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Unannounced Inspection Report

Acute Hospital Safe Delivery of Care Inspection

Inverclyde Royal Hospital
NHS Greater Glasgow and Clyde

18 – 19 and 24 October 2022

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First published January 2023

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About our inspection

Background

All of Healthcare Improvement Scotland's inspection programmes were adapted during the COVID-19 pandemic. Taking account of the changing risk considerations and sustained service pressures, in November 2021 the Cabinet Secretary for Health and Social Care approved further adaptations to our inspections of acute hospitals across NHS Scotland to focus on the safe delivery of care. To minimise the impact of our inspections on staff delivering care to patients, our inspection teams are carrying out as much of their inspection activities as possible through observation of care and virtual discussion sessions with senior managers. We will keep discussion with clinical staff to a minimum and reduce the time spent looking at care records. Further information about the methodology for acute hospital safe delivery of care inspections can be found on our [website](#).

New infection prevention and control standards were published in May 2022. These are applicable to adult health and social care settings and replaced the healthcare associated infection standards (2015). In May 2022, the chief nursing office contacted all health boards to inform them Healthcare Improvement Scotland will use these standards as a basis for inspection after a three month implementation period to embed the new standards. The implementation period concluded on Monday 8 August 2022. These standards have been used to inform infection prevention and control related requirements within this report.

Our focus

Our inspections consider the factors that contribute to the safe delivery of care. In order to achieve this, we:

- observe the delivery of care within the clinical areas in line with current standards and best practice
- attend hospital safety huddles
- engage with staff where possible, being mindful not to impact on the delivery of care
- engage with management to understand current pressures and assess the compliance with the NHS board policies and procedures, best practice statements or national standards, and
- report on the standards achieved during our inspection and ensure the NHS board produces an action plan to address the areas for improvement identified.

About the hospital we inspected

Inverclyde Royal Hospital, Greenock, is an acute hospital with 284 beds. Services provided by the hospital include general medical and surgical specialties, orthopaedics, and accident and emergency.

About this inspection

We carried out an unannounced inspection to Inverclyde Royal Hospital, NHS Greater Glasgow and Clyde on Tuesday 18 and Wednesday 19 October 2022 using our safe delivery of care inspection methodology. We inspected the following areas:

- acute receiving unit
- cardiology ward
- emergency department
- G North
- G South
- H North
- H South
- high dependency unit
- K North
- larkfield 1
- larkfield 2, and
- larkfield 3.

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

During our inspection, we:

- inspected the ward and hospital environment
- observed staff practice and interactions with patients, such as during patient mealtimes
- spoke with patients, visitors and ward staff (where appropriate), and
- accessed patients' health records, monitoring reports, policies and procedures.

As part of our inspection, we also asked NHS Greater Glasgow and Clyde to provide evidence of its policies and procedures relevant to this inspection. 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 Monday 24 October 2022, we carried out an unannounced follow-up visit to G North, G South, H North, H South and the emergency department to ensure concerns we raised had been addressed.

On Monday 31 October 2022, we held a virtual discussion session with key members of NHS Greater Glasgow and Clyde staff to discuss the evidence provided and the findings of the inspection.

The findings detailed within this report relate to our observations within the areas of the hospital we inspected at the time of this inspection. We would like to thank NHS Greater Glasgow and Clyde and in particular all staff at Inverclyde Royal Hospital for their assistance during our inspection.

A summary of our findings

Our summary findings from the inspection, areas of good practice and any requirements identified are highlighted as follows. Detailed findings from the inspection are included in the section 'What we found during this inspection'.

At the time of our inspection Inverclyde Royal Hospital, like much of NHS Scotland, was experiencing a significant range of pressures including increased hospital admissions, delayed discharges and reduced staff availability. We observed that although there were staffing challenges, staff responded positively to deliver effective patient care and we observed multidisciplinary teams working collaboratively to meet patient needs.

There was good leadership directing and supporting the staff teams in many areas. The majority of patients we spoke with described the care they received as good, with high admiration for the staff delivering their care.

However we found several areas where the environment was in a poor state of repair and not well maintained. This included windows, wooden surfaces and flooring that were damaged. The care environment should be well maintained and in a good state of repair to facilitate effective cleaning.

