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Unannounced Inspection Report

Acute Hospital Safe Delivery of Care Inspection

The Queen Elizabeth University Hospital campus
NHS Greater Glasgow and Clyde

22 – 24 March 2022

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About our inspection

1. In December 2021, the Scottish Government commissioned Healthcare Improvement Scotland (HIS) to provide wider independent assurance of infection prevention and control measures at the Queen Elizabeth University Hospital campus, NHS Greater Glasgow and Clyde. This wider independent assurance will focus on systems and processes in place for infection prevention and control, including their implementation and to assess and determine if there are any current broader concerns requiring action.
2. We attempted to undertake an independent and unannounced inspection of infection prevention and control measures at the Queen Elizabeth University Hospital campus on Tuesday 22 March 2022. However, due to the unprecedented pressures being experienced throughout the hospital campus at the time, we made a decision to postpone the more detailed inspection and revert to our safe delivery of care inspection methodology. The safe delivery of care inspection methodology is designed to take account of changing risk considerations and sustained service pressures associated with the COVID-19 pandemic. We will return at a later date to undertake a full and wider independent assurance of infection prevention and control measures at the Queen Elizabeth University Hospital campus.
3. Further information about the methodology for safe delivery of care inspections can be found on our [website](#).

Background

4. All of Healthcare Improvement Scotland's inspection programmes have been adapted during the COVID-19 pandemic. Since the beginning of 2021, we have been carrying out COVID-19 focused inspections of acute hospitals, using methodology adapted from our previous 'safe and clean' inspections.
5. 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 discussions with clinical staff to a minimum and reduce the time spent looking at care records.

Our focus

6. 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 on the day of our inspection and ensure the NHS board produces an action plan to address the areas for improvement identified.

About the hospital we inspected

7. The Queen Elizabeth University Hospital, Glasgow, opened in April 2015. The campus has 1,860 beds with a full range of healthcare specialities, including a major emergency department. In addition to the 14-floor hospital building, the hospital campus retains a number of other services in adjacent facilities. This includes maternity services, the Royal Hospital for Children, the Institute of Neurological Sciences, and the Langlands Building for medicine of the elderly and rehabilitation.

About this inspection

8. We carried out an unannounced inspection of the Queen Elizabeth University Hospital campus on Tuesday 22 – Thursday 24 March 2022.
9. In the **Queen Elizabeth University Hospital**, we inspected the following areas:
 - acute receiving medicine for the elderly (ARU 4)
 - emergency department
 - immediate assessment unit
 - high dependency unit (critical care unit 1)
 - specialist assessment and treatment area (SATA)
 - ward 5A, 5B, 5C, 5D, and
 - ward 6C, 8A, 8D, 9A, 9D, 10B.
10. In the **Institute of Neurological Sciences**, we inspected the following areas:
 - ward 66 and 67.
11. In the **Langlands building**, we inspected the following areas:
 - ward 57.
12. In the **maternity unit**, we inspected the following areas:

- ward 49.
13. In the **Royal Hospital for Children**, we inspected the following areas:
- emergency department, and
 - ward 3C.
14. During our inspection, we:
- inspected 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.
15. 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 staff and inform the virtual discussion session.
16. On Monday 28 March 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.
17. On Wednesday 13 April 2022, we carried out a follow up visit. This included a visit to the special assessment and treatment area (SATA) to ensure concerns raised during the inspection had been addressed.
18. The findings detailed within this report relate to our observations of the areas we inspected at the time of this inspection.
19. We would like to thank NHS Greater Glasgow and Clyde and, in particular, all staff at the Queen Elizabeth University Hospital campus for their assistance during our inspection.

