Unannounced Inspection Report

Acute Hospital Safe Delivery of Care Inspection

Royal Alexandra Hospital

NHS Greater Glasgow and Clyde

8 – 10 April 2024

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About our inspection

Background

In November 2021 the Cabinet Secretary for Health and Social Care approved Healthcare Improvement Scotland inspections of acute hospitals across NHS Scotland to focus on the safe delivery of care. Taking account of the changing risk considerations and sustained service pressures the methodology was adapted to minimise the impact of our inspections on staff delivering care to patients. Our inspection teams are carrying out as much of their inspection activities as possible through observation of care and virtual discussion sessions with senior hospital managers. We will keep discussion with clinical staff to a minimum and reduce the time spent looking at care records.

From April 2023 our inspection methodology and reporting structure were updated to fully align to the Healthcare Improvement Scotland Quality Assurance Framework. Further information about the methodology for acute hospital safe delivery of care inspections can be found on our website.

Our Focus

Our inspections consider the factors that contribute to the safe delivery of care. In order to achieve this, we:

- observe the delivery of care within the clinical areas in line with current standards and best practice
- attend hospital safety huddles
- engage with staff where possible, being mindful not to impact on the delivery of care
- engage with management to understand current pressures and assess the compliance with the NHS board policies and procedures, best practice statements or national standards, and
- report on the standards achieved during our inspection and ensure the NHS board produces an action plan to address the areas for improvement identified.

About the hospital we inspected

The Royal Alexandra Hospital, Paisley, opened in May 1988, and serves a large catchment area. The site has around 770 beds with a wide range of healthcare specialities, including an emergency department. In addition to the main hospital building, the hospital campus retains a number of other services in adjacent facilities. This includes maternity services, care of the elderly and mental health services.

About this inspection

During week commencing 8 April 2024 we carried out inspections of three hospitals in NHS Greater Glasgow and Clyde in line with our safe delivery of care acute hospital inspection methodology.

We carried out an unannounced inspection to the Royal Alexandra Hospital, NHS Greater Glasgow and Clyde on Monday 8 to Wednesday 10 April 2024. We inspected the following areas:

- discharge lounge
- emergency department
- ward 1
- ward 2
- ward 3
- ward 4
- ward 5
- ward 6
- ward 11
- ward 12
- ward 14
- ward 15
- ward 20
- ward 22
- ward 24
- ward 28, and
- ward 32.

Parallel to this inspection we also carried out unannounced focused inspections of the emergency department at the Queen Elizabeth University Hospital on Monday 8 April and Glasgow Royal Infirmary on Tuesday 9 April. As these inspections were focused specifically on the emergency departments, we did not visit any other areas within the hospitals.

As a result of significant patient safety concerns identified during our inspection of the emergency department at Glasgow Royal Infirmary, an unannounced hospital wide safe delivery of care inspection of Glasgow Royal Infirmary was undertaken in June 2024. A report of our inspection findings for this hospital is expected to be published in August 2024.

A copy of the Queen Elizabeth University Hospital Emergency Department inspection report can be accessed here.

On Thursday 4 April 2024 Healthcare Improvement Scotland announced that it was undertaking a review of safety and quality of care at the Emergency Department of Queen Elizabeth University Hospital in response to concerns raised by emergency department consultants at the hospital. The review will also take account of relevant safety considerations across the other main receiving emergency departments in NHS Greater Glasgow and Clyde, including the Royal Alexandra Hospital.

This review will consider the full breadth of the leadership, clinical, governance and operational issues, that may impact on the safety and quality of care in the emergency departments in NHS Greater Glasgow and Clyde, as well as consider any wider learning

for emergency departments across NHS Scotland. Further information about the review and its Terms of Reference can be found here.

This inspection and report are separate to the review and are focused on our inspection of care at the Royal Alexandra Hospital from 8-10 April 2024.

The results of the wider review will be published at a later date.

During our inspection of the Royal Alexandra Hospital, we:

- inspected the wards and hospital environment
- observed staff practice and interactions with patients, such as during patient mealtimes
- spoke with patients, visitors and ward staff, and
- accessed patients' health records, monitoring reports, policies and procedures.

As part of our inspection, we also asked NHS Greater Glasgow and Clyde 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 30 April 2024, we held a virtual discussion session with key members of NHS Greater Glasgow and Clyde staff to discuss the evidence provided and the findings of the inspection. On 3 and 13 May we held further virtual discussion sessions with senior managers of the domestic and facilities team for the Royal Alexandra Hospital.

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 Greater Glasgow and Clyde and in particular, all staff at the Royal Alexandra Hospital 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'.

We observed teams delivering safe and effective care in calm and well led areas. Hospital safety huddles demonstrated open communication and we observed senior staff working collaboratively to mitigate risks. Patients were complimentary on the care they had received and staff described the hospital to inspectors as a good place to work.

Areas for improvement have been identified, including but not limited to, access to adequate cleaning materials, and the establishment of assurance systems for cleaning and safe storage of medication.

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

This inspection resulted in nine areas of good practice, two recommendations and 10 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 Greater Glasgow and Clyde 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

The unannounced inspection to Royal Alexandra Hospital resulted in nine areas of good practice.

Domain 1	
1	We observed a high use of the discharge lounge facilitating improved patient flow throughout the hospital (see page 13).

Domain 2	
2	Hospital safety huddles were open and transparent focussing on patient care (see page 16).
3	We observed good nursing leadership throughout the hospital (see page 16).
4	The emergency department have developed initiatives to recognise good practice within the team (see page 16).

Domain 4.1	
5	Wards were calm and well organised (see page 21).
6	Improvement work has led to a significant reduction in falls in the emergency department (see page 21).
7	Mealtimes were well organised and patients received timely assistance when required (see page 21).

Domain 4.3	
8	NHS Greater Glasgow and Clyde has developed a comprehensive support network for both international nurses and for staff supporting them (see page 25).

