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Unannounced **Follow-up** Inspection Report

Acute Hospital Safe Delivery of Care Inspection

University Hospital Crosshouse
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.

Our Approach

We carried out an unannounced inspection of University Hospital Crosshouse, NHS Ayrshire & Arran on Tuesday 3 and Wednesday 4 May 2022, and inspectors returned to University Hospital Crosshouse on Tuesday 24 May 2022. This resulted in a number of serious patient safety concerns being raised under level 1 of our formal escalation process: Healthcare Improvement Scotland and Scottish Government:

Operating Framework. A total of 13 requirements were made to the NHS board which are listed below:

May 2022 inspection requirements
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.
2. NHS Ayrshire & Arran must ensure that patients are provided with the right care, in the right place, at the right time.
3. 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.
4. 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.
5. 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.
6. NHS Ayrshire & Arran must ensure that care and comfort rounding charts are consistently completed and within the timeframes with actions recorded.
7. 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.
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.
9. NHS Ayrshire & Arran must ensure the environment is maintained to allow effective decontamination.
10. 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.
11. 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.

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| 12. NHS Ayrshire & Arran must review their systems and processes to ensure a consistent approach to clearly record staffing decisions, escalations and mitigations. |
| 13. 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. |

To address these requirements, and in line with our safe delivery of care methodology, NHS Ayrshire & Arran submitted an improvement action plan detailing the actions it intended to take in response to the concerns we identified.

Following the quality and safety concerns identified as a result of this inspection, Healthcare Improvement Scotland was commissioned to provide improvement support to NHS Ayrshire & Arran to build on the local improvement work being undertaken to address key safety issues. To deliver this, a dedicated team was developed drawing on relevant expertise from across the organisation, including the Scottish Patient Safety Programme Acute Care, Excellence in Care and the Healthcare Staffing Programme. The team constructed bespoke improvement support focused on the priorities identified by the board including:

- Hospital huddles - further development of the hospital huddle process to support safe care through effective communication and coordination at a site level.
- Preparation for real time staffing - support to build the foundations and create the conditions to enable seamless implementation of real time staffing in line with legislation.

The NHS board was supported to work as an interdisciplinary team to understand its system, set improvement aims, establish measurement, identify change ideas and test them. Following completion of the 12 week support package, ongoing support was agreed to be embedded within existing programmes, within Healthcare Improvement Scotland.

We returned to carry out an unannounced **follow-up inspection of University Hospital Crosshouse** in July 2023. The purpose of this follow-up inspection was to assess progress made against the actions contained within NHS Ayrshire & Arran improvement action plan and the serious patient safety concerns raised through our formal escalation process.

In parallel to this follow-up inspection of University Hospital Crosshouse, we also carried out an additional **focused inspection of University Hospital Ayr**. The purpose of this was to provide independent assurance of NHS Ayrshire & Arran board wide improvement actions following the 2022 safe delivery of care inspection, and to assess progress against these.

The University Hospital Ayr report can be found [here](#), we would recommend that both reports are read simultaneously.

About the hospital we inspected

University Hospital Crosshouse, Kilmarnock, serves the north and east Ayrshire areas and contains 493 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 inpatient beds, neonatal intensive and special care services. Paediatric services are also centralised at University Hospital Crosshouse.

During our **previous inspection** we inspected the following areas:

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

To provide assurance of improvement within these areas and across the range of specialties during this follow-up inspection we inspected the following areas in line with our safe delivery of care acute hospital methodology.

- acute cardiac care unit
- Ayrshire maternity unit
- combined assessment unit
- discharge lounge
- emergency department
- gynaecology
- intensive care unit
- rapid assessment and care unit
- ward 1B
- ward 2A
- ward 2B
- ward 3D
- ward 3E
- ward 4B
- ward 4D
- ward 5B, and
- ward 5D.

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 Crosshouse 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 Crosshouse, much like the rest of NHS Scotland, was experiencing a range of pressures including an increase in patient numbers, the use of additional beds and reduced staff availability.

During our safe delivery of care inspection in May 2022, we raised a number of concerns with NHS Ayrshire & Arran. Our inspection findings resulted in 13 requirements which are necessary to meet national standards and a number of serious concerns were raised under level 1 of our escalation process.

Concerns raised related specifically to the safe delivery of care and to potential patient safety risks. This included staff in one area being unaware of how to evacuate patients when the fire alarm sounded. In addition we highlighted further concerns raised by staff who described a culture where they felt unsafe to raise staffing concerns, despite these presenting a safety risk for patients.

We also raised concerns around observed systemic failures and lack of oversight, leadership and management across the hospital.

During this follow-up inspection we observed that significant progress has been made in all of the areas highlighted through our escalation process.

Staff knowledge and awareness of fire safety procedures had improved, and there has been the introduction of new 'walk through, talk through' programmes. These are carried out in ward areas and include evacuation routes and emergency procedures.

We observed staff were focused on the provision of safe and compassionate care. Wards and departments were calm, organised and well led with clear leadership and effective communication. Patients and visitors we spoke with were complimentary about hospital staff and the care they provided.

We observed an open and supportive culture with senior hospital managers displaying good oversight of both clinical and wider system pressures, including a focus on patient safety at hospital safety huddles.

Nine of the 13 requirements from our previous safe delivery of care inspection in May 2022 have now been met. Progress has been made with the remaining four requirements, but some further work is still required so these have been carried forward and included in this follow-up inspection report. Further areas for improvement have also been identified during this inspection and our focused inspection of University Hospital Ayr, these include the safe storage of medicines, cleaning products and clinical waste.

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

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

This follow-up inspection resulted in six areas of good practice, one recommendation and eight 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 follow-up inspection

Domain 1

- 1 Despite increased hospital capacity and staff shortages we observed hospital teams working together to provide safe and compassionate care (see page 19).

Domain 2

- 2 We observed an open and transparent culture with a good focus on patient care and safety (see page 23).
- 3 Senior staff were visible throughout the hospital and staff told us they felt well supported by senior staff and colleagues (see page 23).

