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Unannounced Inspection Report

Acute Hospital Safe Delivery of Care Inspection

University Hospital Crosshouse
NHS Ayrshire & Arran

3-5 May 2022

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First published July 2022

www.healthcareimprovementscotland.org

About our inspection

Background

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.

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

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

About the hospital we inspected

University Hospital Crosshouse, Kilmarnock, serves the north and east Ayrshire areas and contains 537 staffed beds. It has a full range of healthcare specialties. The hospital provides maternity services for the whole of NHS Ayrshire & Arran at the purpose-built Ayrshire Maternity Unit. This includes 53 in-patient beds, neonatal intensive and special care services. Paediatric services are also centralised at University Hospital Crosshouse.

About this inspection

We carried out an unannounced inspection to University Hospital Crosshouse, NHS Ayrshire & Arran on Tuesday 3 and Wednesday 4 May 2022 using our safe delivery of care inspection methodology. We inspected the following areas:

- ward 2A
- ward 2B
- ward 3B
- ward 4A
- Ward 5B
- ward 5D
- Ayrshire maternity unit
- emergency department
- acute cardiac care unit
- combined assessment unit

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

Inspectors returned to University Hospital Crosshouse on Tuesday 24 May 2022 to follow up on areas of concern identified during the earlier inspection. During the return visit we went to wards 2A, 2B, 3B, 3D, 4B, 4C, 4D, 4E, 5A and 5B. We also returned to the emergency department and the combined assessment unit.

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 our inspection team is onsite, reduce the burden on ward staff and to inform the virtual discussion session.

On Thursday 5 May 2022, we held a virtual discussion session with key members of NHS Ayrshire & Arran staff to discuss the evidence provided and the findings of our inspection. A follow up virtual discussion took place on Wednesday 25 May 2022.

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 Crosshouse for their assistance during our inspection.

A summary of our findings

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

At the time of our inspection, NHS Scotland was experiencing a range of pressures associated with COVID-19, including increased hospital admissions and reduced staff availability. University Hospital Crosshouse advised us they were at level 4, purple, of NHS Ayrshire & Arran's Acute Escalation and Full Capacity protocol. This means they were experiencing very high risk and extreme pressure. NHS Ayrshire & Arran was experiencing increased patient numbers, additional delayed discharges and high levels of staff absence.

We observed multidisciplinary staff in clinical areas working hard to ensure patients were well cared for and their care needs were met. We observed examples of good teamwork and communication and positive interactions between patients and staff.

We found that in some parts of the hospital, patients were being cared for in non-standard care areas and mixed sex bays which resulted in patients' care, dignity and respect needs not being met. For example, inspectors observed and were told by patients and staff that patient care needs, including nutritional and personal care needs, were not always being met. We observed increased patient numbers, overcrowding, staff shortages and inconsistent implementation of some of the NHS board's own policies. This raised concerns around the safe delivery of care.

Some staff told us that they feel unsafe or unsupported declaring risks or concerns around staffing, advising us they no longer complete the incident reporting forms in relation to these risks. We were told by staff that despite wards being declared "safe to start" at the safety huddle, they were working with less than optimum staffing levels and skill mix. They expressed concerns that this presented a safety risk for patients.

We found risk assessments and polices in place to mitigate the increased risks as a result of staffing shortages and increased demand on services. However we observed that control measures within the risk assessments, guidance and policies were not being followed. This had an impact on the consistency and continuity of care for patients.

NHS Ayrshire & Arran has policies and protocols in place to manage and mitigate risks related to patient flow for example, a combined assessment unit (CAU) and Emergency Department (ED) 'corridor waits risk assessment' and a 'hospital at full capacity protocol'. However, during our inspection, we observed that the mitigations and further controls noted in the NHS board's corridor waits risk assessment were not in place or were inadequate. We observed in these areas that individual patient care needs, such as nutritional and personal care needs, were not always met. We

were unassured that the NHS board's own policies and protocols relating to the CAU and ED 'corridor waits risk assessment' and 'hospital at full capacity protocol' were consistently applied with sufficient mitigation of the associated risks.

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

This inspection resulted in six areas of good practice and 13 requirements.

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

Domain 1	
1	We observed staff at the entrances to outpatient departments asking patients COVID-19 screening questions prior to them entering the department, and assisting with directions (see page 13)

Domain 2	
2	We observed there were many examples of positive interactions between care delivery staff and patients (see page 15).

Domain 5	
3	In the emergency department, patient trolleys were seen to be cleaned by the domestic staff at frequent intervals (see page 19).
4	Staff were seen to be wearing surgical facemasks appropriately (see page 19).

