Unannounced Inspection Report

Acute Hospital COVID-19 focused inspection

Golden Jubilee National Hospital
NHS Golden Jubilee

28-29 September 2021
Healthcare Improvement Scotland is committed to equality. We have assessed the inspection function for likely impact on equality protected characteristics as defined by age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation (Equality Act 2010). You can request a copy of the equality impact assessment report from the Healthcare Improvement Scotland Equality and Diversity Officer by emailing contactpublicinvolvement@nhs.scot.
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About our COVID-19 focused inspection

Background

1. From July 2020, Healthcare Improvement Scotland’s hospital inspection activity had a combined focus on safety and cleanliness and care of older people in hospital. Following Scottish Government instruction, the decision was made to focus inspection activity on community hospitals, in the first instance. This decision was based on the likelihood of there being a significant number of older people in community hospitals whose care would be affected by the impact of COVID-19.

2. In November 2020, we made Scottish Government and the Cabinet Secretary for Health and Wellbeing aware that we were sending a letter to all NHS board Chief Executives to advise that, in addition to non-acute hospitals, inspections to acute hospitals will be restarted. The inspections to acute hospitals will be COVID-19 focused inspections.

3. We have adapted our methodology, and we will inspect against existing Healthcare Associated Infection (HAI) standards (2015):
   - Standard 2 (Education to support the prevention and control of infection)
   - Standard 3 (Communication between organisations and with the patient or their representative)
   - Standard 6 (Infection prevention and control policies, procedures and guidance), and
   - Standard 8 (Decontamination).

4. Our methodology includes relevant current national COVID-19 guidance. Inspection tools have been updated and will continue to be reviewed to ensure that they reflect current national COVID-19 guidance and any impact this may have on the safe delivery of care. A list of relevant national standards, guidance and best practice can be found in Appendix 3.

5. During our inspection, we identify areas where NHS boards are required to take action and these are called requirements.

6. A requirement sets out what action is required from an NHS board to comply with national standards, other national guidance and best practice in healthcare. 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.

Our focus

7. The focus for inspections will consider the factors that contribute to the risk of COVID-19 (or any other infections). In order to achieve this, we will do the following:
   - ensure that the care of patients and the environment supports safe and effective care, and is in line with current standards and best practice for COVID-19
   - ensure that local systems and policies are in place to effectively manage healthcare associated infections in the hospital
   - report on the standards achieved on the day of our inspection and ensure the NHS board produces an action plan to address the areas for improvement identified, and
   - engage with staff and management if they do not follow the NHS board policies and procedures, best practice statements or national standards, to provide assurance on the safety and quality of care.

8. The flowchart in Appendix 4 summarises our inspection process.

9. We will report our findings under three key outcomes:
   - people’s health and wellbeing are supported and safeguarded during the COVID-19 pandemic
   - infection control practices support a safe environment for both people experiencing care and staff, and
   - staffing arrangements are responsive to the changing needs of people experiencing care.
A summary of our inspection

About the hospital we inspected

10. The Golden Jubilee National Hospital is the flagship hospital for planned and specialist care for patients across Scotland. It carries out all heart and lung surgery for the west of Scotland and is home to three national heart and lung services. The hospital is home to Scotland’s largest cataract centre and is one of the largest planned care orthopaedic centres in Europe.

About our inspection

11. We carried out an unannounced inspection to Golden Jubilee National Hospital, NHS Golden Jubilee on Tuesday 28 and Wednesday 29 September 2021, and we inspected the following areas:

- cardiology inpatient
- coronary care unit
- ward 3 East (cardiothoracic)
- ward 3 West (thoracic)
- ward 4 East (general surgery), and
- ward 4 East (orthopaedics).

We also inspected the public and staff communal areas of the hospital and visited the eye centre.

12. As part of the new methodology, we asked NHS Golden Jubilee to provide us with evidence of the NHS board’s policies and procedures during COVID-19. The purpose of this is to limit the time the inspection team is onsite, reduce the burden on ward staff and to inform the virtual discussion session. On Wednesday 29 September 2021, we held a virtual discussion session with key members of NHS Golden Jubilee staff.

