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Unannounced **Focused** Inspection Report

Acute Hospital Safe Delivery of Care Inspection

University Hospital Ayr
NHS Ayrshire & Arran

3 – 5 July 2023

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About our inspection

Background

In November 2021 the Cabinet Secretary for Health and Social Care approved Healthcare Improvement Scotland inspections of acute hospitals across NHS Scotland to focus on the safe delivery of care. Taking account of the changing risk considerations and sustained service pressures the methodology was adapted 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 hospital managers. We will keep discussion with clinical staff to a minimum and reduce the time spent looking at care records.

From April 2023 our inspection methodology and reporting structure were updated to fully align to the Healthcare Improvement Scotland [Quality Assurance Framework](#). Further information about the methodology for acute hospital safe delivery of care inspections can be found on our website.

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 this inspection

This unannounced **focused inspection of University Hospital Ayr** was carried out in line with our safe delivery of care acute hospital inspection methodology. It was undertaken in conjunction with an **unannounced follow-up inspection of University Hospital Crosshouse** to assess and provide assurance of NHS Ayrshire & Arran board wide improvement actions in response to serious patient safety concerns that were

identified and formally escalated during a previous [safe delivery of care inspection of University Hospital Crosshouse in May 2022](#).

The unannounced **follow-up inspection of University Hospital Crosshouse** in July 2023 report can be found [here](#), we would recommend that both reports are read simultaneously.

About the hospital we inspected

University Hospital Ayr is a general hospital on the outskirts of Ayr. It contains 275 beds and has a full range of healthcare specialties. The hospital provides medical and surgical services on an inpatient, day case and outpatient basis.

We inspected the following areas:

- emergency department
- combined assessment unit
- station 1
- station 3
- station 4
- station 8
- station 12, and
- station 16.

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 Ayrshire & Arran 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 Wednesday 26 July 2023, we held a virtual discussion session with key members of NHS Ayrshire & Arran 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 Ayrshire & Arran and in particular all staff at University Hospital Ayr for their assistance during our inspection.

A summary of our findings

Our summary findings from the inspection, areas of good practice and any recommendations and 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 this inspection University Hospital Ayr, much like the rest of NHS Scotland was experiencing a range of pressures including an increase in patient numbers.

We observed good levels of care and the majority of patients and visitors were complementary about the staff and the care they provided.

We observed supportive multidisciplinary real time staffing discussions which took place during the safety huddles at agreed times throughout the day. There was a strong focus on patient care and safety throughout the huddles with senior colleagues and managers working to support each area of the hospital to reduce and mitigate risks.

Staff described a supportive culture where they feel able to raise issues and concerns. All areas inspected were calm and well organised with staff working hard to provide safe and compassionate care.

Two requirements from the previous inspection to University Hospital Crosshouse in May 2022 have been carried forward for this focused inspection as they also apply to University Hospital Ayr. These relate to hand hygiene and maintenance of the environment to allow effective decontamination.

Several other areas for improvement have been identified within this focused inspection and our corresponding follow-up inspection of University Hospital Crosshouse. These areas for improvement should be applied across NHS Ayrshire & Arran and include patient privacy and dignity, and the safe storage of medicines, cleaning products and clinical waste.

Through completion of both this focused inspection and the follow-up inspection at University Hospital Crosshouse we are assured progress has been made in NHS Ayrshire & Arran to satisfy the number of serious patient safety concerns raised under level 1 of our formal escalation process following the May 2022 inspection of University Hospital Crosshouse.

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

This inspection resulted in six areas of good practice, one recommendation and seven requirements.

A requirement in the inspection report means the hospital or service has not met the required standards and the inspection team is concerned about the impact this has on patients using the hospital or service. We expect all requirements to be addressed and the necessary improvements implemented.

A recommendation relates to best practice which Healthcare Improvement Scotland believes the NHS board should follow to improve standards of care.

We expect NHS Ayrshire & Arran 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 from this focused inspection

Domain 2

- 1 Good leadership, teamwork and coordination of care (see page 13).

Domain 4.1

- 2 All patients in all areas inspected appeared well cared for (see page 19).
- 3 Care and comfort rounding charts were well completed in all areas inspected (see page 19).

Domain 4.3

- 4 Staff safety huddles were inclusive of all departments and gave a whole site overview in real time (see page 22).
- 5 There was a focus on supporting staff wellbeing in all teams (see page 22).

Domain 6

- 6 Staff are working hard to provide compassionate and responsive care (see page 24).

Recommendation from this focused inspection

Domain 4.3

- 1 NHS Ayrshire & Arran should continue to seek solutions and implement strategies to ensure senior staff have 'time to lead' (see page 22).

New requirements from this focused inspection

Domain 4.1

- 1 NHS Ayrshire & Arran must ensure patients' privacy and dignity are maintained at all times, and the care needs of each patient are considered (see page 20).