Domain 4.1

- 4 Care and comfort rounding charts were well completed in all areas inspected (see page 34).
- 5 We observed good examples of communication of patient safety issues, including regular safety huddles and safety boards that included patient safety information such as fluid and dietary requirements and mobility needs (see page 34).

Domain 6

- 6 Staff are working hard to provide compassionate and responsive care (see page 39).

Recommendation from this follow-up 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 37).

New requirements from this follow-up inspection

Domain 2

- 1** NHS Ayrshire & Arran must ensure staff are aware of the pathways and processes for reporting staffing concerns, and improve feedback to staff who have raised staffing issues through the incident reporting system (see page 23).

This will support compliance with:

The Quality Assurance System The Quality Assurance Framework (2022) criteria 2.5.

Domain 4.1

- 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 34).

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 34).

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 all patient trolley mattresses are clean and ready for use and that assurance systems are effective at identifying contaminated mattresses (see page 34).

This will support compliance with:

Infection Prevention and Control Standards (2022) criteria 6.3.

<p>5 NHS Ayrshire & Arran must ensure all hazardous cleaning products are securely stored (see page 34).</p> <p>This will support compliance with:</p> <p>Control of Substances Hazardous to Health (COSHH) Regulations (2002).</p>
<p>6 NHS Ayrshire & Arran must ensure used linen is managed appropriately (see page 34).</p> <p>This will support compliance with:</p> <p>National Infection Prevention and Control Manual (2023).</p>
<p>7 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 34).</p> <p>This will support compliance with:</p> <p>National Infection Prevention and Control Manual (2023) criteria 1.9.</p>
<p>8 NHS Ayrshire & Arran must ensure that there is an up to date locked door policy and risk assessment in place (see page 34).</p> <p>This will support compliance with:</p> <p>Health and Social Care Standards (2017) criteria 1.3; and relevant codes of practice of regulated healthcare professions.</p>

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

<p>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.</p> <p>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.</p>
<p>4 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</p>

must ensure they address all of the issues raised and improvements are made and maintained.

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.

- 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 follow-up inspection

Domain 1 – Clear vision and purpose

- Quality indicator 1.5 – Key performance indicators

Despite increased hospital capacity and staff shortages we observed hospital teams working together to provide safe and compassionate care.

During our previous inspection in May 2022, three requirements were given in relation to key performance indicators. Our findings are that NHS Ayrshire & Arran has made significant improvements to address these requirements.

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. During the onsite inspection University Hospital Crosshouse was operating at a capacity of over 100%. In response to this increased capacity NHS Ayrshire & Arran had enacted its acute escalation and full capacity protocol with a number of additional beds being in place. The use and impact of additional beds will be discussed later in this report.

The national target for accident and emergency waiting times means that 95% of patients should wait no longer than 4 hours from arrival at the emergency department before admission, discharge or transfer for other treatment.

Across NHS Scotland for the week ending 9 July 2023, 66.9% of patients were seen within the 4 hour target. In University Hospital Crosshouse 70.8% 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](#).

On the second day of inspection University Hospital Crosshouse was under extreme pressure with increased capacity. This was due to a high number of attendances to both the emergency department and combined assessment unit in the previous 24 hours. This resulted in delays within the emergency department with 11 patients remaining in the department for longer than 12 hours, with the longest wait for transfer to an inpatient bed being 26 hours. Both the emergency department and combined assessment units were over 100% capacity with five patients being cared for on trolleys in the corridor in the emergency department and two in the combined assessment unit.

Staff we spoke with described the continual assessment and reassessment of patients clinical needs to ensure those who are most unwell are prioritised. This was overseen by the senior charge nurse in consultation with nursing staff and medical colleagues. Inspectors observed that despite the increased capacity and demand the

emergency department was calm, organised and well led with patients receiving safe and compassionate care.

As part of this follow-up inspection we asked NHS Ayrshire & Arran to provide evidence of 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 Crosshouse and University Hospital Ayr. The learning from adverse events national framework 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](#).

Within the evidence provided we saw several incident reports where patients had become critically unwell while waiting outside the hospital in ambulances due to a lack of available space within the emergency department. We discussed this with senior hospital managers who were aware of these incidents and explained the actions that had been taken in response. This included the nurse in charge of the emergency department reviewing patients who remain in ambulances for long periods. While we did not have the opportunity to observe this on this inspection, during our focused inspection at University Hospital Ayr, we observed nursing staff reviewing patients waiting in ambulances. We also discussed this with ambulance crews who were waiting with these patients and we were advised that regular checks from the nursing staff were now common practice.

Staff told inspectors that all patients are triaged on arrival and patients who are assessed as a priority are brought into the department. Senior managers explained that incidents where harm has occurred due to extended waits in ambulances are reviewed by the adverse events group and departmental management teams. Evidence provided includes the NHS Ayrshire & Arran/Scottish Ambulance Service joint escalation protocol, the aim of which is to reduce the number of patients who have to wait in ambulances due to lack of available space within the emergency department.

Evidence provided and discussion with senior managers highlighted the systems in place to ensure lessons are learned from reported adverse events. This includes the use of organisation learning summaries which include what was learned, what went well and what could be improved. This information is circulated to senior charge nurses who then share with staff.

During our previous inspection we observed that, despite the emergency department having pathways in place to direct patients to the correct services, the majority of these pathways had not been reviewed in 2017 as specified.

This resulted in the following requirement.

May 2022 inspection - Requirement 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.

During this follow-up inspection NHS Ayrshire & Arran provided evidence of a draft version of the emergency department triage redirection matrix system. Triage is an essential part of emergency care, on arrival to the emergency department, the person responsible for triage assesses the patient's needs and assigns the priority of treatment required.

NHS Ayrshire & Arran emergency department redirection matrix incorporates the Manchester Triage System used to assess if patients are well enough to be redirected to other services such as community pharmacist, general practitioner or district nursing service. The Manchester Triage System is a clinical risk management tool to enable staff to assign a clinical priority to patients who attend the emergency department.