Domain 7	
5	The hospital provided a variety of wellbeing services for staff (see page 23).
6	The Excellence in Care team continue to monitor quality within each of the ward areas (see page 23).

Requirements

Domain 1	
1	NHS Ayrshire & Arran must ensure that systems and pathways used to direct patients to other services are up to date with accurate information documenting where and how care is best provided (see page 13). This is to comply with Care of Older People in Hospital standards (2015): Standard 4 and Health and Social Care Standard 4.11 and 4.19

Domain 2	
2	NHS Ayrshire & Arran must ensure that people in hospital are treated with privacy and dignity, and that all patients have suitable access to facilities to meet their hygiene needs (see page 15). This is to comply with Health & Social care standards (2017): standards 1.4, 4.1, 5.2, 5.4; and Care of Older people in hospital standards (2015): Standard 2

Domain 5	
3	NHS Ayrshire & Arran must ensure there are effective risk management systems and processes in place to ensure the safe delivery of care including where additional beds or non-standard care areas are in use. The NHS board must ensure they address all of the issues raised and improvements are made and maintained (see page 20). This is in line with Quality of Care Framework (2018) Indicator 6.2 and to comply with Health and Social Care Standards (2017) Criterion 4.19. Care of Older People in Hospital Standards (2015): standard 15.1-15.4 and Health & Social care standards (2017): standard 4, 4.11, 4.14, 4.15, 4.17 and 4.19
4	NHS Ayrshire & Arran must ensure that staff are trained and knowledgeable in fire safety and are able to provide care and support in a planned and safe way when there is an emergency or unexpected event (see page 20). This is to comply with Health & Social Care standards (2017): standards 3.2, 3.14, and 4
5	NHS Ayrshire & Arran must ensure that care and comfort rounding charts are consistently completed and within the timeframes with actions recorded (see page 20). This is to comply with The Code: Professional Standards of Practice and Behaviour for Nurses and Midwives (2015); Criteria 10
6	NHS Ayrshire & Arran must ensure that all staff remove single use personal protective equipment immediately after each patient care activity and/or the completion of a procedure or task in line with the National Infection Prevention and Control Manual (see page 20). This is to comply with the National Infection Prevention and Control Manual (2022)
7	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 (see page 20).

	This is to comply with the National Infection Prevention and Control Manual (2022)
8	NHS Ayrshire & Arran must ensure the environment is maintained to allow effective decontamination (see page 20). This is to comply with Healthcare Associated Infection (HAI) standards (2015) Criterion 8.1
9	NHS Ayrshire & Arran must ensure they have systems in place to assure themselves that essential maintenance works are completed to the correct standard and any risks to patients and staff are identified and managed (see page 20). This is to comply with the Healthcare Associated Infection (HAI) Standards 2015: Standard 8
10	NHS Ayrshire & Arran must ensure care and support is provided in a planned and safe way and the care provided is responsive to patients' needs. (see page 20) This is to comply with the Health & Social Care standards (2015): standards 3.14-3.19 and 4.14

Domain 7

11	NHS Ayrshire & Arran must review their systems and processes to ensure a consistent approach to clearly record staffing decisions, escalations and mitigations (see page 23). This is in preparation of the Health and Care (Staffing) (Scotland) Act 2019 (2022).

Domain 9

12	NHS Ayrshire & Arran must ensure that systems and processes are in place to identify, assess, manage and effectively communicate any patient safety risks throughout the organisation (see page 26). This is to comply with Health & Social Care Standards (2017) Standard 4, criteria 4.14 and 4.19; and Care of Older People Standards (2015) Standard 16, Criterion 16.7
13	NHS Ayrshire & Arran must ensure that patients are provided with the right care, in the right place, at the right time (see page 26).

This is to comply with Health & Social Care Standards (2017) Standard 1, criteria 1.19, 1.20, and Standard 3, criteria 3.14-3.19, and Standard 4, criteria 4.11,4.14,4.27

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 members of staff were available at the main entrance and outpatient department to assist patients and visitors. The staff members were also able to provide screening and advice on the current COVID-19 precautions within the hospital. However, other key guidance such as the Scottish Government Emergency Department (ED) signposting and redirection guidance was not being followed. This guidance should be used to help redirect people who do not need to attend ED to other care providers, for example pharmacy and GPs.

NHS Ayrshire & Arran demonstrated it had implemented and was following National guidance such as the Winter (21/22), Respiratory Infections in Health and Care Settings Infection Prevention and Control (IPC) Addendum.

We observed reception staff at the hospital entrances who were able to direct people to the correct place if required. We observed good practice and compliance with this guidance, such as posters and information displayed that encouraged physical distancing and hand hygiene. In addition, there was good access to face masks, wall mounted hand hygiene stations and disposal bins to help reduce the risk of cross infection.