A summary of our findings

20. 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'.
21. At the time of inspection, the Queen Elizabeth University Hospital campus, like much of NHS Scotland, was experiencing a significant range of pressures associated with COVID-19, including increased hospital admissions, increased waiting times in emergency departments and reduced staff availability.
22. All hospital sites in NHS Scotland are required to submit a daily situation report to the Scottish Government by 11.00am each day. On the first day of inspection, the hospital's daily site situation report detailed the extent of the pressures across the hospital campus. This included:
 - high staff absence due to sickness and requirements to self-isolate
 - long patient waiting times in the emergency department, and
 - a high hospital occupancy rate with just over 5% available 'empty beds'.
23. There were 33 wards across the hospital campus, scoring a nurse staffing risk rating of red at the start of the day. This means that nursing staff numbers or skill mix may be creating a risk to patient safety, or there are issues affecting patient safety that requires immediate attention. Further detail on how this assessment is made is provided within the report.
24. The evening before our inspection, the emergency department had put 'a divert' in place for 1 hour. Patients were redirected to another nearby emergency department to allow the Queen Elizabeth University Hospital to reduce the pressure in their emergency department.
25. During our inspection, we observed lead nurses, site managers and chief nurses working together, communicating and problem solving to try to reduce the identified risks and improve safety. However, the volume of staff absence meant that even with attempts to mitigate the risks, many clinical areas continued to score a red risk rating.
26. We found that some areas within the hospital campus were working with a less than optimum level of staffing due to staff absences and lack of available supplementary staff.
27. We observed multidisciplinary staff in clinical areas working very hard to ensure the patients were well cared for and their care needs were met. 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 very good, with high admiration for the staff delivering the care.

28. Our inspection findings highlighted requirements and areas for improvement. However, we recognise the unprecedented pressures on NHS Scotland. We observed the effects of these pressures at the Queen Elizabeth University Hospital campus during our inspection as the multidisciplinary team worked collaboratively to provide care.

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

29. This inspection resulted in six areas of good practice and five requirements.
30. 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 There was a dedicated respiratory pathway entry point to separate the point of admission to the hospital for patients who have respiratory infection symptoms (see page 14).

Domain 2

- 2 We observed positive and caring interactions between staff and patients (see page 16).

Domain 5

- 3 Good leadership and teamwork across the clinical areas between all staff groups to support the delivery of care (see page 20).

Domain 7

- 4 We observed an open and transparent approach from both the hospital senior management team and ward staff throughout the inspection, including at safety huddles (see page 23).
- 5 There was documented evidence of keeping staff updated as well as a focus on their wellbeing (see page 23).

Domain 9

- 6** We observed responsive leadership demonstrated by senior managers and clinical staff to address real time pressures with good communication and supportive working (see page 24).

Requirements

Domain 1

- 1** NHS Greater Glasgow and Clyde must ensure the environment in SATA continues to be suitable for the provision of care in a respiratory pathway, ensuring the improvements made during the inspection are maintained, including:
- sufficient hand hygiene facilities
 - appropriate storage and access to personal protective equipment, and
 - adequate placement of patients (see page 15).

This is to comply with the National Infection Prevention and Control Manual (2022).

Domain 5

- 2** NHS Greater Glasgow and Clyde must ensure the good practice observed in some areas utilising a mealtime coordinator is practised consistently and patients receive adequate support at mealtimes (see page 20).

This is to comply with the Food, Fluid and Nutritional Care Standards (2014): Standard 4, provision of food and fluid to patients in hospital.

- 3** NHS Greater Glasgow and Clyde must ensure that patient equipment is cleaned effectively (see page 20).

This is to comply with the National Infection Prevention and Control Manual (2022).

- 4** NHS Greater Glasgow and Clyde must ensure that all staff carry out hand hygiene at appropriate moments and the correct use of personal protective equipment in line with current guidance (see page 20).

This is to comply with the National Infection Prevention and Control Manual (2022)

- 5** NHS Greater Glasgow and Clyde must ensure wash hand basins are dedicated and used only for hand hygiene (see page 20).

This is to comply with the National Infection Prevention and Control Manual (2022).

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 the hospital team working together to try and achieve good care outcomes for patients receiving care. However, reducing the risks associated with staff shortages, increased demand for beds, and increased demand for assessment and treatment through accident and emergency and other admission routes created a significant challenge.

