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Unannounced Inspection Report

Acute Hospital Safe Delivery of Care Inspection

University Hospital Hairmyres

NHS Lanarkshire

5 – 7 March 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

University Hospital Hairmyres, East Kilbride, contains approximately 492 beds and has a full range of healthcare specialties, including a 24-hour accident and emergency department.

About this inspection

We carried out an unannounced inspection to University Hospital Hairmyres, NHS Lanarkshire between Tuesday 5 and Thursday 7 March 2024 using our safe delivery of care inspection methodology. We inspected the following areas:

- acute assessment unit
- emergency assessment unit
- emergency department
- frailty unit
- intensive care unit
- ward 4 (surgical assessment unit)
- ward 5
- ward 6
- ward 8
- ward 9
- ward 10
- ward 11
- ward 12
- ward 14, and
- ward 16.

During our inspection, we:

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

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

On Thursday 21 March 2024 and 13 May 2024 we held virtual discussion sessions with key members of NHS Lanarkshire staff to discuss the evidence provided and the findings of the inspection.

The findings detailed within this report relate to our observations within the areas of the hospital we inspected at the time of this inspection.

We would like to thank NHS Lanarkshire and in particular all staff at University Hospital Hairmyres for their assistance during our inspection.

A summary of our findings

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

At the time of inspection University Hospital Hairmyres, like much of NHS Scotland, was experiencing a significant range of pressures including increased hospital admissions, increased pressures in the emergency department and admission units and reduced staff availability. During our onsite inspection, the hospital was operating at over 95% capacity. Patients we spoke with were complementary about staff and the care they provided, and we observed staff treating patients with respect, dignity, and compassion.

We observed supportive and responsive safety huddles with a strong focus on patient care and safety. Senior colleagues and managers demonstrated a whole system approach to support good oversight and understanding of the flow and capacity issues across the hospital and in supporting each area to reduce and mitigate risks. We observed that the majority of wards were coordinated and well led.

We observed an open and supportive culture, with good leadership and communication. Staff described a supportive leadership team where they feel able to raise concerns.

Areas for improvement have been identified during this inspection. These include improved compliance and provision of paediatric life support training, fire evacuation training, safe and secure storage of medication, hand hygiene compliance and improved completion of patient care documentation.

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

This inspection resulted in three areas of good practice and seven 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.

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

Domain 2

- 1 The majority of staff at all levels we spoke with described feeling well supported by senior staff and colleagues (see page 13).

Domain 4.3

- 2 We observed that the safety huddles were well managed with all disciplines attending and contributing. The senior management team was visible and well informed (see page 22).

Domain 6

- 3** In all wards inspected we observed caring, person-centred and compassionate interactions (see page 23).

Requirements

Domain 1

- 1** NHS Lanarkshire must ensure that nursing staff are provided with necessary paediatric training to safely carry out their roles within the emergency department (see page 10).

This will support compliance with: The Code: professional standards of practice and behaviour for nurses midwives and nursing associates (2018).

- 2** NHS Lanarkshire must ensure staff are trained to ensure safe fire evacuation. (see page 10).

This will support compliance with: NHS Scotland 'Firecode' Scottish Health Technical Memorandum SHTM 83 (2017) Part 2; The Fire (Scotland) Act (2005) Part 3, and Fire Safety (Scotland) Regulations (2006).

Domain 4.1

- 3** NHS Lanarkshire must ensure that all patient documentation is accurately and consistently completed with actions recorded (see page 19).

This will support compliance with: Quality Assurance System: Quality Assurance Framework (2022) Criterion 4.1, relevant codes of practice of regulated healthcare professions and Adults with Incapacity (Scotland) Act (2000).

- 4** NHS Lanarkshire must ensure safe intravenous line care practice to prevent the risk of infection and to ensure effective intravenous fluid management (see page 19).

This will support compliance with: National Infection Prevention and Control Manual (2023) criteria 2.4 and 4.2; Health and Social Care Standards (2017) Criterion 1.24; and relevant codes of practice of regulated healthcare professions.

- 5** NHS Lanarkshire must ensure the appropriate management and monitoring is in place to ensure the safe administration of medicines and the safe storage of medicines (see page 19).