Domain 6	
9	We observed good team working throughout the multidisciplinary teams to support patient care (see page 27).

Recommendations

1. The unannounced inspection to Royal Alexandra Hospital resulted in two recommendations.

Domain 4.1	
1	Patients should be assisted with hand hygiene prior to mealtimes where required (see page 22).

Domain 4.3	
2	NHS Greater Glasgow and Clyde should ensure full completion of the staffing level tool and professional judgement tool as part of the Common Staffing Method (see page 25).

Requirements

The unannounced inspection to Royal Alexandra Hospital resulted in 10 requirements.

Domain 1	
1	NHS Greater Glasgow and Clyde must ensure nursing staff are provided with the necessary paediatric training to safely carry out their roles within the emergency department (see page 13). This will support compliance with: Health and Social Care Standards (2017) criteria 1.13 and 3.14, The Code: Professional Standards of Practice and Behaviour for Nurses and Midwives (2018) criteria 9.4 and 13.5 and the Health and Care (Staffing) (Scotland) Act (2019) 12IA and 12II.

Domain 2	
2	NHS Greater Glasgow and Clyde must ensure that: - Domestic resources meet the demands of the service to enable effective cleaning, including adequate access to cleaning equipment (see page 16). Establish assurance systems that provide accurate monitoring, and assurance that concerns raised regarding cleaning of the environment by staff are addressed (see page 16). This will support compliance with: National Infection Prevention and Control Manual (2023), Infection Prevention and Control Standards (2022) criteria 4.8 and 9 and NHS Scotland national cleaning services specification (SHFN 01-02) National Services Scotland.

Domain 4.1	
3	NHS Greater Glasgow and Clyde must ensure that all patients have access to a call bell (see page 22). This will support compliance with: Quality Assurance Framework (2022) Indicator 4.1 and Health and Social Care Standards (2017) Criterion 1.24.
4	NHS Greater Glasgow and Clyde must ensure that all patient care documentation is accurately and consistently completed (see page 22). This will support compliance with: Quality Assurance System (2022) Criterion 4.1 and relevant codes of practice of regulated healthcare professions.
5	NHS Greater Glasgow and Clyde must ensure that all staff follow standard infection control precautions in relation to – - hand hygiene, - personal protective equipment and, - the safe management of linen and waste (see page 22). This will support compliance with: National Infection Prevention and Control Manual (2023), Infection Prevention and Control Standards (2022) and Healthcare Associated Infection (HAI) standards (2015) Criterion 8.1.
6	NHS Greater Glasgow and Clyde must ensure cleaning products are stored safely and securely (see page 22). This will support compliance with: Control of Substances Hazardous to Health (COSHH) Regulations (2002).
7	NHS Greater Glasgow and Clyde must ensure the care environment is in a good state of repair and maintained to support effective cleaning (see page 22).

	This will support compliance with: National Infection Prevention and Control Manual (2023), Infection Prevention and Control Standards (2022), Healthcare Associated Infection (HAI) standards (2015) Criterion 8.1 and NHS Scotland national cleaning services specification (SHFN 01-02) National Services Scotland.
8	NHS Greater Glasgow and Clyde must ensure the safe storage of medicines at all times (see page 22). This will support compliance with: the 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.

Domain 4.3	
9	NHS Greater Glasgow and Clyde must ensure all staff are able to access training required for their role and that senior charge nurses/midwives are able to access protected leadership time (see page 25). This will support compliance with: the Health and Care (Staffing) (Scotland) Act (2019).

Domain 6	
10	NHS Greater Glasgow and Clyde must ensure patient dignity is maintained at all times. This includes but is not limited to access to shower facilities for patients requiring mobility aids (see page 27). This will support compliance with: Quality Assurance Framework (2022) indicators 6.1 and 6.4 and Health and Social Care Standards (2017) criteria 1.4, 1.19 and 5.2.

What we found during this inspection

Domain 1 – Clear vision and purpose

Quality indicator 1.5 – Key performance indicators

Despite pressures on hospital capacity, we observed teams delivering safe and compassionate care. Patient flow was supported by effective use of the discharge lounge.

At the time of the onsite inspection, NHS Greater Glasgow and Clyde was experiencing significant pressures including increased hospital capacity and increased emergency department patient waiting times. The national target for accident and emergency

waiting times means that 95% of patients should wait no longer than four hours from arrival to the emergency department before admission, discharge or transfer for other emergency treatment.

Across NHS Scotland for the week ending 14 April 2024, 64.3% of patients were seen within the four-hour target with 71.3% of patients seen within four hours at Royal Alexandra Hospital. During this week, nine patients waited over 12 hours in the emergency department. Further information on emergency department attendances can be found at NHS Performs weekly update of emergency department activity and waiting times.

Inspectors observed that the emergency department was calm with patients describing kind and attentive care. The majority of patients were being cared for in designated cubicles. However, due to the increased patient numbers in the department some patients were being cared for on trollies in the corridor. These patients appeared comfortable and had not been in the department for an extended period of time. Inspectors were told that patients who were in the department for a prolonged period would be transferred onto a hospital bed for comfort. We did not observe this during our visit as the longest wait in the department was seven hours.

Despite patients being cared for on trollies in the corridor of the department, these additional trollies were not obstructing fire exits. Staff we spoke with told us they had completed fire safety training via an online module and were aware of fire evacuation plans. We were told that the fire wardens for the site were the daily bed manager and estates manager with the nurse in charge of the ward being responsible for fire evacuation for their area. Senior nursing staff in the emergency department told us they hold fire walkthroughs.

Scottish Government emergency signposting guidance seeks to ensure patients receive care in the most appropriate setting whilst helping to improve waiting times and delays in emergency departments and acute admission units. Further information can be found at emergency department signposting/redirection guidance.