31. NHS Scotland was experiencing a wide range of considerable pressures associated with COVID-19 cases, staff absences, an increased demand for beds and high attendance rates at the emergency departments during our inspection.
32. In the hospital's daily situation report, we saw that the emergency department met the 4-hour waiting time target in 48.5% of cases. It was noted that the longest wait time for a patient was approximately 17 hours. We saw that the NHS board had taken steps to try and alleviate the pressure and demand on the emergency department with a series of statements released through social media, local radio and news stations. This included asking the public only to attend the emergency department if their condition was urgent or a life-threatening situation. The hospital also diverted patients to another hospital's accident and emergency department within NHS Greater Glasgow and Clyde for a period of time in the evening prior to the inspection.
33. Each ward and clinical area carried out a risk assessment each day to understand any staffing problems or patient safety risks. The risk assessment is completed by the nurse in charge of the area. Senior managers explained to us that this risk assessment is made on the professional judgement of the nurse in charge, which results in a green, amber or red score. A green score reflects business as usual, amber highlights where some actions may be required to reduce risks and a red score evidences the highest level of risk. The red score may result from concerns about staffing levels or other patient safety considerations. Once the level of risk has been decided, the lead nurse will work with the nurse in charge and other colleagues across the hospital to mitigate these risks, for example, the possible provision of additional staff where this is available.

34. Other methods for measuring acuity and risk are available, such as the nationally available real-time staffing tools. Senior managers explained to us that these tools were currently only used in their critical care areas. They are waiting for these tools to be digitalised before they are put into use in other areas across the hospital campus. During the inspection, we observed senior managers and lead nurses working together at regular site safety huddles to consider possible actions to mitigate risks where a red score was reported. These options included redeploying staff from areas, such as theatres, where scheduled procedures had been cancelled. In addition to this, efforts were made to support discharging patients who would be able to go home. However, we observed that there were still not enough staff available to reduce the risk in all of the red areas and a number of clinical areas continued to be a red risk score.
35. NHS Greater Glasgow and Clyde demonstrated that it has systems and processes in place to implement and follow the national guidelines. Respiratory pathways were in place in line with the Winter (21/22), Respiratory Infections in Health and Care Settings Infection Prevention and Control (IPC) Addendum.
36. We observed staff members and volunteers at the entrances and public areas in the hospital who were directing people to the correct place. Staff were also able to direct anyone with respiratory symptoms to the correct admission route. Posters and information were displayed, encouraging physical distancing and hand hygiene. In addition, there was good access to face masks and disposal bins.
37. The point of admission for patients with respiratory symptoms who have been referred to the hospital, for example, by their GP, is through the area known as SATA. This is in line with the national guidance and separates the point of admission to the hospital for patients who have symptoms of respiratory infection. During the pandemic, this area was used to reduce the possibility of people with COVID-19 entering the main admission units within the hospital. We observed and recognised the efforts to maintain two separate pathways for those with respiratory symptoms and those without symptoms. However, we observed a number of issues within this area that were raised to the senior site managers for their immediate attention. These issues included:
- the placement and availability of hand hygiene basins
 - the storage and availability of personal protective equipment (PPE) for staff to use
 - the lack of a call bell system for patients being cared for in both cubicles and side rooms, and
 - patients' cared for in non-standard care areas. We saw a patient being cared for in a room previously used as a store room that was being utilised as a patient side room at the time of our inspection. As this room

was not designed as a patient side room, the appropriate facilities were not in place. This included the ability to turn off the lights, and staff could not see the patients cared for in this area as there was no viewing pane.