This will support compliance with: Royal Pharmaceutical Society and Royal College of Nursing Professional Guidance on the Administration of Medicines in

	Healthcare Settings (2019) and relevant codes of practice of regulated healthcare professions.
6	NHS Lanarkshire must ensure compliance with standard infection prevention and control precautions ensuring all staff and volunteers perform hand hygiene at the correct times and used linen is managed appropriately in line with guidance (see page 19). This will support compliance with: National Infection Prevention and Control Manual (2024).
7	NHS Lanarkshire must ensure all hazardous cleaning products are securely stored (see page 19). This will support compliance with: Control of Substances Hazardous to Health (COSHH) Regulations (2002).

What we found during this inspection

Domain 1 – Clear vision and purpose

Quality indicator 1.5 – Key performance indicators

At the time of this inspection NHS Lanarkshire, like much of NHS Scotland, was experiencing significant pressures including increased hospital capacity, reduced staff availability and increased waiting times in the emergency department and assessment units.

During this inspection University Hospital Hairmyres was operating at over 95% occupancy.

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

Across NHS Scotland for the week ending 10 March 2024, 65.2% of patients were seen within the four-hour target. During the same time period 48.8% of patients were seen within the four-hour target at University Hospital Hairmyres. At the time of inspection, in the emergency department 13 patients were waiting over four hours for first assessment and three patients were waiting over 12 hours for transfer to an inpatient area. The longest wait for transfer to an inpatient area was 15 hours. Inspectors observed that patients who were waiting overnight in the emergency department for an inpatient bed had been transferred from patient trolleys to hospital beds. Further information on emergency department attendances can be found at [NHS Performs - weekly update of emergency department activity and waiting times](#).

Despite the pressures within the emergency department, inspectors observed that the area was calm and well led. We were told that when the department is over capacity overnight, four cubicles in the emergency assessment unit are used to prevent patients being cared for in corridors. Staff told inspectors that patients in this area are supported by a healthcare support worker to ensure their basic care needs are met whilst awaiting assessment by medical staff. We observed that patients who were in the department for over four hours had a checklist completed to ensure care needs were met.

NHS Lanarkshire provided evidence of plans to upgrade the emergency department to support improved patient flow within the department. This includes increasing the number of triage assessment bays from one to four as well as upgrading cubicle areas.

Scottish Government emergency signposting guidance seeks to ensure that patients receive the right care at the right time in the right place, to reduce delays and waiting times across emergency departments and acute admission units. In response to increased pressures within urgent and unscheduled care, NHS Lanarkshire has introduced a phased improvement plan titled operation FLOW (Focused, Lanarkshire, Optimal and Whole System). As part of learning from the initial phase of this work, task and finish groups have been introduced to develop models of care including securing additional staff to increase system resilience throughout winter. Senior managers highlighted that operation FLOW is an ongoing process and includes weekly meetings of the FLOW oversight board. Additional improvements include increased investment in staffing, focussed work on predicted date of discharges and promoting services such as virtual wards, hospital at home and remote monitoring services.

NHS Lanarkshire's flow navigation centre coordinates the flow of patients referred by general practitioners and NHS24 to ensure patients receive the right care, in the right place, at the right time. The service has clinicians who provide advice and redirection for services such as primary care, the Scottish Ambulance Service, care home staff, the prison service and Police Scotland. Flow navigation clinicians include emergency department consultants, minor injury practitioners and Scottish Ambulance Service advisors. Pathways are in place to enable and support professional advice, guidance and signposting. The flow navigation centre can schedule appointments to the emergency department and certain specialist areas within the hospital, such as ear nose and throat. We can see from evidence provided that the flow navigation centre deals with approximately 6000 calls per month.

Despite the hospital being under pressure during this inspection we did not observe any significant delays in ambulance turnaround times. As part of this inspection, we asked NHS Lanarkshire to provide evidence of any incidents or adverse events reported by staff through the incident reporting system in relation to patient safety within the emergency department. We can see from the evidence provided, that there were occasions where patients waited over three hours to be transferred from an ambulance into the department. We also observed there had been an incident

reported where a patient had become critically unwell whilst awaiting transfer from an ambulance into the emergency department.