We also raised a concern with NHS Greater Glasgow and Clyde relating to ward doors in three areas being locked, restricting patient and visitor exit. We raised this immediately with senior managers who took urgent action to address this concern. When we returned for a follow up visit we were assured that systems and processes had been put in place to address the issue.

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

This inspection resulted in 10 areas of good practice and six requirements. We expect NHS Greater Glasgow and Clyde 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: www.healthcareimprovementscotland.org

Areas of good practice

Domain 1

- 1** We observed that the hospital had signage displayed at the hospital entrance encouraging people to perform hand hygiene and wear the face masks provided (see page 9).

Domain 2

- 2** We observed patients being treated with kindness, compassion, dignity and respect (see page 10).
- 3** We observed evidence of systems to ensure that patients who were unable to be admitted to a medical ward continued to receive continuity of medical care (see page 10).

Domain 5

- 4** Staff were well organised, with evidence of strong visible leadership, good team working and communication between all staff (see page 15).
- 5** Patients described being well cared for. We saw that drinks, personal items and nurse call bells were within reach (see page 15).
- 6** Mealtimes were well organised, with staff supporting patients with their meals when this was needed (see page 15).

Domain 7

- 7** Supportive leadership and newsletters were used to help create a culture of 'together we care' (see page 18).

Domain 9

- 8** There was effective use of newsletters to raise awareness of the process for staff to report concerns around staffing (see page 19).
- 9** We observed evidence of good team working (see page 19).
- 10** Senior hospital managers were visible and accessible to staff delivering care (see page 19).

Requirements

Domain 5

- 1** NHS Greater Glasgow and Clyde must ensure that all patient documentation is accurately and consistently completed with actions recorded. This includes risk assessments such as Malnutrition Universal Screening Tool (MUST), care and comfort rounding charts and fluid balance charts (see page 16).

This will support compliance with relevant codes of practice of regulated healthcare professions.

- 2** NHS Greater Glasgow and Clyde must ensure appropriate policies and procedures are in place where it may be appropriate and necessary for ward doors to be locked (see page 16).

This will support compliance with relevant codes of practice of regulated healthcare professions.

- 3** NHS Greater Glasgow and Clyde must ensure that all staff carry out hand hygiene and use personal protective equipment in line with current guidance (see page 16).

This will support compliance with National Infection Prevention and Control Manual (2022).

- 4** NHS Greater Glasgow and Clyde must ensure that patient equipment is clean and ready for use and that the supporting documentation is effective in highlighting and recording actions taken, or required, to ensure clean patient equipment (see page 16).

This will support compliance with National Infection Prevention and Control Manual (2022).

- 5** NHS Greater Glasgow and Clyde must ensure the care environment and care equipment is in a good state of repair to support effective cleaning and that effective assurance systems are in place to support the monitoring of the care environment (see page 16).

This will support compliance with Infection Prevention and Control Standards (2022) Criterion 8.1.

Domain 7

- 6 NHS Greater Glasgow and Clyde must make use of a staffing template which supports a consistent approach to determining, reporting and recording staffing risks, as well as robust recording of mitigations and recurring risk (see page 18).

This will support compliance with:

Health & Social Care Standards (2017) criteria 4.11, 4.14, 4.19 and 4.23, and

Care of Older People Standards (2015) criteria 16.5, 16.6 and 16.7.

What we found during this inspection

Domain 1—Key organisational outcomes

Quality indicator 1.2—Fulfilment of statutory duties and adherence to national guidelines

We observed hospital teams working together to provide the right care in the right place in line with Scottish Government emergency department signposting and redirection guidance.

We observed posters encouraging patients to access the right care throughout the hospital. We were provided with evidence of patient leaflets signposting and redirecting patients to the virtual accident, emergency and minor injuries service accessible through the NHS 24 111 service. This is in line with the Scottish Government emergency department signposting and redirection guidance which aims to reduce waiting times in emergency departments and support the delivery of safe, person-centred, and effective care.

We observed the emergency department was well organised. All patients within the emergency department were in designated bays or cubicles and no patients were being nursed in corridors. We observed that the longest wait on the day of inspection was 6.5 hours. The evidence provided showed 79.8% of patients in the emergency department were seen within 4 hours during the week of our inspection. This falls short of the current national target of 95%.

