepted temperature range for staff recording these temperatures. This should minimise any confusion with understanding freezer temperatures.

We saw that the senior charge nurse carries out a weekly check of the expressed breast milk recording sheets to provide an additional quality assurance check that expressed breast milk is being stored appropriately.

We saw that expressed breast milk was dated, correctly labelled and easily identifiable. We also noted that expressed breast milk was being stock rotated.

Ward staff told us that they had been updated on the management and storage of expressed breast milk through safety briefs and emails. Staff we spoke with were aware of the correct management and storage of expressed breast milk.

This requirement has been met.

Standard 8: Decontamination

Following the previous inspection in October 2016, NHS Greater Glasgow and Clyde was required to:

'ensure that audit results are fed back to staff to drive improvement and communicate any identified risks.'

We asked NHS Greater Glasgow and Clyde to action this requirement within 1 week of the October 2016 inspection.

NHS Greater Glasgow and Clyde told us in its 16-week improvement action plan that:

- up-to-date infection control audits are displayed at the entrance to all ward areas
- any areas highlighted for communication and improvement from infection control audits would be discussed at ward safety briefs, and
- infection control audit results are discussed at a variety of professional and operational meetings and notes of these meetings shared with all staff.
During this follow-up inspection, the majority of ward staff spoken with were aware of HAI audits taking place and results from these audits. Ward staff told us they would be informed about HAI audit results through:

- emails
- one to one meetings with the senior charge nurse
- ward staff safety briefs, and
- ward or departmental notice boards.

We were told that any areas of improvement highlighted from HAI audits are discussed as part of ward staff safety briefs. Some staff told us about having additional training as a result of poor audit results. This is usually done by staff accessing online training resources or requesting training from the infection prevention and control team.

In most areas inspected, we saw the results of hand hygiene and infection prevention and control environmental audit displayed on ward notice boards. We noted that the hand hygiene audit results displayed on some ward notice boards were very small and could be difficult for staff and patients to read. Displaying audit results provides assurance to staff, patients and visitors. We discussed this with ward staff at the time of the inspection.

**This requirement has been met.**

**Following the previous inspection in October 2016, NHS Greater Glasgow and Clyde was required to:**

‘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.’

We asked NHS Greater Glasgow and Clyde to action this requirement with 1 week of the October 2016 inspection.

NHS Greater Glasgow and Clyde told us in its 16-week improvement action plan that:

- updated standard operating procedures had been developed for the birthing room and the homebirth team antenatal room, and
- standard operating procedures are completed by labour ward staff every week.

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. During this follow-up inspection, we found the standard of environmental cleanliness in both areas to be good. We looked at a variety of patient equipment, including mattresses, birthing beds and a resuscitaire and found them to be clean, ready for use and in a good state of repair. All equipment was stored off the floor to allow domestic access for cleaning. Equipment trolleys were covered with plastic sheets to protect them from dust contamination due to infrequent use.
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We saw evidence of staff using the standard operating procedure for the emergency birthing room. The procedure states that all near patient healthcare equipment should be inspected and cleaned. This is checked weekly and signed off by labour ward staff.

This requirement has been met.

Following the previous inspection in October 2016, NHS Greater Glasgow and Clyde was required to:

‘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 asked NHS Greater Glasgow and Clyde to action this requirement within 1 week of the October 2016 inspection.

NHS Greater Glasgow and Clyde told us in its 16-week improvement action plan that:

- any non-compliant mattresses are discarded
- a review of mattress types is currently considering procuring zipped incubator mattresses
- all staff use a standard operating procedure for near patient equipment and a standard operating procedure for mattress inspection when cleaning mattresses
- the use of standard operating procedures is mentioned at safety briefs and re-training sessions, and
- the bedside checklist includes a standard operating procedure for the cleaning of mattresses with no zip.

