



Healthcare  
Improvement  
Scotland

Inspections  
and reviews  
To drive improvement

# Unannounced Inspection Report

## Acute Hospital Safe Delivery of Care Inspection

University Hospital Monklands  
NHS Lanarkshire

18-20 January 2022

Healthcare Improvement Scotland is committed to equality. We have assessed the inspection function for likely impact on equality protected characteristics as defined by age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation (Equality Act 2010). You can request a copy of the equality impact assessment report from the Healthcare Improvement Scotland Equality and Diversity Officer by emailing [his.contactpublicinvolvement@nhs.scot](mailto:his.contactpublicinvolvement@nhs.scot)

© Healthcare Improvement Scotland 2022  
First published March 2022

This document is licensed under the Creative Commons Attribution-Noncommercial-NoDerivatives 4.0 International Licence. This allows for the copy and redistribution of this document as long as Healthcare Improvement Scotland is fully acknowledged and given credit. The material must not be remixed, transformed or built upon in any way. To view a copy of this licence, visit <https://creativecommons.org/licenses/by-nc-nd/4.0/>

**[www.healthcareimprovementscotland.org](http://www.healthcareimprovementscotland.org)**

# About our inspection

## Background

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 risks and service pressures, we have adapted 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 day of our inspection and ensure the NHS board produces an action plan to address the areas for improvement identified.

## About the hospital we inspected

University Hospital Monklands in Airdrie, North Lanarkshire is a general hospital with a 24-hour accident and emergency department. Services include medical and surgical inpatient departments and Lanarkshire's renal unit.

## About this inspection

We carried out an unannounced inspection on Tuesday 18 and Wednesday 19 January 2022 using our safe delivery of care inspection methodology. We inspected the following areas:

- acute medical receiving unit
- emergency department
- ward 2
- ward 4
- ward 6
- ward 7
- ward 9
- ward 10
- ward 12
- ward 14
- ward 17
- ward 18
- ward 21
- ward 22
- ward 26

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

Inspectors returned to University Hospital Monklands on Tuesday 1 February 2022 to follow up on an area of concern identified during the earlier inspection.

During our inspection, we:

- inspected the ward and hospital environment
- observed staff practice and interactions with patients, such as during patient mealtimes
- spoke with ward staff (where appropriate)
- spoke with 37 patients during our inspection, and
- accessed patients' health records, monitoring reports, policies and procedures.

As part of our inspection, we also asked NHS Lanarkshire to provide evidence of its policies and procedures relevant to this inspection.

On Thursday 20 January 2022, we held a virtual discussion session with key members of NHS Lanarkshire 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 Lanarkshire, and in particular, all staff at University Hospital Monklands for their assistance during our inspection.

## A summary of our findings

At the time of inspection, NHS Scotland was experiencing a range of pressures associated with COVID-19, including increased hospital admissions and reduced staff availability. University Hospital Monklands met the criteria for 'black status', Scottish Government's highest level risk assessment, and external support was being provided to NHS Lanarkshire from the military. We observed that although there were staffing challenges, the staff responded positively to deliver effective patient care, and most patients described a good experience of care. However, during our inspection we raised a serious concern with NHS Lanarkshire. The NHS board took immediate action to address this concern. We returned two weeks later and were assured that systems and processes had been put in place to reduce the risk of a similar situation happening in the future.

When we reviewed patient care plans, we noted that patient safety issues were not always fully completed. We observed some wards where mealtimes could have been better managed and one ward where essential maintenance had not been completed.

Nursing staff shared with us their feelings of fatigue from pressures they have faced throughout the pandemic and said at times staffing levels were not able to be maintained due to high levels of staff absences. Despite these pressures, we observed staff and teams communicating and working well together in a supportive, compassionate and considerate manner.

We found that some areas within the hospital were working with a high number of supplementary staff (additional staff who cover absences and/or provide additional support due to increased service demands). December 2021 workforce data showed there was a 17% vacancy rate across the Registered Nursing workforce and an 8% vacancy rate within the Healthcare Support Worker workforce. In addition, we noted high levels of sickness absence, 10.8% within nursing, with special leave absence rates of 3.4%, related to COVID-19. The risks associated with these figures were acknowledged on NHS Lanarkshire's risk register. The NHS board provided evidence on how they are mitigating risks and prioritising services to continue to support the delivery of safe and effective care. They also highlighted the structure of strategic, tactical and operational groups which have been, and continue to be, responsive to emerging staffing and safety risks.