We observed infection prevention and control (IPC) measures in place such as, clear signage in public and clinical areas throughout the hospital encouraging people to perform hand hygiene and wear face masks. There was good availability of personal protective equipment (PPE) at the hospital entrance and all wards. We

were told there was a dedicated lift for those considered a high risk of transmitting infections such as COVID-19. We observed effective IPC communication on wards between nursing staff, infection prevention and control team members and medical staff.

Area of good practice

Domain 1

- 1 We observed that the hospital had signage displayed at the hospital entrance encouraging people to perform hand hygiene and wear the face masks provided.

Domain 2—Impact on people experiencing care, carers and families

Quality indicator 2.1—People's experience of care and the involvement of carers and families

Patients and visitors spoke positively of the care received by staff. We observed patients being treated with kindness and compassion.

During our inspection, we observed that the hospital was under increased pressure due to significant staff shortages, an increase in the number of patients requiring to be admitted and the lack of availability of inpatient beds. Despite this, the majority of patients experiencing care appeared to be treated with kindness and compassion in how they were supported and cared for.

We observed many positive interactions, with staff treating patients with dignity and respect. The patients we spoke with told us about the care they had received and of the friendliness, patience and understanding of staff. Visitors spoke positively about the care their relatives received and the communication from staff.

We observed that patient care interventions were carried out in a way that allowed each patient enough time for the intervention to be carried out comfortably and at a pace that suited their individual needs. Staff were understanding and took their time to answer any questions patients had, working in a calm and professional manner to ensure that care delivered was timely and person-centred. We observed call bells were answered promptly.

We observed many hospital wards to be very busy which meant that some patients needing admission to medical wards had to be admitted to surgical wards. We were told in order to ensure continuity and oversight of medical care a medical consultant would review these patients on a daily basis. We observed evidence of patients receiving good continuity of medical care.

Areas of good practice

Domain 2

- | | |
|----------|---|
| 2 | We observed patients being treated with kindness, compassion, dignity and respect. |
| 3 | We observed evidence of systems to ensure that patients who were unable to be admitted to a medical ward continued to receive continuity of medical care. |

Domain 5–Delivery of safe, effective, compassionate and person-centred care

Quality indicator 5.1–Safe delivery of care

We observed good leadership and team work across the clinical areas to provide patient care. Wards were well organised with evidence of effective team working. We saw good examples of falls risk management in most wards.

However, we found that risk assessments and care and comfort rounding charts were not always consistently and accurately completed.

We raised a concern to senior managers that doors to three wards had been locked, restricting patient and visitors from freely exiting the ward.

We observed that ward areas were busy due to staffing shortages and the level of patient dependency or complexity. Despite this, staff appeared well organised, with evidence of strong visible leadership, good multidisciplinary team working and communication to deliver and prioritise patient care needs. This included effective regular ward safety huddles/briefs, handovers and information boards.

We observed senior charge nurses working clinically as part of the team, teaching and supporting junior staff in the delivery of safe care.

We observed the emergency department during a quieter and busier time and we saw that on both occasions staff were meeting the care needs of the patients waiting. Staff appeared calm and organised, demonstrating good teamwork and communication. We observed that the National Early Warning Score (NEWS2) charts were accurately calculated and fully completed.

We saw that the acute medical receiving unit was experiencing challenges due to significant staff shortages, high patient acuity and constant transfers and admissions. However patients told us that, despite being busy, staff were always responsive. We also observed some gaps within NEWS2 and care plans with staff sharing with us their difficulties in completing these during times when there were high levels of patient movement in and out of the ward.

We observed some wards had increased the number of patient beds to meet the higher inpatient demand. This was achieved by reopening some four bedded bays within ward areas which had been previously closed. We were advised by senior managers there was an agreement in place to staff these extra beds through supplementary staffing via the staff bank and agency staff. However, we observed that staffing numbers had not been increased and we were told this was due to lack of availability of supplementary staff. This increased the responsibilities and workload for the remaining staff and created challenges in prioritisation of some aspects of care at busier times. For example, the completion of documentation. This is discussed in more detail below. Despite this, patients reported being able to access help in a timely manner and staff reported they were happy and felt well supported in their role.

