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Unannounced Inspection Report

Acute Hospital Safe Delivery of Care Inspection

University Hospital Wishaw
NHS Lanarkshire

16 – 18 January 2023

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

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www.healthcareimprovementscotland.org

About our inspection

Background

All of Healthcare Improvement Scotland's inspection programmes have been adapted during the COVID-19 pandemic. Since the beginning of 2021, we have been carrying out COVID-19 focused inspections of acute hospitals, using methodology adapted from our previous 'safe and clean' inspections.

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

New infection prevention and control standards were published in May 2022. These are applicable to adult health and social care settings and replaced the healthcare associated infection standards (2015). In May 2022, the chief nursing office contacted all health boards to inform them Healthcare Improvement Scotland will use these standards as a basis for inspection after a three month implementation period to embed the new standards. The implementation period concluded on Monday 8 August 2022. These standards have been used to inform infection prevention and control related requirements within this report.

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.

- Report on the standards achieved during our inspection and ensure the NHS board produces an action plan to address the areas for improvement identified.

About the hospital we inspected

University Hospital Wishaw serves Wishaw and the surrounding area. It contains 564 inpatient beds and a full range of healthcare specialties including a 24-hour accident and emergency department and maternity unit.

About this inspection

We carried out an unannounced inspection to University Hospital Wishaw, NHS Lanarkshire on Monday 16 to Wednesday 18 January 2023 using our safe delivery of care inspection methodology. We inspected the following areas:

adult critical care	ward 8
ambulatory medical care	ward 9
discharge lounge	ward 10
emergency care unit	ward 11
emergency department	ward 13
ward 4	ward 14
ward 5	ward 15
ward 6	ward 16, and
ward 7	ward 17.

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 Lanarkshire 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 Friday 3 February 2023, 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 Wishaw for their assistance during our inspection.

A summary of our findings

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

At the time of inspection University Hospital Wishaw, like much of NHS Scotland, was experiencing a significant range of pressures including increased hospital admissions, increased pressures in the emergency department and admission units and reduced staff availability. During our onsite inspection the hospital was operating at over 100% capacity.

We observed good levels of care being delivered in the majority of areas inspected. Patients we spoke with described very good care and spoke highly of the staff delivering their care.

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

Despite the significant staff shortages, we observed wards were well managed. Leadership and communication was effective and staff were focused on the provision of safe and compassionate patient care. Staff told us that they were well supported by leadership and were able to raise concerns.

We observed an open and supportive culture and a senior management team who were knowledgeable about their roles and responsibilities, and the pressures being experienced across the hospital site.

The increased hospital capacity meant patients were being cared for in non-standard care areas within additional beds in ward bays and treatment rooms. This impacted on the ward environments and the patient experience of care in areas with additional beds, affecting patient privacy and dignity and access to standard care facilities.

Areas for improvement have been identified. These include, improvement relating to non-standard care areas, feedback to staff following incident reporting, improved completion of essential patient care documentation including adults with incapacity

documentation, hand hygiene, storage of medications and improved governance on the development of guidance and standard operating procedures.

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

This inspection resulted in seven areas of good practice, two recommendations and 10 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

Areas of good practice

Domain 1	
1	Use of a selection criteria within risk assessments to support placement of patients within additional beds that are used during periods of extreme system pressure (see page 12).

Domain 2	
2	We observed positive, respectful and person-centred care interactions between staff and patients in all areas inspected (see page 15).

Domain 5	
3	Care areas were calm and well organised with good leadership and teamwork to support the safe delivery of care observed (see page 19).
4	Staff were observed reminding colleagues to wear their facemask correctly (see page 19).
5	The overall environment of the hospital was clean and in good repair (see page 19).

Domain 7	
6	Open and transparent processes and visible leadership (see page 21).

Domain 9	
7	An open and supportive culture with good visibility of senior clinical colleagues and managers (see page 23).

