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Unannounced **Follow-up** Inspection Report

Acute Hospital Safe Delivery of Care Inspection

University Hospital Monklands

NHS Lanarkshire

20 January 2026

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Healthcare Improvement Scotland Unannounced Inspection Report (University Hospital Monklands, NHS Lanarkshire): 20 January 2026

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.

Since August 2025 we have been undertaking a series of shorter unannounced Safe Delivery of Care follow-up inspections of all NHS Boards previously inspected. The focus of the follow-up inspections is the NHS boards' previous inspection requirements and subsequent improvement action plans. We review progress made against the relevant actions to provide assurance that all actions were completed or where actions remain outstanding, progress has been made.

The follow-up inspections use our existing Safe Delivery of Care inspection methodology and reporting structure to fully align to the Healthcare Improvement Scotland Quality Assurance Framework. Further information about the methodology for acute hospital safe delivery of care follow-up inspections can be found on our [website](#).

Approach

We carried out an unannounced Safe Delivery of Care inspection of University Hospital Monklands, NHS Lanarkshire, on Tuesday 18 and Wednesday 19 January 2022. Inspectors returned to University Hospital Monklands on Tuesday 1 February 2022 to follow up on an area of concern identified during the earlier inspection. As well as noting four areas of good practice, a total of seven requirements were made to the NHS board which are listed within this report.

To address these requirements, and in line with our safe delivery of care methodology, NHS Lanarkshire submitted an [improvement plan](#) detailing the actions it intended to take in response to the concerns we identified.

We returned to carry out an unannounced follow-up inspection of University Hospital Monklands on Tuesday 20 January 2026 to assess progress made against the actions contained within the NHS Lanarkshire improvement action plan.

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, infectious diseases unit, haematology and Lanarkshire's renal unit.

During our **previous inspection** 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, and
- ward 26.

During our follow-up inspection in January 2026, we revisited several of the areas previously inspected to provide assurance of improvement within these areas. We also included a broad range of specialties to help us to understand the extent of any wider improvements across the hospital. We inspected the following areas:

- emergency department
- medical assessment unit
- ward 2
- ward 4
- ward 6
- ward 7
- ward 9
- ward 10
- ward 12
- ward 14, and
- ward 17.

We reviewed progress made against the previous inspection requirements and the NHS board's subsequent improvement action plans to provide assurance that all actions were completed or where actions remain outstanding, progress has been made.

As part of our inspection, we also asked NHS Lanarkshire to provide evidence of its policies and procedures relevant to the focus of this inspection. The purpose of this is to limit the time the inspection team is onsite and reduce the burden on ward staff.

The findings detailed within this report relate to our areas of focus across the hospital.

We would like to thank NHS Lanarkshire, and particularly all staff at University Hospital Monklands 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'. Details of the previous inspection can be found [here](#).

During this inspection we observed staff working collaboratively to provide compassionate and responsive care. We observed good examples of communication of patient and staff safety issues, including processes in place to provide staff with feedback of the actions taken to address these risks.

This inspection identified improvements in the maintenance reporting system and in mealtime coordination; mealtimes were managed well with identifiable mealtime coordinator(s) in each department inspected.

We acknowledge progress has been made through NHS Lanarkshire's improvement action plan. Some areas of improvement remain, such as the completion and updating of patient care documentation and hand hygiene compliance. Further areas for improvement identified during this inspection relate to the maintenance of patient dignity, privacy and choice when placed in mixed sex bays within receiving areas.

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

This follow-up inspection resulted in two areas of good practice, one recommendation and three new or updated requirements.

A requirement in the inspection report means the hospital or service has not met the required standards and the inspection team are 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 believe the NHS board should follow to improve standards of care.

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: <http://www.healthcareimprovementscotland.scot>

Areas of good practice from this follow-up inspection

The unannounced follow-up inspection to Monklands University Hospital resulted in two areas of good practice.

Domain 4.1

- 1 Staff had good awareness of patients' dietary requirements and mealtimes were well coordinated (see page 15).