We also observed staff at the entrances to outpatient departments asking patients COVID-19 screening questions prior to entering the department. If patients had someone attending with them for support, they were asked to wait together in a separate waiting area to comply with physical distancing.

NHS Ayrshire & Arran has a number of admission pathways in place and in line with current national guidance for all respiratory infections including COVID-19. These pathways specify the in-patient journey to prevent and minimise the risk of infection transmission.

In ED, we saw clear respiratory pathways and non-respiratory pathways. The waiting area in the non-respiratory pathway was set out to promote physical distancing. However, the waiting area for the respiratory pathway was not set out and we were told by staff that patients in this pathway would be asked, if able, to wait outside.

We observed CAU had respiratory and non-respiratory pathways in place for patients to follow from the initial waiting areas through to the initial assessment and assessment bay areas.

These examples demonstrated good compliance with the mandatory Winter (21/22) respiratory guidance. However we observed other key guidance such as the Scottish Government Emergency Department signposting and redirection guidance was not being followed. This guidance should be used to help redirect people who do not need to attend ED to other care providers for example pharmacy and GPs.

In the hospital's daily situation report, we saw ED met the 4-hour waiting time target in 88% of cases, and 77% of cases on our return visit. It was noted the longest wait time for a patient was approximately 17 hours.

We saw evidence the department has pathways in place for staff to direct patients to the correct services. However, the majority of these pathways had not been reviewed in 2017 as specified. Regular review and update of pathways would ensure that staff are aware of and provide patients with the most up to date and accurate information.

Area of good practice

Domain 1	
1	We observed staff at the entrances to outpatient departments asking patients COVID-19 screening questions prior to them entering the department, and assisting with directions.

Requirement

Domain 1	
1	NHS Ayrshire & Arran must ensure that systems and pathways used to direct patients to other services are up to date with accurate information documenting where and how care is best provided.

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

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

We observed many examples of positive interactions between staff and patients. This included detailed explanations of the delivery of care and treatment in a clear and understandable way. However, we found that some patients were being cared for in mixed sex bays and nonstandard clinical areas which resulted in patients' care, dignity and respect needs not being met.

During our inspection, the majority of patients experiencing care were observed to be treated with kindness and compassion. Staff appeared to know patients well, referring to patients by their preferred name during their conversations. We observed an advanced nurse practitioner explaining a course of treatment to a patient, and providing reassurance around their symptoms. We also observed physiotherapists providing patients with clear information leaflets to help them complete their exercises safely.

Patients experiencing care told us that despite staff being busy, they were attentive to their needs when they required assistance. The majority of patients we spoke with said they were kept informed of their treatment plan. For example, we observed a staff member engaging in good discharge planning arrangements and discussions with a patient, describing what would happen when they were going home.

We observed that several wards had mixed sex bays with male and female inpatients. Staff told us the mixed sex bays have been in place for a number of years. Hospital managers advised no policy or risk assessment guidance is available to support the placement of patients in these areas. Single sex accommodation promotes dignity, respect and the personal choice of patients. There is a risk that the dignity, respect and personal choice of individuals may not be met through the use of mixed sex bays.

In CAU and ED we observed patients receiving care in non-standard clinical areas. Patients who were being cared for on patient trolleys or chairs in these areas did not have access to a nurse call system. Other patients in CAU who had nurse call systems told us it took staff some time to answer their call, but they understood that staff were busy. In CAU and ED we observed that some of the older and more vulnerable patients were not getting all of their care needs met, such as food, fluid and personal hygiene. Where patients were being cared for in corridors for lengthy periods of time personal hygiene requirements such as washing, showering and toileting could not be met. For example, in one area of CAU there was one shower for approximately 20 patients and no shower in the other area. We raised these issues with the senior

charge nurse at the time of our inspection and actions were taken to address individual concerns. However, we were not assured that this would resolve the issues longer term. We also raised this during both of our virtual discussion sessions with operational hospital managers. NHS Ayrshire & Arran has been unable to provide assurance or evidence that any sustainable changes have been made to reduce our level of concern relating to the care in this area and we will follow this up at a future inspection.

Area of good practice

Domain 2	
2	We observed many examples of positive interactions between care delivery staff and patients.

Requirement

Domain 2	
2	NHS Ayrshire & Arran must ensure that people in hospital are treated with privacy and dignity, and that all patients have suitable access to facilities to meet their hygiene needs.