Recommendations

Domain 1	
1	NHS Lanarkshire should consider improved communication on current wait times with patients within the emergency department waiting areas (see page 12).
2	NHS Lanarkshire should consider applying a multi-board review to significant adverse event reviews where this is relevant to the circumstances of the adverse event (see page 12).

Requirements

Domain 1	
1	NHS Lanarkshire must improve feedback to staff on issues that are raised through the incident reporting system (see page 12). This will support compliance with Quality of Care Framework (2018) Indicator 3.1.

Domain 2	
2	NHS Lanarkshire must ensure that when patients are cared for in non-standard areas privacy and dignity are maintained, patients have access to a call bell and any risks to staff or the patient are addressed to ensure the safe delivery of care (see page 15). This will support compliance with Quality of Care Framework (2018) Indicator 2.1 and Health and Social Care Standards (2017) Criteria 1.23.
3	NHS Lanarkshire must ensure effective communication between the emergency department and other admission areas to ensure awareness and appropriate care of all patients who have been assessed and require admission (see page 15). This will support compliance with Quality of Care Framework (2018) Indicator 2.1.

Domain 5	
4	NHS Lanarkshire 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), care and comfort rounding charts and fluid balance charts and Adults with Incapacity (AWI) documentation (see page 19). This will support compliance with Adults with Incapacity (Scotland) Act (2000) and relevant codes of practice of regulated healthcare professions.
5	NHS Lanarkshire must ensure the safe storage of medicines at all times (see page 19). 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.
6	NHS Lanarkshire must ensure that staff carry out hand hygiene and the storage of personal protective equipment in line with current guidance (see page 19). This will support compliance with National Infection Prevention and Control Manual (2022).
7	NHS Lanarkshire must ensure the safe disposal of sharps (see page 19). This will support compliance with National Infection Prevention and Control Manual (2022).
8	NHS Lanarkshire must ensure that patient use equipment and electronic hand held devices are clean and ready for use (see page 19). This will support compliance with National Infection Prevention and Control Manual (2022).

Domain 7	
9	NHS Lanarkshire must ensure that it makes full use of its staffing template and consistently report and record staffing risks, as well as robustly recording mitigations and recurring risk in line with good governance processes (see page 21). This will support compliance with Health and Care (Staffing) (Scotland) Act (2019).

Domain 9	
10	NHS Lanarkshire must ensure effective and appropriate governance approval and oversight of draft policies and procedures are in place. The NHS board must ensure policies such as the full capacity protocol remain fit for purpose and reflect the current system pressures (see page 23). This will support compliance with Quality Assurance Framework (2018) Indicator 6.3.

What we found during this inspection

Domain 1 – Key organisational outcomes

- **Quality indicator 1.2 – Fulfilment of statutory duties and adherence to national guidelines**

The hospital was under significant pressure, operating at over 100% capacity with long wait times within the emergency department. As a result of learning from incident reporting the medical ambulatory care unit has been relocated to an area with better facilities to provide emergency care.

At the time of this inspection NHS Lanarkshire was experiencing increased hospital capacity, staff shortages and increased waiting times in the emergency department and other admission units. During the onsite inspection week University Hospital Wishaw's capacity was greater than 100%. The impact of this will be discussed in more detail later in the report.

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

Across NHS Scotland, for the week ending 22 January 2023, 70.1% of patients were seen within the 4-hour target with 1,031 patients waiting over 12 hours. In University Hospital Wishaw 53.6% patients met the 4-hour target with 141 patients waiting over 12 hours. Further information can be found in the NHS Performs weekly update of emergency department activity and waiting time statistics.

On the first day of this inspection 40 patients were waiting over 4 hours, 26 patients over 8 hours and 14 patients over 12 hours. The longest patient waiting time was over 37 hours for admission to an appropriate care area.

Triage is an essential part of emergency care. On the patient's arrival to the emergency department, the person responsible for triage assesses the patient's needs and assigns the priority of treatment required. During our inspection, time to triage in University Hospital Wishaw ranged from zero minutes to 110 minutes.