We were provided with NHS Greater Glasgow and Clyde's signposting and redirection policy which aims to ensure patients are given the right care, at the right time and the right place. This described how senior nursing staff in the emergency department may redirect patients attending the department to more suitable services such as pharmacy or dental services. However, this policy also documents that this service cannot be fulfilled on a full-time basis due to lack of appropriately trained nursing staff. This was confirmed by nursing staff we spoke with. During our virtual discussion session with NHS Greater Glasgow and Clyde, we were told that a programme has been established to develop the nursing team's skills in signposting and redirection. This includes peer to peer coaching involving experienced staff from other emergency departments in NHS Greater Glasgow and Clyde and opportunities for nursing staff to observe redirection in neighbouring emergency departments.

Staff told us that general practitioners can refer patients directly to the medical assessment unit and surgical assessment unit and that this helps to reduce overcrowding in the emergency department. We were told that if a patient is triaged in these areas and has an elevated National Early Warning System 2 (NEWS2) score the patient will be transferred to the emergency department for urgent review. NEWS2 is a system that measures a patient's physiological measurements such as blood pressure and pulse. It identifies patients who are at risk of or have become unwell in order for medical and nursing staff to respond.

NHS Greater Glasgow and Clyde utilise the NHS Greater Glasgow and Clyde Continuous Flow Model in the Royal Alexandra Hospital. The purpose of using this is to promote safe and effective patient flow throughout the hospital and reduce overcrowding and excessive waits in the emergency department and assessment units. We were provided with the Royal Alexandra Hospital continuous flow standard operating procedure within evidence submitted to us. The policy explains that all patients are identified as suitable for the continuous flow model. However, certain patient groups may need to be moved directly into a bed space for safety or dignity reasons. These patient groups include those receiving end of life care, patients with an acute mental health presentation or learning disability and patients requiring isolation for infection control purposes. In order to facilitate these particular moves another patient in the ward may need to be identified to come out of their bed whilst awaiting either discharge home or transfer to another ward. Inspectors did not observe any patients waiting in ward areas for a bed. However, in incident reports we observed there were instances where staff felt patients had been transferred to a ward inappropriately. We can see in evidence returned that senior managers have held focussed meetings with staff to discuss these concerns. As a result, an action plan has been developed which includes familiarising staff with the continuous flow model, ensuring staff are able to identify the most suitable patient to be moved from a bed, identifying suitable areas in a ward for patients to wait and the procurement of comfortable chairs and privacy screens to support patient comfort and dignity.

Inpatient paediatric services are no longer provided at the Royal Alexandra Hospital. However, the emergency department continue to assess paediatric patients. The majority of nursing staff in the emergency department are trained to provide nursing care to adults. We asked NHS Greater Glasgow and Clyde to provide us with the levels of nursing staff who are trained in paediatric life support. Paediatric life support training includes basic paediatric life support, paediatric immediate life support and advanced paediatric life support. The Royal College of Paediatrics and Child Health standards 'Facing the Future: Standards for children in emergency care settings' documents that every emergency department treating children must have their qualified staff trained in infant and child basic life support, with one member of staff on duty at all times who has advanced paediatric life support (or equivalent training).

We asked for the training compliance for registered nurses within the emergency department who had completed additional paediatric life support training including the paediatric immediate life support course. This course was developed by the

Resuscitation Council UK for health professionals who may have to manage and treat paediatric patients in an emergency. We were told that 8.4% of emergency department nursing staff are trained in paediatric immediate life support and 40% trained in basic paediatric life support. During our virtual discussion session we were advised by senior managers that they ensure staff who are appropriately trained to deal with paediatric emergencies are rostered on each shift. We were also told that there are plans in place to improve training compliance for paediatric life support. We did not observe any adverse event incident reports regarding paediatric emergencies in evidence provided by NHS Greater Glasgow and Clyde. However, a requirement has been given to support improvement in paediatric life support training.

Staff told us if paediatric patients are assessed as requiring admission to an inpatient ward, that they will be transferred to the Royal Hospital for Children in Glasgow by ambulance. As part of this inspection, we requested evidence of any incidents reported by staff that had occurred in the emergency department in the three months prior to the inspection. From this we observed one incident where a child attended the emergency department who was at risk of deterioration, was redirected to the Royal Hospital for Children and transferred by car. As part of evidence submitted, NHS Greater Glasgow and Clyde provided us with the ‘paediatric redirection standard operating procedure for the Royal Alexandra Hospital and Inverclyde Royal Hospital’ which guides nursing and medical staff in the emergency department on the safe transfer of paediatric patients to the Royal Hospital for Children in Glasgow. In this guidance, any paediatric patient with a Paediatric Early Warning Score of 1 or more should be assessed by a member of the senior medical team prior to deciding to transfer. The Paediatric Early Warning Score is a system that measures physiological parameters such as heart rate, respiratory rate and blood pressure as well as recording staff or carer concerns. In the evidence submitted we observed that this patient had been triaged quickly, staff had followed the guidance in this policy and that the patient arrived safely at the Royal Hospital for Children within 30 minutes of arriving at the Royal Alexandra Hospital.

Inspectors were told that when the emergency department is full there can be delays in patients being transferred from ambulances into the emergency department. Patients that are waiting to be transferred remain under the care of colleagues of the Scottish Ambulance Service until a space becomes available in the department. Inspectors did not observe any delays to patients being transferred from ambulances whilst in the department and we did not see any reported safety incidents relating to patients awaiting transfer from ambulances into the department.

During our onsite inspection we visited the discharge lounge. This is an area of the hospital where patients who are medically fit for discharge, can wait for services such as transport or prescribed medication to take home. The use of the discharge lounge improves patient flow throughout the hospital by releasing beds for patients awaiting admission. We were told that the senior charge nurse for the discharge lounge has worked with senior charge nurses in wards to promote the use of the discharge lounge and that the senior nursing team receive information monthly over missed

opportunities to use the service. We observed that the discharge lounge in the Royal Alexandra Hospital had a high number of patients using the service which supported increased patient flow throughout the hospital. Nursing staff in the discharge lounge described close working relationships with both pharmacy and transport teams to ensure patients discharge was not delayed. The nursing team also told us of a local service where they could offer additional support to vulnerable patients which included a referral to the support and information service which could provide an emergency supply of food, energy and money advice if needed.