Patients who are assessed to be suitable for redirection to other services will be reviewed by an emergency department consultant prior to redirection.

We recognise that NHS Ayrshire & Arran have made significant improvements in this area.

However, evidence provided includes a number of documents that remain in draft form. This includes the emergency department triage redirection matrix and full capacity protocol. During the onsite inspection we observed different versions of the full capacity protocol patient selection checklist in use. This included some dated 2017 and others 2022. The use of full capacity patient checklists will be discussed later in this report.

On formal approval of these draft documents, and formalisation of the patient selection checklist, this requirement will be met.

This requirement has been partially met.

During our previous inspection the combined assessment unit was under extreme pressure and above capacity with a number of patients being cared for on trolleys within the corridors. We observed an incident when the fire alarm was sounding and the commencement of evacuation procedures. Staff informed inspectors at that time that they were unable to evacuate patients who were in beds as they did not know the fire evacuation plan.

This resulted in the following requirement.

May 2022 inspection - Requirement 5

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.

During this inspection we observed that significant improvements had been made to meet this requirement. Inspectors observed patients within the combined assessment unit being cared for on trolleys, these were not causing an obstruction of the corridors. Staff informed inspectors that there were twice monthly meetings with NHS Ayrshire & Arran's fire safety representative. Evidence returned includes the quarterly fire inspection programme (a 'walk through, talk through') for University Hospital Crosshouse and University Hospital Ayr. 'Walk through, talk through' programmes are carried out in ward areas and include evacuation routes, emergency procedures and staff awareness such as types of fire extinguishers and hazard awareness. Other evidence included staff compliance with the fire safety and awareness training module. This showed compliance in emergency care to be at 98% at University Hospital Crosshouse and 70% at University Hospital Ayr.

We were also provided with an up to date Fire and Emergency Evacuation Procedures policy for University Hospital Crosshouse, NHS Ayrshire & Arran Fire Safety Management and Emergency Procedures manual, Fire Situation - Nursing Staff Response (nurse in charge of ward key responsibilities) and NHS Ayrshire & Arran's health, safety and wellbeing manual.

The majority of staff we spoke with were aware of the 'walk through, talk through' programme and staff told us that fire safety training compliance had improved. In one area inspectors were told they had not yet received fire evacuation training. In the evidence provided we saw this area is due for 'walk through, talk through' training between July and September 2023. NHS Ayrshire & Arran should continue to ensure improved staff compliance with the mandatory fire safety and awareness training module across both hospital sites.

This requirement has been met.

During our previous inspection we raised concerns regarding patient safety due to overcrowding in both the emergency department and combined assessment unit at University Hospital Crosshouse.

This resulted in the following requirement.

May 2022 inspection - Requirement 2

NHS Ayrshire & Arran must ensure that patients are provided with the right care, in the right place, at the right time.

Scottish Government emergency signposting guidance seeks to ensure patients receive care in the most appropriate setting while helping to improve waiting times and delays in emergency departments and acute admission units. Further information can be found at [Emergency Department signposting/ redirection guidance - gov.scot \(www.gov.scot\)](https://www.gov.scot/resources/documents/2022/04/20220420-emergency-department-signposting-redirection-guidance.pdf).

As discussed earlier in this report, NHS Ayrshire & Arran's triage redirection matrix provides a redirection pathway. This is for triage staff to follow to identify patients who present at the emergency department but are well enough to be assessed by other services such as general practitioners or community pharmacists. The triage redirection matrix includes Ayrshire Urgent Care Services as part of the redirection pathway. The Ayrshire urgent care service operates 7 days a week as a general practitioner led flow navigation centre.

Evidence submitted by NHS Ayrshire & Arran includes the Scottish Ambulance Service call before convey pathway. This enables the ambulance service to contact the flow navigation centre to discuss alternative available pathways for patients. Alternative pathways include issuing a prescription which can be collected from a local pharmacy, face to face consultation at a primary care treatment centre, home visit by general practitioner, or referral to other community teams such as district nursing teams. Clinicians within the urgent care service have access to hospital clinical systems, emergency care summary and previous urgent care referrals enabling improved continuity of care in the right place at the right time. December 2022 saw increased demand for both ambulance and emergency department attendances. This saw an increase in 'call before you convey' calls from an average of 7 a day to 11 with the highest being 23. Of these calls only 7% required admission to the emergency department.

During this follow-up inspection we visited the rapid assessment and care unit. This unit was not open during our previous inspection. University Hospital Crosshouse combined assessment unit improvement plan includes the aim that by June 2023, 75 patients per week will be streamed through the rapid assessment and care unit with 75% discharged. Evidence provided by NHS Ayrshire & Arran shows that this target has been met.

The unit accepts referrals from general practitioners and the emergency department and receives patients who require hospital treatment or diagnostics but do not need to stay in hospital overnight. We were provided with the streaming tool used for referrals to the rapid assessment unit. This includes 'red flag' criteria for patients who would not be clinically well enough for the unit, such as patients with 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 are have become more unwell. Patients who do not meet the admission criteria

for the rapid assessment care unit will be referred to the emergency department or combined assessment unit.

Inspectors visited the discharge lounge. This is a designated area for patients who are being discharged that day but may need to wait for transport or take home medication. The use of the discharge lounge improves patient flow throughout the hospital as patients are not waiting in ward areas for transport or medication to arrive. We observed good representation and oversight of the discharge lounge at the hospital safety huddle, including discussion with regard to patients who were predicted to be discharged the next day. Ward staff we spoke with were positive about the service provided by the discharge lounge.

We recognise the significant improvements made by NHS Ayrshire & Arran to meet this requirement.

This requirement has been met.

Area of good practice

Domain 1

- 1 Despite increased hospital capacity and staff shortages we observed hospital teams working together to provide safe and compassionate care.