At the time of our inspection NHS Lanarkshire's website informed the public that services were under extreme pressure and urged those who may require emergency care to contact NHS 24 unless they were experiencing a critical emergency. This information was clearly available on the NHS board's website. However, we found insufficient signposting guidance on display within the emergency department itself. We observed an information board on display in the waiting area where waiting times could be displayed. However, this had not been updated. Patients in the waiting area advised us they were not informed or updated on their length of wait. A recommendation to support improvement has been given for consideration.

University Hospital Wishaw has a medical ambulatory care unit located a short walk from the emergency department. The ambulatory care unit is used to care for patients who require to be assessed for admission or treatment but may not require critical emergency care.

We asked NHS Lanarkshire to provide evidence of any incidents reported by staff from the emergency department and the ambulatory care unit through their incident reporting system for the three months prior to the inspection. From this information we could see that there had been several occasions where patients who were being cared for in the ambulatory care unit had rapidly deteriorated and required additional medical care such as oxygen therapy and emergency care. We discussed this with senior managers who confirmed that they had taken urgent action as a direct result of the incidents raised, which resulted in the ambulatory care unit being relocated in early January 2023. The new location was described as a more suitable area that provided wall mounted oxygen and suction with better space and easier access to the resuscitation equipment in an emergency situation. We were advised that the relocation was a temporary move to allow building works to be carried out to create a new ambulatory care unit located adjacent to the emergency department.

In another incident report, staff highlighted a patient who had become critically unwell after admission to the hospital. The patient had been waiting outside the hospital for several hours in an ambulance. We discussed this with senior hospital managers who were aware of the incident and explained an internal NHS Lanarkshire briefing note review was undertaken and the incident referred to the Scottish Ambulance Service for review and consideration. A significant adverse event review should be carried out to support learning from adverse events and has an important contribution to make to improve the quality and safety of care. To support this process there is a National Framework for Scotland - Learning from adverse events through reporting and review. As this incident involved care provided by both the

Scottish Ambulance Service and University Hospital Wishaw, we recommend a collaborative approach is taken in reviewing such incidents to support local and wider systems learning and to improve patient safety. A recommendation to support improvement has been given for consideration.

As described earlier, our inspection found that the hospital was operating at a capacity greater than 100%. This means there were more patients in the hospital than it was designed to accommodate. To accommodate this increase the hospital had created additional contingency beds for patients in ward bays and non-standard care areas such as treatment rooms.

We asked for evidence of any incident reports relating to the use of these additional beds from the three months prior to the inspection. From the evidence provided the additional beds did not appear to have a significant negative impact on patient safety. For example, incidents reported did not highlight any obvious increase in patient falls for patients residing within these beds.

During our ward inspections we observed risk assessments were in place for patients placed within the additional beds. However, we identified different ward areas were using different versions of the risk assessments. We raised this with senior managers who confirmed that following the inspection they had reviewed this and only one version of the risk assessment was now in use.

The risk assessment document in use in the majority of areas and promoted by senior managers includes a patient suitability and selection criteria. The document also highlights the control measures required to be in place to reduce any associated risks. For example, a patient would require to be mobile with independent care needs and have no requirement of oxygen or suction as the beds within the bay areas did not have access to these.

We observed the majority of patients placed within these beds during our inspection were in fact the most suitable patients for the beds and met the majority of selection criteria. However, the selection criteria requests that the patient has consented to being placed in the additional bed space. In some instances we observed within the wards inspected, and within the incident reports supplied by NHS Lanarkshire, patients had not consented to being placed in the beds and some patients and family members were distressed by this.

We found that some of the previous incident reports indicated patient and family member dissatisfaction when placed in an additional bed and we noticed that staff had also raised concerns. Where concerns were raised these incidents were escalated at the morning safety huddle. Recording incidents where the patients did not meet the selection criteria helps to provide wider management oversight of the concerns with the aim of seeking a solution and reducing any associated risks. This will be discussed further in Domain 2. In addition, we observed that feedback to staff following an incident report was inconsistent and not always recorded within the

incident reporting process. We discussed this with senior managers who agreed this was an area for improvement. A requirement has been given to support improvement in this area.