Area of good practice

Domain 1	
1	We observed a high use of the discharge lounge facilitating improved patient flow throughout the hospital.

Requirement

Domain 1	
1	NHS Greater Glasgow and Clyde must ensure nursing staff are provided with the necessary paediatric training to safely carry out their roles within the emergency department.

Domain 2 – Leadership and culture

Quality indicator 2.1 – Shared values

We observed supportive leadership with senior managers visible throughout the hospital. Hospital safety huddles demonstrated open communication with senior staff working collaboratively to mitigate risks. However, some staff raised concerns regarding domestic services including difficulty accessing cleaning products and equipment.

We attended the hospital safety huddles as part of the inspection. These occurred three times a day and included a wide representation from the multidisciplinary team including staff from nursing, allied health professionals, estates and facilities. Waiting times in the emergency department and patient flow requirements were discussed. We observed staff highlighting any patient safety or staffing concerns which were either resolved immediately or escalated and followed up at the next site safety huddle.

Inspectors observed an emergency department safety pause which involved members of the medical and nursing team. We were told that these happen regularly throughout the day and nursing staff explained that these enabled them to capture any potential safety concerns early and escalate to senior management promptly if required. Inspectors also observed that regular ward safety huddles took place enabling staff to highlight any changes to a patient's care.

All areas inspected although busy were calm and well organised. We observed staff were providing safe and effective care. We observed good teamwork and visible leadership with senior nursing staff supporting staff in wards to provide care. A number of nursing staff described a supportive culture where they felt well informed and recommended the hospital as a good place to work. Student nurses shared with inspectors that they felt well supported throughout their placements.

Inspectors were told that the emergency department has developed an award program where staff can nominate a colleague as recognition for achievements. These awards are for the entire staff group including allied health professionals, domestics, housekeeping, medical and nursing staff. We were told this has been a valuable way of sharing feedback, acknowledging the effort staff make in the emergency department and has helped raise staff morale.

We observed in evidence provided that violence and aggression towards staff is one of the top themes in incident reports for the Royal Alexandra Hospital. During our discussion session with senior managers we were told that there is a violence reduction team who offer support to staff. In addition, if a specific area of the hospital is seen to have an increase in reported violence and aggression incidents then tailored support is offered. We were also told of initiatives to support staff's emotional wellbeing such as the Clyde health and wellbeing group and access to both management and peer support.

During the onsite inspection, inspectors spoke with several members of the domestic services team who described a challenging work environment where they struggled to complete their jobs on wards in the time allocated. Domestic staff also told us they were concerned that rooms under transmissible based precautions are not cleaned twice a day as per NHS Greater Glasgow and Clyde's twice daily clean of isolation room standard operating policy. The importance of adhering to transmission-based precautions is discussed later in this report. Inspectors spoke with domestic supervisors who acknowledged that due to workforce issues such as sickness absence, the additional cleaning does not always get completed. This was also reflected in evidence submitted by NHS Greater Glasgow and Clyde where we observed incident reports that described a lack of cleaning in ward areas including side rooms not being cleaned and isolation rooms not being cleaned twice daily.

We were also told by domestic staff throughout the hospital that they often did not have access to enough cleaning supplies such as mop heads or cleaning fluids. In one area, inspectors were told by domestic staff that they were using dishwashing detergent from the ward kitchen area to clean ward floors. We asked to meet with senior managers responsible for domestic services to raise these concerns. During this discussion senior managers explained they were aware of the issues with regards to the supply of mop heads. However, they had not been made aware of domestic staff being unable to access cleaning fluids. During this initial meeting we were told that the capacity for laundering facilities for microfibre mop heads was due to be increased to improve supplies of these.

At a follow up virtual discussion session, we spoke to senior members of the estates and facilities team who described that further work has been undertaken to understand and resolve the concerns that domestic staff raised with inspectors. We were told that a trial to change domestic shift patterns had commenced in February 2024 prior to the inspection and that a change in working patterns in a small number of wards had been completed. This reconfiguration of working hours means that there is now increased domestic staff later in the working day. Feedback from both nursing and infection prevention and control colleagues has been positive from this trial. Following on from the success of this trial, a further selection of areas in the hospital will have similar changes made to their domestic cover in the next few months. We were told that further review work is due to take place to understand the needs of the remainder of the hospital areas.

We were told that following our initial onsite feedback NHS Greater Glasgow and Clyde had taken action to increase onsite laundering facilities which has improved the supply of microfibre mop heads onsite. We were also told that domestic supervisors have commenced daily walkrounds to check that domestic teams have sufficient equipment such as mops and cleaning fluids to carry out their duties. We were told that initial feedback from domestic teams with regards to these initiatives has been positive.

Senior managers also shared with us that they had undertaken work to provide assurance that isolation room cleaning was being done as per NHS Greater Glasgow and Clyde's twice daily clean of isolation rooms policy. We were told that the current system was heavily reliant on a paper-based sign off process and that within their own review of this system, gaps in these had been identified. However, it proves challenging for the domestics and facilities team to know whether these gaps in completion of paperwork meant that the cleaning had not been completed. NHS Greater Glasgow and Clyde have told us that further work is underway to provide assurance that cleaning is being completed.

During meetings with senior managers we asked what mechanisms are in place to allow domestic staff to raise concerns. We were told that domestic supervisors are now completing walk-rounds of wards to check that the domestic team have sufficient supplies. In addition, regular monthly staff meetings have now resumed following a pause during the pandemic and there are close working relationships between domestic staff and trade union representatives. We were also told that discussions for domestic supervisors and managers regarding core operational issues such as cleanliness compliance and workforce planning are part of the domestic services 10 step plan.