During this follow-up inspection, NHS Greater Glasgow and Clyde told us since our previous inspection in October 2016, all mattresses found damaged or contaminated had been removed from use. We were told that all mattresses in the neonatal unit had been checked and all visibly stained or damaged mattresses discarded. The NHS board had reviewed the type of mattresses used and additional mattress covers had been purchased.

During the inspection of the neonatal unit, we checked the integrity and cleanliness of a number of incubator and cot mattresses and developmental care gel positioning aids. We found that all of the mattresses and positioning aids were free from signs of damage or contamination.

We saw that the standard operating procedure for the cleaning of near patient healthcare equipment explains the procedure for cleaning and inspecting mattresses. This includes the replacement of any damaged mattresses and cot mattress covers with no zips that are visibly stained on the outside of the cover. We noted that staff knowledge of the procedure for cleaning and inspecting mattresses was in line with the standard operating procedure.

This requirement has been met.
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Following the previous inspection in October 2016, NHS Greater Glasgow and Clyde was required to:

‘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.’

We asked NHS Greater Glasgow and Clyde to action this requirement within 1 week of the October 2016 inspection.

NHS Greater Glasgow and Clyde told us in its 16-week improvement action plan that:

- retractable leads used to secure stethoscopes had been removed
- all staff had been reminded about near patient equipment and bed space checklists for both occupied and unoccupied bed spaces, and
- incubator port protectors were single patient use.

During this follow-up inspection, NHS Greater Glasgow and Clyde told us that all retractable leads used in the neonatal unit for attaching a stethoscope to each individual bed space had been removed from the bed spaces. Staff we spoke with told us that stethoscopes were now kept at individual incubator spaces and that they were cleaned before and after use.

We looked at a variety of equipment, including intravenous pumps and syringe drivers, and found the standard of patient equipment cleanliness to be very good.

Ports on either end of the incubators are used by staff to allow access into the incubator. The covers on these ports have elastic cuffs which are attached to the incubator. At the previous inspection, it was found that port covers were cleaned using detergent wipes between patients as part of the incubator cleaning process. The packaging for these items did not state if the cuffs were single patient use, and did not give any advice for staff on how they should be cleaned. During this inspection, the senior charge nurse told us that all elastic cuffs were single patient use and were disposed of after each patient.

This requirement has been met.

Following the previous inspection in October 2016, NHS Greater Glasgow and Clyde was required to:

‘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.’

We asked NHS Greater Glasgow and Clyde to action this requirement within 1 week of the October 2016 inspection.
NHS Greater Glasgow and Clyde told us in its 16-week improvement action plan that all reusable incubator humidity tanks that can be autoclaved will go to the central decontamination unit for cleaning either between each patient use or once a week.

During this follow-up inspection of the neonatal unit, domestic staff’s description of the decontamination procedure for cleaning clinical wash hand basins was in line with Health Protection Scotland’s *Pseudomonas aeruginosa* guidance.

We discussed the decontamination of reusable incubator humidity tanks with the senior charge nurse. They told us that all incubator humidity tanks are reusable and are autoclaved at a central decontamination unit in line with the manufacturer’s instructions. A medical autoclave is a device that uses steam to sterilise equipment and other objects. This is in line with Health Protection Scotland’s *Pseudomonas aeruginosa* guidance for neonatal units.

**This requirement has been met.**
4 Summary of theatre inspection

We carried out an unannounced inspection of the theatre department of Princess Royal Maternity Hospital from Tuesday 20 to Wednesday 21 June 2017.

Inspection focus

Before carrying out the inspection, we reviewed NHS Greater Glasgow and Clyde’s self-assessment and previous Princess Royal Maternity Hospital reports. This informed our decision on which standards to focus on during this inspection of the theatre department. We focused on:

- Standard 1: Leadership in the prevention and control of infection
- Standard 2: Education to support the prevention and control of infection
- Standard 4: HAI surveillance
- Standard 6: Infection prevention and control policies, procedures and guidance
- Standard 8: Decontamination, and
- Standards 9: Acquisition of equipment.