Where patients had been assessed and identified as being at risk from falling, we observed good falls risk management. An example of this was patients who were identified as being at a higher risk of falls had a falls alarm in place and care rounding completed at hourly intervals. Care and comfort rounding is when staff review the care of individual patients at defined regular intervals to anticipate any care needs they may have. In addition, staff showed good knowledge and awareness of those patients at higher risk, with relevant information documented on the safety brief and ward safety board.

We observed some good examples of completion of the NEWS2 charts and care and comfort rounding, with care plans completed fully, correctly and up to date. However, in other areas inspected we observed that documentation was not consistently or accurately completed, such as fluid balance charts and Malnutrition Universal Screening Tool (MUST) scores. This is a tool used to measure a patient's malnutrition risk. We also found that not all areas were completing their care and comfort rounding charts consistently. For example, staff were not always recording changes in the patient's care or condition. We noted some examples where skin was documented as red but did not describe location or actions taken. Accurate recording of any changes in skin condition will support staff in assessing and determining any deterioration in a patient's skin and take appropriate action. Failing to record this may result in early prevention being missed.

Inconsistent and inaccurate completion of documentation such as risk assessments and care and comfort rounding charts could increase the risk of some specialised care being missed, resulting in poorer patient outcomes. Inspectors raised the issue

of inaccurate MUST scores with senior clinical staff in charge of the ward, and we were told that to improve completion of this documentation they would carry out an audit to better understand the current practice. A requirement has been given to support improvement in this area.

We observed patients were well cared for. We saw that drinks, personal items and nurse call bells were within reach.

We observed some good examples of mealtimes being well managed, particularly when the ward had a designated meal coordinator to help manage this effectively. In these wards patients were supported with hand hygiene and offered additional support when needed. This ensured that patients received the correct meals, dietary preferences and support in an organised and timely manner.

We raised a concern with hospital managers when we identified three wards where the door for entry and exit to the ward had been locked electronically and required either a passcode or a staff member to respond to a buzzer. This prevented any patients or visitors from leaving without the assistance of staff. There was no information or signage on display to advise patients or visitors how to exit the ward. In two of these areas we saw that the emergency release pads had been temporarily covered, obscuring visibility and ease of access in an emergency situation. We raised this with senior managers who advised us that they were not aware that these wards were locked or that that emergency release pads had been temporarily covered. Senior manager also advised that NHS Greater Glasgow and Clyde does not have a locked door policy.

In response to our concerns, senior managers took immediate action to understand and rectify this situation. Within 24 hours, a review was underway of all ward doors to ensure consistency across the site and to provide freedom of exit. Exit buttons on wards had been installed, covers were removed from the emergency release pads and signage put in place to advise visitors and patients how to exit the ward.

We carried out a follow-up visit on the 24 October 2022 where we observed that an easy access press release button had been applied to doors allowing patients and visitors to freely leave the area without having to press an intercom and wait for a staff member to open the door. During our follow-up discussion senior hospital managers told us they are considering the development of a locked door policy for all acute sites in NHS Greater Glasgow and Clyde. A requirement has been given to support improvement in this area.

We observed good examples of hand hygiene practice in some wards. In all wards alcohol-based hand rub was readily available. However, there were several missed opportunities for hand hygiene across nursing and domestic staff.

Examples of this included overuse of gloves and staff failing to perform hand hygiene between patients when distributing meals and drinks. Standard Infection Control Precautions (SICPs) should be used by all staff at all times. These include hand hygiene and the use of personal protective equipment. Practicing good hand hygiene will reduce the risk of the spread of infection.

We observed some staff were using PPE such as gloves and aprons appropriately. However, not all staff were applying and removing their PPE correctly and some did not remove it immediately after use. Appropriate and timely removal of PPE is important to reduce the risk of cross infection. In all areas inspected, there was a sufficient stock of PPE available.

The current guidance from the Scottish Government strongly recommends that staff who are moving around clinical and non-clinical areas within the hospital setting wear a fluid resistant surgical face mask or face covering. We observed a number of staff across various staff disciplines who were not wearing surgical face masks correctly.

Other standard infection control precautions such as linen, waste and sharps management and safe management of the care environment and care equipment minimise the risk of cross infection and must be consistently practiced by all staff. We observed the majority of areas were compliant with linen, waste and sharps management. However, we observed in some wards that not all sharps boxes had their temporary closure lids in place or labels completed. This was raised with staff at the time of our inspection, who told us the temporary closure lids would be put in place. Concerns relating to the care environment and condition of care equipment are discussed later in this report.