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

- Quality indicator 5.1–Safe delivery of care

We observed good team work and communication across the clinical areas to provide patient care. Staff delivering care had a good understanding of their patient's care needs. However, we observed patients being cared for in non-standard clinical areas and in areas with increased bed capacity. This placed extra pressures on domestic and clinical staff, resulting in areas not being cleaned correctly and patients' safety being compromised.

During our initial inspection, we observed good multidisciplinary team (MDT) leadership and collaboration in most wards with the majority of patient care needs being met. Wards inspected appeared very busy with multiple ward rounds, patient transfers and multidisciplinary working. However, on our return visit, we observed that due to a lack of senior nursing staff, junior nursing staff were left to lead some of the wards. Staff told us they felt unsupported by managers and were concerned for the safety of the patients. Where junior staff are in charge of a ward, operational hospital managers must ensure there is adequate support available.

In some wards we observed an additional bed in a six bedded room. These additional beds did not have dedicated oxygen, suction or power points available. Patients in the additional beds did not have access to a nurse call system and were provided with doorbell type buzzers with receiver units instead. Some patients told us they had to press these more than once before they got a response, resulting in a delay in care. There was no patient safety board above these patient's beds which meant that, at a glance, key safety issues such as mobility status, dietary needs and the patient's name were not visible. In addition, there was limited access around the bed, no television or radio and restricted access to lockers. Staff told us that in several emergency situations it had been difficult to gain access. This was raised with hospital managers at the virtual discussion sessions and we were advised that staff should use the patient selection checklist to ensure patients meet the required criteria for placement in an additional bed within the bay areas. However, the checklist lacked some of the criteria contained within the risk assessment document and we found it was not consistently used across all wards. We are not assured the checklist met the criteria for every patient, that it was applied consistently or that the protocol sufficiently addressed all patient placement risks.

On our return visit we observed, and were told, that all the additional beds had been removed from the wards specified within their policy and risk assessment document. However during the site wide safety huddle we heard that in two wards, which were not included in the policy, additional beds had been opened. We raised this with operational hospital managers who confirmed there was no risk assessment in place for these additional beds and no formal process to document the opening of additional beds not named within their 'Enacting Full Capacity Protocol'. In further discussion with hospital managers, we raised our concerns that patients are being placed in additional bed spaces and no formal documented risk assessment has taken place. We were not assured changes were being made to improve the safe placement of patients within the additional bed spaces.

NHS Ayrshire & Arran told us that CAU was intended to be used as a short stay assessment area, to identify and plan the treatment and care for each patient. At the time of our inspection, CAU was over capacity. We observed patients placed in the corridor who could not be seen easily by staff. Not all patients had access to a nurse call system, which meant staff were not always aware when patients needed care and support, including access to food and fluids. The longest length of stay for patients within CAU and corridors was between 19 and 28 hours.

We observed, and were told by staff, that patients were lying on patient trolleys within in CAU and ED for extended periods of time and patients were sleeping in recliner chairs in CAU overnight due to a lack of available beds on the wards. Staff told us patients could often be sleeping in these chairs for up to three days. This increases a vulnerable patient's risk of developing pressure ulcers. At a follow up virtual discussion with operational hospital managers we were advised that patients should not be cared for in recliner chairs overnight. They told us that these patients

would be deemed a clinical priority for the first cohort of available beds. However, NHS Ayrshire & Arran has been unable to provide a risk assessment to demonstrate safe management of these patients or provide information of how long they had been cared for in recliner chairs and corridor areas of CAU. Therefore, we were not assured that care and support being offered was in a coordinated, planned and safe way or that operational hospital managers had sufficient oversight of the care provided in this area and the associated risks for both patients and staff. On our return visit, these issues had not been addressed. We remain unassured and will return to review the care of patients in the CAU and ED at a follow up inspection.

We were told patient flow within CAU is overseen by the nurse coordinator who communicates this information to other senior managers. However, on the day of our first inspection we were told that CAU was short staffed and the unit nurse coordinators had been reassigned to work as part of the nursing team. This decision had a direct impact on patient flow and the leadership of the department. Staff told us that staff shortages were affecting patient care including frequency of routine observations, support with mealtimes and basic care needs. We observed staff in CAU interact with patients while performing care or treatment however, they were not always able to routinely check on patients. As stated in their CAU risk assessment there is no additional nursing staff or monitoring facilities for the additional patients being cared for within non-standard clinical areas within the unit. This was raised at the time of inspection. We remain concerned about the safe delivery of care, consistency and continuity of care for all patients due to the staff shortages and lack of oversight.