We inspected the following areas:

- theatres 1 to 3 (obstetrics), and
- theatres 4 and 5 (gynaecology).

What NHS Greater Glasgow and Clyde did well

- We found good infection prevention and control leadership in the theatre department.
- We found a good standard of environmental cleanliness in all areas of the theatre department.

What NHS Greater Glasgow and Clyde could do better

- All sterile instrument trays, instruments and packs should be managed in line with national guidance.
- Equipment used in the theatre department must be clean and free from damage.

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

The theatre 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 recommendation 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 expect NHS Greater Glasgow and Clyde to carry out the actions described in its improvement action plan to address the issues we raised during the inspections. These actions should be completed within the timeframes given in Appendix 1.
5  Key findings of theatre inspection

Standard 1: Leadership in the prevention and control of infection

We found evidence of positive leadership in the theatre departments in relation to infection prevention and control. Senior staff in both the gynaecology and obstetric theatres showed awareness of the importance of infection prevention and control.

The new appointment of a theatre charge midwife for the obstetric theatres provides leadership within this area. The theatre charge midwife was a driver for infection prevention and control improvement.

We were told that the infection prevention and control team provides valued support to the theatre departments. Staff were aware they could contact the infection prevention and control team for advice.

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

NHS Greater Glasgow and Clyde’s HAI education strategy details a core set of education requirements. We were told that during incidents, such as infection outbreaks, additional staff education and training is added to the core set of education requirements. The strategy states the HAI induction as the mandatory training for obstetric and theatre staff. The HAI induction must be completed within 3 months of staff commencing their post and a mandatory update is done face-to-face every 3 years. Staff also have to complete a mandatory standard infection control precautions module.

Gynaecology theatre staff told us that they had received the mandatory NHS Greater Glasgow and Clyde induction on appointment and that the induction included infection prevention and control training. They also told us about the gynaecology theatre competencies that are completed with the help of a preceptor, a more experienced member of staff who can advise and give practical support.

We saw evidence of an obstetric theatre orientation pack that had been recently produced by the theatre charge nurse, but as yet has not been completed by a member of staff. The pack includes infection prevention and control issues such as waste management, theatre cleaning and the use of personal protective equipment. We look forward to seeing progress with this at future inspections.

Area for improvement

During the inspection, we requested information on theatre staff compliance rates for infection prevention and control training. This information is not held centrally but we were told this should be available locally in the theatre departments. We were provided with information of gynaecology theatre staff who have completed infection prevention and control modules. This confirmed that all staff had completed standard infection prevention and control training in the last 3 years. However, we found that, out of 16 staff listed, only four members of staff were recorded as having completed the HAI induction.

Information provided on obstetric theatre staff compliance rates for infection prevention and control training stated that 55 out of 100 staff had completed NHS Greater Glasgow and Clyde’s infection control modules. We were told that this covers the mandatory minimum requirements for obstetric staff as stipulated in NHS Greater Glasgow and Clyde’s infection prevention and control education strategy for mandatory and continuing education. This
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strategy stipulates that the HAI clinical induction and standard infection control precautions modules are mandatory. We acknowledge that some staff had completed other infection prevention and control modules. We were told that an education database is being developed at the Princess Royal Maternity Hospital to allow easier collation and review to monitor the uptake of infection prevention and control training.

■ Requirement 1: NHS Greater Glasgow and Clyde must ensure that all staff follow the NHS board’s education strategy to ensure they are provided with the necessary knowledge and skills in infection prevention and control.

Standard 4: HAI surveillance

NHS Greater Glasgow and Clyde’s annual infection prevention and control programme and work plan states how the NHS board responds to national mandatory surveillance requirements. The NHS board uses a variety of local and national surveillance reports, such as the HAIRT and directorate and sector reports, which are discussed at infection prevention and control and governance committees. The HAIRT is the Healthcare Associated Infection Reporting Template. This report is produced by the NHS board and includes surveillance data, for example surgical site infections, that is required to be reported nationally. NHS board papers, such as the HAIRT, are available on the NHS Greater Glasgow and Clyde website.