The infection prevention and control (IPC) team told us that IPC audits had been on hold since the beginning of the COVID-19 pandemic. We were told of plans to roll out a new SICPS audit programme from 1 November 2022. This new audit tool will be available to all staff and will contain 30 questions covering the ten areas of SICPs. We were told the IPC nurse will be visiting the wards over the next month to familiarise staff with this new tool.

Transmission based precautions (TBPs) are additional precautions that should be applied when SICPs are not sufficient. For example, when staff are caring for patients with a known or suspected infection. We observed that in the majority of areas appropriate TBPs were in place for patients who had a suspected or confirmed infection. Staff demonstrated a good understanding of the precautions needed to care for patients in isolation.

Care equipment can be easily contaminated and a source of transferring infection if equipment has not been effectively cleaned. We observed that the cleaning products used were in line with local policy and national guidance. However, in the emergency department the majority of trolley mattresses inspected were damaged and contaminated. We raised this concern with senior managers. Mattresses checked in the ward areas were all clean and intact and ready for use.

When we returned to the emergency department during our follow-up visit on Monday 24 October 2022 we were satisfied senior managers had acted and that the damaged and contaminated mattresses had been removed and replaced. All of the mattresses we inspected during this revisit were clean, intact and ready for use.

In other ward areas we found dusty equipment. In one area staff told inspectors they did not have enough time to complete cleaning. Although there was a system in place of daily and weekly checks to ensure all equipment and bed spaces were inspected accordingly, these records were not always consistently completed with no follow up actions recorded. We are not assured that the documentation is effective in highlighting or recording the actions taken. A requirement has been given to support improvement in this area.

In all areas inspected we observed storerooms and corridors were very cluttered. This can make it difficult to effectively clean these areas. We found that equipment in one area was preventing access to an emergency exit. We raised this with the senior charge nurse at the time of our inspection and equipment was quickly moved to free up access. However, a longer term plan for storage of equipment is required.

In ward areas we observed that many beds and bed rails were old, worn and damaged, making them difficult to be effectively cleaned and decontaminated. At a follow-up discussion, senior managers told us there should be an ongoing programme for the replacement of equipment. However, this did not reflect our findings as the majority of beds we observed were worn and damaged. Senior management explained that NHS Greater Glasgow and Clyde has placed an order for replacement beds for use throughout the NHS board. This would not be sufficient to replace the number of damaged beds observed. We will follow this up through the action plan.

To ensure effective cleaning, the environment must be well maintained and in a good state of repair. During our inspection we observed domestic staff working hard to maintain a clean environment, however the fabric of the building was tired, worn and damaged in a number of areas. For example, we observed:

- broken and heavily stained flooring
- leaking windows with adhesive plastic coating peeling off
- areas where wooden door surrounds were swollen and broken from damp
- a number of damaged walls and chipped and flaking paint
- poorly fitting ventilation grills

- tape used to fix broken areas of flooring and along window sills, some of which was peeling or damaged
- shower area grouting heavily stained, broken or missing and
- sinks with a gap between the wall and sink.

We asked NHS Greater Glasgow and Clyde for evidence of environmental cleaning and estates monitoring within Inverclyde Royal Hospital. From the evidence provided we saw that, although monitoring of the environment and the fabric of the building had been taking place in line with the national guidance, the score being achieved did not reflect the environmental issues identified during our inspection. The monitoring results were providing high scores that would be reflective of a good environment. We are concerned the monitoring score may result in false assurance of the condition of the environment within Inverclyde Royal Hospital. We were not assured the current system of monitoring the environment is providing effective assurance. A requirement has been given to support improvement in this area.

During our discussion we were told that due to the age of the hospital building, there were challenges in completing remedial work to walls and floors because of the presence of asbestos which requires assistance from a licensed contractor. We discussed this with estates managers who provided us with evidence of the hospital’s asbestos management plan and register. This was in place to ensure the safety of the building in relation to asbestos, and that the presence of asbestos does not have any detrimental effect on staff or patient health. We were told by senior estates managers that a significant amount of internal remedial work had been put on hold which was partly due to increased site pressures from COVID-19. We were also informed that a refurbishment programme which commenced a number of years ago had been paused due to issues with funding.