Domain 6

- 2 Patients and relatives we spoke with described kind and compassionate care, with staff described as supportive and engaging (see page 17).

New recommendation from this follow-up inspection

The unannounced inspection to University Hospital Monklands resulted in one recommendation.

Domain 4.1

- 1 NHS Lanarkshire should ensure that patients are assisted with hand hygiene prior to mealtimes where required (see page 15).

New or updated requirements from this follow-up inspection

The unannounced inspection to University Hospital Monklands resulted in three new or updated requirements.

Domain 1

- 1 NHS Lanarkshire must ensure when patients are cared for in mixed sex bays, suitable mitigations are put in place to maintain patient dignity, respect and choice (see page 12).

This will support compliance with:

Health and Social Care Standards (2017) Criterion 1.20 and Quality Assurance Framework (2022) Criterion 6.1.
- 2 NHS Lanarkshire must ensure that all patient care documentation is completed including risk assessments (see page 12).

This should include:
 - Risk assessments for any identified care and safety needs.
 - Care plans should be completed and regularly evaluated and updated to reflect changes in the patient's condition or needs.
This will support compliance with:

The Code: Professional Standards of Practice and Behaviour for Nurses and Midwives (2015); and Food, Fluid and Nutritional Care Standards (2014) Criterion 2.9a.

Domain 4.1

- 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 16).

This will support compliance with:

National Infection Prevention and Control Manual (2021).

What we found during this follow-up inspection

Domain 1 – Clear vision and purpose

Quality indicator 1.5 – Key performance indicators

During the previous inspection we gave a requirement relating to incomplete or inconsistent completion of patient care documentation. This included completion of risk assessments to identify patient care needs and risk assessments for the appropriate placement of patients.

This resulted in the following requirement.

Previous inspection (January 2022) requirements

- 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 requirement has not been met. To support more focused improvement, an updated requirement has been given.

Healthcare Improvement Scotland does not support the use of contingency beds and beds within non-standard care areas such as treatment rooms and corridors. While we acknowledge the need to reduce the serious pressures on services at times of increased capacity and emergency admissions, NHS boards must ensure that patient safety, privacy, and dignity is not compromised. Where contingency beds are being used NHS boards must ensure appropriate patient placement and selection criteria are in place which should be fully risk assessed to ensure that patient safety, privacy, and dignity is not compromised.

During this follow-up inspection we observed patients being cared for in corridor areas within the emergency department, referred to as treatment escalation spaces. Nursing staff we spoke with told inspectors a risk assessment is completed for each patient cared for within these areas. The risk assessment provides guidance for the use of temporary spaces, such as corridors within the emergency department. It details risk factors that may place patients at a higher risk of harm if cared for within these areas. These include patients with mental health concerns, cognitive impairment, immediate concern of clinical deterioration, infection control or at risk of falls. While we observed completed risk assessments for all patients being cared for in these areas, we also observed that the majority of these identified that the patients were at high risk of falls.

Nursing staff told us that when a standard care area is not available for a patient who is assessed as meeting the higher risk criteria, the risk assessment documentation requires the staff member to discuss the patient placement with the nurse and

emergency physician in charge of the area. They must agree that patient placement has been considered and that patient placement within the corridor area is the safest option at that time within the department. Mitigations in place to reduce risks included the allocation of a dedicated corridor care nurse who is responsible for all patient care needs for the patients being cared for in the treatment escalation spaces. This included administration of medications, assistance with personal care and monitoring of vital signs. We observed patients placed within corridors receiving medications, physical observations, diet and fluid, and were assisted to utilise the bathroom where required. Temporary portable privacy screens were available if required to promote privacy and dignity. Staff told inspectors that the patients in treatment escalation spaces were discussed at the emergency department safety huddles to ensure consideration of patient placement. The number of patients placed within these spaces was also discussed at the hospital wide safety huddle and we observed this was recorded within huddle outputs provided as evidence by NHS Lanarkshire.