The 10-step plan is a system of audits of domestic cleaning and staff knowledge, in addition to the current frequency required within the NHS national cleaning specification. The aim is to identify domestic cleaning issues more quickly and rectify these. For example, in evidence provided, we observed that in two areas in the Royal Alexandra Hospital for April 2024 where audits scored below 90% compliance and

following feedback from this, the re-audits demonstrated an improvement. However, in the incident reports we observed staff had raised regarding inadequate cleaning in ward areas, staff had reported that audits providing assurance were not representative of the ward environment.

Whilst we acknowledge improvement actions that have been undertaken to address concerns raised following our inspection, a requirement has been given to support improvement in this area.

Areas of good practice

Domain 2	
2	Hospital safety huddles were open and transparent focussing on patient care.
3	We observed good nursing leadership throughout the hospital.
4	The emergency department have developed initiatives to recognise good practice within the team.

Requirement

Domain 2	
2	NHS Greater Glasgow and Clyde must ensure domestic resources meet the demands of the service to enable effective cleaning, including adequate access to cleaning equipment. Establish assurance systems that provide accurate monitoring, and assurance that concerns raised regarding cleaning of the environment by staff are addressed.

Domain 4.1 – Pathways, procedures and policies

Quality 4.1 – Pathways, procedures and policies

Despite all areas of the hospital being busy, we observed patients receiving kind and compassionate care and all areas were calm and well led. However, we observed that some patient documentation was not completed correctly, and some medication and cleaning products were not stored securely.

We observed good teamwork in all areas inspected with patients receiving kind and responsive care. All patients within ward areas had access to call bells which were answered promptly. Inspectors did not observe any patients being cared for in non-standard areas within the wards. Patients and their relatives reported that staff were attentive and that they felt well informed of their care.

However, patients in the emergency department did not have access to call bells. The emergency department has a mixture of single rooms and multi-bed bays. This could make observing or hearing patients in the single rooms difficult if the door is closed. Cardiac monitoring equipment is available in all of the single patient cubicles which is

displayed at the nursing station enabling staff to remotely monitor for any signs of deterioration. We did not observe any patients unable to get help whilst in the department. During our discussion with senior managers we were told that the department utilise a mobile alarm as a call bell for patients that are identified as vulnerable. In evidence submitted we observed that NHS Greater Glasgow and Clyde had identified this risk prior to our inspection and that plans are underway to install a permanent call bell system. During our corresponding inspection at the Queen Elizabeth University Hospital, we also observed that patients in the emergency department did not have call bells within easy reach. A requirement has been given in both inspection reports to support improvement in this area.

We asked for details of any reported patient safety incidents that had occurred over the three months prior to our inspection. From this we observed that the most common incident in the emergency department was slips, trips and falls. Senior nursing staff told us that they have introduced emergency department falls champions who are members of the nursing team in the department. Patients who may be at higher risk of falling are now identified during triage with those who are at higher risk placed in an area where staff can observe them. Inspectors observed evidence of the falls improvement resources displayed in the emergency department to share learning. As a result of introducing these interventions, the emergency department has noticeable reduction in falls with 17 in the period January to March 2024 compared to 63 in the period August to December 2023.

NHS Greater Glasgow and Clyde explained to us that there is improvement work to reduce falls throughout the hospital. This includes ensuring a falls link worker is available in all acute wards. These falls link workers support ward teams by sharing information, undertaking audits and supporting local learning. We were told that there are currently 26 trained falls link workers in the Royal Alexandra Hospital with a further seven staff due to undertake training in the near future. A hospital falls co-ordinator is also available and a Clyde falls improvement group is to be re-established.

Inspectors found that the majority of patient care documentation was well completed. We observed that the emergency department had developed a specific care rounding document. Care and comfort rounding is when the nursing team undertake regular checks on patients in order to assess and manage care needs. This may include pressure area relief, fluid and nutrition needs as well as whether the patient requires anything such as pain relief. Inspectors observed that each patient room in the emergency department had a whiteboard on the door highlighting the frequency of vital sign observations or when time critical medications for conditions such as Parkinson’s disease were next due for administration. Nursing staff in the emergency department told us that they have ensured a supply of time critical medications in the department to ensure patients who are prescribed these receive them in a timely manner.

However, in some wards inspectors observed some incomplete or inaccurate documentation such as a pressure ulcer risk assessment for patients which did not

accurately reflect the patient's condition. For example, a patient with documented red skin did not specify the location of the redness.

Inspectors also observed that the Malnutrition Universal Screening Tool (MUST) was not always accurately completed as the patient's normal weight was not recorded. This tool identifies patients who are at risk of malnourishment and guides nursing staff to develop a care plan and refer to the dietician team for specialist input when necessary.

NHS Greater Glasgow and Clyde provided evidence of care assurance audits that have been undertaken in a number of areas of the Royal Alexandra Hospital. The purpose of the care assurance audit is to find out if care is being provided in line with current guidance and standards. From this we observed improvement themes included MUST documentation. During our virtual discussion session senior managers told us that they recognised that further improvement was required with wards that had poorer completion rates being audited more frequently and further education being provided to nursing staff. We were also told that NHS Greater Glasgow and Clyde are currently undertaking a board-wide action plan to improve the completion of MUST charts. A requirement has been given to support improvement in this area.

Inspectors observed good completion of NEWS2 charts in ward areas. As described earlier in the report NEWS2 charts are used to record a patient's physiological parameters such as pulse and blood pressure and will alert staff if a patient is at risk of deterioration. In one ward area inspectors observed posters highlighting different levels of clinical response required depending on a patient's NEWS2 score, we were told that these were developed as part of an improvement plan for the deteriorating patient pathway. In patient safety incident reports submitted to us in evidence, we observed that patients who had deteriorated and required urgent medical review had been identified appropriately by nursing staff using NEWS2 and escalated to medical and senior nursing staff.