38. We escalated these concerns to senior management, and we were quickly provided with a detailed risk assessment with planned actions. We observed:
- that temporary hand hygiene basins were installed with a stated time for the installations of permanent basins.
 - personal protective equipment dispensers were installed
 - call bells were installed in both the care areas and toilet for patient use, and
 - the room previously used as a store room was no longer used for patient care.
39. We were told about plans to consider relocating the SATA to a more suitable environment within the building. However, due to the current pressures, this plan could not be put in place at this time.
40. The layout of the SATA meant that although some side rooms were available, most patients were placed in a seating area that was designed and previously used as a discharge lounge. This meant that patients with different respiratory infections might be seated here before being admitted to the ward areas.
41. The national guidance recognises that it may be necessary to care for patients with different respiratory infections in one multi-bed care area before being admitted to a single room. However, it states this does carry the risk of different infections being spread, should be avoided wherever possible and only used as a last resort during times of extreme bed pressures. Our observations during this inspection were that this hospital was experiencing extreme pressures.
42. We observed many patients who were waiting for admission being cared for on chairs in a lounge area. This was due to the demand for inpatient beds exceeding the number of available beds. Patients were waiting for long periods of time before being transferred to the appropriate care area or wards. When a patient has remained in the department for longer than normal, this was reported by staff and evidenced by the incident reports provided by senior managers. Clinical staff shared concerns with our inspection team on the level of care that could be provided in these areas, as they were not designed to accommodate patients for long periods of time. We observed senior clinical staff and senior managers discussing and escalating these issues through the hospital campus safety huddles. The lengths of stay in the areas were discussed, seeking ways to move patients to wards as quickly as possible.
43. Also in SATA, senior staff raised concerns that occasions may occur where clinically vulnerable patients with respiratory symptoms, including those who

would have previously been shielding, would be cared for in the same lounge area as those patients with unknown or confirmed respiratory infections.

44. During our follow up visit to SATA, we wanted to understand the pathway for patients who are clinically vulnerable to respiratory infections. We were shown a procedure for the management of these patients who are required to be admitted through SATA. This described patients being admitted straight to one of the available side rooms. If these were not available, the next step is to ensure the patient is transferred to an appropriate care area within the hospital. This process is in line with national guidance, and the staff we spoke with understood the process that should be followed. We also observed that the improvements made during the original inspection remained in place.
45. The national guidance for ventilation recommends six air changes every hour that can be achieved by mechanical ventilation or by opening windows. The Queen Elizabeth University Hospital is entirely mechanically ventilated. Clean air is brought in from outside through their system, which means that windows cannot be opened. The ventilation system throughout the hospital has three air changes per hour.
46. For areas used as planned respiratory pathways, such as SATA, the guidance states that if six air changes per hour cannot be achieved:
 - it must comply with 2 meters spacing between patients' beds, and
 - patients are provided with facemasks and adequate hand hygiene facilities.
47. We observed that chair spacing was in place, and patients wore face masks when tolerated. However, as described above, hand hygiene facilities were inadequate, although this was addressed immediately during our inspection. Senior management highlighted that they were seeking other possible solutions to increase the ventilation in SATA.

Area of good practice

Domain 1

- 1 There was a dedicated respiratory pathway entry point to separate the point of admission to the hospital for patients who have respiratory infection symptoms.

Requirement

Domain 1

- 1** NHS Greater Glasgow and Clyde must ensure the environment in SATA continues to be suitable for the provision of care in a respiratory pathway, ensuring the improvements made during the inspection are maintained, including:
- sufficient hand hygiene facilities
 - appropriate storage and access to personal protective equipment, and
 - suitable placement of patients.

This is to comply with This is to comply with the National Infection Prevention and Control Manual (2022).

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

We observed positive and respectful interactions between patients and staff. Patients described a positive experience of care and that their needs were being met.

48. During our inspection, the majority of patients experiencing care appeared to be treated with kindness and compassion in how they were supported and cared for. We observed positive interactions between patients and staff. Patients experiencing care told us that their needs were met. Although patients described good care, they told us staff were busy and, on occasions, this reduced their ability to respond to call bells in a timely manner. SATA did not have any call bells in place. However, senior management immediately rectified this after the inspection team raised this as a concern.
49. In the admission areas, such as SATA and the immediate assessment unit (IAU), staff expressed concerns about the care that could be provided and the lack of dignity for patients required to be cared for in these areas for longer than intended. For example, patients would be sitting in a chair rather than a bed space. We saw that this had been raised with senior clinical colleagues and senior managers through incident reporting systems and emails between clinical staff and senior managers. During our discussion session, senior

managers acknowledged the issues raised. However, we were told the current pressures limited available solutions, and this remains an ongoing challenge.

50. During our follow up visit to SATA, we observed it to be quieter and only a small number of patients waiting in the lounge area. We will follow this up at future inspections.