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

This inspection resulted in four areas of good practice and seven requirements.

We expect NHS Lanarkshire 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](http://www.healthcareimprovementscotland.org)

### Areas of good practice

#### Domain 1

- 1 A staff member was available at the hospital entrance to support visitors and patients to follow guidelines and pathways to reduce the risk of cross infection (see page 9).

#### Domain 2

- 2 On many occasions we observed positive and caring interactions between staff and patients (see page 10).

#### Domain 5

- 3 The hospital had good measures in place to allow for physical distancing to prevent cross-infection (see page 14).

#### Domain 7

- 4 Senior managers relieved senior charge nurses of additional operational duties such as site wide staffing responsibilities, so that they could lead and support the delivery of safe and effective care within their clinical area (see page 17).

### Requirements

#### Domain 5

- 1 NHS Lanarkshire must ensure that patients have been risk assessed and that care plans are in place for all identified care and safety needs. This should include the appropriate placement of patients. Risk assessments and care plans should be regularly evaluated and updated to reflect changes in the patient's condition or needs. NHS Lanarkshire must ensure all relevant documentation is in place and completed (see page 14).

This is to comply with The Code: Professional Standards of Practice and Behaviour for Nurses and Midwives (Nursing & Midwifery Council, 2015); Care

of Older People in Hospital Standards (2015) criteria 1.1, 1.4, and 11.2a; and Food, Fluid and Nutritional Care Standards (2014) Criterion 2.9a

- 2** NHS Lanarkshire must ensure that patient mealtimes are managed consistently and that patients receive adequate support at mealtimes (see page 14).

This is to comply with the Standards for Food, Fluid and Nutritional Care: standard 4, provision of food and fluid to patients in hospital.

- 3** NHS Lanarkshire must ensure that all staff carry out hand hygiene at appropriate moments and use personal protective equipment in line with current guidance (see page 15).

This is to comply with the National Infection Prevention and Control Manual (2021)

- 4** NHS Lanarkshire must ensure that 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 15).

This is to comply with the Healthcare Associated Infection (HAI) Standards 2015: standard 8 decontamination

## Domain 7

- 5** NHS Lanarkshire must ensure that when staff in clinical areas escalate staffing risks to senior management, there are communication systems and processes in place to provide staff with feedback of the actions taken to address these risks (see page 17).

This is in preparation for the Health and Care (Staffing) (Scotland) Act 2019

- 6** NHS Lanarkshire must ensure a balanced approach when distributing supplementary staffing and also greater consideration to levels of patient dependency and complexity when making real time staffing decisions (see page 17).

This is to comply with the Care of Older People (2015) standard 16: skill mix and staffing levels.

## Domain 9

- 7 NHS Lanarkshire must ensure that systems and processes are in place to identify, assess, manage and communicate any patient safety risks throughout the organisation (see page 18).

This is to comply with Health & Social Care Standards: standard 3 I have confidence in the people who support and care for me

# 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 that the hospital was in the process of embedding the new Winter Respiratory Pathways, however, staff were still unfamiliar with the terminology associated with these.**

NHS Lanarkshire demonstrated it has systems and processes in place to implement and follow national guidelines. Respiratory pathways were in place in line with the Winter (21/22), Respiratory Infections in Health and Care Settings Infection Prevention and Control (IPC) Addendum.

Although we saw evidence that the principles of this guidance were being followed, all clinical staff we spoke with appeared unfamiliar with the new respiratory pathways' terminology. For example, when we asked staff which pathway a ward was on, they referred to the previous COVID-19 terminology which was known as high, medium and low risk pathways. At our discussion session with senior managers, they told us that this information had been communicated to all staff and we saw evidence of this in a staff newsletter. Senior managers also assured us that they will agree a date by which all staff will use the new terminology.

A staff member was located at the main entrance of the hospital to give all hospital visitors and patients directions to departments, to remind them of the need to wear masks and to use the alcohol-based hand rub provided. Detergent wipes were also available to clean equipment such as wheelchairs. This helps to reduce the risk of cross infection of respiratory diseases such as COVID-19.