We had the opportunity to observe a number of mealtimes during the inspection. In all areas these were well organised and had a mealtime coordinator in place. We observed that the meals were distributed in a timely manner with patients receiving assistance when required. Inspectors observed staff ensuring patients had sufficient time between courses to complete their meals, staff explained that this was to ensure that patients did not feel rushed and that the second course remained hot prior to serving this to patients. We were told that patients in the emergency department were also provided with meals including soup and sandwiches at lunchtime and a hot meal option in the evening.

In some wards inspectors observed information regarding the mealtime standard operating procedure. This included guidance that all patients should be offered hand hygiene prior to mealtimes. In the majority of wards, we did not see patients assisted or prompted with hand hygiene prior to meals being distributed. A recommendation has been given to support improvement in this area.

Hand hygiene is an important part of standard infection control precautions to minimise the risk of infection. Other standard infection control precautions include patient placement, the use of personal protective equipment (such as gloves and aprons), management of the care environment, safe management of blood and fluid spillages, linen and waste management and prevention and exposure management (such as sharps injuries).

Inspectors observed that staff in some areas missed hand hygiene opportunities such as after touching a patient or the patient's surroundings. We also observed some staff were not bare below the elbow which is not in line with current guidance as can prevent effective hand hygiene. Alcohol-based hand rub was available throughout the hospital as well as good availability of personal protective equipment. In the majority of areas, we observed staff using the personal protective equipment appropriately.

In some wards we did not observe staff wearing the correct personal protective equipment when handling used linen. For example, not wearing an apron. Current guidance describes that used linen should be placed in a linen receptacle (such as a linen trolley) as close as possible to the point of use. We also observed that the used linen trolley was not always taken to the point of care. Inspectors also observed in some areas that potentially contaminated linen was placed in red alginate bags but then was not placed in a clear bag to prevent contamination. This is not in line with either NHS Greater Glasgow and Clyde policy or in accordance with the national infection and control manual.

NHS Greater Glasgow and Clyde have previously been given a requirement to support improvement with hand hygiene compliance during the safe delivery of care inspection at Gartnavel General Hospital in 2023. During our corresponding inspection at the Queen Elizabeth University Hospital, we also observed that there were missed hand hygiene opportunities. A requirement has been given in both inspection reports to support improvement in this area.

During the inspection we observed in the majority of areas that chlorine-based cleaning products were not stored securely, resulting in a risk that it may be accessed by patients or members of the public. The Control of Substances Hazardous to Health (COSHH) Regulations 2002 stipulate that these products must be kept in a secure area such as a locked cupboard. We raised this with senior managers at the time of inspection who acknowledged that this was also observed in a previous safe delivery of care inspection at Gartnavel General Hospital and that work was ongoing to improve safe storage of chlorine-based cleaning products. During our corresponding inspection at the Queen Elizabeth University Hospital, we also observed that cleaning products were not stored securely. A requirement has been given in both inspection reports to support improvement in this area.

We observed good compliance with sharps and waste management in most areas such as sharps containers having temporary closures in use. The use of the temporary

closure prevents needles or other sharp objects falling out of the container if it is dropped. However, in some areas inspectors noted clinical waste bins were full.

Transmission based precautions are additional infection control precautions that should be used by staff when caring for a patient with a known or suspected infection. We observed several areas where these precautions were in use. Clear signage was in place and staff were observed correctly using personal protective equipment in these areas.

Reusable cleaning materials and equipment should be colour coded in accordance with the coding scheme outlined in the NHS Scotland national cleaning services specification to prevent cross-contamination. For example, red for bathroom areas and yellow for isolation areas. Inspectors observed domestic staff in one ward use a yellow mop with a red handle which is not in line with current guidance.

We were told by patients and members of the public that the communal areas of the hospital such as public toilets were unclean. Inspectors observed that some public toilets were not cleaned to the standard we would expect. However, inspectors observed that ward areas appeared clean. NHS Greater Glasgow and Clyde provided evidence that regular audits of the cleanliness of these facilities were undertaken and have increased cleaning services in this area since our onsite inspection. A requirement has been given to support improvement in this area.

During the inspection the majority of patient care equipment was clean and ready for use. Storerooms were tidy and well organised. However, we observed evidence of wear and tear throughout the hospital. This included an electrical socket in a ward corridor with what appeared to be scorch marks surrounding it and a paper note attached to it stating the socket was not to be used. We raised safety concerns regarding this electrical socket with senior hospital managers who ensured it was repaired immediately. We also observed the use of tape to repair flooring in the resuscitation area of the emergency department. We were told by senior nursing staff that the resuscitation area was due to be completely refurbished in the following month and that the flooring would be replaced during these works. During our corresponding inspection at the Queen Elizabeth University Hospital, we also observed some wear and tear to the hospital environment which required maintenance work. A requirement has been given in both inspection reports to support improvement in this area.

In the acute medical unit a room identified as a relative’s room was used for assessment of patients with possible mental health conditions. Following an incident last year several adjustments were made to the room including removal of ligature points and the removal of the lock from the door. We asked for the risk assessment for the use of the relative’s room as an interview or one to one space for patients undergoing mental health assessments. This evidence shows that in June 2023 the inability of the door to open both ways was identified as a medium risk. On inspection we observed that the door opened inwards only. Following discussions with senior

managers we were told that this room is no longer being used for either interviews or safe management of patients with potential or identified mental health needs. These patients are now reviewed within patient rooms in the acute medical unit with one patient side room having had several adjustments made to reduce the risk of patient self-harm.

In several wards inspectors observed that medication trollies and storage cupboards were unlocked resulting in a risk that medication may be taken by a patient or member of the public. This is not in line with the professional guidance and administration of medicines in healthcare settings (Royal Pharmaceutical Society and Royal College of Nursing 2019). We raised this with hospital managers at the time of inspection. We highlighted this as an area of concern during a safe delivery of care inspection at another NHS Greater Glasgow and Clyde site, Gartnavel General Hospital. A requirement has been given to support improvement in this area.