Domain 2 – Leadership and culture

- Quality indicator 2.1 – Shared values

We observed an open, transparent and supportive culture with good leadership and with senior clinical staff and managers working together to support staff, reduce risk and support patient safety.

During our previous inspection one requirement was made in relation to leadership and culture, we observed significant improvements have been made.

During our previous inspection we raised concerns that despite a number of systems and processes in place there was a lack of oversight of overcrowding, flow and capacity issues across University Hospital Crosshouse. These included missed opportunities to discuss patient safety issues at the hospital wide safety huddle.

This resulted in the following requirement.

May 2022 inspection - Requirement 3

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.

During this follow-up inspection we attended the hospital wide safety huddles. We observed an open and transparent culture with a good focus on patient care and safety. Hospital managers displayed clear oversight and understanding of the flow and capacity issues across the hospital including highlighting areas that had additional beds in place. This included the number of patients being cared for on trolleys outside of designated spaces in both the emergency departments and combined assessment units. We observed hospital managers and clinical nurse managers working collaboratively to ensure patients who were being cared for in additional beds met the selection criteria in line with the full capacity risk assessment process and were allocated a named nurse.

We observed the safety huddles had good representation from the multidisciplinary team including pharmacy, allied health professionals, and diagnostics. We observed how the huddle was used to raise and mitigate safety concerns. This included a concern raised in regard to a faulty fire door. Assurance was given by the estates and facilities representative that this would be prioritised.

We observed real time staffing discussions that encompassed patient acuity and need. This included which wards had patients who required higher levels of supervision. Higher levels of supervision may be required for a number of reasons, for example, where a patient may be at a higher risk of falling. NHS Ayrshire & Arran has a higher level of supervision guideline in place. This includes a 12 hourly checklist indicating 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 actions taken to escalate and mitigate risk. It includes a prompt to refer the patient to the falls coordinator, update risk assessments/care plans and prescribe care and comfort rounding one hourly. Care and comfort rounding will be discussed later in this report. During the huddle we observed senior hospital managers seeking assurance that the higher level supervision documentation had been completed.

Discussion around acuity and need also included areas with patients who had high National Early Warning Score 2 scores, which would indicate a need for increased nursing and medical care.

Evidence provided by NHS Ayrshire & Arran included the daily huddle briefing papers, which includes actions from any safety concerns raised in addition to the staffing decision log which records actions taken to mitigate staffing risks. The

decisions log is then uploaded to an electronic platform to provide a record of decisions made.

We observed an open and transparent culture with senior nurses and managers working together to support staff, reduce risk and promote patient safety.

This requirement has been met.

Senior staff were visible throughout the hospital and staff told us they felt well supported by senior staff and colleagues. We were told about wellbeing initiatives such as 'wellbeing Wednesdays' on the gynaecology ward and Ayrshire maternity unit. This included staff access to various wellbeing initiatives, such as massage, mindfulness, relaxation and aromatherapy.

Despite the challenges of reduced staffing and increased hospital capacity we observed good clinical leadership and most areas were calm and well organised. On the second day of inspection both the emergency department and combined assessment unit were extremely busy with additional patients being cared for in the corridors. Despite this inspectors observed both areas to be well led and coordinated with patients receiving good care.

The majority of staff told inspectors they felt well supported and could raise concerns. However, some staff told us they did not always receive feedback when they raised staffing concerns on NHS Ayrshire & Arran's electronic incident reporting system. Inspectors were also told by some staff that they did not complete incident reports for staffing concerns as these are discussed and documented at the hospital safety huddles. We discussed this with senior managers who told us all staff have access to the incident reporting system and whilst staffing concerns are raised at the safety huddles, staff who remain concerned should raise this through the incident reporting system.

A new requirement has been given to support improvement in this area.

To further understand the systems and processes in place to support patient safety we requested evidence in relation to adverse events reported within University Hospital Crosshouse. Evidence showed the three most reported adverse event categories were slip, trip or falls, medicine related and pressure area care post admission.

We were provided with evidence of the on-going quality improvement work across NHS Ayrshire & Arran to support improvement in these areas. This included the development of a falls improvement group and introduction of a falls coordinator role. Inspectors observed patients who were at risk of falls being cared for in the same patient bay. This is known as a cohort bay and enables a member of staff to provide higher levels of supervision. We observed higher level supervision checklists were in place for patients being cared for in cohort bays. We observed that falls risks were identified and risks mitigated, for example, through increased supervision

whilst mobilising, or the use of bed rails. Evidence provided included the falls resources list which staff can access electronically. This includes a number of resources and links including the prevention and management of falls in hospital guidance.

Staff we spoke with described improvement work to prevent patients from acquiring skin damage leading to pressure ulcer development. This included focused support by the quality improvement team and the development of pressure ulcer champion roles. Inspectors were told by staff in one area that they had seen a decrease in hospital acquired pressure ulcers since the commencement of the improvement work. Evidence returned by NHS Ayrshire & Arran included quality improvement initiatives designed to reduce the incidents of hospital acquired pressure ulcers. This included the introduction of a pressure ulcer improvement nurse role and the development of the pressure ulcer improvement group and 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. The care assurance tool is an audit tool to review aspects of care and documentation. The tool includes 15 sections, some of which include, pressure ulcer prevention, falls assessment prevention and management, and nutritional care. The care assurance tools and action plans are uploaded to a live electronic platform enabling instant access and review. As part of this inspection we were given access to the electronic platform which included the audit results and improvement action plans that had been completed to date. Where we observed some low scores in compliance we were assured that the necessary systems and process were in place to support improvement.

At the virtual discussion we asked hospital managers how themes from the care assurance audits are shared with staff. We were told that the action plans are developed with senior charge nurse and clinical nurse manager involvement and these are then shared with staff. Audits and improvement action plans are monitored and reviewed at clinical safety and senior management meetings in addition to further review by the quality improvement and excellence in care teams.