This will support compliance with:

The Quality Assurance System (2022) criteria 6.2 and Health and Social Care Standards (2017) criteria 1.19.

- 2 NHS Ayrshire & Arran 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), and fluid balance charts (see page 20).

This will support compliance with:

The Quality Assurance System (2022) criteria 4.1 and relevant codes of practice of regulated healthcare professions.

- 3 NHS Ayrshire & Arran must ensure the safe storage and administration of medicines (see page 20).

This will support compliance with:

Royal Pharmaceutical Society and Royal College of Nursing Professional Guidance on the Administration of Medicines in Healthcare Settings (2019) and relevant codes of practice of regulated healthcare professions.

- 4 NHS Ayrshire & Arran must ensure used linen is managed appropriately (see page 20).

This will support compliance with:

National Infection Prevention and Control Manual (2023).

- 5 NHS Ayrshire & Arran must ensure that all clinical waste, including full sharps boxes, are stored in a safe locked area whilst awaiting uplift and that sharps

boxes have temporary closures in place and are labelled as per guidelines (see page 20).

This will support compliance with:

National Infection Prevention and Control Manual (2023).

6 NHS Ayrshire & Arran must ensure all hazardous cleaning products are securely stored (see page 20).

This will support compliance with:

Control of Substances Hazardous to Health (COSHH) Regulations (2002).

7 NHS Ayrshire & Arran must ensure all patient trolley mattresses are clean and ready for use and that assurance systems are effective at identifying contaminated mattresses (see page 20).

This will support compliance with:

Infection Prevention and Control Standards (2022) criteria 6.3.

Outstanding requirements to be addressed from University Hospital Crosshouse May 2022 inspection that apply to University Hospital Ayr

8 NHS Ayrshire & Arran must ensure that all staff carry out hand hygiene at appropriate moments and use personal protective equipment in line with current guidance.

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

9 NHS Ayrshire & Arran must ensure the environment is maintained to allow effective decontamination.

This is to comply with Healthcare Associated Infection (HAI) standards (2015) criteria 8.1.

What we found during this focused inspection

Domain 1 – Clear vision and purpose

Quality indicator 1.5 – Key performance indicators

We observed learning from adverse events and incidents in the emergency department. Senior hospital managers were aware of the incidents and could explain the actions that had been taken in response to improve patient safety.

At the time of this inspection NHS Ayrshire & Arran, like much of NHS Scotland was experiencing significant pressures including increased hospital capacity, reduced staff availability and increased waiting times in the emergency department.

The national target for accident and emergency waiting times means that 95% of patients should wait no longer than four hours from arrival at the emergency department before admission, discharge or treatment.

Across NHS Scotland for the week ending 9 July 2023, 69.6% of patients were seen within the 4 hour target. In University Hospital Ayr 60.8% of patients were seen within the 4 hour target. Further information can be found at [NHS Performs weekly update of emergency department activity and waiting times](#).

During this inspection the emergency department at University Hospital Ayr was under significant pressure. Seven patients were waiting over 4 hours and nine patients waited over 12 hours with the longest wait for an inpatient bed being 25 hours. While there were no additional patients being cared for on trolleys within the corridors, additional patients were waiting in the x-ray waiting areas. The impact of the use of the x-ray waiting area will be discussed later in this report.

As part of this inspection we asked NHS Ayrshire & Arran to provide any incidents or adverse events reported by staff through the incident reporting system in relation to patient safety within the emergency departments at both University Hospital Ayr and University Hospital Crosshouse within the last 12 months. The learning from adverse events through reporting and review national framework for Scotland indicates that all adverse incidents should be reviewed. The level of the review will be determined by the category of the event and is based on the impact of harm with the most serious requiring a significant adverse events review. Further information on the national framework can be found at [Learning from adverse events through reporting and review - a national framework for Scotland](#).

Evidence returned by NHS Ayrshire & Arran included the process for reviewing all adverse events, this includes adverse events review groups who determine the level of review. We were also provided with evidence of NHS Ayrshire & Arran's process to have oversight of any overdue adverse events reviews. The incidents provided

included an incident where a patient had become acutely unwell while waiting outside University Hospital Ayr in an ambulance, due to a lack of available space within the emergency department. Senior hospital managers were aware of the incident and explained the actions that had been taken in response. This includes the nurse in charge of the emergency department reviewing the patients who are experiencing extended waits in ambulances when the emergency department is at full capacity. During our inspection we observed nursing staff reviewing patients waiting in ambulances. We also discussed this with ambulance crews who were waiting with these patients, who confirmed regular checks from the nursing staff were common practice.

There are no inpatient paediatric services within University Hospital Ayr. All inpatient paediatric services for NHS Ayrshire & Arran are at University Hospital Crosshouse. However, the emergency department at University Hospital Ayr has a dedicated paediatric area for the assessment and treatment of paediatric patients.