We visited the discharge lounge where staff explained that it was not always used effectively for patients during the discharge process. This was due to pressures within the ward areas which impacted on the ward staff's ability to get patients ready for discharge. Using a discharge lounge effectively could free up beds within the wards to support patient flow. During the hospital huddles we heard senior managers encouraging people to use the discharge lounge. However, only a few patients were transferred there prior to discharge. During discussion with senior managers they explained they currently have an improvement manager working to support more effective use of the discharge lounge, with the aim of encouraging more efficient patient flow through the hospital.

Area of good practice

Domain 1	
1	Use of a selection criteria within risk assessments to support placement of patients within additional beds that are used during periods of extreme system pressure.

Recommendations

Domain 1	
1	NHS Lanarkshire should consider improved communication on current wait times with patients within the emergency department waiting areas.
2	NHS Lanarkshire should consider applying a multi-board review to significant adverse event reviews where this is relevant to the circumstances of the adverse event.

Requirement

Domain 1	
1	NHS Lanarkshire must improve feedback to staff on issues that are raised through the incident reporting system.

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

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

We observed patients experiencing care were treated with kindness and compassion in how they were supported and cared for. Patients and relatives described a positive experience and spoke highly of the care provided. However, the use of additional beds in non-standard care areas had an impact on privacy, dignity and access to facilities for patients within these beds.

Patients we spoke with described a positive experience of care. They described staff as respectful and spoke very highly of the care provided and the staff approach to meeting individual care needs. Relatives we spoke with also complimented the care provided and explained they were aware of the pressures staff were under due to reduced staff availability and higher patient numbers.

We observed positive, respectful and person-centred care interactions between staff and patients in all areas inspected. In the emergency department we observed medical staff taking the time to clearly describe patient care and answer questions. Patients spoke highly of the caring attitude of NHS Lanarkshire staff with one patient explaining that staff had helped them celebrate their birthday.

The only exception raised was from a patient who described care they had received from a member of supplementary staff from a nurse agency who was not employed directly by NHS Lanarkshire. The patient described the care as not being respectful. We discussed this with senior managers who explained the process they follow when concerns are raised regarding supplementary agency staff. Feedback to the employing agency is provided via email from the senior nursing staff responsible for the care area.

In the areas inspected the majority of patients appeared well cared for and fundamental care needs were being met. However, documentation of patient care was varied across all areas inspected. This included patient care plans, adults with incapacity, intentional care rounding documentation and risk assessments. This will be discussed further in Domain 5.

We observed call bells were generally answered promptly including in areas under significant pressure such as the emergency department, and other admission units such as the medical ambulatory care unit. Patients described receiving assistance with their care needs when required. However, in one area with higher numbers of supplementary staff, patients described having to wait for support due to reduced numbers of staff available to help. This was also observed during the inspection of this area.

Patients generally reported being treated with dignity and respect. However, the placement of additional beds within bay areas had an impact on this. These beds were placed in the middle of the bays, with the bed head pushed against the window or in treatment rooms.

Additional beds within the bays do not have privacy screens and the beds are very close together. Therefore, all of the screens in the bay need to be closed to provide privacy for the patient in the additional bed. Some of the beds against the window also had a vent in the window above the head of the bed. These vents were added to improve the circulation of air in the ward areas during the COVID-19 pandemic. However, this resulted in a draft above the patients head. In some instances the additional beds are under the night light for the bay area which remains on a low light setting all night and cannot be turned off. Patients in these beds then had to sleep with the light on above their head all night.

Other concerns include patients not having access to a call bell. Senior managers confirmed this has been mitigated using the selection criteria to ensure only patients who were mobile were placed in these additional beds. In some instances patients had been provided with a hand bell although this is not in place for all additional beds. There is also no access to wall mounted oxygen for emergency care or electricity to power the bed. This means that the height of the bed cannot be adjusted. The inability to adjust the height of the bed impacts on the patient's care experience, staff delivering care and the cleaning and preparation of the beds and increases the risk of staff and patient injury.