Mixed sex bays can have an impact on the privacy, dignity, and personal choice of patients, particularly where there is no availability of single sex bathrooms. Within the medical assessment unit, inspectors observed a four bedded bay accommodating both male and female patients. Staff told us they use professional judgment to identify if a patient is suitable or not for this type of accommodation. Inspectors were told staff utilise curtains between patients to ensure dignity is maintained. We were advised that where patients raised concerns regarding their placement in these rooms, this would be reassessed to identify if a more suitable area is available. Senior managers told us that patients are placed in mixed sex admission areas where they are expected to remain for less than 24 hours and where patients are being cared for in critical care areas such as intensive care units. During the time of the inspection, inspectors observed that each four bedded bay only had one shared toilet and shower. This could impact patients' dignity, privacy and personal choice and therefore a requirement has been given to support improvement within this area.

During the inspection we observed a number of concerns in relation to the completion of patient care risk assessments such as The Malnutrition Universal Screening Tool. Within some areas inspected these were inconsistently completed such as dietary preferences information not being updated or patients weight not being reviewed following a prolonged admission. Additionally, documentation relating to the use of peripheral venous catheters were found to be incomplete with no dates of insertion, and ongoing monitoring not documented or not completed at all. This was fed back at the time of inspection to both clinical areas and senior managers.

We were told new patient care documentation was being trialled in an effort to improve the completion of patient specific risk assessments and care plans. Staff we spoke with felt the new documentation supported ongoing care planning as it has less paper and was easier to use. Inspectors found the majority of care plans to have been completed to a high standard.

While some progress has been made in the completion of patient care plans and risk assessments, further improvement is still required in the consistency and completion of risk assessment documentation. As a result, an updated requirement has been issued to support improvement in this area.

New requirements

Domain 1

- | | |
|---|--|
| 1 | NHS Lanarkshire must ensure when patients are cared for in mixed sex bays, suitable mitigations are put in place to maintain patient dignity, respect and choice. |
| 2 | <p>NHS Lanarkshire must ensure that all patient care documentation is completed including risk assessments.</p> <p>This should include:</p> <ul style="list-style-type: none"> • Risk assessments for any identified care and safety needs. • Care plans should be completed and regularly evaluated and updated to reflect changes in the patient's condition or needs. |

Domain 2 – Leadership and culture

Quality indicator 2.1 – Shared values

During the previous inspection in 2022 we identified a lack of effective systems and processes to identify and communicate patient safety risks. Although concerns were highlighted at hospital huddles there were gaps in the escalation of patient safety risks and communication throughout the organisation.

This resulted in the following requirement.

Previous inspection (January 2022) requirements

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|---|---|
| 2 | 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 requirement has been met.

During this follow-up inspection we had the opportunity to attend hospital wide safety huddles. During the huddles patient safety concerns were discussed such as any falls with harm or patients awaiting review by a specialist team while boarding in another area. The term boarding refers to a patient who is being cared for outwith their speciality. Any actions such as patients requiring urgent review were taken forward by clinical teams. This was observed during the huddles where patients were escalated and a plan for review was put in place.

National Early Warning Score (NEWS2) charts are used to record a patient’s physiological parameters such as heart rate and blood pressure and will alert staff if a patient is at risk of deterioration. They provide guidance to support the development of an appropriate care plan for patients and highlight specific care needs. We observed during the safety huddle that patients with a raised NEWS2 score were highlighted to be reviewed by medical staff. The hospital wide safety huddles were well attended by members of the multidisciplinary team such as nursing, medical and allied health professionals. Any immediate patient safety risks such as those requiring urgent review or any long waits for beds within the emergency department were discussed and escalated during the huddle.

Staff we spoke with also described directorate and ward-based safety briefs. Directorate huddles allowed for any immediate staffing and patient safety concerns to be escalated and addressed prior to the hospital wide huddle. This included identifying a need to redistribute staff or any patients requiring immediate medical review. Ward based safety huddles allowed feedback to be provided to clinical areas from the nurse in charge who attended the hospital wide safety huddles.