Area of good practice

Domain 2

- 2 We observed positive and caring interactions between staff and patients.

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. We saw teams communicating well with a good understanding of their patient’s health needs. However, we noted some missed opportunities for hand hygiene, inappropriate use of PPE and ineffective cleaning of patient equipment.

51. All wards and departments were very busy. The majority of areas had good leadership and appeared to be well organised. Staff from all disciplines were seen to be working together to support the safe delivery of care. We observed staffing shortages across all of the areas we inspected. Staff and senior managers expressed concerns about the impact of increased pressures across the hospital campus. At busier times, we saw that it was more challenging for staff to meet patient needs in a timely manner.
52. In the newer parts of the hospital campus, the majority of patient rooms are single rooms. In the areas with multi-bedded bay areas, we observed that bed and chair spacing was kept in line with the current guidance.
53. We observed staff working hard to deliver routine care, although we saw that this was affected by the number of staff available. We saw some good examples of mealtimes being well managed, particularly when the ward had a meal coordinator to help manage this effectively. On some wards, we saw that staff checked that each patient had a meal and that an alternative choice was available. Staff were seen to proactively organise appropriate meals for the patient’s dietary needs, for example, a textured modified diet. In one area, staff

were helping patients with their meals, and a patient described the staff as 'fantastic'.

54. However, in some wards, due to a shortage of staff, we observed that patients had to wait for support with meals. For example, if a patient required help to sit up and eat, their meals may become cold before they get to eat them. This is not effective mealtime practice. Patients in the admission areas, such as the emergency department, had a limited choice of food at mealtimes, such as soup and sandwiches.
55. In order to minimise the risk of cross-infection, standard infection control precautions should be used by all staff at all times.
56. One of the key precautions is practising good hand hygiene. This will help reduce the risk of the spread of infection. We observed mixed practice with hand hygiene. In some areas, we observed staff carried it out well. However, we saw:
 - staff not performing hand hygiene before putting on gloves, and
 - some staff wearing gloves, when not required, preventing hand hygiene from being performed at the correct times.
57. We also observed staff wearing nail varnish and jewellery that can prevent hand hygiene from being carried out effectively.
58. We saw that alcohol-based hand rub was available in corridors and patient rooms. As previously reported, due to the lack of hand hygiene facilities in SATA, additional alcohol-based hand rub dispensers were added to the area during our inspection.
59. In some areas, we observed clinical hand wash basins being used for other things, such as disposing of other liquids and teeth brushing. Clinical hand wash basins should only be used for hand hygiene to reduce the risk of contamination to the clinical hand wash basin.
60. We observed some staff were using PPE, such as aprons and gloves, appropriately. However, in SATA, there were no PPE storage units, which meant that PPE was not stored correctly to prevent contamination. We also observed staff moving between different care areas without changing their PPE. During our follow up visit to SATA, we observed PPE was stored appropriately, and staff were changing it at appropriate times. We also observed new posters had been placed beside the PPE dispensers instructing staff of the correct use of PPE, and to carry out hand hygiene at the correct times.
61. In some areas, we observed the reuse of single-use visors. These are used to protect the staff member from the risk of blood or body fluid splashes. Although staff had attempted to decontaminate the visors, they are not

designed to be cleaned and reused. Senior management confirmed that this was not an approved process.