Senior managers described actions in place to reduce medication related incidents. For example the wearing of purple aprons by nurses undertaking medication rounds has been reintroduced. These aprons are a visual prompt to remind staff not to interrupt nurses undertaking medication rounds as interruptions have been shown to increase the risk of medication error. Senior managers also told us that a number of medication related incidents were due to the daily checks of controlled drugs not being completed. Controlled drugs are drugs that may cause harm such as

dependency and should be recorded in a controlled drug register which is checked daily.

Hospital managers told us that the clinical nurse managers now complete regular reviews of the daily controlled drug check which has seen a significant improvement in compliance and therefore reduction in the number of incidents reported.

Within evidence provided, NHS Ayrshire & Arran highlighted medication incidents within paediatrics as being an area they were working to better understand and make improvements in. Senior managers told us that staff within these areas have taken this to the governance and risk management teams to seek their support to reduce incidents.

NHS Ayrshire & Arran have displayed a culture of openness and transparency and a willingness to learn from adverse events and incidents.

Areas of good practice

Domain 2	
2	We observed an open and transparent culture with a good focus on patient care and safety.
3	Senior staff were visible throughout the hospital and staff told us they felt well supported by senior staff and colleagues.

New Requirement

Domain 2	
1	NHS Ayrshire & Arran must ensure staff are aware of the pathways and processes for reporting staffing concerns, and improve feedback to staff who have raised staffing issues through the incident reporting system.

Domain 4.1 – Pathways, procedures and policies

- Quality indicator 4.1 – Pathways, procedures and policies

Although ward areas and departments were busy, they were calm and well organised with evidence of good leadership and teamwork. However, we observed that some medications, cleaning products and clinical waste were not securely stored.

During our previous inspection in May 2022, seven requirements were made in relation to pathways procedures and policies. We recognise that NHS Ayrshire & Arran has made significant improvements in the majority of these areas. However, two requirements remain partially met and one requirement is unmet, these will be carried forward.

During our previous inspection we observed patients being cared for in non-standard clinical areas and in areas with increased bed capacity which resulted in patient safety being compromised.

This resulted in the following requirement.

May 2022 inspection - Requirement 4

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.

At the time of this inspection University Hospital Crosshouse was operating at above 100% capacity this included their emergency department and combined assessment units, therefore NHS Ayrshire & Arran full capacity protocol had been enacted. Despite this inspectors observed safe and responsive care. Patients were complimentary about staff and the care they provided and all interactions appeared positive.

On the second day of this inspection additional beds were in place on five wards in line with the full capacity protocol. These additional beds were a seventh bed placed in a six bedded bay area.

The full capacity protocol includes a patient suitability and selection criteria, and an individual risk assessment to be used when selecting patients for additional beds. During our ward inspections we observed that the selection criteria risk assessments were in place and had been completed fully in the majority of areas. The patient selection checklist includes the requirement that patients are informed of the reason for being in the additional bed and that the patient has consented to the move. The

majority of patients had been provided with this information. However, two patients told inspectors that no explanation had been given to them as to why they were in the additional bed.

The use of additional beds can have an impact on patient privacy and dignity, and can often result in reduced access to facilities. We observed that not all additional beds had access to curtains around the beds. Staff told inspectors that while some wards had mobile privacy screens in place, not all areas had access to these and not all patients in additional beds had access to call bells.

We raised this with senior managers who told us that privacy screens are available on all wards. However, they would review the availability of privacy screens in the areas where this had been identified as a concern. We were also told that a wrist call bell system was in the process of being implemented and awaiting installation to ensure availability of call bells for all patients in the additional beds. These call bells are attached to a strap which is worn on the patient's wrist. They can therefore be worn and used for patients who are being cared for in a space that does not have a designated wall mounted call bell. We observed that these were in place in another ward area. However, they had not yet been implemented for use in additional bed spaces.

We observed that not all additional beds had a designated oxygen port. Staff told us that portable oxygen was available and inspectors observed oxygen could be provided from the dual port of the corresponding bed.

All additional beds were located in bays that had access to toilets and bathrooms.

We requested evidence of any incident reports relating to the use of additional beds. Evidence provided showed there had been no incident reports completed in relation to additional beds within a 12 month period.

On full installation of the call bell system this requirement will be met.

This requirement has been partially met and will be carried forward.

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.

During our previous inspection we found the required frequency of some care and comfort rounding charts was not consistently completed. We also observed care and comfort rounding charts were not always completed within the designated timeframes.

This resulted in the following requirement.

May 2022 inspection - Requirement 6

NHS Ayrshire & Arran must ensure that care and comfort rounding charts are consistently completed and within the timeframes with actions recorded.

During this follow-up inspection we observed that care and comfort rounding charts were well completed in all areas inspected.

As previously discussed we were also provided with access to the electronic platform where completed care assurance tools and action plans are uploaded. The care assurance tool reviews aspects of care including documentation. Section 7 of the tool incorporates the review of care and comfort rounding. Action plans are completed for areas that require improvement. As already discussed, senior managers told us of the review process for the completed care assurance tools which includes a review at clinical safety meetings with the senior management team as well as being reviewed by the quality improvement and excellence in care teams.

This requirement has been met.

During our previous inspection we observed that the majority of staff were wearing personal protective equipment appropriately. However, we also observed that not all staff were removing personal protective equipment immediately after use which could increase the risk of cross infection.

This resulted in the following requirement.

May 2022 inspection - Requirement 7

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.

During this inspection we observed that personal protective equipment was readily available in all areas inspected. Inspectors observed staff wearing personal protective equipment appropriately. In one area visited we observed a member of staff prompting another who was unsure of correct procedure.

This requirement has been met.

During our previous inspection we observed that hand hygiene opportunities were often missed.

This resulted in the following requirement.

May 2022 inspection - Requirement 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.

We observed staff using personal protective equipment appropriately and in line with current guidelines.

We were provided with evidence of an action plan in place to improve hand hygiene compliance. This includes four members of staff being allocated to commence hand hygiene training and audit all areas. Hand hygiene will also be included in the clinical nurse manager's quality assurance audits.