We noted that the most recent available data shows that the percentage of surgical site infections contracted in caesarean-section operations is the same as the Scotland average.

The obstetric theatre charge nurse told us how a review was recently set up following a brief rise in caesarean-section infection rates across the NHS board area. A short-life working group was set up, with multidisciplinary team members, to review theatre practices. Whilst no cause was considered to be a factor, a list of good practice points was produced. We were provided with evidence of this improvement work taking place in the Princess Royal Maternity Hospital obstetric theatre department.

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

Health Protection Scotland’s National Infection Prevention and Control Manual describes 10 standard infection control precautions. These are the minimum precautions all healthcare staff should take when caring for patients. These precautions include: hand hygiene, use of personal protective equipment, safe disposal of waste, and the management of sharps.

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. We saw evidence of infection prevention and control audits being carried out in the theatre departments and corresponding action plans with completion dates. Ward staff carry out monthly hand hygiene audits.

From the opportunities we observed, we saw good compliance with the management of sharps, linen and waste. The majority of staff used personal protective equipment appropriately. We saw staff decontaminate their hands at appropriate times.
Information posters for staff on standard infection control precautions were displayed such as:

- how to perform hand hygiene
- using chlorine releasing disinfectant and detergent
- the appropriate use of personal protective equipment, and
- the management of linen and waste.

**Areas for improvement**

The majority of staff members we saw were complying with standard infection control precautions. The two staff members who were not complying were brought to the attention of the theatre charge midwife. We were assured that these staff members would receive additional support and training in infection prevention and control precautions.

We looked at the storage of sterile instrument trays. We saw that there appears to be good management of stock rotation in both theatre departments. However, we saw that sterile instrument trays were stacked on top of each other. Storing instrument trays in this way means that the tray covers are at risk of being torn, causing possible contamination or damage to the sterile instruments. Health Facilities Scotland’s guidance recommends NHS board’s review ‘options to minimise or cease the stacking of wrapped sterile packs and trays.’

■ **Recommendation a:** NHS Greater Glasgow and Clyde should review the storage of sterile instrument trays in line with Health Facilities Scotland’s *Management of reusable surgical instruments during transportation, storage and after clinical use.*

**Standard 8: Decontamination**

The standard of environmental cleaning within the operating theatres and associated areas was very good. Any exceptions were brought to the attention of the theatre charge nurse or midwife at the time of inspection.

The process of cleaning the theatres was generally good, with the majority of staff following best practice guidelines such as top-down cleaning. Any exceptions were highlighted at the time of inspection. We noted that where the cleaning process worked well, there had been good communication between staff which ensured effective theatre cleaning.

During the inspection, we looked at the cleanliness and condition of equipment. We looked at positioning pieces, theatre table mattress pieces and pressure relieving devices and additional equipment such as patient warming units, intravenous stands, infusion pumps and patient trolleys.

We found that the cleanliness and state of repair of equipment, such as the patient warming units, intravenous stands, infusion pumps and patient trolleys, was good.

NHS Greater Glasgow and Clyde’s self-assessment states that processes are in place to ensure equipment is monitored for cleanliness and this is included in the infection prevention and control team audit programme. Audit results are fed back to the senior charge nurse or midwife so they can develop necessary action plans.
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The senior charge nurse or midwife carries out a weekly assurance check of the cleanliness of equipment and environment. This is done to identify and monitor any possible risks to patients and staff. We saw evidence of daily cleaning checklists and the weekly cleaning assurance checklist for both obstetrics and gynaecology theatre departments. We were told that if there are any themes of non-compliances identified in the obstetric theatre department, the theatre charge nurse scans the assurance checklist and sends this by email to all obstetric theatre staff and relevant managers. This is done to raise staff awareness of the issue identified.