62. In discussion with senior management, we were told that within 2 weeks of the inspection, every area in the hospital was going to have an infection control visit. This will include education on hand hygiene, the use of visors, and the correct use of hand wash basins. We anticipate an update on this within the improvement action plan that the NHS board will supply to address the requirements made.
63. Throughout the hospital campus, we observed some issues with the storage of waste. For example, there was not a suitable storage area in SATA. This was addressed during the inspection by turning a store cupboard into a waste hold.
64. We saw other waste holds were unlocked, and this is not in line with waste storage guidance. This guidance stated that waste should be stored in a dedicated lockable area. We raised this with senior management. The NHS board explained that this was an ongoing issue across the hospital site and the original waste hold doors were not fit for purpose. We were provided with evidence this had already been recognised, and action was being taken to address this problem. A new lock system had been trialled and there was a three-year improvement programme in place to improve all waste hold doors within the Queen Elizabeth University Hospital and Royal Hospital for Children by March 2024.
65. We observed that transmission-based precautions were in place for the majority of patients with a suspected or confirmed infection. These are the additional infection control precautions that should be used by staff when caring for a patient with a known or suspected infection. The exception to this was in SATA, as we have previously described.
66. At the time of our inspection, physical distance guidance was in place. We observed that areas had been set up to allow physical distancing. Rooms had maximum numbers of people allowed signs on the door. We observed the majority of staff complying with physical distancing where it was possible to do so. We saw evidence of spot checks to assure management that guidance was displayed, controls were in place, and that staff complied with and understood the guidance.
67. In public areas such as entrances, shops, dining areas and waiting areas, we observed signs and information to help people remain physically distanced.
68. We observed that the cleaning products being used were in line with local policy and national guidance.
69. We observed that staff were cleaning patient care equipment between patient use. However, we observed that the areas of the equipment that would take

longer to clean were not effectively cleaned. This included the lower wheels, the underside and footplates of some equipment, such as trollies and walking frames. Care equipment is easily contaminated. Therefore, it can be a source of transferring infectious agents from shared care equipment if it has not been effectively cleaned.

70. The cleanliness of the environment within the hospital campus inspected was mostly good.
71. The majority of wards, patient rooms, corridors and storage rooms in the newer buildings were well organised and uncluttered, allowing for effective cleaning. However, in SATA, and the wards within some of the older parts of the hospital campus, areas were cluttered due to a lack of storage space. This can make it difficult to allow for efficient and effective cleaning. On our follow up visit to SATA, we observed the area was clutter free, and the environment and the cleanliness of the area was good.
72. At the time of our inspection, we observed some issues that were quickly rectified. For example, there was a water leak in a ward day room resulting in a loose section of the ceiling. When we raised this with the facilities team, they were already aware of this and informed us the ceiling had been repaired that day. Both the facilities team and the infection prevention and control team described a close working relationship, which has helped them develop procedures for quickly rectifying issues, such as the damaged ceiling.
73. We observed issues with faulty fitted bathroom equipment, such as drop-down rails and hand rails in several wards within the newer buildings. We raised this with senior management, who confirmed this was an issue they were aware of. We saw the NHS board had circulated a safety action notice to all affected areas, and the completion date for the work is due within the coming weeks. We will follow this up at future inspections.
74. To ensure effective cleaning, the environment must be well maintained and in a good state of repair. In some of the older areas of the hospital campus, including the Institute of Neurosciences, we saw that the environment was damaged, and surfaces were worn. This has been raised at previous inspections. For example, we saw black marking on the shower seals, and we raised this with the nurse in charge. They confirmed it had been appropriately cleaned; however, cleaning does not remove the staining, and this will be replaced during a full renovation of the ward. We were told that the refurbishment of the ward was due to commence in the summer of 2022.
75. We discussed the refurbishment plans for the Institute with senior managers. We were told that two general wards had already been refurbished, and one ward was about to be completed. The plan is for all the general wards within the Institute to be fully refurbished by mid-2024. Following the refurbishment

of the general wards, the plan is to start the refurbishment of critical care areas. We will follow the condition of the environment and the programme of refurbishment at future inspections.

Area of good practice

Domain 5

- 3** Good leadership and team work across the clinical areas between all staff groups to support the delivery of care.

Requirements

Domain 5

- 2** NHS Greater Glasgow and Clyde must ensure the good practice observed in some areas utilising a mealtime coordinator is practised consistently and patients receive adequate support at mealtimes.

This is to comply with Food, Fluid and Nutritional Care Standards (2014): Standard 4, provision of food and fluid to patients in hospital.

- 3** NHS Greater Glasgow and Clyde must ensure that patient equipment is cleaned effectively.

This is to comply with the National Infection Prevention and Control Manual (2022).

- 4** NHS Greater Glasgow and Clyde must ensure that all staff carry out hand hygiene at appropriate moments and the correct use of personal protective equipment in line with current guidance.