Patients cared for in additional beds within non-standard care areas such as treatment rooms did have access to wall mounted oxygen and electric sockets were available to supply electricity to the bed. However, these rooms do not have an ensuite toilet or shower room which meant patients cared for in these areas were required to use the facilities in one of the ward bays.

As discussed earlier in the report, some of the patients we spoke with were unhappy about being cared for in these beds. Despite this, inspectors observed that in the majority of cases the patients' care needs did meet the criteria in the risk assessment. For example, the patients were independently mobile and did not requiring oxygen therapy. NHS Lanarkshire senior managers informed us that the NHS board is working hard to find solutions to remove the need for the additional beds. This has involved visiting other NHS boards to understand how they are managing increased capacity. NHS Lanarkshire is also considering extending the ambulatory care unit hours to include weekend provision. Whilst inspectors recognised the extreme pressures across the hospital site during this inspection and the need to provide additional beds, the use of additional beds does impact the patient care experience and the ability of staff to deliver care safely. A requirement has been given to support improvement in this area.

During this inspection inspectors were made aware of a patient who had been in a chair in the waiting area of the emergency department all night. The patient had been seen by medical staff the night before and should have been admitted to a care area to commence medical treatment. However, due to miscommunication between the emergency department and the ambulatory care area the patient remained in the emergency waiting area until the morning when the patient alerted staff they had not yet been admitted to a care area. Inspectors raised this with senior managers who addressed this concern immediately and found an appropriate care area for the patient. We were provided with evidence this had been raised as an incident through the NHS board's incident reporting system. Senior managers also confirmed this had been communicated to the care areas involved to reduce the risk of this happening again. A requirement has been given to support improvement in this area.

Area of good practice

Domain 2	
2	We observed positive, respectful and person-centred care interactions between staff and patients in all areas inspected.

Requirements

Domain 2	
2	NHS Lanarkshire must ensure that when patients are cared for in non-standard areas privacy and dignity are maintained, patients have access to a call bell and any risks to staff or the patient are addressed to ensure the safe delivery of care.
3	NHS Lanarkshire must ensure effective communication between the emergency department and other admission areas to ensure awareness and appropriate care of all patients who have been assessed and require admission.

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

- **Quality indicator 5.1 – Safe delivery of care**

We observed that despite ward areas and departments being busy and experiencing staff shortages, the wards were well organised with evidence of effective teamwork and leadership evident. However, improvements are required including the completion of care documentation.

We observed the majority of areas were calm and well organised with good leadership and teamwork to support the safe delivery of care despite ward areas and departments being busy and experiencing staff shortages.

In the emergency department we observed all patients were being cared for in designated cubicles or rooms. Due to the increased pressures some patients had been cared for in the department overnight. Whilst it is not ideal to have patients remain in the emergency department all night, we observed efforts were made to promote patient care and comfort. For example, we observed patients were cared for in hospital beds and not on trolleys and there was also a good availability of food and fluids. Patients we spoke with in this area were complimentary about the care they were receiving.

The waiting room for the emergency department was located through closed doors at the end of the department. This makes it difficult for staff to observe those waiting for any signs of deterioration. We were advised that reception staff would inform nursing staff if someone became unwell. Senior managers told us that three healthcare support worker posts have recently been advertised with the purpose of providing a staff member to be based in the waiting room to provide care and supervision for those waiting.

In all areas inspected we observed mealtimes were organised and well-coordinated. The majority of patients who required assistance with meals received this in a timely manner. However, we observed that staff regularly missed hand hygiene opportunities at mealtimes. This will be discussed later in the report.

We observed documentation of patient care varied across the hospital. MUST (Malnutrition Universal Screening Tool) charts, SSKIN charts (tool used to assess and plan for patients at risk of developing pressure ulcers) and food and fluid balance charts were incomplete in several areas.