13. During our inspection, we:

- used inspection tools to document findings and assist with gathering evidence
- observed the ward and hospital environment
- observed staff practice and interactions with patients, such as during patient mealtimes
- spoke with ward staff (where appropriate), and
• accessed patients’ health records, monitoring reports, policies and procedures.

14. We would like to thank NHS Golden Jubilee and in particular all staff at Golden Jubilee National Hospital for their assistance during our inspection.

Key messages

15. We noted areas where NHS Golden Jubilee is performing well and where they could do better, including the following.

• Staff were clear when patient testing had to be undertaken.
• Staff felt well supported throughout the pandemic.
• All fans in use within clinical areas should be cleaned in line with the hospital’s local risk assessment.

What action we expect the NHS board to take after our inspection

16. This inspection resulted in five areas of good practice and three requirements. A full list of the areas of good practice and requirements can be found in Appendices 1 and 2, respectively on pages 16 and 17.

17. We expect NHS Golden Jubilee to address the requirements. The NHS board must prioritise the requirements to meet national standards. An improvement action plan has been developed by the NHS board and is available on the Healthcare Improvement Scotland website: http://www.healthcareimprovementscotland.org/
What we found during this inspection

People’s health and wellbeing are supported and safeguarded during the COVID-19 pandemic

Key areas include the extent to which:
• people’s rights are respected, and they are treated with dignity and respect
• people are enabled and supported to stay connected, and
• people’s physical, mental and emotional health is promoted.

COVID-19 patient pathways

18. NHS Golden Jubilee has a number of admission pathways in place in line with current national guidance for the remobilisation of healthcare. These pathways are specific to the COVID-19 pandemic to help NHS boards manage COVID-19 risks. The pathways are routes that patients should follow during their stay in hospital to minimise the risk of infection transmission. There were three pathways in use at the time of our inspection: red (high risk), amber (medium risk) and green (low risk).

19. We saw that systems are in place to ensure that all patients are assessed on admission or prior to transfer to Golden Jubilee National Hospital so that they are managed within the appropriate pathways.

20. In all wards, we saw colour-coded signage to inform visiting staff of the COVID-19 pathway each patient was on and inform them what precautions to take.

COVID-19 testing (patients and staff)

21. During our inspection, staff told us about the different processes in place for patients being tested for COVID-19. Routine patient testing is undertaken for all patients on admission to hospital and repeat testing is carried out at frequencies in line with national guidance and in accordance with NHS board policy.

22. Staff were clear when patient testing had to be undertaken. Staff were also aware of the COVID-19 status of their patients, which was communicated through the use of handovers, coloured symbols on the door of the patient rooms and on the ward’s display board. Staff told us that they use the laboratory results system to access patients’ COVID-19 results.

23. NHS Golden Jubilee has processes in place for the testing of staff using a lateral flow test (LFT) and a polymerase chain reaction (PCR) test, in line with existing national guidance. An LFT is a self-testing device to detect if you have
COVID-19, but do not display any symptoms. A PCR test is analysed in a laboratory and is typically used when people show symptoms or have a positive LFT test.

24. LFT kits were available for staff to undertake testing twice a week. A PCR test would be arranged if a member of staff tested positive or there was an outbreak in a ward.

**Communication and visiting**

25. In all of the wards inspected, visiting arrangements were in line with current national guidance. There were processes in place to reduce the risks to patients, staff and visitors including taking contact details for test and protect purposes. Information leaflets were available for visitors.

26. In all of the wards inspected, staff told us how they would manage visitors who refused or were exempt from wearing a face mask. We were told that staff would speak with visitors who refused to wear a face mask and discuss with them the rationale for wearing one. However, in one area, we saw visitors sitting in a patient room without wearing face masks. This was raised to staff at the time of our inspection. Staff told us that they were wearing face masks on entering the ward.

27. When visiting was not permitted, patients were able to communicate with their relatives using ward telephones or their own mobile phones. All wards had electronic devices available to allow patients and relatives to see one another using video call features. These devices were cleaned between patient use.

28. Throughout the public areas and ward entrances, posters and signage were displayed to highlight COVID-19 guidance on the need for face masks to be worn and to promote hand hygiene and physical distancing.