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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 is experiencing significant pressures associated with staffing vacancies, as well as continued challenges relating to staff absence. We observed real-time staffing decisions, escalation and mitigation of risk, and evidence of allocation of staffing to the areas with highest risk when there were staffing shortfalls. We witnessed an open, honest and transparent approach, with visible and supportive leadership at a senior level and within the wards across the hospital campus.

76. At the time of our inspection, staffing pressures associated with COVID-19 were being experienced across NHS Scotland. We found that some areas within the hospital campus were working with a less than optimum level of staffing due to staff absences and lack of available supplementary staff. It was indicated at the morning safety huddle that a large number of wards were given a risk rating of red.
77. There was a 10.1% vacancy rate within both the registered nursing and allied health professional staff in the acute adult hospital setting. There were 1.6% vacancies within the healthcare support worker workforce for the last reported monthly data. The budgeted registered nurse and healthcare support worker workforce has increased by 3.5%. The highest number of vacancies in adult services were within the registered nursing and allied health professional teams; both have a 10.1% vacancy rate. It is noted that the allied health professional workforce in this area has increased by 65%.
78. The overall absence level for nursing staff groups was 9.3%. This sickness absence level was 6.6%, with COVID-19 special leave accounting for an additional absence of 2.7%.
79. Supplementary staff are additional staff who cover absences and/or provide additional support due to increased service demands to support the delivery of safe and effective care. This includes staff working additional hours, overtime, and bank and agency workers. Supplementary registered nurses accounted for 7.5% of the staff and 16.7% of healthcare support worker staff. Adult services had the highest use of supplementary staff.
80. The overall absence level was 5.6% within the allied healthcare workforce. The sickness level was 3.9%, with COVID-19 special leave accounting for an additional absence of 1.7%.

81. There was a 1.4% vacancy rate for medical staff. The medical workforce has increased by 4.2%. Sickness and COVID-19 related absences are 2.2%
82. Domestic Services had vacancies at the time of inspection, however additional funding was made available to increase fixed-term staffing levels in order to support the enhanced cleaning schedules as required by the addendum. Evidence supported over-recruitment; however, sickness absence of rates of 11.9% and COVID-19 related absences at 1.9% was affecting the availability of staff.
83. Although there were significant staff shortages throughout the hospital campus, we observed effective leadership, clear communication and effective levels of care.
84. The NHS board provided evidence that demonstrated good practice in mitigating and prioritising services to support the delivery of care and highlighting the structure of strategic, tactical and operational groups that have been and continue to be responsive to emerging staffing and safety risks.
85. At the safety huddles, workforce staffing availability for all staff groups was discussed. Availability and levels of nursing staff were discussed in more detail with a focus on staffing numbers. This assessment was carried out using the nurse in charge's professional judgement, such as falls risk and enhanced observation requirements. The critical care areas are currently using the Scottish Government's real-time staffing tool. The utilisation of the Scottish Government acute in-patient real time staffing resource would further enhance staffing decisions. The hospital lead nurse of the day was able to make an informed decision and assign available resources to each department. The lead nurses in the department would aim to assign the staff resource to the areas of highest risk need and priority. However, we observed during our inspection that despite efforts to reduce the number of areas with the highest risk rating, significant staff shortages meant that this was not possible in the majority of identified high-risk areas.
86. Despite these significant staff shortages, it was observed that wards were well managed, communication was effective, and staff were focused on the provision of safe and compassionate care for the patients. The lead nurses and senior charge nurses were visibly supporting staff in the ward areas.
87. Staffing risks are reported using the NHS electronic incident reporting system. NHS Greater Glasgow and Clyde has received a high level of reports on identified staffing risks. Staff are encouraged to report their concerns through this system. There is also a process in place to identify reporting themes.

These reports are sent weekly to the chief nurses and monthly to the charge nurses/midwives for local dissemination and discussion through staff governance forums.

88. One initiative described in the staff newsletter was the plan to develop an improved incident reporting system to better support staff to report concerns and receive feedback. This will continue to ensure effective communication.
89. We observed a number of initiatives to promote an open and transparent culture within the hospital campus. For example:
- encouraging staff to report concerns on the NHS electronic incident reporting system
 - staff newsletters
 - honesty around the assessment of risk each day, even when they are not able to reduce this, and
 - partnership working with the staff and inclusion of partnership representatives.
90. We also saw there are both internal and external resources available for staff to access around staff wellbeing.