## Area of good practice

### Domain 1

- 1** A staff member was available at the hospital entrance to support visitors and patients to follow guidelines and pathways to reduce the risk of cross infection.

## 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 saw many good, positive interactions between staff and patients. There were positive comments made by patients about the staff who provided their care.**

While we raised a serious concern with NHS Lanarkshire in relation to one patient (detailed on page 11), we observed many good interactions between staff, of all disciplines, and patients. This included very positive interactions with patients regarding care in areas where communication was challenging, including the intensive care unit and stroke ward.

We observed that staff were busy and, on occasions, this impacted on their ability to respond to patient buzzers in a timely manner. However, when we spoke with patients, they expressed their understanding of the current pressures on staff and said they “felt that staff were doing their best.”

Patients spoke positively of staff. For example, some patients who were isolated at the time of our inspection told us that staff had been excellent at keeping their morale up while in isolation.

### Area of good practice

#### Domain 2

- |  |
|--|
| <b>2</b> On many occasions we observed positive and caring interactions between staff and patients |
|--|

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

- Quality indicator 5.1 - Safe delivery of care

**The hospital had good measures in place to prevent cross-infection. Personal Protective Equipment (PPE) was readily available throughout the hospital; however, staff did not always comply with standard infection control precautions.**

**We asked NHS Lanarkshire to ensure that essential maintenance was carried out to minimise the risk of infection transmission.**

**Risk assessments and care plans relating to patient safety issues were not always completed as required. In one instance we identified a serious concern where one patient was being cared for in an area not suitable for their care needs and without appropriate risk assessments in place.**

At the time of our inspection, we observed that all wards were very busy. Most wards had good leadership, and staff were organised and prioritised care to meet the needs of the patients. However, in wards where senior experienced staff were absent, there was a lack of co-ordination to ensure care and risk assessment was prioritised appropriately.

During our inspection, we observed that some wards had safely increased the number of patient beds to meet the higher demand on hospital beds. As the number of patients increased in the hospital, so did the need for supplementary staff to support their care. We observed, and were told by staff, that it was not always possible to source the additional staff from the staff bank or agency when needed. This increased the responsibilities and workload for the remaining staff and resulted in the prioritisation of care with some aspects of care being delayed or possibly missed.

NHS Lanarkshire had recently introduced an electronic system for recording patients' vital signs. We saw evidence that patients had their vital signs recorded as often as clinically required. This system gave senior management and senior clinicians oversight of real-time data for all patients. This allowed them to review, and be assured, that patients were receiving the right level of care. For example, intensive care consultants were able to quickly identify which patients would benefit from a review by the critical care team. Early intervention improves the outcome for patients.

Care plans and risk assessments that we reviewed were not always complete. We observed that some patient's risk assessments highlighted the need for regular positional changes to prevent pressure ulcers. However, the tissue viability SSKIN care bundle documentation to evidence that these positional changes had been carried out, was either not in place or was incomplete. Despite this, the patients we observed appeared comfortable and well cared for. We saw that drinks, personal items and nurse call bells were within reach.

We found one patient being cared for in an area that was not suitable for their care needs, and this presented a potentially serious safety risk to the patient and staff. An appropriate risk assessment had not been completed taking into consideration the patient's specific needs, the wider environment or the safety and care of the patient. This meant that staff were not fully aware of the risks of caring for this patient in this environment. Our concerns were raised with senior managers who took action to ensure that the patient was moved to a more suitable care area. Senior managers

provided assurance that risk assessments would be immediately carried out and care plans for the patient put in place. We returned to review this the following day and were assured that all appropriate actions had been taken.

We observed some good examples of mealtimes being managed well. Some wards had a designated mealtime co-ordinator, which helped to manage mealtimes more effectively. Mealtime coordination is good practice as this helps to ensure that patients are prepared for their meal when it arrives and considers if additional person-centred support is required to help patients to eat. In wards with mealtime co-ordinators, staff also returned at the end of mealtimes to check patients had managed to eat and drink. On some wards we inspected without a mealtime co-ordinator, patients were not prepared for their meal, patients were not always provided with the assistance when needed, and support was not always provided in a timely and dignified manner. For example, we observed staff standing over patients rather than sitting with them, while giving assistance. During the discussion session with lead nurses and directorate managers, we were told that a review of mealtime processes would be completed. This would highlight areas for improvement that would be made to ensure all patients receive the support they needed.