29. Although no facemasks were available at the entrance to the hospital, these were available behind reception, if required. However, there was no signage regarding this, and we saw some patients or visitors entering the hospital without wearing a face mask. When they spoke with staff they were not asked to put on a facemask. We were told at the discussion session that there had been a problem with masks going missing when left in a public area. The NHS board has now purchased hygiene stands, which consist of a hand hygiene station, masks and a waste bin. These will be located at the main entrance as well as other areas within the hospital.
1. NHS Golden Jubilee must ensure they promote the use of face masks and they are readily available in the appropriate areas for staff, patients and visitors.

Area of good practice

- Systems were in place to ensure that patients are assessed prior to admission, to ensure they are managed within the appropriate pathways and to minimise the risk of transmission on COVID-19 within the hospital.

Infection control practices support a safe environment for both people experiencing care and staff

Key areas include the extent to which:
- people are protected as staff take all necessary precautions to prevent the spread of infection.

Patient equipment

30. We were told porters collect the wheelchairs from the main entrance to clean them between patient use. However, we saw some wheelchairs which were dusty at the base.

31. The majority of patient equipment was visibly clean; any exceptions were raised at the time of our inspection. Nursing staff confirmed that equipment is cleaned with an appropriate product in line with national guidance.

32. Due to building works taking place in the hospital, all windows were to remain closed. Therefore, electric fans were in place in all wards inspected and a risk assessment had been completed to assess risks associated with using these. However, we saw some actions detailed to minimise risks were not being taken. We saw several fans which were dusty, and some did not allow access to the blades to facilitate cleaning.

Environment

33. Alcohol-based hand rub was available at the entrance and exit to the dining area. We saw that some of the undersides of tables and lower parts of the chairs were not clean, however, all the table tops were clean. Cleaning wipes were available at all tables for cleaning before and after use. Face masks are single use and must be discarded on removal and not re-worn to prevent self-contamination. No face masks were available for staff or visitors in this area, to replace their mask after eating or drinking. There was a limited number of bins available for disposal of used masks or wipes.
34. Public areas such as the main corridors, waiting areas and toilets were visibly clean.

35. The staff changing facility was clutter free and clean. In the majority of wards, storage rooms were well organised and uncluttered allowing for effective cleaning.

36. Staff told us that the increased cleaning frequency, in line with current COVID-19 guidance, was being carried out in both patient and public areas. This included frequently touched surfaces.

37. Domestic staff told us that they had sufficient cleaning equipment to perform their duties and confirmed that correct products are being used in line with national guidance.

38. The cleanliness of the environment in the majority of areas inspected was good. However, in some areas the fabric of the building would not allow for effective cleaning. For example, worn hand rails and door frames and unfilled holes in walls. We were told at the discussion session, that as part of the estates COVID-19 recovery plan, redecorating the highest risk areas was due to restart. We were also told of a trial that has started to look at a new type of coating for hand rails. A five-year plan for planned preventative maintenance has also been submitted to the NHS board for approval.

39. In a ward that had recently reopened, there was some damage to the environment, such as wall sockets and old staining to a wall and floor. These issues were raised at the discussion session. The estates team explained they complete a quality control inspection before a ward is opened. They advised they will review this and the issues the inspection team have raised. The hospital management team explained that this ward was opened with short notice to relieve pressure on other NHS boards caused by the pandemic.

**Standard infection prevention and control precautions**

40. In all of the wards inspected, compliance with standard infection control precautions such as waste and sharps management was good.

41. Used linen was not being stored securely and was kept in cages in the ward corridor to await uplift. At the discussion session, senior managers told us that an ongoing issue with the national waste contract was impacting on the NHS board’s ability to store linen securely. This was also noted at a previous inspection. NHS Golden Jubilee should ensure all used linen is stored in a safe, lockable area while awaiting uplift.

42. In all clinical areas inspected, we saw that there was sufficient stock of personal protective equipment (PPE) for staff and visitors. There were numerous PPE stations available at appropriate locations throughout the wards. Posters were displayed reminding staff how to put on and remove PPE.
safely. Staff wore surgical face masks at all times and waste bins for disposal of face masks were appropriately located.

43. Face masks were available for use by patients when moving around the ward, where appropriate. We saw patients wearing masks when staff entered their room and when they were being transferred between wards and departments. There were also instructions for patients on how to dispose of these.