Staff told inspectors they felt well informed of discussion and outcomes from the hospital huddles, describing confidence in the systems and processes in place to escalate any additional safety concerns outwith the huddles should this be required. Within the areas inspected we observed staff working well together with good communication and no barriers to escalation.

Domain 4.1 – Pathways, procedures and policies

Quality 4.1 – Pathways, procedures and policies

During the previous inspection, requirements were given to support improvement in hand hygiene compliance, reporting and monitoring of essential maintenance and management of patient mealtimes.

This resulted in the following requirements.

Previous inspection (January 2022) requirements	
3	<p>NHS Lanarkshire must ensure that patient mealtimes are managed consistently and that patients receive adequate support at mealtimes.</p> <p>This requirement has been met.</p>
4	<p>NHS Lanarkshire 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 requirement has not been met and will be carried forward.</p>

5 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 requirement has been met.

Standard infection control precautions should be used by all staff at all times to minimise the risk of cross infection. Practicing good hand hygiene helps reduce the risk of the spread of infection and should be carried out effectively by all staff within the clinical area at appropriate times. We observed several missed hand hygiene opportunities during this follow-up inspection in a number of clinical areas. These included between contact with patients, and patient environment and equipment. Within some areas we observed poor compliance of glove usage throughout all staffing groups, including overuse of gloves and non-compliance with hand hygiene practices following removal of gloves. Due to these observations an updated requirement has been given to focus improvement.

Effective mealtime coordination ensures that patients are prepared for their meal when it arrives and considers if additional person-centred support is required. We observed that daily mealtime coordinators were nominated within all areas inspected which helped to manage mealtimes well. Inspectors observed person-centred interactions between staff and patients, with staff taking time to assist patients with eating and drinking and ensuring patients received meals relevant to their dietary requirements such as textured meals. However, in the majority of areas it was observed that patients were not offered, or encouraged to perform hand hygiene before mealtimes. A recommendation has been given to support improvement in this area.

During our previous inspection we observed the healthcare environment had areas of wear and tear evident to walls, toilets and shower rooms making effective cleaning more challenging. During this inspection areas of wear and tear were evident to walls and flooring. Within the emergency department and medical assessment unit we observed tape used as a temporary repair to several breaks in flooring in high traffic areas such as main corridors. This may create a trip hazard to patients, staff and visitors and make it more difficult for effective cleaning. Inspectors were told that high patient occupancy levels in the hospital made it challenging to close the area in order to undertake a permanent repair. Staff explained this had been reported to the estates team and they were working together to find a solution for permanent repair. This was raised with senior managers at the time of the inspection. Staff told inspectors regular environmental walk rounds are carried out to monitor the condition of the flooring. A review is planned for February 2026 to consider options and a plan to close the area in phases, to replace the flooring.

The hospital uses an online reporting system for any required maintenance work. Whilst onsite inspectors were able to view the system online. The user can monitor the timeframe of reported issues and escalate urgency to the estates team if required.

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Staff described the system was user friendly and informative, stating they found small repairs or anything deemed to be a potential patient risk are actioned quickly. Staff told inspectors that where a repair is carried out, the nurse in charge of the area is invited to inspect the repair prior to signing it off as completed. Additionally, staff told inspectors that the estates team are supportive and responsive.

Area of good practice

Domain 4.1

- | | |
|---|---|
| 1 | Staff had good awareness of patients’ dietary requirements and mealtimes were well coordinated. |
|---|---|

New recommendation

Domain 4.1

- | | |
|---|---|
| 1 | NHS Lanarkshire should ensure that patients are assisted with hand hygiene prior to mealtimes where required. |
|---|---|

Updated requirement

Domain 4.1

- | | |
|---|---|
| 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. |
|---|---|

Domain 4.3 – Workforce planning

Quality 4.3 – Workforce planning

During our previous inspection we found the use of supplementary staff was not proportionately distributed across the site. This could have had an impact on skill mix where supplementary staff are not familiar with the area they are working in. Inspectors found that wards in which there was a full complement of permanent staff showed more effective communication and safe delivery of care. Additionally, it was observed that the hospital wide safety huddles focused on bed and staffing numbers with less priority given to recognising the complex level of needs of patients on the ward and the skills of staff required to meet those needs.