NHS Greater Glasgow and Clyde provided us with evidence to show that there are plans in place to complete a cladding project of the exterior of Inverclyde Royal Hospital building and includes replacement of windows.

Areas of good practice

Domain 5	
4	Staff were well organised, with evidence of strong visible leadership, good team working and communication between all staff.
5	Patients described being well cared for. We saw that drinks, personal items and nurse call bells were within reach.
6	Mealtimes were well organised, with staff supporting patients with their meals when this was needed.

Requirements

Domain 5

- 1** NHS Greater Glasgow and Clyde must ensure that all patient documentation is accurately and consistently completed with actions recorded. This includes risk assessments such as Malnutrition Universal Screening Tool (MUST), care and comfort rounding charts and fluid balance charts.
- 2** NHS Greater Glasgow and Clyde must ensure appropriate policies and procedures are in place where it may be appropriate and necessary for ward doors to be locked.
- 3** NHS Greater Glasgow and Clyde must ensure that all staff carry out hand hygiene and use personal protective equipment in line with current guidance.
- 4** NHS Greater Glasgow and Clyde must ensure that patient equipment is clean and ready for use and that the supporting documentation is effective in highlighting and recording actions taken, or required, to ensure clean patient equipment.
- 5** NHS Greater Glasgow and Clyde must ensure the care environment and care equipment is in a good state of repair to support effective cleaning and that effective assurance systems are in place to support the monitoring of the care environment.

Domain 7–Workforce management and support

Quality indicator 7.2–Workforce planning, monitoring and deployment

Quality indicator 7.3–Communication and team working

NHS Scotland continues to experience significant pressures compounded by workforce shortages and recruitment challenges. Workforce data provided demonstrated high levels of vacancies, particularly evident within registered nursing staff. In addition to this, there were high sickness absence rates within registered nursing, allied health professional and domestic staff groups which was not attributed to COVID-19. No absence data was submitted for medical teams.

Nursing teams stated that at times they were working with less than optimal staffing levels and necessary skill mix to fully support the delivery of safe and effective care. However, they stated that they were well supported by the senior leadership team.

We observed supportive real time staffing discussions which took place during the safety huddles at agreed times throughout the day. The purpose of the safety huddles is to provide site situation awareness, understand patient flow and raise issues such as patient safety concerns. All staff groups are encouraged to attend these sessions.

Workforce data was submitted for September 2022. It demonstrated a high level of vacancies, particularly within the registered nurse and medical staff groups. In addition to this, we noted high levels of sickness absences in nursing, allied health professional and domestic staff groups. No sickness absence data was returned for medical staff, despite a request for this information.

Senior hospital managers advised that after the workforce data was shared with us, a significant number of the registered nursing staffing vacancies had been filled as a result of a successful recruitment programme.

As described earlier in this report, due to service pressures, additional beds were placed in wards across the hospital. We were advised that these additional beds should have been supported through use of supplementary staffing. This was via the staff bank. However staff told inspectors that due to workforce pressures, supplementary staff intended to support the additional beds were often required to be distributed across the site to maintain safe staffing levels.

Supplementary staffing includes substantive staff working additional hours, staff from the NHS board's staff bank or staff from an external agency. Supplementary staff were being utilised appropriately to cover staff absences and provide additional support to clinical areas with increased service demands.

Inverclyde Royal Hospital used a nursing staffing template. The key principle of this template was to record the real time staffing risks, mitigations, and professional judgment. This determines a 'safe to start' position. Professional judgement is when clinical staff use their expertise to confirm how many staff and what skill mix is required on each shift to ensure that safe and effective care can be provided. They then state the level of staffing risk using a red, amber or green status.

The real time staffing discussions took place at regular intervals during the day and are part of the safety huddles. We did observe open and supportive staffing discussions, however it was unclear how professional judgement and staffing risks were consistently applied as this did not align to any patient dependency or complexity scoring. It was also unclear how risks were mitigated and communicated to the wider team as these mitigations were not always documented in the staffing template reports. A requirement has been given to support improvement in this area.