During our follow up visit, the fire alarm in CAU had been sounding which resulted in a need to start evacuation procedures. Staff within CAU told us they were unable to evacuate patients who were in beds as they did not know the fire evacuation plan. Inspectors raised this with hospital managers at the time as a concern. Hospital managers confirmed the fire safety incident was reported and we were provided with a structured communication identifying recommendations. Hospital managers further advised that a communication went out to all managers in clinical areas to ask they ensure all staff are confident and competent in their knowledge and implementation of the evacuation plans for their clinical area. Staff should also ensure they are up to date on their training.

On the wards we inspected we observed that routine care had been carried out for the majority of patients at appropriate frequencies in line with national guidance. In NHS Ayrshire & Arran's CORONAVIRUS (COVID-19) PANDEMIC- Remobilisation of Services document, it states that, in line with their guiding principles, even in times of extremis, the fundamentals of care delivery are essential. As such, the care provided must be reflected in the care and comfort chart and the National Early Warning Score (NEWS) chart as a minimum. However, the required frequency of some care and comfort rounding charts were not consistently completed or completed within the timeframes with actions recorded. Care and comfort rounding

is when staff check on individual patients at defined regular intervals to anticipate any care needs they may have. Therefore, we were not assured that care rounding was appropriate for each patient.

In one ward we observed mealtimes were well organised and staff knew the patients' dietary needs including if they were allowed to eat or were nil by mouth. Staff hand hygiene and personal protective equipment (PPE) use during mealtimes was good. We observed some good examples of mealtimes being well managed, and of staff helping patients with their meals. We were told within ED that a selection of hot meals were ordered for patients who have been in overnight to ensure they got at least one hot meal the following day. However, in other wards, we observed that mealtimes were not as well managed and assistance for patients was not appropriately provided. When it was provided it wasn't always in a timely and dignified manner. For example, we observed staff wearing gloves to help patients with their meal and staff standing over patients rather than sitting with them while giving assistance. On our return visit we observed one patient that had not eaten since breakfast, which had been 6 hours earlier. We raised this at the time of our inspection and food was provided but we were not assured that patients are routinely supported to meet their nutritional needs.

Hand hygiene is one of the standard infection control precautions (SICPs) that should be used by all staff in care areas and is considered an important practice in reducing the spread of infection. We observed some good examples of hand hygiene practice in wards. However, we saw numerous missed opportunities across some wards and departments. For example, in the multi-bedded rooms over-use of gloves and failing to remove gloves following a task led to missed opportunities for hand hygiene. This was observed across various staff disciplines.

The majority of staff were using PPE such as gloves and aprons. In all areas inspected, we saw sufficient stock of PPE available. However, we observed that some staff did not apply and remove their PPE correctly and some did not remove it immediately after use. We observed this across various staff disciplines. Appropriate and timely removal of PPE is important to reduce the risk of cross infection.

Other SICPs such as linen, waste and sharps management minimise the risk of cross infection and must be consistently practiced by all staff. During our inspection we saw the majority of areas were compliant with these precautions. Any exceptions were raised at the time of inspection and were addressed by staff.

Transmission based precautions (TBPs) are additional precautions that should be applied when SICPs are not sufficient, for example when staff are caring for patients with a known or suspected infection.

We observed that appropriate TBPs were in place for patients who had a suspected or confirmed infection. Staff demonstrated a good understanding of the precautions needed to care for patients in isolation.

Most of the equipment we inspected was visibly clean. Any exceptions to this were raised at the time of inspection. Cleaning products used were in line with local policy and national guidance. In ED there were dedicated domestic staff who cleaned patient trolleys after use.

The increased capacity across the hospital site made it more challenging for domestic staff to carry out effective cleaning. Throughout the hospital there was damage to walls, floors and doorframes. In several wards the environment was in a poor state. The cleanliness of the environment was as good as the fabric of the building allowed.

Some wards, corridors and storage areas were well organised allowing for effective decontamination. In some areas we saw that storage was a challenge due to the age of the building. This meant excess equipment was stored in corridors making the working environment cluttered and less easy to clean.

NHS Ayrshire & Arran had a requirement and an action plan from a previous inspection carried out in April 2021 that included improvements to the environment. During our inspection we saw plans for improvement work in two wards. However, at present, the hospital remains over capacity. We were told until the NHS board can safely close wards or sections of a ward to enable work to be completed, environmental improvements are being delayed. We will revisit this at a future inspection.

The layout of the multi-bedded bays did not allow for adequate bed spacing between patients due to the additional beds. NHS Ayrshire & Arran acknowledge within their risk assessment for enacting the full capacity protocol that they are unlikely to meet the NIPCM guidance. The policy states hospital executive management should then be informed. Face masks were seen to be worn by patients who were able to mitigate risks associated with reduced bed spacing.