We observed each six bedded room had a clinical hand wash basin in place. This is not in line with guidance which states that multi bed rooms should contain at least two clinical wash hand basins.

We observed a significant improvement in hand hygiene compliance. However, there were some missed opportunities including at patient mealtimes and after touching patient surroundings. We also observed that patients were not assisted with hand hygiene at mealtimes.

We recognise NHS Ayrshire & Arran has made improvements to achieve this requirement. However, further improvement in hand hygiene compliance is required.

The requirement has been partially met and will be carried forward.

During our previous inspection we observed that in several areas the environment was in a poor state of repair making effective cleaning difficult.

This resulted in the following requirement.

May 2022 inspection - Requirement 9

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

We observed that in some areas the environment continued to be worn and damaged. This included chipped and damaged paint and woodwork and water damaged ceiling tiles that had not been replaced. We also observed the use of tape to repair broken flooring in several areas, including the emergency department and the maternity unit.

Staff in the emergency department told inspectors the damaged floor was due to be replaced. We discussed this with senior managers who told us the aim was to replace the flooring by the end of the year.

During the previous inspection we observed plans for environmental improvement work in two wards. However, due to increased capacity within the hospital at that time work hadn't commenced.

During this inspection we observed that one of these ward had been closed to enable refurbishment.

On the paediatric ward we observed refurbishment work in progress to change the function of some rooms. We were provided with evidence that work had been risk assessed prior to commencement of the project and that control measures had been considered and put in place to mitigate risks associated with the work. We observed a dust protection screen had been put in place to protect the ward environment. However, this had become loose in places. We raised this at the time of the inspection and it was rectified immediately.

The majority of clinical areas we inspected were tidy and unobstructed. However, due to lack of available storage inspectors observed that in a number of wards and departments storage areas were often over full and cluttered with boxes being stored on the floor. We also observed storage of equipment in non-standard storage areas, such as clinical rooms. This also included equipment awaiting repair or removal. Cluttered storage areas and storage on floors does not facilitate effective cleaning.

NHS Ayrshire & Arran has made improvements in this area including the commencement of ward refurbishments and the reduction of clutter in clinical areas. However, we observed parts of the environment continued to be in poor repair making effective cleaning difficult.

This requirement is not met and will be carried forward.

During our previous inspection, the condition of the environment also resulted in the following requirement.

May 2022 inspection - Requirement 10
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.

Evidence provided during this inspection included the process for staff to report faults such as broken flooring via an electronic system. Evidence also included University Hospital Crosshouse reactive report for all maintenance requests such as damaged flooring. This report includes information on the priority of repair and the date the maintenance request is received and completed.

The electronic system includes a prompt and the number to call for any urgent issues. This system enables staff to view requests that have been logged to see the current status, including those that have been completed.

Evidence provided by NHS Ayrshire & Arran indicates that hospital estates department managers receive copies of completed standard infection control precaution audits. Hospital estates managers then engage with service leads to develop an appropriate action plan. The Estate Asset Management System is used to monitor any backlog across NHS Ayrshire & Arran.

This requirement has been met.

During our previous inspection we observed that due to a lack of senior nursing staff, junior staff were in charge of a number of the wards. Inspectors at this time were told by staff they felt unsupported by managers and were concerned for the safety of the patients.

This resulted in the following requirement.

May 2022 inspection – Requirement 11

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.

We observed senior staff were visible throughout the hospital during this inspection. All areas visited were calm and well organised with effective leadership in place. In the majority of areas inspected the senior charge nurse was present or available. Patients looked well cared for and both patients and their visitors were complimentary about the staff and the care they provided.

Inspectors observed good examples of ward based communication of patient safety issues including regular safety huddles, safety boards and hand over documentation. Inspectors observed patient name boards that included patient safety information such as fluid and dietary requirements and mobility needs.

In one area inspectors observed the daily whiteboard meeting. This is led by the senior charge nurse and attended by members of the multidisciplinary team including a member of the medical team and the discharge coordinator. The meeting ensures a structured and coordinated approach to facilitate patient discharge.

During our previous inspection we were not assured that care and support was being offered in a coordinated planned and safe way to provide the fundamentals of care in the combined assessment unit.

Our follow-up inspection highlighted the continued increased pressure within the combined assessment unit. However, on this occasion inspectors observed that patients were well cared for. Staff were aware of the criteria for patients who are

being cared for in additional beds and inspectors observed that these patients had completed risk assessments and a named nurse in place. The unit was calm, organised and well led and inspectors observed positive interactions between staff and patients. All patient documentation seen was completed to a high standard.

We observed good completion of patient care documentation in the majority of areas inspected.

In all areas inspected we observed that staff were responsive to patients care needs. Patients looked well cared for and both patients and visitors were complimentary about the staff and the care they provided.

This requirement has been met.

We observed a number of mealtimes, all of which were well organised and managed with a mealtime coordinator in place. All staff were involved in the delivery of meals and also assisting patients who required help. Patients who required assistance received this in a timely manner. Patients in the emergency department and combined assessment unit were provided with soup, and sandwiches and snacks were available in the discharge lounge. Inspectors observed good use of information boards above patients' beds and at entrances to patient bays and rooms to provide information on patient's dietary and fluid requirements. Inspectors observed that patients who required assistance with meals received this. However, we observed that this could be improved as staff did not always sit down to the patient's eye level when providing assistance with meals. As discussed earlier in this report, we also observed missed hand hygiene opportunities at meal times for staff and patients.