Senior hospital managers provided evidence to support communication to teams on the 'safe to start' guidance. This guidance provides signposting only once risks are identified. However, we noted that there was inconsistent recording of elements within the staffing template which resulted in the 'safe to start' position not being robustly or consistently recorded. Staff reported staffing risks to the inspectors which were not noted within the staffing template. However, we were advised that there will be a change in how teams record and report real time staffing and this will align with other parts of the NHS board.

Despite the significant staff shortages, it was observed that wards were well managed. We observed communication was effective and staff were focused on the provision of safe and compassionate care for the patients. Staff told us that they were well supported by leadership and were able to raise concerns. There was an NHS Greater Glasgow and Clyde newsletter which promoted a motto of 'together we care'. This newsletter explained the guiding principles of the 'safe to start' approach and actively encouraged staff to raise and report staffing concerns.

Area of good practice

Domain 7

- 7 Supportive leadership and newsletters were used to help create a culture of 'together we care'.

Requirement

Domain 7

- 6 NHS Greater Glasgow and Clyde must make use of a staffing template which supports a consistent approach to determining, reporting and recording staffing risks, as well as robust recording of mitigations and recurring risk.

Domain 9: Quality improvement-focused leadership

Quality indicator 9.2–Motivating and inspiring leadership

We observed supportive effective leadership and good management in a number of areas. There was evidence of good use of the risk reporting system to support and improve patient safety and improve the quality of care.

Within the 'together we care' newsletter, updates on actions taken to support safe delivery of care were provided. We saw senior hospital managers were aware of the challenges in relation to staffing by encouraging staff to actively raise concerns through the incident reporting system.

Recording of these concerns also aligned with NHS Greater Glasgow and Clyde's risk reporting system. This is positive, as open reporting of incidents and staff concerns is an indication of an organisation that is seeking to understand issues and concerns and to learn from these incidents. In the evidence provided we observed that the NHS board promoted and encouraged a culture of reporting incidents. Staff also told our inspectors they felt supported to complete incident reports when required.

In one clinical area we were told us there had been a higher incidence of falls recently. Senior hospital managers were able to provide evidence of this from the incident reporting system. NHS Greater Glasgow and Clyde explained the action taken was the recent involvement of Healthcare Improvement Scotland to commence falls improvement work. This demonstrated a good example of incident and risk reporting being used to support and improve patient safety.

In many of the clinical areas inspected we observed effective leadership and good management.

Overall, staff inspectors spoke with reported they were happy and felt supported in their roles. We observed senior management were visible on a number of wards. We also observed a number of staff wellbeing initiatives such as a dedicated space that had been created for staff within the staff dining area that provided comfortable seating. This is in addition to the availability of chaplaincy support and information on other support available to staff.

Areas of good practice

Domain 9	
8	There was effective use of newsletters to raise awareness of the process for staff to report concerns around staffing.
9	We observed evidence of good team working.
10	Senior hospital managers were visible and accessible to staff delivering care.

Appendix 1 – 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.

- [Allied Health Professions \(AHP\) Standards](#) (Health and Care Professionals Council Standards of Conduct, Performance and Ethics, January 2016)
- [Care of Older People in Hospital Standards](#) (Healthcare Improvement Scotland, June 2015)
- [Food Fluid and Nutritional Care Standards](#) (Healthcare Improvement Scotland, November 2014)
- [Generic Medical Record Keeping Standards](#) (Royal College of Physicians, November 2009)
- [Health and Care \(Staffing\) \(Scotland\) Act](#) (Acts of the Scottish Parliament, May 2019)
- [Health and Social Care Standards](#) (Scottish Government, June 2017)
- [Infection prevention and control standards](#) (Healthcare Improvement Scotland, May 2022)
- [National Infection Prevention and Control Manual](#) (NHS National Services Scotland, July 2022)
- [Prevention and Management of Pressure Ulcers - Standards](#) (Healthcare Improvement Scotland, October 2020)
- [Quality of Care Approach – The Quality Framework First Edition: September 2018](#) (Healthcare Improvement Scotland, September 2018)
- [Staff governance covid-19 guidance for staff and managers](#) (NHS Scotland, January 2022)
- [The Code: Professional Standards of Practice and Behaviour for Nurses and Midwives](#) (Nursing & Midwifery Council, October 2018)

You can read and download this document from our website.
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