During discussion sessions with senior managers, we were advised that this incident had been reviewed and learning fed back to the Scottish Ambulance Service. We were also told that any patient whose condition deteriorates whilst waiting to be transferred from an ambulance to the emergency department would be escalated by Scottish Ambulance Service colleagues to the nurse in charge. This was also reflected in feedback provided by ambulance crews we spoke with who described emergency department staff as being responsive if they escalate concerns.

Triage is an essential part of emergency care. On the patient's arrival to the emergency department, the person responsible for triage assesses the patient's needs and assigns the priority of treatment required. There is no standardised triage system in Scotland. However, the Royal College of Emergency Medicine advises that triage should occur within 15 minutes of presentation. More information can be found at [Initial assessment of emergency department patients \(rcem.ac.uk\)](https://rcem.ac.uk). We observed a responsive approach to mitigate and reduce triage delays by senior managers at the hospital safety huddles which included increasing triage staffing numbers when the time to triage had increased to one hour.

Following triage, patients may be asked to return to the waiting room until an assessment space becomes available. We were told that a clinical support worker is allocated to support patients in the waiting room, ensuring that care needs are met such as access to fluids. Incident reports submitted to us did not highlight any patient safety incidents for patients in the waiting area.

University Hospital Hairmyres does not have an inpatient paediatric ward but provides assessment and treatment of paediatric patients within the emergency department. Paediatric patients assessed as needing admission are transferred to the paediatric services at either University Hospital Wishaw or the Royal Hospital for Children, Glasgow. To ensure paediatric patients are referred and transferred to the most appropriate inpatient service, NHS Lanarkshire use the paediatric transfer guidance and paediatric transfer risk assessment. Incident reports submitted to us by NHS Lanarkshire did not highlight patient safety incidents involving paediatric patients.

As part of the inspection process, we asked for the training compliance for registered nurses who had completed further paediatric life support training. Paediatric life support training includes basic paediatric life support and paediatric immediate 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).

Inspectors were told that both senior charge nurses for the emergency department are trained in paediatric advanced life support. Senior hospital managers confirmed that 84% of charge nurses have completed training in immediate or advanced paediatric life support. However, only 29% of nursing staff have completed paediatric immediate life support training and only 3% of nursing staff have completed advanced paediatric life support. We were told that to ensure staff with paediatric life support skills are available either a senior charge nurse or charge nurse would be on duty as well as the consultant medical team. Inspectors also observed posters in the emergency department that promoted a ‘recognition of sick child’ course. We were advised this course was aimed at staff who have not yet completed the paediatric life support training. A requirement has been given to support improvement in this area.

The emergency assessment unit at University Hospital Hairmyres is a 12 bedded unit that receives both medical and surgical GP referrals. Staff told inspectors that the emergency assessment unit is regularly used overnight for emergency department patients who are awaiting admission to an inpatient area. We were told that the emergency department will staff the unit overnight. Patients being placed in this area must be risk assessed to meet the criteria for placement which includes being independently mobile. We observed all risk assessments were completed.

In the emergency assessment unit, one fire exit door leading to a fire assembly point could not accommodate the evacuation of a bed or trolley due to the size of the door. Mitigations in place to reduce the risks associated with this include additional staff being allocated to the area, mattress evacuation sheets being provided to support evacuation and staff training in mattress evacuation. Inspectors were told there is a link member of staff to ensure any new staff are made aware of the processes around fire safety. Evidence provided includes an updated fire risk assessment. Further evidence provided documents that 63% of emergency assessment unit staff and 9% of emergency department staff are trained in the use of evacuation sheets with a further 18% booked in March with the aim of 100% completion. A requirement has been given to support improvement in this area.

The use of additional beds and the impact on patient care will be discussed in more detail in Domain 4.1.