Other documentation includes the Adults with Incapacity (AWI) certificate. These are legal documents which assist the patients, their family and staff to make decisions about the patients care when the patient is unable to do so independently. The AWI certificate is used to authorise treatment for patients who are unable to consent to treatment themselves. We observed on several wards that the AWI certificate had

not been fully completed, or updated or individualised for each patient. We raised this with senior hospital managers who confirmed the importance of AWI completion had been raised with staff and further improvement work was planned. A requirement has been given to support improvement in this area.

In a number of areas inspected we observed medication trolleys and medication storage cupboards were unlocked which is not in line with NHS Lanarkshire's own medication management policy. We highlighted this to the hospital management for action at the time of the inspection. During one of the hospital huddles we attended we observed senior managers raised the concern with staff and highlighted the importance of safe storage of medication. A requirement has been given to support improvement in this area.

In one area inspected, staff highlighted that there had been an increase in patient falls. This was discussed with the hospital management team who were aware that patient falls had risen on the ward. We were advised that whilst increased staffing had been requested for the area, additional staff were not always available. The hospital management team shared plans regarding the employment of mental health nurses to increase the availability of staff to support areas where patients would benefit from enhanced observations. NHS Lanarkshire has ongoing quality improvement work across its hospitals with regards to falls. Senior managers told us NHS Lanarkshire's risk facilitator has oversight of all falls and that every patient who falls, has a post-fall review carried out. The quality improvement safety team are supporting this.

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

We observed hand hygiene compliance to be varied throughout the hospital. This included missed opportunities for hand hygiene after touching patient surroundings and before applying personal protective equipment (PPE) such as gloves and aprons. While we observed that alcohol-based hand rub was available in all ward corridors it was not always available in patient bays.

We observed some patients were offered hand wipes before meals. However, many were not and there were several missed opportunities by staff to perform hand hygiene after touching patient surroundings during mealtimes. A requirement has been given to support improvement in this area.

PPE including gloves, aprons and face masks was readily available in all areas. In the majority of areas it was stored to prevent contamination. However, in some instances where patients were cared for in isolation for infection prevention and control purposes, PPE was stored on an open trolley. We observed the majority of

staff wearing PPE correctly. However, we observed some staff wearing gloves when they were not required. In one clinical area staff were observed reminding colleagues to wear their facemask correctly. This is good practice as all staff should feel enabled to highlight areas for improvement to colleagues.

Transmission based precautions (TBPs) are the additional infection control precautions that should be used by staff when caring for a patient with a known or suspected infection. We observed good compliance with TBPs for patients with a suspected or confirmed infection. We observed signage in place to identify which areas required TBPs including advice on correct PPE.

The majority of areas were compliant with the safe disposal of waste in line with guidance. However, on some occasions we observed staff were not disposing of sharps at the point of use therefore increasing the risk of a sharps injury. A requirement has been given to support improvement in this area.

In a number of areas inspected some patient use equipment was not clean. This included dusty dressing trolleys, dirt on the wheels and stands of observation machines and IV drip stands. Other medical equipment including a blood glucose monitor and resuscitation trolley had visible contamination. We also observed staff using electronic handheld tablets to record patient observations. In the majority of areas the screens of these tablets were unclean and were not being cleaned after use. A requirement has been given to support improvement in this area.

Due to a lack of storage facilities we observed some communal bathrooms within ward areas were being used for storage. We were advised by hospital management that an assessment of infrequently used water outlets was underway and these would be removed as part of the plan to convert the bathrooms into appropriate storage areas.

In all areas inspected the overall environment of the hospital was clean and in good repair which supports effective cleaning. Domestic staff we spoke with were knowledgeable and could describe the correct cleaning products in use in line with guidance.

Areas of good practice

Domain 5	
3	Care areas were calm and well organised with good leadership and teamwork to support the safe delivery of care observed.
4	Staff were observed reminding colleagues to wear their facemask correctly.
5	The overall environment of the hospital was clean and in good repair.