The cleanliness of the environment in most areas inspected was good. Any exceptions were raised and addressed at the time of inspection.

The majority of wards and corridors were well organised and uncluttered, allowing for effective cleaning. We saw that storage was a challenge due to the age of the building.

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.

The fabric of the building was tired with areas of wear and tear evident to walls, toilets and shower rooms making effective cleaning more challenging. Inspectors identified an essential maintenance issue in one ward. This was raised with staff at the time who told us this issue had been reported to the estates department. We observed that some work had been done however, it still presented a potential safety and infection risk to patients and staff. The NHS board provided assurance to Healthcare Improvement Scotland that this issue would be investigated and resolved. NHS Lanarkshire shared their investigation findings and explained that a contractor had attended but had not completed all of the expected work. During our follow-up inspection, we returned to this area and saw that this work had been completed. NHS Lanarkshire must ensure that systems are in place to confirm that any work carried out is to the correct standard and any associated risks are identified and mitigated.

At the time of our inspection, two wards were closed to admissions due to an outbreak of infection. We saw that the infection prevention and control team was involved in the management of the outbreak and the national outbreak tool was in use and completed daily to record and monitor the situation in accordance with expected practice.

We observed that appropriate transmission-based precautions 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.

In all wards inspected, the layout of the wards allowed for adequate bed spacing and the ability for physical distancing between patients. We saw that in the emergency department, cubicles had been modified with solid walls and doors to reduce the risk of cross infection.

Compliance with PPE was generally good and, in all areas inspected, we saw sufficient stock of PPE available. However, we observed that some staff did not remove their PPE correctly and some did not remove it immediately after use. Appropriate and timely removal of PPE is important to reduce the risk of cross infection.

During our inspection we observed good examples of hand hygiene practice in some wards. However, we also observed several missed opportunities for hand hygiene, especially at mealtimes, due to the overuse of gloves. Hand hygiene is an important practice to reduce the spread of infection. In some wards, alcohol-based hand gel was not available within patient rooms. We were provided with evidence of a risk assessment for this, and all rooms had alcohol-based hand rub available outside and hand washing basins inside the room. However, staff working in these areas sometimes missed opportunities for hand hygiene when moving between patient care tasks and patients within the same room.

Standard infection control precautions such as linen, waste and sharps management minimise the risk of cross infection and must be practiced by all staff. During our inspection, we saw that some wards were not compliant with these precautions. We observed sharps bins that were not assembled correctly, and labels were not completed with the place and date of assembly. Sharps bins must be assembled correctly to protect staff from needle stick injuries and to prevent spillages when they are being transported. National Infection Prevention and Control Manual guidance states linen that has been used by a patient who is known or suspected to have an infection must be placed directly into a water-soluble bag, then secured in a plastic bag to reduce the risk of cross infection before being placed in a used laundry hamper. We observed that for patients with known or suspected infection, these procedures for handling infectious linen were not always followed.

At the time of our inspection NHS Lanarkshire had restricted their visiting to essential visits only. Where we observed essential visiting, we saw that visitors had complied

with COVID-19 precautions and essential visitors were able to access facemasks and alcohol-based hand rub.

Visitors did not always observe physical distancing; however, we saw staff reminding visitors and patients of the importance of adhering to this.

Patients had access to facemasks and were seen to wear these, where able, when moving around the ward or attending other departments. In some wards, patients were provided with alcohol-based hand rub and hand wipes for their own personal use.

In clinical areas, it is sometimes necessary to work closely with colleagues to deliver patient care. We observed staff maintain physical distancing wherever practicable. The majority of staff only areas had signage in place to state the maximum number of people permitted, and we observed staff adhering to these limits. Staff break rooms, offices and meeting rooms had been arranged to enable staff to physically distance.

## Area of good practice

### Domain 5

- 3** The hospital had good measures in place to allow for physical distancing to prevent cross-infection.

## Requirements

### Domain 5

- 1** NHS Lanarkshire must ensure that patients have been risk assessed and that care plans are in place for all identified care and safety needs. This should include the appropriate placement of patients. Risk assessments and care plans should be regularly evaluated and updated to reflect changes in the patient's condition or needs. NHS Lanarkshire must ensure all relevant documentation is in place and completed.