Paediatric patients who are seen in the emergency department and are assessed as needing admission are transferred to the paediatric services at University Hospital Crosshouse. Hospital senior managers told us that while parents/guardians may self-present with children to the emergency department, there is an agreed protocol with the Scottish Ambulance Service that any paediatric patients travelling by ambulance will bypass University Hospital Ayr and travel directly to University Hospital Crosshouse.

The majority of nursing staff within the emergency department are trained to provide adult care. To support the safety of paediatric patients who arrive at University Hospital Ayr, we were told a number of nursing staff have also completed the paediatric immediate life support course. We were provided with evidence that 65% of registered nursing staff working in the emergency department have completed this training with further training dates booked for those who need to complete or renew. This course is developed by the Resuscitation Council UK for health professionals who may have to manage and treat paediatric patients in an emergency.

The combined assessment unit at University Hospital Ayr operates 24 hours a day and receives patients who have been referred by their general practitioner or the emergency department for further assessment. While the unit can accommodate 34 patients in a combination of cubicles and side rooms, there are also waiting areas for patients to sit if they are assessed as being well enough.

During the inspection we observed that all of the cubicles and side rooms were full with an additional 16 patients in the waiting areas, two of these patients were in the corridor beside the nursing station. Inspectors were told that due to the lack of cubicles the area beside the nursing station was used for patients who had provided consent to have initial observations recorded such as blood pressure and pulse, before being transferred back to the waiting area to either await an available bed

space or discharge after a medical review. We observed there was a dedicated cubicle available if these patients required a further medical review or assessment. We recognise the system pressures within the unit and increased capacity have resulted in staff carrying out these initial assessments within the corridor area. However, this is not good practice in maintaining patient dignity. A requirement has been given to support improvement in this area, this requirement will be found in Domain 4.1 of this report.

Both the emergency department and the combined assessment unit would allow sufficient space to evacuate patients in the event of a fire. Senior staff spoken with explained all staff are required to carry out fire training. We were also told the NHS board's fire officer carries out regular walk rounds of the front door areas. Evidence provided showed staff compliance with the fire safety and awareness training module. This showed compliance in emergency care to be at 70% at University Hospital Ayr and 98% at University Hospital Crosshouse.

We did not observe any patients being cared for on trolleys within the corridor in the emergency department or the combined assessment unit.

Domain 2 – Leadership and culture

Quality indicator 2.1 – Shared values

We observed a supportive leadership and a positive culture with senior managers visible throughout the hospital. Hospital safety huddles demonstrated multidisciplinary team working to try and mitigate risks, with good examples of ward based communication of safety issues.

We observed good leadership, teamwork and coordination of care. Staff described a supportive culture where they feel able to raise issues and concerns through the incident reporting system, senior colleagues or safety huddles. All areas inspected were calm and well organised with staff working hard to provide safe and compassionate care.

As part of this inspection we attended the hospital wide safety huddles. These included a good multidisciplinary team representation, including, nursing, allied health professionals, estates and facilities, pharmacy and infection control. We observed the multidisciplinary team highlighting patient safety and staffing concerns and working to try and mitigate and reduce any risks. Staff were observed talking freely with supportive responses from senior managers.

Inspectors observed good examples of ward based communication of safety issues at handover, via ward safety boards and the hospital safety huddle. We observed well completed patient safety boards above patients' beds in the combined assessment

unit. These included information such as dietary requirements, pressure area care and assistance needs for mobilising.

In one area inspectors observed a clinical led acute patient safety meeting. This is a daily 10 minute meeting to collect and share potential patient safety issues. The meetings are led by the nurse in charge of the area and highlight any safety concerns such as patients who are at high risk of falls, patients who are on oxygen therapy and patients who have a National Early Warning Score 2 of 5 or above. The National Early Warning Score 2 is a scoring system allocated to physiological measurements such as blood pressure and pulse. Its purpose is to improve the detection and response to patients who are at risk of, or have become more unwell.

Senior hospital managers advised that clinical led acute patient safety meetings are held on the medical wards at University Hospital Ayr and will be trialled on two of the wards at University Hospital Crosshouse.

Despite the increased pressures within the emergency department, inspectors observed good communication and coordination with senior nursing and medical staff prioritising care needs and delivery of care. This included senior medical staff leading a safety brief with staff.

As part of this focused inspection, and in line with the safe delivery of care methodology, we requested additional evidence from NHS Ayrshire & Arran on adverse events.

From this we saw the most reported category of adverse incident at University Hospital Ayr to be patient slip, trips or falls. Further evidence provided included the quality improvement work in place to support a reduction in inpatient falls. This includes the development of a falls improvement group and introduction of a falls coordinator role. NHS Ayrshire & Arran has a falls resource list which staff can access electronically. This includes a number of resources and links, including the prevention and management of falls in hospital guidance. Whilst on inspection we observed falls risks highlighted and mitigated, including patients being cared for in cohort bays to enable constant supervision. Inspectors observed good completion of documentation including falls bundles.