Areas of good practice

Domain 7

- | | |
|----------|---|
| 4 | We observed an open and transparent approach from both the hospital senior management team and ward staff throughout the inspection, including at safety huddles. |
| 5 | There was documented evidence of updating staff, as well as a focus on their wellbeing. |

Domain 9: Quality improvement-focused leadership

Quality indicator 9.2 - Motivating and inspiring leadership

Safety briefings and huddles were attended by representatives of a wide range of wards and departments. We observed senior managers and clinical staff from across the hospital campus working together to try to reduce risks associated with the unprecedented increased pressures.

91. At the Queen Elizabeth University Hospital campus, several patient safety huddles are carried out throughout the day for the various sites/directorates. The purpose of the huddles is to review staffing, safety risks and patient flow. The hospital campus was under exceptional pressures at the time of our inspection, and we observed how this affected the ability to reduce all of the identified risks. We saw evidence where the risks could not be reduced safely,

and this was escalated through the NHS board with senior clinical staff raising to the NHS board's executive team. We also saw this being reported in the hospital's daily situation report to the Scottish Government.

92. The NHS board was trying to relieve some of the campus's pressures. Measures included non-essential procedures being cancelled to free up staff who were then redeployed to other areas to reduce risks. Media press releases were issued using social media, local radio, and news stations to remind people to only attend the emergency department if it was very urgent or life-threatening. Staff from the hospital were also going to another nearby minor injuries unit to support that unit to stay open and reduce the flow of patients attending the emergency department at the Queen Elizabeth University Hospital.
93. To support staff working in such pressure, we saw a letter dated December 2021 to all nursing, midwifery and allied health professional staff from the nurse director of NHS Greater Glasgow and Clyde. The letter detailed the guiding principles for staff to follow when they are working in situations unlike anything they have experienced before. The principles were developed to support decision-making and help with difficult situations health professional staff may face, and reassure them that, on occasions, the provision of care is the best possible care that can be delivered under the circumstances that they are working within. The purpose of the letter was also to reassure staff that they have the support and understanding of their professional regulator and NHS Greater Glasgow and Clyde as an organisation. We saw this as an important message to staff who may feel they are unable to deliver care to the standard they would normally deliver due to the unprecedented pressures and demands on staff.

Area of good practice

Domain 9

- 6 We observed responsive leadership demonstrated by senior managers and clinical staff to address real time pressures with good communication and supportive working.

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.

- [Winter \(21/22\), Respiratory Infections in Health and Care Settings Infection Prevention and Control \(IPC\) Addendum](#) (NHS National Services Scotland, April 2022)
- [National Infection Prevention and Control Manual](#) (NHS National Services Scotland, March 2022)
- [COVID-19: Guidance for maintaining services within health and care settings Infection prevention and control recommendations](#) (Public Health England, December 2021)
- [COVID-19: Endorsed Guidance For NHS Scotland Staff and Managers on Coronavirus](#) (NHS Scotland, November 2021)
- [Health and Social Care Standards](#) (Scottish Government, June 2017)
- [Healthcare Associated Infection \(HAI\) standards](#) (Healthcare Improvement Scotland, February 2015)
- [The Code: Professional Standards of Practice and Behaviour for Nurses and Midwives](#) (Nursing and 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)
- [Food Fluid and Nutritional Care Standards](#) (Healthcare Improvement Scotland, November 2014)
- [Prevention and Management of Pressure Ulcers - Standards](#) (Healthcare Improvement Scotland, October 2020)
- [Health and Care \(Staffing\) \(Scotland\) Act](#) (Acts of the Scottish Parliament, 2019)
- [Care of Older People in Hospital Standards](#) (Healthcare Improvement Scotland, June 2015)
- [Quality of Care Approach – The Quality Framework First Edition: September 2018](#) (Healthcare Improvement Scotland, September 2018)

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