This is to comply with The Code: Professional Standards of Practice and Behaviour for Nurses and Midwives (Nursing & Midwifery Council, 2015); Care of Older People in Hospital Standards (2015) criteria 1.1, 1.4, and 11.2a; and Food, Fluid and Nutritional Care Standards (2014) Criterion 2.9a

- 2** NHS Lanarkshire must ensure that patient mealtimes are managed consistently and that patients receive adequate support at mealtimes .

This is to comply with the Standards for Food, Fluid and Nutritional Care: standard 4, provision of food and fluid to patients in hospital.

**3** NHS Lanarkshire 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 (2021)

**4** NHS Lanarkshire must ensure that 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.

This is to comply with the Healthcare Associated Infection (HAI) Standards 2015: standard 8 decontamination

## 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 inspection, NHS Scotland was experiencing a range of pressures associated with COVID-19 including increased hospital admissions and reduced staff availability. NHS Lanarkshire staffing pressures included vacancies in some staff groups resulting in high reliance on supplementary staffing. We observed University Hospital Monklands real-time staffing processes and decisions, which was evidenced at the regular safety huddles and through their adapted staffing workforce tool.**

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, and agency workers. As part of our inspection, NHS Lanarkshire provided staffing information.

Senior managers relieved senior charge nurses of additional operational duties such as site wide staffing responsibilities, so that they could lead and support the delivery of safe and effective care within their clinical area.

One ward where there was a high level of supplementary staff was the ward where we identified a serious concern in relation to patient care (detailed on page 11). There was 46% supplementary staffing during the day and 50% on night shift. Regular staff were absent for various reasons including sickness and COVID-19 contact isolation. We observed how this adversely affected the co-ordination and provision of care and communication within the team, such as reduced escalation of issues to managers. The use of supplementary staffing was not well distributed

across the site. In comparison, the wards with a full complement of permanent staff showed effective communication and safe and effective delivery of care.

Staff told us feedback is not provided when they escalate staffing risks to senior management. Communication systems and processes should be in place to provide staff with feedback of the decisions and actions taken to address any concerns raised.

Staff also told us of their feelings of fatigue from pressures they have faced throughout the pandemic. They explained that, at times, staffing levels were not able to be maintained due to high levels of staff absences, including COVID-19 related absence. Despite these pressures, we observed staff and teams communicating and working well together in a supportive, compassionate and considerate manner to achieve the safe delivery of patient care.

December 2021 workforce data was the most recently available at the time of the inspection. It provided evidence of a 17% vacancy rate within the Registered Nursing workforce and 8% within the Healthcare Support Worker workforce. In addition, we noted that collectively, there was a sickness absence level of 10.8% within nursing, and special leave absence of 3.4%, related to COVID-19. There was also a 20% vacancy rate for medical staff. The risks associated with these figures are acknowledged on NHS Lanarkshire's risk register. Domestic services had no vacancies and evidence supported over-recruitment, however, there was a rate of sickness absence of 16.4% and COVID-19 related absences were 3.9%. No workforce data was provided for Allied Health Professionals (AHP), however, there was evidence of AHP's working flexibly to meet the needs of patients and services.

The NHS board provided evidence on how they are mitigating risks and prioritising services to continue to support the delivery of safe and effective care. They also highlighted the structure of strategic, tactical and operational groups which have been, and continue to be, responsive to emerging staffing and safety risks.

On wards we observed systems of communication in place between members of the multi-disciplinary team regarding patient safety issues. This includes ward safety huddles, handovers and information boards.

All wards were represented at the hospital safety huddles and systems were in place for those who could not attend to submit information to the meeting. All staff disciplines attended the morning huddles where they could raise any issues they were aware of within their area that may have an impact on patient safety. The infection prevention and control team also attended to provide advice and updates relating to any infection control concerns and to help with patient flow, such as when closed wards may safely reopen to patient admissions.

We saw that the huddles focussed on bed and staffing numbers, with less priority given to recognising the complex level of needs for patients on the ward and the skills of staff required to meet those needs. These needs assessments were not

included in the workforce planning tools used at the time of the inspection. NHS Lanarkshire told us they plan to use the national real-time staffing resource in future. The real-time staffing resource provides a consistent approach to identifying, recording, mitigating and escalating risk associated with staffing and acuity in adult acute ward settings across NHS Scotland.