We were also provided with information regarding the quality improvement work in place to reduce the incident of hospital acquired pressure ulcers. This includes a pressure ulcer improvement nurse role and the development of the pressure ulcer improvement group and pressure ulcer collaborative.

We saw evidence of monthly data surveillance meetings where data is reviewed relating to falls and pressure ulcers. Quality improvement support is then provided to the areas with the highest level of falls and pressure ulcers. These areas are identified monthly in collaboration and agreement with the falls coordinators and pressure ulcer improvement nurses.

In September 2022 NHS Ayrshire & Arran implemented a Combined Care Assurance Tool across both University Hospital Ayr and University Hospital Crosshouse. The care assurance tool is an audit tool to review aspects of care and documentation. The tool includes 15 sections; two of which include pressure ulcer prevention and falls assessment prevention and management. The care assurance tool documents good practice and areas of concern and action plans are put in place to mitigate risk and address any areas of concern.

The care assurance tool and action plans are uploaded to a live electronic platform enabling instant access and review. We were able to review the tools and associated improvement action plans, where we observed some low scores in compliance we were assured that the necessary systems and process were in place to support improvement. During our discussion, senior managers told us that the senior charge nurses and clinical nurse managers responsible for the areas audited are involved in developing the action plans which can then be shared with ward staff. Risks highlighted are monitored and reviewed at clinical safety meetings with the senior management team as well as being reviewed by the Quality Improvement and Excellence in Care teams.

Area of good practice

Domain 2

- 1 Good leadership, teamwork and coordination of care.

Domain 4.1 – Pathways, procedures and policies

Quality indicator 4.1 – Pathways, procedures and policies

All areas inspected were calm and well organised. We observed good teamwork and leadership to provide safe delivery of care. We observed some missed opportunities for hand hygiene and some medication and clinical waste was not stored securely.

The emergency department and combined assessment unit were working above capacity. To help accommodate additional patients we observed some patients awaiting results of tests waiting in the x-ray waiting area within the emergency department. Inspectors observed that a whiteboard was being used by staff to record the national early warning score 2 for these patients. The whiteboard also documented when the patients observations were due. However, the x-ray waiting area is not in the line of sight of staff and did not have any call bell system in place if patients required assistance or became unwell. We raised this with senior staff at the time of the inspection who agreed this would be addressed as a priority. Evidence provided by NHS Ayrshire & Arran has since confirmed that a patient call bell system has now been installed in the x-ray waiting area.

University Hospital Ayr uses an electronic prescribing and medicines administration system within the inpatient ward areas. Staff in the emergency department explained that patients' existing medications are not entered onto the electronic system until patients are assessed by the speciality medical team responsible for their care as part of their admission to the hospital. Until this happens, medications are prescribed on paper documentation. To ensure the patients who have long waits in the emergency department are moved over to the electronic prescribing system and continue to receive required medicine in a timely manner, medical staff from admission areas attend the emergency department to review the patients and complete the patients' medical admission documents. We observed medical staff from inpatient areas reviewing patients within the emergency department.

Inspectors observed that care documentation such as falls risk assessments, food fluid and nutrition and skin assessment were undertaken for patients who had remained in the emergency department for extended periods of time whilst awaiting transfer to an inpatient area. This is a responsive approach to support the delivery of safe care for patients who have extended waits within the department.

Staff informed inspectors that the minor injuries unit of the emergency department can be used overnight to provide additional beds. Hospital senior managers told us that all space within the emergency department is used flexibly depending on demand. During the day the unit is staffed by emergency nurse practitioners and if used out of hours it is staffed by the emergency department nursing team.

The rapid assessment unit is based within the combined assessment unit and is open from 8am to 6pm and is used for patients who have been seen in the combined assessment unit and likely to be discharged the same day. Inspectors were told that due to increased demand the rapid assessment unit is often required to remain open overnight to provide additional bed spaces. This includes the use of the waiting area which can be converted to take two additional beds. Inspectors observed that all additional bed spaces have privacy curtains, a call bell, oxygen access points, and are also located close to the accessible toilet facilities. We were told that all patients who require to stay here overnight are provided with a hospital bed. Senior clinical staff explained that professional judgement is used to determine what patients would be most suitable to be cared for in these areas and that staff skill mix across the unit would be considered when determining the most suitable staff to provide this care

We did not observe any additional beds in use within the ward areas inspected at University Hospital Ayr.

We observed that patients in all areas inspected appeared well cared for and staff were responsive to patients' needs. Patients and visitors were complementary about staff and the care they provided.

We observed all patients in ward areas had access to call bells. However, in one area inspectors observed that a patient who could not always operate the call bell independently was required to call to staff for help as there was no available alternative. The patient was being cared for in a side room at the far end of the ward which made it difficult to be heard when calling to staff. Inspectors raised this with staff as a concern to be reviewed at the time of inspection.