At the time of inspection, where visiting was allowed, there were processes in place to reduce the risks to patients, staff and visitors including the use of face masks and physical distancing. At the time of inspection, visiting in some areas was limited to one visitor per patient in multi-bedded bays.

The staff dining areas had been reorganised to allow for physical distancing while eating and a one way system was in place. Staff were seen to physically distance in public areas. Some seating had been taken out of use in waiting areas to promote physical distancing.

Areas of good practice

Domain 5	
3	In the emergency department, patient trolleys were seen to be cleaned by the domestic staff at frequent intervals.
4	Staff were seen to be wearing surgical facemasks appropriately.

Requirements

Domain 5	
3	NHS Ayrshire & Arran must ensure there are effective risk management systems and processes in place to ensure the safe delivery of care including where additional beds or nonstandard care areas are in use. The NHS board must ensure they address all of the issues raised and improvements are made and maintained.
4	NHS Ayrshire & Arran must ensure that staff are trained and knowledgeable in fire safety and are able to provide care and support in a planned and safe way when there is an emergency or unexpected event.
5	NHS Ayrshire & Arran must ensure that care and comfort rounding charts are consistently completed and within the timeframes with actions recorded.
6	NHS Ayrshire & Arran must ensure that all staff remove single use personal protective equipment immediately after each patient care activity and/or the completion of a procedure or task in line with the National Infection Prevention and Control Manual (NIPCM).
7	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.
8	NHS Ayrshire & Arran must ensure the environment is maintained to allow effective decontamination.
9	NHS Ayrshire & Arran must ensure they have systems in place to assure themselves that essential maintenance works are completed to the correct standard and any risks to patients and staff are identified and managed.
10	NHS Ayrshire & Arran must ensure care and support is provided in a planned and safe way and the care provided is responsive to patients' needs.

Domain 7–Workforce management and support

- Quality indicator 7.2–Workforce planning, monitoring and deployment
- Quality indicator 7.3–Communication and team working

At the time of our inspection, the hospital was experiencing a range of pressures, including increased hospital admissions, staff vacancies and reduced staff availability due to absences. Staffing pressures were further increased by the high levels of patient dependency, occupancy and additional beds placed across the in-patient wards. We were told by staff that, despite wards being declared "safe to start" at the safety huddle, they were working with less than optimum staffing levels and skill mix. Staff expressed concerns that this presented a safety risk for patients.

The COVID-19 pandemic has placed, and continues to place, significant pressures on the healthcare workforce. Real-time staffing has therefore become more challenging and NHS boards have needed to develop systems and processes to ensure optimisation of staffing to support wellbeing and safe and effective care.

Workforce data submitted for March 2022 demonstrated high levels of vacancies, particularly within Registered Nurses (10%), Allied Healthcare Professionals (7.5%) and Domestic workforce (12%) vacancies. Medical staff advised the inspection team that that there were vacancies across many specialities.

Sickness and COVID-19 absences were also reviewed. These were noted to be highest within the nursing, domestic and allied health profession (AHP) staff groups. However, we were told there was ongoing work to improve how medical absences are captured.

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, bank staff and agency workers.

High levels of supplementary staffing were particularly evident within the healthcare support workers staff group. The lack of Registered Nursing staff changes the balance of the skill mix and could adversely affect how safe and effective care is provided.

We observed nurse staffing huddles and the site-wide huddles that occurred at set times throughout the day. Discussions at nurse staffing huddles focused solely on staffing numbers and we observed this to be the main focus of the site wide huddle. We were advised that reviews take place in ward areas to assess staffing requirements based upon activity, dependency, and complexity of patients. However, there was no clear process or evidence of how this was carried out in practice, or where it was documented to support decision making.

Hospital managers described the process of how real-time staffing risks were managed and how staff that raise concerns were informed of the actions taken. We observed a difference between the management and staff understanding of when it was appropriate to declare “safe to start” in relation to the staffing position. From our discussions, not all staff are feeling safe to declare risks relating to staffing, which may result in a false safety position for the hospital site. We would expect staff to raise concerns, and feel supported to be able to do so, in line with the relevant professional code of conduct, if they had concerns about patient safety and the ability to deliver safe and effective care.

There was no clear evidence on how staffing risks were raised and documented, including current or recurring staff escalations and how they mitigate these risks. On our return visit, we noted attempts to improve recording of the general hospital risks using a colour scoring system. However, no evidence of the criteria or guidance for

the new scoring system was submitted to our inspection team. Hospital management advised inspectors they will be moving to the Scottish Government real-time staffing tool, which will support a consistent method for recording staffing risks.