Requirements

Domain 1

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| 1 | NHS Lanarkshire must ensure that nursing staff are provided with necessary paediatric training to safely carry out their roles within the emergency department. |
| 2 | NHS Lanarkshire must ensure staff are trained to ensure safe fire evacuation. |

Domain 2 – Leadership and culture

Quality indicator 2.1 – Shared values

We observed good clinical leadership in the majority of areas inspected with staff working hard to deliver care. Hospital safety huddles included multidisciplinary representation where hospital managers demonstrated a whole system approach with good oversight and understanding of the flow and capacity issues across the hospital.

The majority of staff we spoke with described feeling well supported by senior staff and colleagues. We observed good clinical leadership with senior charge nurses and charge nurses visible in the majority of areas. However, in one ward we observed that staff were under additional pressure with staff describing to inspectors that they felt increased levels of stress due to the high acuity of the patients in this ward.

Evidence provided included incident reports completed by staff within this ward. These included several incidents relating to patient care and outcomes, such as falls and pressure area damage. Other incidents highlighted concerns regarding a patient whose condition had deteriorated, and staff had not responded in a timely manner. We discussed these incidents with senior hospital managers and were told that this ward had already been identified as requiring additional support. A ward action plan had been created prior to this inspection which focused on supporting staff and improving patient safety. During our discussion with senior managers, we were told improvement actions have included transferring more experienced nursing staff from other wards to provide support and supervision. In addition, the lead nurse is currently taking an active role in the management of the ward and a three month trial has commenced of an advanced nurse practitioner based on this ward. Other improvement actions being undertaken included increased training for nursing staff and additional support from specialist nurses such as the tissue viability team. Trials of pressure relieving mattresses for all patients have taken place and patients at risk of pressure damage are now discussed at ward safety huddles.

We were told that medical staffing for this speciality has increased recently due to a reduction in consultant absence rates and a temporary speciality doctor post being recruited into.

Senior managers provided us with the results from a staff survey which prioritised three key areas for action. These include structured one to one's, celebrating success and that the workforce is listened to. It highlights areas of celebration where 85% of staff reported that they feel there is a collective leadership approach for their area/ward and 81% of staff reported there is compassionate leadership.

NHS Lanarkshire's public website includes the staff health and wellbeing strategy and explains that the strategy supports NHS Lanarkshire's vision of ensuring staff health and wellbeing is embedded throughout the organisation. NHS Lanarkshire provided us

with information in relation to ongoing staff wellbeing initiatives which included a staff engagement day, newsletter, menopause champions and sessions with a therapy dog where the aim is to provide support and comfort.

As part of this inspection, we attended both the hospital wide safety huddle and NHS Lanarkshire cross site huddles. These operational meetings followed a structured format and sought to address any areas of concern. For example, the use of additional beds, acuity and dependency and staffing updates which included, forward planning to mitigate risks identified. Incident reports submitted from the previous night were also discussed. The safety huddle was open and transparent in relation to the challenges with staffing, last minute sickness and overnight incidents. We observed that the opportunity was taken to share thanks to staff for their support in providing help to areas that were short staffed overnight. There was good representation from the multidisciplinary teams including health and social care partnerships, flow navigation centre, Scottish Ambulance Service, discharge lounge, allied health professionals, social work, estates and facilities management and infection prevention and control. Hospital managers demonstrated a whole system approach to support good oversight and understanding of the flow and capacity issues across the hospital. We found the NHS Lanarkshire cross site huddle also had good multidisciplinary representation with staff demonstrating a commitment to supporting colleagues across sites.

Inspectors observed that ward-based safety huddles were focused on patients' needs and were proactive in relation to upcoming staffing requirements. We observed effective multidisciplinary team working and good communication. Staff we spoke with were aware of the systems and processes to raise any staffing shortfalls and the need for supplementary staff. Staff told us that when there was additional staffing requested that senior managers were supportive and responsive.

As part of the inspection process, we asked senior managers if they had identified any trends in incidents reported by staff from the last three months. We can see in evidence provided that medication incidents, falls, cardiac arrests, and violence towards staff are the most reported incidents in University Hospital Hairmyres in the period of 1 December 2023 to 29 February 2024.