All areas inspected had privacy curtains available. However, inspectors were told by one patient in a side room that the privacy blind was not always used and that staff would sometimes come into the room during personal care to speak with other staff. Inspectors raised this with staff at the time of inspection. A requirement has been given to support improvement in this area.

We had the opportunity to observe one mealtime during this inspection. Meals were distributed in a timely manner with assistance given to patients who required it. Inspectors observed that a mealtime coordinator was highlighted at the ward safety brief. We observed some missed hand hygiene opportunities at mealtimes. This will be discussed later in the report.

We did not observe a mealtime in the emergency department or combined assessment unit. However, we observed staff providing patients with tea and toast and sandwiches between mealtimes.

In all areas inspected the majority of patient care documentation was well completed. This included care and comfort rounding charts. 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, such as pressure area relief and

the provision of fluid and nutrition. We observed good completion of the patient profile booklet which included specific needs around communicating and reading, hearing and eating and drinking.

In one area inspected we observed that a patient who was detained under the Mental Health Scotland Act under a short term detention had all relevant documentation in place, including an agreed care plan with a psychiatrist.

NHS Ayrshire & Arran has a higher level of supervision guideline in place. Higher levels of supervision may be required for a number of reasons, for example a patient may be at higher risk of falling. This includes a 12 hourly checklist indicating the reason for supervision, level of supervision and grade of staff required. The guideline also includes an escalation plan to be completed if supervision is unable to be covered due to reduced staffing. The escalation plan documents action taken to escalate and mitigate risk. This includes a prompt to refer the patient to the falls coordinator, update risk assessments/care plans and prescribe care and comfort rounding one hourly. Inspectors observed the use of the higher level of supervision 12 hourly checklist in place in an area where patients at risk of falls were being nursed in a cohort bay.

We observed good assessment and planning for people with possible dementia or delirium. Delirium is the sudden onset of confusion and can be caused by illness such as infection, medication and electrolyte imbalance. We observed the use of 4AT assessment and consequent completion of the TIME bundle where appropriate. The 4AT assessment is a rapid clinical test for delirium detection. The TIME (Think/Triggers, Investigate/Intervene/manage, Engage/Explore) bundle sets out actions to implement when there is a potential diagnosis of delirium.

However, inspectors observed that some patient fluid balance charts were not completed accurately and included miscalculations. A fluid balance chart is a tool to assess patient hydration by recording input and output of fluids.

During our corresponding follow-up inspection at University Hospital Crosshouse we also observed poor compliance with completion of patient documentation. A requirement has been given in both inspection reports to support improvement in this area across NHS Ayrshire & Arran.

In several areas inspected we observed that some medication trolleys and cupboards were unlocked and in one area medication had been dispensed and left on a patient's bedside table. This increases the risk of medication error as medication may not be taken at the prescribed time, therefore reducing or extending time between doses. There is also a risk that the medication may be taken by the wrong patient. This is not in line with The Professional Guidance and Administration of Medicines in Healthcare Settings (Royal Pharmaceutical Society and Royal College of Nursing, January 2019). This was raised with senior hospital managers at the time of inspection.

During our corresponding follow-up inspection at University Hospital Crosshouse we also observed poor compliance with medicines management. A requirement has been given in both inspection reports to support improvement in this area across NHS Ayrshire & Arran.

Standard infection control precautions should be used by all staff at all times to minimise the risk of cross infection. Standard infection control precautions include patient placement, hand hygiene, the use of personal protective equipment (such as aprons and gloves), management of patient care equipment and the care environment, safe management of blood and fluid spillages, linen and waste management and prevention and exposure management (such as sharps injuries).

Practising good hand hygiene helps reduce the risk of the spread of infection. In line with guidance we observed each room or bay had a dedicated clinical hand wash basin in place. However, inspectors observed that there was only one hand wash basin per six bedded bay. This is not in line with guidance which states that multibedded rooms should contain two clinical wash hand basins.

Inspectors observed that hand hygiene opportunities were often missed including after patient contact and after touching patient surroundings including at mealtimes.

During our corresponding follow-up inspection at University Hospital Crosshouse we also observed poor compliance with hand hygiene. A requirement given to NHS Ayrshire & Arran during the previous University Hospital Crosshouse inspection has not been met and will be carried forward in both inspection reports to support improvement in this area across NHS Ayrshire & Arran.

We observed good availability of personal protective equipment such as gloves and aprons. Inspectors observed appropriate use of personal protective equipment in the majority of areas. In one area we observed staff not wearing gloves when handling blood samples. This was raised at the time of inspection.