Inspectors observed that a number of patients had an Adults with Incapacity Section 47 certificate in place. These are legal documents which assist the patients, their family and staff to make decisions about the patient's care and treatment when the patient is unable to do so independently. NHS Ayrshire & Arran Adults with Incapacity section 47 certificates are part of a booklet. This also includes a treatment plan and assessment of capacity. Capacity assessments are undertaken to assess if a person is able to understand, communicate and retain information pertaining to decisions around their treatment or care. Inspectors observed that the Adults with Incapacity section 47 certificates were completed fully. We also observed that the majority of booklets were completed. However, in one area the booklet highlighted that a patient's relative had power of attorney, but this was not available in the patient's records. This was raised with ward staff at the time of inspection. A power of attorney is legal document enabling an appointed person to make decisions for a person when they no longer have capacity to do so themselves.

The Malnutrition Universal Screening Tool is a tool used to measure a patient's malnutrition risk. Inspectors observed that the majority of patients had a malnutrition screening tool in place. However, not all had been completed fully. We

observed that a number of charts did not have the patient's admission or usual weight recorded which could result in the score not being calculated correctly.

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

In some areas inspected we observed medication trolleys and medication storage cupboards were unlocked and medication was therefore accessible to patients and members of the public. This was raised at the time of the onsite inspection. We discussed this with senior managers who told us that the ward pharmacist complete routine checks to monitor medicines management. The results are then shared with the clinical nurse manager responsible for that area. However our inspection findings are this has not been effective in addressing considerations around the safe storage of medications.

During our corresponding focused inspection at University Hospital Ayr 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. Hand hygiene compliance and appropriate use of personal protective equipment has been discussed earlier in this report.

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 the inside foam of a trolley mattress contaminated with body fluids. During our corresponding focused inspection at University Hospital Ayr inspectors observed that several mattresses in the emergency department were heavily contaminated.

Senior hospital managers told us the trolley mattress audits were last carried out in both University Hospital Crosshouse and University Hospital Ayr emergency departments in April 2023. As a result of our inspection feedback an audit has been completed of all trolley mattress in both departments and mattresses have been ordered to replace the damaged and contaminated ones.

A requirement has been given in both inspection reports to support improvement within this area across NHS Ayrshire & Arran.

We observed that the majority of areas inspected were clean. However, in several areas we observed that cleaning products were not 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 at the time of inspection and senior hospital managers told us that this had been communicated 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 focused inspection at University Hospital Ayr 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.

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 focused inspection at University Hospital Ayr 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.

NHS Scotland National Infection Prevention and Control Manual states that all waste should be stored in a lockable area whilst awaiting uplift. University Hospital Crosshouse has large lockable clinical waste bins outside ward areas for clinical waste including sharps boxes to be stored in whilst awaiting uplift. Inspectors observed that the majority of these bins were not locked and therefore waste was accessible. We were told by senior hospital managers at the virtual discussion that there is a process in place to check that these bins are locked daily. We were also told that hospital managers will review this process including access to the keys for opening and locking the bins.

Inspectors also observed a number sharps boxes did not have temporary closures in use. These prevent needles or sharps protruding from the boxes, or from falling out if the box is dropped. We also observed that a number of sharps boxes were not labelled with the date of assembly, point of origin and date of closure as per guidelines.

During our corresponding focused inspection at University Hospital Ayr we also 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.

Staff on the intensive care unit informed inspectors that the unit had been temporarily relocated to the former day surgery unit to increase capacity in response to the COVID-19 pandemic. Staff told inspectors that there had been an incident where there had been a power failure and there was a delay in the generator back up being supplied. Staff highlighted that the unit does not have an uninterrupted power supply. Uninterrupted power supplies become available as soon as there is a power outage. We raised this concern at the time of inspection with senior hospital managers who advised that generator back up was available but confirmed that uninterrupted power supply is not in place in this area. Senior hospital managers also confirmed that this was included in NHS Ayrshire & Arran's risk register.

Evidence provided by NHS Ayrshire & Arran includes the risk assessment and proposed mitigations document completed prior to the relocation of the intensive care unit to the day case unit. This risk assessment confirms that generator back up is available which can take up to 15 seconds to become fully operational. The mitigations highlight that all life sustaining equipment used on the intensive care unit have internal uninterrupted power supply in the form of battery backup. This enables the equipment to continue to function until the generator becomes fully operational. This is confirmed in further evidence supplied by NHS Ayrshire & Arran including how long each piece of equipment will run on battery power.

While visiting the intensive care unit inspectors observed three closed circuit cameras within the clinical area of the unit. The use of closed circuit cameras could have an impact on patient privacy and dignity. We raised this concern with senior managers at the time of the inspection who confirmed that the cameras had been in place prior to the intensive care being relocated. Senior managers provided assurance that two of the cameras were no longer functional and the third was angled away from the clinical area facing a wall to ensure that patients were not in view. We were also told that the remaining camera does not have sound capacity.

We observed one ward area had locked doors which could only be opened to exit by the use of a numeric key code. Evidence provided by NHS Ayrshire & Arran explained that the ward has a controlled exit due to the complex needs of the patients, including altered cognition due to dementia or delirium. Inspectors observed good completion of higher levels of supervision checklists. We also observed that Adults with Incapacity section 47 certificates were in place. On entering the ward patients and visitors are advised that exit from the ward is controlled. We were told that this is also displayed on an information board in the entrance of the ward. However, senior managers explained an up to date risk assessment to support the locked doors had not been carried out.

A new requirement has been given to support improvement in this area.

Areas of good practice

Domain 4.1

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| 4 | Care and comfort rounding charts were well completed in all areas inspected. |
| 5 | We observed good examples of communication of patient safety issues, including regular safety huddles and safety boards that included patient safety information such as fluid and dietary requirements and mobility needs. |

New Requirements

Domain 4.1

- | | |
|----------|--|
| 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 all patient trolley mattresses are clean and ready for use and that assurance systems are effective at identifying contaminated mattresses. |
| 5 | NHS Ayrshire & Arran must ensure all hazardous cleaning products are securely stored. |
| 6 | NHS Ayrshire & Arran must ensure used linen is managed appropriately. |
| 7 | 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. |
| 8 | NHS Ayrshire & Arran must ensure that there is an up to date locked door policy and risk assessment in place. |

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.