## Area of good practice

### Domain 7

- 4 Senior managers relieved senior charge nurses of additional operational duties such as site wide staffing responsibilities, so that they could lead and support the delivery of safe and effective care within their clinical area.

## Requirements

### Domain 7

- 5 NHS Lanarkshire must ensure that when staff in clinical areas escalate staffing risks to senior management, there are communication systems and processes in place to provide staff with feedback of the actions taken to address these risks.

This is in preparation of the Health and Care (Staffing) (Scotland) Act 2019

- 6 NHS Lanarkshire must ensure a balanced approach when distributing supplementary staffing and also greater consideration to levels of patient dependency and complexity when making real time staffing decisions.

This is to comply with the Care of Older People (2015) standard 16: skill mix and staffing levels.

## Domain 9: Quality improvement-focused leadership

- Quality indicator 9.2 - Motivating and inspiring leadership

**NHS Lanarkshire had systems and processes in place to regularly, throughout the day, review staffing, safety risks and patient flow. However, the system had failed to identify a patient safety risk. We raised a serious concern and immediate action was taken to reduce the risks raised. A review of the systems and processes was carried out and we returned to be assured that improvements had been implemented.**

During our inspection we saw that hospital safety huddles were held throughout the day to address real-time pressures and were attended by different staff groups involved in delivering safe patient care.

At the time of inspection, there were exceptional pressures on senior management to maintain patient flow within NHS Lanarkshire. Systems appeared to be in place to manage risks and safety issues raised, including where they were unable to be resolved at the safety huddle. However, the serious concern in relation to patient care we observed on the first day of our inspection, (see page 11) was not raised at the safety huddle due to a breakdown of communication between the ward and the senior management teams. This issue was formally escalated at the time by the inspection team. The following day we observed that the patient safety issue had been addressed and managers had improved oversight of this ward. Senior managers also informed staff, at the hospital wide huddle, of the safety issue to highlight the concerns found as a learning opportunity and to reduce the risk of similar incidents happening in the future.

At the follow up inspection on Tuesday 1 February 2022, we were provided with evidence that NHS Lanarkshire have introduced a new process to ensure that patient safety issues are discussed at the morning safety huddles. During the follow-up, we were assured that the new process was helping to identify safety concerns and bring them to the attention of senior managers.

### Requirement

#### Domain 9

- 7** NHS Lanarkshire must ensure that systems and processes are in place to identify, assess, manage and communicate any patient safety risks throughout the organisation.

This is to comply with Health & Social Care Standards: standard 3 I have confidence in the people who support and care for me

# Appendix 1 – List of national guidance

The following national standards, guidance and best practice were current at the time of this inspection. This list is not exhaustive.

- [Winter \(21/22\), Respiratory Infections in Health and Care Settings Infection Prevention and Control \(IPC\) Addendum](#) (NHS National Services Scotland, January 2022)
- [National Infection Prevention and Control Manual](#) (NHS National Services Scotland, January 2022)
- [Infection prevention and control for seasonal respiratory infections in health and care settings \(including SARS-CoV-2\) for winter 2021 to 2022](#) (Public Health England, January 2022)
- [COVID-19: Endorsed Guidance For NHS Scotland Staff and Managers on Coronavirus](#) (NHS Scotland, November 2021)
- [Health and Social Care Standards](#) (Scottish Government, June 2017)
- [Healthcare Associated Infection \(HAI\) standards](#) (Healthcare Improvement Scotland, February 2015)
- [The Code: Professional Standards of Practice and Behaviour for Nurses and Midwives](#) (Nursing & 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)

You can read and download this document from our website.  
We are happy to consider requests for other languages or formats.  
Please contact our Equality and Diversity Advisor by emailing  
[his.contactpublicinvolvement@nhs.scot](mailto:his.contactpublicinvolvement@nhs.scot)

Healthcare Improvement Scotland

Edinburgh Office  
Gyle Square  
1 South Gyle Crescent  
Edinburgh  
EH12 9EB

Glasgow Office  
Delta House  
50 West Nile Street  
Glasgow  
G1 2NP

0131 623 4300

0141 225 6999

[www.healthcareimprovementscotland.org](http://www.healthcareimprovementscotland.org)