Other standard infection control precautions such as linen, waste and sharps management minimise the risk of cross infection and must be consistently practiced by all staff. Inspectors observed that clean linen was stored appropriately to prevent contamination. However, we also observed that used linen was not always managed appropriately. The used linen trolley was not always taken to the point of care and inspectors observed staff carrying used linen in their arms. This can increase the risk of contamination and cross infection and is not in line with the National Infection Prevention and Control Manual.

During our corresponding follow-up inspection at University Hospital Crosshouse we also observed poor compliance with the management of used linen. A requirement has been given in both inspection reports to support improvement in this area across NHS Ayrshire & Arran.

We observed good compliance with sharps and waste management in the majority of areas. This included sharps boxes being taken to the point of use and the temporary closure being in place. The use of temporary closures prevent needles or sharps protruding from the boxes or from falling out if the box is dropped. However, inspectors observed that not all sharps boxes were labelled fully as per guidelines.

During our corresponding follow-up inspection at University Hospital Crosshouse we observed poor compliance with sharps management. A requirement has been given in both inspection reports to support improvement in this area across NHS Ayrshire & Arran.

NHS Scotland's National Infection Prevention and Control Manual states that all waste should be stored in a lockable area whilst awaiting uplift. Inspectors observed that not all clinical waste was stored securely whilst awaiting uplift and was therefore accessible to patients and the public. This included storage doors not being locked or no available locked area for clinical waste.

During our corresponding follow-up inspection at University Hospital Crosshouse we also observed that clinical waste was not stored securely. A requirement has been given in both inspection reports to support improvement in this area across NHS Ayrshire & Arran.

We observed that cleaning products were not always stored securely and could therefore be accessed by patients or members of the public. This is not in line with the Control of Substances Hazardous to Health (COSHH) Regulations 2002. We raised this concern at the time of inspection. At the virtual discussion session with senior hospital managers we were told that this had been raised via ward and department safety briefs at the time of the onsite inspection and would now be included in ongoing audits including ward environmental audits.

During our corresponding follow-up safe delivery of care inspection at University Hospital Crosshouse we also observed that cleaning products were not stored securely. A requirement has been given in both inspection reports to support improvement in this area across NHS Ayrshire & Arran.

Care equipment can be easily contaminated and a source of transferring infection if equipment has not been effectively cleaned. We observed patient equipment was clean within the majority of the wards. However, in the emergency department we observed that the inside foam of several trolley mattresses was heavily contaminated with body fluids. Inspectors also observed some contaminated trolley mattresses in the combined assessment unit.

During our corresponding follow-up safe delivery of care inspection at University Hospital Crosshouse we also observed a contaminated trolley mattress in the emergency department. A requirement has been given in both inspection reports to support improvement within this area across NHS Ayrshire & Arran.

We observed that some areas were in a good state of repair including the combined assessment unit and the emergency department that had recently been renovated.

However, in other areas inspectors observed that the environment was worn and damaged with chipped woodwork and paint work. In one area inspectors observed that the kitchenette was in poor repair with damage to the work surface, cupboard doors and plinth seal. This was fed back at the time of inspection.

Domestic staff we spoke with were knowledgeable about their roles and described good availability of equipment. The majority of clinical areas we inspected were tidy and unobstructed. However, due to lack of available storage inspectors observed that some equipment was being stored in ward corridors and some boxes were stored on the floor in storage rooms. Equipment that was stored in the corridors was done in a manner to enable safe access to fire exits.

The storage of equipment in ward corridors and boxes being stored on the floor in storage rooms does not facilitate effective cleaning.

During our previous inspection of University Hospital Crosshouse in May 2022 a requirement was given that NHS Ayrshire & Arran must ensure the environment is maintained to allow effective decontamination. During our corresponding follow-up safe delivery of care inspection at University Hospital Crosshouse inspectors observed that parts of the environment continued to be in poor repair making effective cleaning difficult. This requirement was not met and will be carried forward, and should be applied to both University Hospital Ayr and University Hospital Crosshouse.

Areas of good practice

Domain 4.1	
2	All patients in all areas inspected appeared well cared for.
3	Care and comfort rounding charts were well completed in all areas inspected.

New requirements

Domain 4.1

- 1 NHS Ayrshire & Arran must ensure patients' privacy and dignity are maintained at all times, and the care needs of each patient are considered.
- 2 NHS Ayrshire & Arran 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), and fluid balance charts.
- 3 NHS Ayrshire & Arran must ensure the safe storage and administration of medicines.
- 4 NHS Ayrshire & Arran must ensure used linen is managed appropriately.
- 5 NHS Ayrshire & Arran must ensure that all clinical waste, including full sharps boxes, are stored in a safe locked area whilst awaiting uplift and that sharps boxes have temporary closures in place and are labelled as per guidelines.
- 6 NHS Ayrshire & Arran must ensure all hazardous cleaning products are securely stored.
- 7 NHS Ayrshire & Arran must ensure all patient trolley mattresses are clean and ready for use and that assurance systems are effective at identifying contaminated mattresses.