Requirements

Domain 5	
4	NHS Lanarkshire 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), care and comfort rounding charts and fluid balance charts and Adults with Incapacity (AWI) documentation.
5	NHS Lanarkshire must ensure the safe storage of medicines at all times.
6	NHS Lanarkshire must ensure that staff carry out hand hygiene and the storage of personal protective equipment in line with current guidance.
7	NHS Lanarkshire must ensure the safe disposal of sharps.
8	NHS Lanarkshire must ensure that patient use equipment and electronic hand held devices are clean and ready for use.

Domain 7 – Workforce management and support

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

We observed supportive multidisciplinary real time staffing discussions which took place during the safety huddles at agreed times throughout the day. Despite the significant staff shortages it was observed that wards were well managed.

NHS Scotland continues to experience significant pressures compounded by staffing vacancies and recruitment challenges. We reviewed nationally available workforce data for University Hospital Wishaw. This demonstrated high levels of vacancies, particularly evident within registered nursing and allied health professionals (AHP) staff groups. Despite these workforce pressures we observed good and visible leadership and proactive management of emerging staffing risks.

Multidisciplinary teams stated that at times they were working with less than optimal staffing levels and the necessary skill mix to fully support the delivery of safe

and effective care. The nursing teams specified that they were well supported by the senior leadership team.

We observed supportive multidisciplinary team real time staffing discussions which took place during the safety huddles at agreed times throughout the day. The purpose of the safety huddles is to provide site situation awareness, understand patient flow and raise issues such as patient safety concerns and staffing updates.

University Hospital Wishaw uses a nursing staffing template. This template records a risk status for staffing. We observed that the staffing template did not align with patient complexity or dependency scoring. However, we observed staff using professional judgement and confidently contributing to the discussions regarding staffing and patient safety. It was notable that the staffing mitigations and escalations were not consistently documented in the staffing template reports. A more robust approach is recommended to make certain that the staffing mitigations and escalations are recorded more consistently. A requirement has been given to support improvement in this area.

Supplementary staffing includes substantive staff working additional hours, staff from the NHS board's staff bank or staff from an external agency. Supplementary staffing was being used to support staffing gaps and clinical areas experiencing increased service demands. The use of supplementary staffing was not always evenly distributed. However, it was noted that many supplementary staff were well known to the ward which provides continuity of care. There was good communication and teamwork evident within the wards who were allocated supplementary staff.

We reviewed workforce data sourced from nationally available information. We discussed this information with the senior managers and they agreed that the data was reflective of the current situation. This data demonstrated a high level of vacancies, particularly within the registered nurse and AHP groups. Absence data provided for nursing staff demonstrated a high level of absences.

There are proactive recruitment processes in place. However, despite this it remains challenging to recruit to nursing and AHP vacancies across NHS Scotland.

We observed several initiatives to promote communication to support an open and transparent culture within the hospital campus. For example:

- Encouraging staff to report concerns on the NHS electronic incident reporting system.
- Transparency around the assessment of staffing risk each day.
- Multidisciplinary team collaboration and communication strategies between all professional groups such as AHPs, domestic services and medical staff; this was particularly evident in wards and departments.

- Wellbeing initiatives were prioritised including hosted wellbeing weeks, access to a variety of resources and staff being encouraged to attend staffing summits with senior management.
- An anonymised 'just culture' questionnaire which allows staff to document their views. Results are reviewed by the senior leadership team to identify and address common themes. They plan to work collaboratively with staff to act on these themes and suggestions.

Despite the significant staff shortages, we observed wards were well managed. Leadership and communication was effective and staff were focused on the provision of safe and compassionate care for the patients. Staff told us that they were well supported by leadership and were able to raise concerns.

Area of good practice

Domain 7	
6	Open and transparent processes and visible leadership.

Requirement

Domain 7	
9	NHS Lanarkshire must ensure that it makes full use of its staffing template and consistently report and record staffing risks, as well as robustly recording mitigations and recurring risk in line with good governance processes.