Areas of good practice

Domain 4.1	
5	Wards were calm and well organised.
6	Improvement work has led to a significant reduction in falls in the emergency department.
7	Mealtimes were well organised and patients received timely assistance when required.

Recommendation

Domain 4.1	
1	Patients should be assisted with hand hygiene prior to mealtimes where required.

Requirements

Domain 4.1	
3	NHS Greater Glasgow and Clyde must ensure that all patients have access to a call bell.
4	NHS Greater Glasgow and Clyde must ensure that all patient care documentation is accurately and consistently completed.
5	NHS Greater Glasgow and Clyde must ensure that all staff follow standard infection control precautions in relation to: – hand hygiene, personal protective equipment and, the safe management of linen and waste.
6	NHS Greater Glasgow and Clyde must ensure cleaning products are stored safely and securely.
7	NHS Greater Glasgow and Clyde must ensure the care environment is in a good state of repair and maintained to support effective cleaning.

8	NHS Greater Glasgow and Clyde must ensure the safe storage of medicines at all times.

Domain 4.3 – Workforce planning

Quality 4.3 – Workforce planning

We were told of staffing vacancies, particularly within the band 5 registered nurse role with initiatives such as the recruitment of international nurses. Senior charge nurses were observed working clinically to support the teams in ward areas.

Workforce data submitted by NHS Greater Glasgow and Clyde demonstrated a current vacancy level of 10% within the nursing workforce during the time of our inspection. In addition, a vacancy level of 21.5% within the band 5 registered nursing group was noted which was a slight increase from 20.3% in February 2023. We consider a high vacancy rate to be above 10%. During discussion sessions, senior managers described initiatives to reduce this vacancy rate including the recruitment of international nurses.

We were told that 24 international nurses were currently being supported to achieve competencies required by the Nursing and Midwifery Council prior to entry on the appropriate part of the register. NHS Greater Glasgow and Clyde provided us with evidence of various support offered to international nurses including attendance at an upskilling programme at the University of West of Scotland, access to educational resources such as revision workbooks and practice education team support. We were also told that lead nurses, senior charge nurses and registered nursing staff who are supporting international nurses have access to monthly information sessions facilitated by the practice educations team, these have received a positive response from attendees.

As described previously, concerns were raised with inspectors by domestic staff in relation to insufficient domestic provision particularly during evening and night shifts. We observed in evidence submitted by NHS Greater Glasgow and Clyde that there was a significant use of agency staff in domestic cover as well as substantive staff working additional hours and overtime. Senior managers told us during discussion sessions that this workforce was at full complement. However, work is underway to understand the changing needs of the service. Improvements so far include the recruiting a further 90 hours a week in domestic cover with plans to increase this further. As discussed earlier in the report, a requirement has been given to support improvement within domestic provision in the Royal Alexandra Hospital.

There were 50 additional beds in use within the Royal Alexandra Hospital at the time of our inspection. These beds were in designated bed spaces within the hospital. Senior managers acknowledged that the use of these beds required a significant reliance on the use of supplementary staffing. This was reflected in both data returned as evidence and inspectors' observations during our onsite inspection. This included a

ward area which had additional beds in use where staff told inspectors that the majority of staff on duty were supplementary staff. We asked about workforce planning for additional beds during our discussion session with senior managers and were told some recruitment has taken place to provide consistency and appropriately skilled staff. Documentation provided by NHS Greater Glasgow and Clyde highlights that the Chief Nurse and Associate Chief Nurse complete reviews of staffing annually as a minimum for all clinical areas and the Clyde sector have completed the staffing level tool using the Common Staffing Method. However, evidence provided also describes that this can be utilised at any time to support assessment. Evidence provided to Healthcare Improvement Scotland included a number of adult inpatient staffing tool runs however, these were only partially completed. A recommendation has been given to support improvement in the application of the Common Staffing Method to inform appropriate staffing in line with the Health and Care (Staffing) (Scotland) Act 2019.

NHS Greater Glasgow and Clyde shared with us the adult acute 'safe to start' guidance, where clinical areas staffing risks are reported as either 'red' which is the highest risk, 'amber' for medium risks or 'green' for lowest risks. The guidance stipulates what actions should be undertaken for each category. During our inspection the majority of clinical areas had a status of 'amber'. We observed senior staff following the guidance during huddles by redeploying staff from 'green' areas and the use of supplementary staff to mitigate staffing risks throughout the hospital.

Supplementary staff includes substantive staff working additional hours, staff from the NHS boards' own staff bank or from an external agency. Orientation of supplementary staff varied across the areas we visited. Some had written information and others adopted a shift-by-shift verbal approach to familiarising staff who were new to an area. Not all staff we spoke to felt confident that the appropriate skill mix was in place to deliver effective care, this was raised at the ward safety brief and they were able to describe the processes of escalating concerns. We were told that when staffing incident reports are raised by staff, the lead nurse for that area will liaise with the senior charge nurse for the area to ensure feedback and discussion with staff.

In evidence submitted by NHS Greater Glasgow and Clyde we observed incidents reported by staff where staff skill mix and levels were raised as a concern in the neonatal unit. We asked for further information regarding how these risks are mitigated, NHS Greater Glasgow and Clyde explained that skill mix and staffing levels are checked by lead nurses when rosters are approved. Where gaps are identified, support from bank staff is requested. However, unforeseen staffing changes such as staff sickness can also create potential staffing risks. We were told that the three safety huddles per day will capture any staffing concerns and various supports are in place to support areas reporting these including lead nurses identifying if staff in other areas can be moved to support and using supplementary staff such as bank or agency. This was observed when we attended hospital safety huddles as part of the inspection. NHS Greater Glasgow and Clyde also explained to us that the neonatal unit has successfully recruited additional staff resulting in minimal vacancy rates at this time. In

evidence submitted by NHS Greater Glasgow and Clyde we were told that areas with repeated ongoing staffing risks are discussed with senior management team, recorded on the risk register and escalated to the Acute Deputy Director of Nursing and Acute Head of Finance.