The fabric of the theatre departments were in a generally good state of repair. Some damage to walls and paintwork was noted in the gynaecology theatres. We saw evidence that these had been reported and staff were keeping a record of outstanding issues.

The estates department showed us the theatre ventilation accreditation for all five theatres inspected.

Areas for improvement

In the obstetrics theatre we looked at 34 items of positioning pieces, theatre table mattresses and pressure relieving devices. We found 12 items with some contamination of sticky tape residue or minor damage.

In the gynaecology theatre department we looked at 40 items of positioning pieces, theatre table mattresses and pressure relieving devices. We found seven items with some contamination of sticky tape residue or damage. We saw evidence that replacement pressure relieving devices had been ordered for this department.

The gynaecology theatre changing rooms were well organised and staff told us that any contamination on footwear should be removed before leaving the theatre. In the obstetrics theatre changing rooms we saw disorganised storage of theatre footwear. We also saw some footwear was contaminated.

- Requirement 2: NHS Greater Glasgow and Clyde must ensure that all equipment is safe and clean, minimising the risk of cross-infection. Equipment must be free from damage, tape and tape residue and can be effectively cleaned.

- Requirement 3: NHS Greater Glasgow and Clyde must ensure that theatre footwear is clean and stored appropriately after use.

Standard 9: Acquisition of equipment

During the inspection, we asked staff about the acquisition of new and replacement equipment for the theatre departments. Both theatre departments confirmed that a request would be submitted to theatre line management. We saw that staff use the ‘advice request on decontamination of medical devices’ available on the NHS board’s intranet. Staff email the form to the infection prevention and control team who reviews the request as part of the approval process to ensure that before any new equipment is purchased it can be decontaminated effectively after use.

NHS Greater Glasgow and Clyde’s self-assessment states that the NHS board’s decontamination group is part of the infection prevention and control committee. The group considers all aspects of the use and decontamination of new equipment purchased.
Appendix 1: Requirements and recommendations - theatre inspection

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>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Within 1 week of report publication date</td>
</tr>
<tr>
<td>2</td>
<td>Within 1 month of report publication date</td>
</tr>
<tr>
<td>3</td>
<td>Within 3 months of report publication date</td>
</tr>
<tr>
<td>4</td>
<td>Within 6 months of report publication date</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Requirement</th>
<th>HAI standard criterion</th>
<th>Priority</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>NHS Greater Glasgow and Clyde must ensure that all staff follow the NHS board’s education strategy to ensure they are provided with the necessary knowledge and skills in infection prevention and control (see page 16).</td>
<td>2</td>
</tr>
</tbody>
</table>

**Recommendations**

None
### Standard 6: Infection prevention and control policies, procedures and guidance

<table>
<thead>
<tr>
<th>Requirements</th>
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</thead>
<tbody>
<tr>
<td>None</td>
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</tr>
</tbody>
</table>

**Recommendation**

a NHS Greater Glasgow and Clyde should review the storage of sterile instrument trays in line with Health Facilities Scotland’s *Management of reusable surgical instruments during transportation, storage and after clinical use* (see page 17).

### Standard 8: Decontamination

<table>
<thead>
<tr>
<th>Requirements</th>
<th>HAI standard criterion</th>
<th>Priority</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 NHS Greater Glasgow and Clyde must ensure that all equipment is safe and clean, minimising the risk of cross-infection. Equipment must be free from damage, tape and tape residue and can be effectively cleaned (see page 18).</td>
<td>8.1</td>
<td>2</td>
</tr>
<tr>
<td>3 NHS Greater Glasgow and Clyde must ensure that theatre footwear is clean and stored appropriately after use (see page 18).</td>
<td>8.1</td>
<td>2</td>
</tr>
</tbody>
</table>

**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

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
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.