Within evidence provided we observed that a large number of patient falls had been reported. Further evidence provided highlighted University Hospital Hairmyres improvement work in relation to falls. This included two wards being identified to be part of the national falls' collaborative. This is a change package produced by Healthcare Improvement Scotland that NHS boards can use to support their falls improvement work. Senior managers told us of initiatives including recruitment of an activities coordinator, cohorting high falls risk patients, and allocating staff to support this work, in addition to project work by junior doctors around falls reviews. Inspectors also observed that where falls risk assessments were in patients' care notes these were well completed.

All cardiac arrests are reviewed on the hospital's incident reporting system. We observed evidence of ongoing learning from collecting data from the incident reports such as if there were any missed opportunities in identifying a deteriorating patient. There is a debrief to review the actual event and provide an opportunity to focus on staff wellbeing.

University Hospital Hairmyres quality assurance, improvement and patient safety meetings discuss various assurance, improvement and patient safety topics. These include the review of incidents reported, serious adverse events and key medicines management themes. Evidence provided documents the introduction of an automated report via HEPMA, the Hospital Electronic Prescribing and Medicines Administration system in response to incident reports where patients had been administered more than one anti-coagulant medication. This report is generated twice daily and highlights patients on more than one anti-coagulant medication. This has enabled ward staff and pharmacists to check that the prescriptions are correct. Inspectors were shown a recent copy of the staff bulletin which includes examples of shared learning and improvements from adverse events.

Area of good practice

Domain 2

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| 1 | The majority of staff at all levels we spoke with described feeling well supported by senior staff and colleagues. |
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Domain 4.1 – Pathways, procedures and policies

Quality 4.1 – Pathways, procedures and policies

The majority of areas inspected were calm and well organised and patients were well cared for. We observed good multidisciplinary team working and leadership. However, we observed some missed opportunities for hand hygiene and medication cupboards were not always locked.

All ward and clinical areas inspected were very busy. Despite this we observed all members of the multidisciplinary teams working hard to deliver compassionate and effective care. Inspectors observed that patients appeared well cared for, had access to call bells and that these were answered in a timely manner.

Patients and visitors, we spoke with were complementary about staff and the care they provided. In one area patients spoke positively about available activities which included pet therapy sessions and combined activities with children from the local nursery. Patients told inspectors that the availability of activities made a big difference to what could otherwise be a long day.

We observed some wards that were under significant pressure due to the high acuity of the patients being cared for. Patients told inspectors they could see staff were busy

but when they required assistance staff were available. At all times staff responded in a calm and professional manner.

Staff told inspectors they feel supported to report concerns and they receive feedback when raising these concerns. Returned evidence includes incident reports completed by staff relating to staffing, skill mix, acuity and dependency, and concerns about being able to provide safe care. We observed from evidence provided that staffing and skill mix are a challenge due to staff sickness and skill mix amongst nursing staff. Staffing will be discussed in more detail later in the report.

At times of increased capacity University Hospital Hairmyres utilises additional beds either as an additional bed within multi bedded bays or via the use of non-standard patient areas such as treatment rooms.

Inspectors observed some patients were being cared for in additional beds within treatment room areas. In evidence provided we observed that NHS Lanarkshire have criteria to ensure that the most suitable patients are cared for in these additional beds. This includes the patient being able to mobilise to toilet facilities, an ability to consent to being in the additional bed space and to be clinically stable. Inspectors observed that these patients met the selection criteria and that risk assessments were completed and reviewed daily. We also spoke to patients in these areas who confirmed they had consented to being in the additional room and understood the rationale for the additional bed being used.

We did not observe the use of additional beds in multi bedded bays during our onsite inspection. However, staff raised concerns regarding the impact on patient experience when these beds are used, including a lack of privacy screens, electrical sockets and patient call bells. We asked NHS Lanarkshire to provide evidence of any incidents relating to the use of additional beds and observed one incident that related to a lack of privacy and dignity and access to an electrical socket although they required this to power an intravenous fluid pump. We discussed this with senior hospital managers who told us that a decision was made not to use privacy screens as these created an increased falls risk. Senior managers also explained that patients in these additional beds should meet the criteria of being independently mobile and self-caring and provided us with the risk assessments for the use of the additional beds in a multi-bed bay. During the inspection we did not observe any patients in an additional bed who did not meet the selection criteria.