A green score reflects business as usual, amber highlights where some actions may be required to reduce risks, and a red and purple score evidences the highest level of risk. It was noted there was one area declaring a purple, two red and six amber status, with the remaining wards green. It would have been beneficial to have shared this document during the safety huddle team meeting to provide a clear situation awareness of which wards were safe to start or still had outstanding risk mitigations or escalations.

Each AHP service had a workforce risk assessment tool as part of an NHS Ayrshire & Arran wide approach to address workforce risks. These risks are being reviewed and will be the focus of phase two of the Rehabilitation Commission workforce review. One risk raised was that AHPs had to be withdrawn from ED and CAU due to high levels of staff vacancy. We were told this situation is being monitored to assess the overall impact on the delivery of patient care.

During our inspection we saw evidence of wellbeing services available to staff such as chaplaincy, dedicated rest areas, psychological therapies and team support.

We observed good systems of communication in place between the multi-disciplinary team in wards and departments regarding patient safety issues. This included ward safety huddles/briefs, handovers and information boards. In two wards they were carrying out NHS board huddles where staff would discuss all patient issues and discharges/transfers. However, in one ward they were no longer doing a safety huddle or safety brief. This was raised during our inspection and the senior charge nurse acknowledged this is a gap and that these huddles need to be restarted.

On the wards inspected we observed staff and teams working well together, in a supportive, compassionate and considerate manner. Staff on the wards told us they were short staffed overnight and were not getting breaks. On the day of our inspection we observed staff were working very hard, and they demonstrated good communication. We observed updated handovers completed regularly in some areas to keep up with the regular changes to the department.

During our inspection staff told us they had not been receiving regular training due to ongoing staff shortages. In one ward we were told about bespoke resuscitation training that had been developed to ensure staff were kept up to date with their knowledge and skills. However, we were told that staff are offered time in lieu or additional payment to attend this in addition to their normal working hours. Concerns were raised that new staff to the organisation were not receiving adequate induction training. However, from the evidence submitted we saw a new induction

programme for new staff. This is due to be rolled out in the near future and will be supported by the local college.

Areas of good practice

Domain 7	
5	The hospital provided a variety of wellbeing services for staff.
6	The Excellence in Care team continue to monitor quality within each of the ward areas.

Requirement

Domain 7	
11	NHS Ayrshire & Arran must review their systems and processes to ensure a consistent approach to clearly recording staffing decisions, escalations and mitigations.

Domain 9: Quality improvement-focused leadership

- Quality indicator 9.2–Motivating and inspiring leadership

NHS Ayrshire & Arran had a number of systems and process in place to manage the risks identified at the time of our inspection. However, we were not assured that policies and protocols were consistently applied or followed, with sufficient mitigation of the associated risks or that actions taken were adequately documented. There were missed opportunities to discuss staffing and patient safety issues at safety huddles and we were unassured that hospital management had full oversight of overcrowding, flow and capacity issues across the hospital.

At the time of inspection, there were exceptional pressures across the hospital site and hospital and ward management were trying to maintain patient flow. NHS Ayrshire & Arran shared their policies and protocols to manage and mitigate risks regarding patient flow and when the hospital was at full capacity. For example, the NHS board has a CAU and ED corridor waits risk assessment as well as a hospital at full capacity protocol. However as previously described, during our inspection, we observed that the mitigations and further controls noted in the NHS board's own 'corridor waits risk assessment' were not in place or were inadequate. We were not assured that the policies and protocols in place were sufficient to manage and mitigate corridor waits risks such as falls, pressure ulcer care, maintenance of dignity, respect, nutrition and mental wellbeing.

At the time of inspection, NHS Ayrshire & Arran advised us the hospital was at full capacity with the highest level of their 'Enacting Full Capacity Protocol' implemented.

The escalation plan and risk assessment, created by NHS Ayrshire & Arran, detailed the actions and procedures to be followed at times of increased capacity. We were told the highest level of this protocol has been in place since October 2021, and has only recently been stepped down. On our initial inspection, we did not witness any discussion or recording of decisions relating to the full capacity status at the staff, or site-wide safety huddle in line with their risk assessment.

Also during our initial inspection, a concern was raised by a senior member of the clinical team that the increased capacity and lack of flow within the hospital appears to have become “normalised”. During our return visit, the hospital was still experiencing increased capacity and overcrowding in CAU and ED. Following a second discussion session with operational hospital managers on Wednesday 25 May, NHS Ayrshire & Arran were unable to provide us with additional evidence documenting contingency measures taken at times of overcrowding, for example, their business contingency plan; hospital mobilisation plan; hospital escalation policy; business continuity plan; and the hospital full capacity plan. Therefore, we were not assured that steps were being taken to mitigate the risks that had been identified in relation to capacity and contingency planning. This means that at times of over-crowding, flow and capacity are not well managed.