44. Where respiratory protective equipment is used for some procedures, it must provide adequate protection for the wearer. This is done by face fit testing to ensure that the equipment is suitable for the wearer. Staff who required respiratory protective equipment had been face fit tested.

45. Hand hygiene facilities were appropriately located throughout the clinical areas and the public areas. There were several non-compliant clinical wash hand basins throughout the hospital. These have been identified by the NHS board and are detailed on the estates risk register. We saw in the evidence submitted by the NHS board that there are plans to replace these with compliant clinical wash hand basins when refurbishment of these areas take place.

46. The majority of staff were compliant with the use of PPE and were performing hand hygiene at the correct opportunities. Any exceptions were raised at the time of inspection.

Physical distancing

47. All patients were cared for in single rooms. The rooms were large enough to facilitate physical distancing between patients and their visitors.

48. In clinical areas, staff maintained physical distancing the majority of the time, where the layout of the wards and the duties being performed allowed.

49. Staff areas had signage in place to state the maximum number of people permitted, which was being adhered to. We also saw that staff break rooms in wards, offices and meeting rooms had been reorganised to enable staff to physically distance.

50. We saw physical distancing posters and floor markings throughout the hospital. The staff dining areas had been reorganised to allow for physical distancing and a one-way system was in place. Staff were seen to physically distance in public areas. Some seating had been taken out of use in waiting areas to promote physical distancing.

Transmission-based precautions

51. Transmission-based precautions were in place for patients with a suspected or positive COVID-19 status or for other infection control reasons. Room doors
were closed. Signage was not always in place. However, all patients had checklists in place that described precautions to be used.

### Area of good practice
- Staff wore surgical face masks at all times.

### Requirements
2. NHS Golden Jubilee must ensure:
   a) the condition of the environment allows for effective cleaning, and
   b) the underside of the dining tables and chairs are clean and ready for use.

3. NHS Golden Jubilee must ensure all fans in use within clinical areas are clean at all times, in line with their local risk assessment.

### Staffing arrangements are responsive to the changing needs of people experiencing care

Key areas include the extent to which:
- staffing arrangements are right and are responsive and flexible
- staff are well supported and confident, and
- staff knowledge and skills improve outcomes for people.

### Staffing resource
52. In all areas inspected, we were told that nursing levels were usually adequate. Staffing is discussed at the safety huddles which enables a system-wide response to ensure the safe movement of staff. Additional resource could also be accessed through the nurse bank, mainly utilising their own staff.

53. Nursing and domestic staff told us that domestic resource was good. All areas had a dedicated domestic team available throughout the day. We were told additional domestic staff were available if required.

### Staff COVID-19 risk assessments
54. Certain groups are more vulnerable to serious illness (and death) due to COVID-19. It is the joint responsibility of line managers and staff to complete a risk assessment for those staff at higher risk of COVID-19 infection. This is then used to inform decisions on any additional controls required for staff safety, such as where staff are deployed to work.
We saw evidence that COVID-19 staff risk assessments had been carried out. However, some staff we spoke with could not recall having a COVID-19 risk assessment completed. We raised this during the discussion session, and we were told it was the responsibility of staff line managers to ensure these were completed. All staff would complete a local risk assessment, which would determine if they then required a full COVID-19 age risk assessment, depending on specific risks identified. Managers took guidance from the human resources department regarding which staff should have a risk assessment completed. We were provided with evidence of communication sent to managers and staff promoting the need for COVID-19 age risk assessments to be carried out.

Communication

Staff told us that systems were in place for the handover of key information about the patients. These include verbal and written.

Staff support

Nursing staff we spoke with felt they had been supported by the infection prevention and control team throughout the pandemic. They also told us the team are easily contactable for advice and to support their decision making.

There were no COVID-19 outbreaks in the hospital at the time of inspection. However, we were told that all patients identified with COVID-19 are reviewed by the infection prevention and control team and the advice provided would be documented in the patient’s notes.

Staff told us they felt supported and kept up to date by their managers and colleagues. The majority of staff were aware of the various support services available to them for their health and wellbeing.

All staff were aware that they could access occupational health for support, for example, with skin issues resulting from wearing masks or use of hand hygiene products. Some staff spoke highly of this service.