Domain 9: Quality improvement-focused leadership

- **Quality indicator 9.2–Motivating and inspiring leadership**

We observed a supportive culture with good visibility of senior clinical colleagues and managers working together to support staff, reduce risk and support patient safety. However, to support the delivery of safe care, appropriate and timely review and approval of policy and procedures should be in place. Policies in place should also be reflective of the current system pressures

In all areas inspected staff described a supportive culture from senior clinical colleagues and managers. Despite significant challenges with reduced staffing and increased patient numbers we observed the majority of areas had good clinical leadership and appeared to be calm and well organised.

Inspectors observed open and supportive conversations between the ward staff and their senior colleagues. Senior clinical staff were visible throughout the inspection in all clinical areas.

As discussed in Domain 7, we attended several hospital huddles during the inspection including the board huddle. This is attended by senior managers across all three acute hospital sites in NHS Lanarkshire, working together to support patient safety.

We observed that patient care and safety was a strong focus throughout the huddles. The pressures across the hospital site were understood and the waiting times for patients in the emergency department and other admission areas such as ambulatory care areas highlighted. There was good representation at the huddles by the multidisciplinary team including nursing, allied health professions, medical staff, estates and facilities, infection prevention and control and diagnostics departments. We observed open and transparent conversations raising concerns about the specific risks.

We observed senior colleagues and managers working to support each area and reduce risk. However, the extent of the pressures at the time of this inspection meant that all risks could not be fully mitigated. For example, long waits for patients in the emergency department and ambulatory care unit, several care areas remained short of staff and the additional beds continued to be required.

We recognise the whole team approach to addressing the pressures and supporting patient care and safety and many clinical staff were present at huddles through the day. However, this resulted in staff being away from their clinical areas for long periods of time at busy times throughout the day.

As discussed earlier in this report, NHS Lanarkshire was able to provide evidence that staff have raised incidents or concerns. From this there appears to be a culture of open reporting of incidents with a willingness to learn from them within the organisation. We were also provided with information of significant adverse event reviews being carried out by NHS Lanarkshire in response to the incidents being reported.

In response to incidents and the increased pressures across the hospital we were provided with some draft process documents that had been developed to support staff in clinical areas over the busy Christmas and New Year periods. These included medical ambulatory care capacity and escalation policy, and patient in surge capacity areas standard operating procedures. We discussed the development of these document with senior managers who explained staff working in the areas and senior clinical staff contributed to the production of the documents. However, the governance around their production was not clear with no obvious authors, date created, date for review or approval process contained within the documents. Senior managers told us these had not yet been through a formal governance review as they were put in place quickly to support the operational needs of the service at a busy time.

Another key policy in operation during this inspection was the full capacity protocol (FCP). This is a policy to support staff to make decisions and select the correct location for the placement of additional patients during times of increased pressure and increased patient numbers. At the start of our inspection senior managers highlighted they were operating beyond the scope of this document. Areas that were not included within the FCP had additional beds, this included. For example, care of the elderly wards where the risk of having additional beds would be greater due to the care needs of the patients. However, as described earlier in the report, inspectors observed in the majority of cases the patients cared for within the additional beds were the most suitable and met the criteria within the patient risk assessment.

As care areas had been adjusted to include additional beds and the use of non-standard care areas, we requested a copy of University Hospital Wishaw's most recent fire safety risk assessment. This report highlighted recommendations to be completed by the NHS board. We were provided with evidence of works being carried out and the boards repose to meet the recommendations within the report.

To support the delivery of safe care appropriate and timely, review and approval of policy and procedures should be in place which would support improved governance. Policies in place should also reflect the current system pressures. A requirement has been given to support improvement in this area.

Area of good practice

Domain 9	
7	An open and supportive culture with good visibility of senior clinical colleagues and managers.

Requirement

Domain 9	
10	NHS Lanarkshire must ensure effective and appropriate governance approval and oversight of draft policies and procedures are in place. The NHS board must ensure policies such as the full capacity protocol remain fit for purpose and reflect the current system pressures.

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.

- 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, Dec 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)
- Quality of Care Approach – The Quality Framework First Edition: September 2018 (Healthcare Improvement Scotland, September 2018)
- 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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