The oversight of the staffing workforce and the ability to deliver services across the hospital was provided through the application of NHS Greater Glasgow and Clyde's safe to start guidance. We observed this in use throughout our inspection to provide real time staffing information. With relevant information available to allow consideration in line with that guidance in areas such as appropriate staffing including skill mix, patient activity such as admissions and discharges, patient acuity and patient dependency.

As described earlier in domain 2.1, we observed hospital safety huddles. During these there was an opportunity across all ward and departments to highlight any gaps in staffing, identify actions and follow up on issues identified at previous huddles. Whilst the majority of immediate actions we observed were to ensure adequate nursing staff across ward areas we also heard an example in medical cover where an early request for locum staff had secured cover for a night shift.

Staff we spoke to understood this system, how to escalate any gaps and the need to work flexibly to support other areas when required. We visited several wards where senior charge nurses described not being able to access dedicated leadership time due to pressures within their clinical area. We heard that where there is pressure across the system this does impact directly on the ability to meet the requirements of the Health and Care (Staffing) (Scotland) Act 2019 regarding the ability of senior charge nurses to protect dedicated leadership time. During our discussion session with senior managers we were told that there were plans to provide administrative support for senior charge nurses/midwives within acute services which were being taken forward within the Royal Alexandra Hospital. A requirement has been given in order to support improvement in this area.

Under the requirements of the Health and Care (Staffing) (Scotland) Act 2019 there is a duty to release staff for training (Duty 12II). In one area staff told inspectors that they had completed their mandatory e-learning modules at home in their own time. During our discussion sessions senior managers told us they were aware of the impact that staffing pressures can have on the ability to release staff for training. We were told that a combination of support could be used such as supplementary staff to backfill, and time back for staff, but acknowledged that approaches vary. We were told that facilities staff do get protected time for mandatory training. A requirement has been given to support improvement in this area in line with the Health and Care (Staffing) (Scotland) Act 2019.

NHS Greater Glasgow and Clyde Health and Care Staffing (Scotland) Act 2019 programme board have oversight and planning processes in place, with a short life working group established to support this. A review of existing standard operating

procedures to ensure compliance with the Health and Care Staffing (Scotland) Act (2019) is planned which will include the review of the NHS Greater Glasgow and Clyde nursing and midwifery principles for monitoring and escalation guidance, safe and effective staffing.

Area of good practice

Domain 4.3	
8	NHS Greater Glasgow and Clyde has developed a comprehensive support network for both international nurses and for staff supporting them.

Recommendation

Domain 4.3	
2	NHS Greater Glasgow and Clyde should ensure full completion of the staffing level tool and professional judgement tool as part of the Common Staffing Method.

Requirement

Domain 4.3	
9	NHS Greater Glasgow and Clyde must ensure all staff are able to access training required for their role and that senior charge nurses/midwives are able to access protected leadership time.

Domain 6 – Dignity and respect

Quality 6.1 – Dignity and respect

We observed patients being treated with compassionate care. However, one patient voiced concerns regarding the lack of wheelchair accessible showers impacting upon dignity.

Inspectors observed staff working hard providing compassionate and person-centred care. Patients we spoke to described attentive, supportive and caring staff and acknowledged how busy the staff were.

As discussed earlier in the report, inspectors observed that the discharge lounge was well utilised with a high number of patients utilising this service. Inspectors were shown that there were both comfortable chairs and trolley spaces available which enabled most patients to be able to use the service and we were told that discharge lounge staff will liaise with ward teams regarding patients who may require additional support such as those with cognitive impairment. Privacy curtains were used when staff were attending to patients who were requiring assistance and we observed patients being offered food and drink whilst they awaited transport home. The use of

the discharge lounge ensures patients who are waiting for admission from areas such as the emergency department have a reduced wait to an appropriate inpatient area.

One patient we spoke to described not being able to access the shower facilities in one of the wards they had been a patient in due to the layout of the shower rooms not being wheelchair accessible. During our virtual discussion session, we were told by senior hospital managers that due to the age and layout of the building it was challenging to provide wheelchair accessible shower facilities in the majority of wards. We were told that whilst there is no specific risk assessment to highlight patients that are unable to access showers and that patients with mobility issues that had prolonged admissions would be discussed at charge nurse or senior charge nurse levels. We are not assured that all patients can access shower facilities. A requirement has been given to support improvement in this area.

Inspectors observed Adults with Incapacity Section 47 Certificates completed for a number of patients throughout the hospital. These are legal documents which assist patients, their families and staff make decisions regarding a patient's care and treatment when the patient is unable to make the decision independently. We observed that the majority of these were well completed.

We also observed that there were several patients in one ward area that were described at the hospital huddle as requiring additional observations. Patients may require an enhanced level of observation to reduce the risk of harm for reasons such as an increased risk of falls or risk of self-harm. NHS Greater Glasgow and Clyde provided us with their 'continuous interventions for stress & distress guideline' which recommends that when staff have concerns regarding a patient's mental state or risk of harm to self that a referral is made to the mental health liaison team. We observed evidence of this being completed for the patients under additional observations in this ward as well as additional support from a registered mental health nurse.

Area of good practice

Domain 6	
9	We observed good team working throughout the multidisciplinary teams to support patient care.

Requirement

Domain 6	
10	NHS Greater Glasgow and Clyde must ensure patient dignity is maintained at all times. This includes but is not limited to access to shower facilities for patients requiring mobility aids.

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 2023)
- Ageing and frailty standards – Healthcare Improvement Scotland (Healthcare Improvement Scotland- Draft standards out for comment)
- Food, fluid and nutritional care standards – Healthcare Improvement Scotland (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 (Healthcare Improvement Scotland, 2022)
- National Infection Prevention and Control Manual (NHS National Services Scotland, January 2023)
- Healthcare Improvement Scotland and Scottish Government: operating framework - gov.scot (www.gov.scot) (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)

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