COVID-19 education and information

Staff told us they had received COVID-19 specific training. This included the correct use of PPE such as putting on and removing it safely and the correct use of cleaning products.

Staff told us of the different ways COVID-19 specific information is shared. This includes the staff intranet, ward safety huddles, safety briefs, and updates from the senior charge nurses or domestic supervisors. We were also told, and received evidence of, emails sent to staff with COVID-19 information and guidance links.
Areas of good practice

■ Good domestic resource.
■ Nursing staff we spoke with felt they had been supported by the infection prevention and control team throughout the pandemic.
■ Staff were kept up to date and were well supported by line managers and hospital management during COVID-19.
## Appendix 1 – Areas of good practice

### People’s health and wellbeing are supported and safeguarded during the COVID-19 pandemic

1. Systems were in place to ensure that patients are assessed prior to admission, to ensure they are managed within the appropriate pathways and to minimise the risk of transmission on COVID-19 within the hospital (see page 10).

### Infection control practices support a safe environment for both people experiencing care and staff

2. Staff wore surgical face masks at all times (see page 13).

### Staffing arrangements are responsive to the changing needs of people experiencing care

3. Good domestic resource (see page 15).

4. Nursing staff we spoke with felt they had been supported by the infection prevention and control team throughout the pandemic (see page 15).

5. Staff were kept up to date and were well supported by line managers and hospital management during COVID-19 (see page 15).
## Appendix 2 – Requirements

### People’s health and wellbeing are supported and safeguarded during the COVID-19 pandemic

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<tr>
<td>1</td>
<td>This is to comply with the National Infection Prevention and Control Manual, Scottish COVID-19 Infection Prevention and Control Addendum for Acute Settings (2021)</td>
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### Infection control practices support a safe environment for both people experiencing care and staff

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|   | This is to comply with (HAI) standards (2015) Criteria 8.1 and 6.1. |

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<th>NHS Golden Jubilee must ensure must ensure all fans in clinical areas are clean in line with their local risk assessment (see page 13).</th>
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<td>This is to comply with (HAI) standards (2015) Criteria 8.1 and 6.1.</td>
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Appendix 3 – List of national guidance

The following national standards, guidance and best practice were current at the time of this inspection. This list is not exhaustive.

- **COVID-19: Guidance for maintaining services within health and care settings**  
- **COVID-19: Endorsed Guidance For NHS Scotland Staff and Managers on Coronavirus** (NHS Scotland, April 2021)
- **Healthcare Associated Infection (HAI) standards** (Healthcare Improvement Scotland, February 2015)
- **National Infection Prevention and Control Manual** (NHS National Services Scotland, August 2021)
- **The Code: Professional Standards of Practice and Behaviour for Nurses and Midwives** (Nursing & Midwifery Council, October 2018)
- **Generic Medical Record Keeping Standards** (Royal College of Physicians, November 2009)
- **Allied Health Professions (AHP) Standards** (Health and Care Professionals Council Standards of Conduct, Performance and Ethics, January 2016)
Appendix 4 – Inspection process flow chart

**Before inspection**
Before the inspection, we review a range of information, including information provided to us from our Data Measurement and Business Intelligence team. This includes COVID-19 related data and healthcare associated infection data. We will also review the NHS board’s previous inspection reports and action plans, where these are available.

**During inspection**
We arrive at the hospital and inspect a selection of wards and departments and communal areas where staff, patients and visitors congregate. We inspect/assess for compliance with infection prevention and control precautions and national COVID-19 guidance.
We use a range of inspection tools to document findings to assist with gathering evidence, as well as observe infection prevention and control practice of staff at the point of care.
Where appropriate, we have discussions with staff during the onsite inspection. Following the onsite inspection, we review evidence submitted by the NHS board, and we hold a virtual discussion session with key members of staff from the NHS board.
We provide written high-level findings to the NHS board. If requested by the NHS board, this is followed up by a phone call with the lead inspector.
If significant concerns are identified, we will implement our escalation procedure and consider carrying out a follow-up inspection of the hospital.

**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
We require NHS boards to develop, and then update, an improvement action plan to address the requirements we make. We check progress against the improvement action plan.