Domain 4.3 – Workforce planning

Quality indicator 4.3 – Workforce planning

Staff we spoke with described having visible senior leadership support in place. This includes senior charge nurses working clinically to support the wider staff teams. Staff safety huddles were inclusive of all departments and gave a whole site overview in real time.

NHS Scotland continues to experience significant workforce pressures compounded by staffing vacancies and recruitment challenges. We were told of the challenges in NHS Ayrshire & Arran in the recruitment and retention of registered nurses.

We were told that many of the wards within the hospital were working with lower numbers of registered nurses than they required, as a result of vacancies and absences. To support the delivery of care, the number of health care support workers, including introduction of band 4 posts, has been increased to support vacancies within the registered nursing workforce and also to meet capacity demands.

A reduction in the availability of experienced registered nurses has resulted in the reliance on newly qualified nurses and the increase use of health care support workers. This changing skill mix may impact on the safe delivery of care, which includes the completion of written clinical notes. Senior managers we spoke with acknowledged that there may be implications for patient care when there is a change in skill mix. Therefore, at clinical safety and assurance meetings, the senior management team triangulate areas that report staffing risks with quality and safety data. The management team, although making progress, acknowledge the need to strengthen their governance processes further.

To further support the workforce gaps, supplementary staffing is used. Supplementary staffing includes substantive staff working additional hours, staff from the NHS boards' staff bank or from an external agency. These staff are used to fill absences, vacancies and supporting clinical areas experiencing additional demands. There are procedures in place around the use of supplementary staff. We noted areas of good practice across University Hospital Ayr, for example a process is in place to provide continuity of care, where possible, with longer term placements of supplementary staff.

The NHS board told us that it has put in place several initiatives to support recruitment, such as recruitment of international staff, employment of newly qualified staff, use of staff who have retired and then returned to practice, as well as the recruitment of assistant practitioners. The assistant practitioner role is to support registered nurses in the assessment, planning, delivery and evaluation of care. However, we were not able to observe or evaluate the contribution of the assistant practitioner role in clinical practice during this inspection. We were advised that these initiatives have resulted in some improvements to nursing staffing establishments.

As mentioned earlier in the report, the site safety huddle focused on the site situation awareness, staffing risks, capacity, flow and safety.

Prior to reporting staffing information directly to the site safety huddle, the clinical nurse managers meet with senior nursing staff to discuss staffing requirements in real time and over the next 24 hour period. There are processes and guidance in place which supports nursing staff to assess the acuity and dependency of the patients and use their professional judgement to assess their staffing requirements. This is documented on a staffing template, which then highlights areas with staffing risk, and records staff movement and actions taken to mitigate risk. However, the process for recording recurring staffing risks could be improved. A digital electronic national resource is available to support NHS boards in Scotland and NHS Ayrshire & Arran is in the process of implementing this system.

Within the staffing template we saw oversight of nursing staffing risks and clinical nurse managers being proactive in addressing these risks with the staffing resources they have available. This includes identifying the staffing gaps, reviewing the skill mix

and putting appropriate resources in place. However, it is not always possible to mitigate these risks. In these circumstances staff we spoke with described having visible senior support in place this includes senior charge nurses working clinically to support the wider staff teams. If the site is assessed as having staffing risks, a workforce plan is completed. This outlines the measures taken to address the situation and is then reviewed at the next site safety huddle.

The majority of the staff spoken to confirm that they are well supported by the senior team. It was observed both at the site, staffing huddles and within the wards that there was an open and transparent approach in regards to issues raised and responses given.

Due to the staffing pressures within the hospital, we were told by some senior charge nurses that it has been challenging for them to have regular time to lead. Having dedicated time enables leaders to have oversight and provide support to the teams to deliver high quality safe and effective care. We discussed this with the senior hospital managers and they have confirmed that this has been extremely difficult for them to address due to the high vacancy levels. To support improvement in this area a recommendation has been given for consideration.

Staff wellbeing was seen as a priority for all teams, as well as NHS board wide resources which include wellbeing rooms and access to support services, they had local wellbeing initiatives in place. However, senior leaders did describe concern that due to work and staffing pressures it could be challenging to give people the time and support they needed. For example reducing workload or allowing additional time away from the area. Despite the ongoing pressures, some nursing staff described how much they enjoyed working in their roles, describing loving their jobs and that their department was the 'best place to work'.

Areas of good practice

Domain 4.3

- | | |
|----------|---|
| 4 | Staff safety huddles were inclusive of all departments and gave a whole site overview in real time. |
| 5 | There was a focus on supporting staff wellbeing in all teams. |

Recommendation

Domain 4.3

- | | |
|----------|---|
| 1 | NHS Ayrshire & Arran should continue to seek solutions and implement strategies to ensure senior staff have 'time to lead'. |
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Domain 6 – Dignity and respect

Quality indicator 6.2 – Dignity and respect

We observed staff providing compassionate, responsive person-centered care. Patients we spoke with were complementary about their care describing patience, kindness and respect shown by staff when caring for patients. However, increased capacity in the rapid assessment unit had an impact on patient dignity.