During our previous inspection in May 2022, one requirement was made in relation to workforce planning.

During our previous inspections at University Hospital Crosshouse we observed that NHS Ayrshire & Arran did not have a consistent approach to clearly record staffing decisions, escalations and mitigations.

This resulted in the following requirement.

May 2022 inspection - Requirement 12

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

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, absences and additional beds in use. 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 increased 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 Crosshouse, for example a process is in place to provide continuity of care, where possible, with longer term placements of supplementary staff members.

Senior managers told us that they have 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 some of 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 the site safety huddle, the clinical nurse managers meet with senior nursing staff to discuss staffing requirements in an attempt to mitigate staffing risks. 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 boards in NHS 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 risk 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 nursing 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 leadership 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.

This requirement has been met.

During this inspection we noted improvement to the overall culture and observed both at the huddles and within the wards that there was an open and transparent approach in regards to issues raised and responses given.

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, there are local wellbeing initiatives in place. However, senior managers 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.

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 managers and they have confirmed that this has been extremely difficult for them to address this due to the vacancy levels and additional beds in use.

Recommendation

Domain 4.3

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

Domain 6 – Dignity and respect

- Quality indicator 6.2 – Dignity and respect

We observed staff providing compassionate, responsive care with patients being treated with privacy, dignity and respect. NHS Ayrshire & Arran has made significant improvements to ensure patient dignity and respect can be maintained.

During our previous inspection one requirement was made in relation to dignity and respect we observed that significant improvements have been met.

During our previous inspection we observed that several wards had bays with both male and female patients in the same bay. Mixed sex bays can have an impact on privacy, dignity and personal choice of patients. At the time of our previous inspection NHS Ayrshire & Arran senior hospital managers advised that there was no policy or guidance in place to support the placement of patients in this area.

This resulted in the following requirement.

May 2022 inspection - Requirement 13

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.

We were provided with NHS Ayrshire & Arran's Adult Dignity and Privacy (Single Sex Accommodation) Policy. This policy advises that all adult inpatients will be cared for in single sex occupancy areas such as patient bays/rooms. Patients will also have access to same sex toilets and washing facilities. Exceptions to this include clinical situations where patients require urgent or specialist treatment such as the intensive care unit, emergency department observation areas and theatre recovery areas. The policy includes a letter template to be given to patients who have been placed in bays with both male and female patients due to increased capacity within the hospital. The letter explains that this is due to high demand for beds within the hospital and provides an apology and reassurance that this is a temporary measure.

Inspectors did not observe any ward areas that had mixed sex bays during this follow-up inspection.

Privacy and dignity in regard to availability of privacy screens for patients in additional beds has been discussed in domain 4.1 of this report.

During our previous inspection we also raised concerns with regard to the access of personal hygiene facilities for patients who were being cared for in non-standard areas in the emergency department and combined assessment unit. During this follow-up inspection we observed that additional patients in both the emergency department and combined assessment units had a named nurse in place. The named nurse is accountable for the coordination of a patient's care. This includes recognising when patients require additional support with their personal hygiene needs.

We observed that there were no additional beds in use in the paediatric unit. However, during our inspection staff told inspectors that at times of extremis they had been required to admit an adult patient to a side room within the paediatric unit. We asked NHS Ayrshire & Arran to provide clarity on this issue. In evidence provided we saw that occasionally 16 -17 year old patients had been cared for on the paediatric unit but that this was infrequent. We were told that in these instances these patients are cared for in cubicles within the adolescent area of the ward. An adolescent unit is a ward or part of a ward where beds are used solely for adolescents to ensure age appropriate care. We were advised that if a 16 - 17 year old is admitted to the paediatric unit that this is discussed with the nurse in charge of the unit and any concerns are highlighted to the clinical nurse manager and paediatric consultant.

This requirement has been met.

During this follow-up inspection we observed staff working hard to provide, compassionate and responsive care.

We observed good examples of person-centred care, including a member of staff styling a patient’s hair and good completion of ‘what matters to me’ boards. ‘What matters to me’ boards are used to indicate patient preferences such as diet and fluids and preferred name.

All patients and visitors we spoke with were complimentary about staff and the care provided. All observed interactions between patients, staff and visitors were positive and respectful. Inspectors observed staff taking time to answer any patient questions and allowing the patient time to ask further questions.

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	
1	<p>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.</p> <p>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.</p>
4	<p>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.</p> <p>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.</p>
8	<p>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.</p> <p>This is to comply with the National Infection Prevention and Control Manual (2022).</p>
9	<p>NHS Ayrshire & Arran must ensure the environment is maintained to allow effective decontamination.</p> <p>This is to comply with Healthcare Associated Infection (HAI) standards (2015) criteria 8.1.</p>

New requirements from this follow-up inspection

Domain 2

- 1** NHS Ayrshire & Arran must ensure staff are aware of the pathways and processes for reporting staffing concerns, and improve feedback to staff who have raised staffing issues through the incident reporting system.

This will support compliance with:

The Quality Assurance System The Quality Assurance Framework (2022) criteria 2.5.

Domain 4.1

- 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 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.

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| <p>5 NHS Ayrshire & Arran must ensure all hazardous cleaning products are securely stored.</p> <p>This will support compliance with:</p> <p>Control of Substances Hazardous to Health (COSHH) Regulations (2002).</p> |
| <p>6 NHS Ayrshire & Arran must ensure used linen is managed appropriately.</p> <p>This will support compliance with:</p> <p>National Infection Prevention and Control Manual (2023).</p> |
| <p>7 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.</p> <p>This will support compliance with:</p> <p>National Infection Prevention and Control Manual (2023) criteria 1.9.</p> |
| <p>8 NHS Ayrshire & Arran must ensure that there is an up to date locked door policy and risk assessment in place.</p> <p>This will support compliance with:</p> <p>Health and Social Care Standards (2017) criteria 1.3; and relevant codes of practice of regulated healthcare professions.</p> |

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)

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