We observed a morning staffing huddle for nursing staff, however, we did not observe safety issues in relation to staffing being raised. We observed there was no formal process, structure or leadership to the meeting. We were not assured that risks around staffing shortages were being recognised to allow necessary communication of the risk this may have on the delivery of patient care. We also did not hear any discussion about the criteria which needed to be met to determine if the hospital had safe staffing levels or how the risks in relation to this would be mitigated. NHS Ayrshire & Arran were unable to provide evidence of collective responsibility to support staff and patient safety. This was raised at the time of our inspection to the hospital managers and we were told that this would be addressed.

Staff on wards told us of their frustration at the shortage of staff and the subsequent redeployment which they believed left their wards short of staff. Other concerns included feelings of being overwhelmed, particularly in relation to skill mix, the additional beds and workload. They said they felt unsupported and believed they were not being listened to. Staff told us this presented a safety risk for the patients. During our initial inspection, staff in ED told us they were having a "quiet day and were well staffed”. At the time we observed there was a full waiting room and patients were being cared for in the department corridor. Staffing data provided demonstrated ED was short of staff that day. We are concerned that the increased capacity and lack of staff has become normalised. However, if staffing risks were openly and transparently recorded, it would demonstrate to staff the collective organisational responsibility. NHS Ayrshire & Arran has been unable to provide any evidence on how staffing risks were raised and documented, including current or recurring staff escalations and how they mitigate these risks.

During our initial inspection, and return visit, we identified and raised concerns about potential patient safety risks. For example, prolonged waits in both ED and CAU, with patients waiting in corridors; lengthy periods of time in a recliner chair and policies and protocols were not consistently applied with sufficient mitigation of the associated risks. In addition to the hospital staffing huddles, we attended the hospital-wide safety huddles, held by hospital management throughout the day to address real-time pressures, where identified patient safety issues were highlighted. However, we observed mitigations and control measures relating to the patient safety risks we raised were not discussed. Therefore, we were not assured that hospital managers were taking steps to mitigate the risks that had been identified, that these risks were being effectively communicated or escalated when the risks could not be reduced.

At the hospital wide huddle we noted staffing safety concerns were not raised. Wards and departments reported they were 'safe to start' despite staff on a number of wards telling us that staffing was a concern. The issues we observed in relation to overcrowding on the first day of our inspection were also not raised. On our return visit, we observed another hospital wide huddle and we remain concerned that risks relating to safe staffing and overcrowding issues were still not addressed.

During the initial inspection and follow up visit, we observed some areas within CAU which should be closed overnight remained open. Hospital managers told us this had been risk assessed. However, they have been unable to provide any evidence to support this. Therefore, we are not assured that patients who have prolonged stays within seated areas of CAU are receiving the right care in the right place. We will follow this up at a future inspection.

We found that one ward had a high number of pressure ulcers and falls. NHS Ayrshire & Arran had identified this and are currently implementing some improvement work to reduce pressure ulcers and falls. We will follow this up at a future inspection. NHS Ayrshire & Arran has introduced falls champions within the acute wards and introduced a referral process to a falls coordinator for follow up. Other improvements include providing patient and family information leaflets and a post fall debrief. NHS Ayrshire & Arran are working with the Scottish Patient Safety Programme to complete this piece of work.

As a result of our findings during this inspection we have reported a number of concerns in relation to leadership oversight and management at the hospital. NHS Ayrshire & Arran has not been able to provide us with adequate evidence therefore we will return to review these matters at a future inspection visit.

Requirements

Domain 9	
12	NHS Ayrshire & Arran must ensure that systems and processes are in place to identify, assess, manage and effectively communicate any patient safety risks throughout the organisation.
13	NHS Ayrshire & Arran must ensure that patients are provided with the right care, in the right place, at the right time.

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.

- Health and Social Care Standards (Scottish Government, June 2017)
- Healthcare Associated Infection (HAI) standards (Healthcare Improvement Scotland, February 2015)
- Infection Prevention and Control (IPC) Standards (Healthcare Improvement Scotland, May 2022)
- National Infection Prevention and Control Manual (NHS National Services Scotland, May 2022)
- Winter (21/22), Respiratory Infections in Health and Care Settings Infection Prevention and Control (IPC) Addendum (NHS National Services Scotland, April 2022)
- The Code: Professional Standards of Practice and Behaviour for Nurses and Midwives (Nursing & Midwifery Council, October 2018)
- Generic Medical Record Keeping Standards (Royal College of Physicians, November 2009)
- Allied Health Professions (AHP) Standards (Health and Care Professionals Council Standards of Conduct, Performance and Ethics, January 2016)
- 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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