This resulted in the following requirements.

Previous inspection (January 2022) requirements

- | | |
|---|--|
| 6 | 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 requirement has been met.	
7	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 requirement has been met.	

NHS Lanarkshire uses an electronic staffing system which records real time staffing numbers, including skill mix, and considers patient acuity. This also highlights if staff on duty are substantive or supplementary staff, and red flags can be raised to escalate staffing concerns. Supplementary staffing includes substantive staff working additional hours, staff from the NHS board’s staff bank or staff from an external agency. A high use of supplementary staff can have an impact on continuity of care. During this inspection, we reviewed staffing levels, skill mix, escalation processes, and workforce pressures across a range of departments.

We observed effective systems of communication in place between members of the multidisciplinary team regarding patient and staff safety issues. This included verbal and documented handovers, ward and hospital wide safety huddles and the use of the electronic staffing system. We observed staffing is reviewed across the site during the daily huddles and staff can escalate concerns in between these. We observed staffing risks being actively discussed and recorded during the safety huddles. Staff were verbally provided with feedback and rationale for redeployment of staff where appropriate. Within huddle outputs submitted as evidence we observed clear documentation of staffing levels and planned movement from one clinical area to another.

Throughout each 24-hour period a clinical band 7 undertakes the role of ‘hospital cover’ to ensure unexpected staffing related issues are identified, resolved or escalated and feedback is provided to affected clinical areas. Staff reported feeling confident to raise concerns and felt that they were listened to by senior colleagues.

Domain 6 – Dignity and respect

Quality 6.2 – Dignity and respect

We observed compassionate and respectful interactions between staffing teams, staff members, patients and families. Staff were welcoming, and nurse call bells were answered promptly. Patients within wards appeared well cared for and inspectors observed curtains being used for privacy and staff were in regular contact with patients who did not have visitors. Patients spoke highly of the care provided and were happy with the care they were receiving.

Area of good practice

Domain 6

- 2 Patients and relatives we spoke with described kind and compassionate care, with staff described as supportive and engaging.

Appendix 1 - 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, September 2024)
- [Ageing and frailty standards – Healthcare Improvement Scotland](#) (Healthcare Improvement Scotland, November 2024)
- [Delivering Together for a Stronger Nursing & Midwifery Workforce](#) (Scottish Government, March 2025)
- [Fire Scotland Act](#) (Acts of the Scottish Parliament, 2005)
- [Food, fluid and nutritional care standards – Healthcare Improvement Scotland](#) (Healthcare Improvement Scotland, October 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](#) (Healthcare Improvement Scotland, May 2022)
- [National Infection Prevention and Control Manual](#) (NHS National Services Scotland, January 2024)
- [Healthcare Improvement Scotland and Scottish Government: operating framework](#) (Healthcare Improvement Scotland, 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 and framework – Healthcare Improvement Scotland](#) (Healthcare Improvement Scotland, September 2022)
- [Staff governance COVID-19 guidance for staff and managers](#) (NHS Scotland, August 2023)
- [The Code: Professional Standards of Practice and Behaviour for Nurses and Midwives](#) (Nursing & Midwifery Council, October 2018)

Appendix 2 - List of all requirements

New and updated requirements to be addressed from January 2026 inspection
NHS Lanarkshire must ensure when patients are cared for in mixed sex bays, suitable mitigations are put in place to maintain patient dignity, respect and choice.
NHS Lanarkshire must ensure that all patient care documentation is completed including risk assessments. This should include: <ul style="list-style-type: none">• Risk assessments for any identified care and safety needs.• Care plans should be completed and regularly evaluated and updated to reflect changes in the patient's condition or needs.
Outstanding requirements to be addressed from January 2022 inspection
NHS Lanarkshire must ensure that all staff carry out hand hygiene at appropriate moments and use personal protective equipment in line with current guidance.

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