As already discussed through this report, inspectors observed that patient privacy and dignity was maintained in the majority of areas. However, due to increased capacity in the rapid assessment unit we observed some patients having blood samples taken and observations recorded while sitting next to the nurse station.

This did not provide privacy for these patients, staff told us that consent had been obtained from the patients prior to having the blood taken or observations recorded. However, this is not good practice in maintaining patient dignity. A requirement has been given to support improvement in this area, this requirement will be found in Domain 4.1 of this report.

We did observe staff in this area working to maintain privacy and dignity, using a dedicated cubicle to ensure privacy and dignity is maintained for other more intrusive procedures such as the recording of electrocardiograms.

Throughout the inspection we observed staff working hard to provide compassionate, responsive and respectful care. All interactions we observed between patients and staff were positive with patients being treated with dignity and respect.

Within the ambulatory care unit patients described being treated with kindness and explained they could always get the help they needed from staff. We observed staff taking time to clean patients' hands and nails.

In the emergency department we observed staff taking the time to provide person-centred care and ensuring those patients with extended waits in the department who were able to get up out of bed and get dressed were helped to do so.

The majority of patients and visitors we spoke with were very complementary about the staff and the care they provided with one relative describing 'five star care'. Another relative told inspectors that staff were very approachable and that they had been included and kept well informed in any discussions regarding their relative's ongoing care.

In one area a patient requested to speak with inspectors to express their gratitude to staff delivering care in a sensitive and supportive manner. The patient wanted to highlight in particular the patience, kindness and respect shown by staff when caring for patients.

Area of good practice

Domain 6

6 Staff are working hard to provide compassionate and responsive care.

Appendix 1 – List of all requirements

Outstanding requirements to be addressed from University Hospital Crosshouse May 2022 inspection

8 NHS Ayrshire & Arran must ensure that all staff carry out hand hygiene at appropriate moments and use personal protective equipment in line with current guidance.

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

9 NHS Ayrshire & Arran must ensure the environment is maintained to allow effective decontamination.

This is to comply with Healthcare Associated Infection (HAI) standards (2015) criteria 8.1.

New requirements from this focused inspection

Domain 4.1

1 NHS Ayrshire & Arran must ensure patients' privacy and dignity are maintained at all times, and the care needs of each patient are considered.

This will support compliance with:

The Quality Assurance System (2022) criteria 6.2 and Health and Social Care Standards (2017) criteria 1.19.

2 NHS Ayrshire & Arran 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), and fluid balance charts.

This will support compliance with:

The Quality Assurance System (2022) criteria 4.1 and relevant codes of practice of regulated healthcare professions.

3 NHS Ayrshire & Arran must ensure the safe storage and administration of medicines.

This will support compliance with:

Royal Pharmaceutical Society and Royal College of Nursing Professional Guidance on the Administration of Medicines in Healthcare Settings (2019) and relevant codes of practice of regulated healthcare professions.

4 NHS Ayrshire & Arran must ensure used linen is managed appropriately.

This will support compliance with:

National Infection Prevention and Control Manual (2023).

5 NHS Ayrshire & Arran must ensure that all clinical waste, including full sharps boxes, are stored in a safe locked area whilst awaiting uplift and that sharps boxes have temporary closures in place and are labelled as per guidelines.

This will support compliance with:

National Infection Prevention and Control Manual (2023).

6 NHS Ayrshire & Arran must ensure all hazardous cleaning products are securely stored.

This will support compliance with:

Control of Substances Hazardous to Health (COSHH) Regulations (2002).

7 NHS Ayrshire & Arran must ensure all patient trolley mattresses are clean and ready for use and that assurance systems are effective at identifying contaminated mattresses.

This will support compliance with:

Infection Prevention and Control Standards (2022) criteria 6.3.

Appendix 2 – List of national guidance

The following national standards, guidance and best practice were current at the time of publication. 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, 2019)
- [Health and Social Care Standards](#) (Scottish Government, June 2017)
- [Infection prevention and control standards \(Healthcare Improvement Scotland, 2022\)](#)
- [National Infection Prevention and Control Manual](#) (NHS National Services Scotland, June 2023)
- [Operating Framework: Healthcare Improvement Scotland and Scottish Government: November 2022](#)
- [Prevention and Management of Pressure Ulcers - Standards](#) (Healthcare Improvement Scotland, October 2020)
- [Professional Guidance on the Administration of Medicines in Healthcare Settings](#) (Royal Pharmaceutical Society and Royal College of Nursing, January 2019)
- [The Quality Assurance System \(healthcareimprovementscotland.org\)](#) (Healthcare Improvement Scotland, September 2022)
- [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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