During site safety huddles we observed good oversight of the use of additional beds with patients in these bed spaces being highlighted. During the onsite inspection we observed hospital managers completing a walk round of the emergency department. Inspectors observed updated fire evacuation plans in the wards that utilised additional beds and staff were aware of the fire evacuation plans.

Within some wards inspectors observed there were patient information boards displayed in public areas that contained patient names and personal information, such

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as 'palliative'. We raised this with senior hospital managers at the time of our onsite inspection who advised they would address this within the ward concerned.

Inspectors observed that several patients had Adults with Incapacity Section 47 Certificates in place. These are legal documents which assist patients, their family and staff to make decisions about the patient's care and treatment when the patient is unable to do so independently. We observed that Adults with Incapacity Section 47 Certificate were not always fully completed. This included lack of documentation of patient details, the nature of incapacity, treatment covered by the certificate, and poor completion of treatment plans. This was raised with senior managers who advised improvement work is being undertaken including highlighting at site safety huddles and identification of barriers in completing the certificates. We were also told that staff training will be provided, and an audit will be undertaken to monitor improvements. A requirement has been given to support improvement in this area.

Enhanced supervision is a form of observation used to provide a period of safety for patients during temporary periods of distress when they are at risk of harm to themselves and/or others. NHS Lanarkshire has developed a guidance and risk assessment document for those patients requiring enhanced supervision to assess how much care a patient needs to ensure that they are safe and well looked after. Inspectors observed that where enhanced observations were in place, guidance was followed, risk assessments were well completed and the need to continue with enhanced observations was being reviewed. During site safety huddles we observed nursing staff would highlight patients who required this level of support, enabling senior managers to have oversight of staffing requirements in these areas.

Peripheral venous cannulas are inserted into a vein to enable the administration of intravenous medication and fluids. Inspectors observed several instances where intravenous infusions had been completed, the intravenous giving set had been disconnected from the patient's cannula and were not disposed of. We spoke with nursing staff who explained that they would normally attach a sterile cap to the end of the intravenous giving set when not attached to the patient's cannula. In one area inspectors observed that a line without a sterile cap in place was reconnected. Both practices are not in line with NHS Lanarkshire's intravenous drug administration training and can increase the risk of contamination. In evidence provided by NHS Lanarkshire we were told that staff should dispose of any used intravenous sets when an infusion has been completed and that further work was ongoing to promote this. This includes promoting good practice using posters and audit will be used to measure improvements. A requirement has been given to support improvement in this area.

In one area, inspectors observed that patients' medications had been dispensed and left on the patients' bedside tables. This may increase the risk of error in the administration of the medicine. For example, the medication may be missed or not taken at the prescribed time impacting on the timing of subsequent medication. In several areas inspected we also observed medication storage cupboards, medication

trolleys and treatment rooms were unlocked, and some medication left unattended. We highlighted this to hospital managers for action at the time of the inspection. We observed senior managers raising this at the hospital safety huddles and highlighting the importance of safe storage of medication with senior staff being asked to add this to the ward safety briefs. In evidence submitted to us, we observed that unlocked medication cupboards were identified in 10 wards in University Hospital Hairmyres during an audit completed by NHS Lanarkshire in June 2023. During a previous inspection of University Hospital Wishaw in March 2023 a requirement was given to NHS Lanarkshire regarding the safe storage of medication. A further requirement in relation to our findings from this inspection has been made to support improvement across NHS Lanarkshire.

At the time of inspection all patients we spoke with told us they were comfortable and pain free. However, two patients told inspectors they had experienced delays in receiving pain relief during their admission to the hospital. We raised this with nursing staff who explained that due to high levels of ward activity there can be delays in providing patients with analgesia in a timely manner, especially when controlled drugs are dispensed due to this activity requiring two nurses.

As discussed earlier in this report medication incidents are the one of the most reported incident categories for University Hospital Hairmyres. These include incidents relating to prescribing, dispensing, route of administration and missed doses of time critical medications. We also observed that several medication errors involved agency staff. Senior managers advised us that information gathered from both the electronic prescribing system and reported incidents are being used to support improvement in this area. Additional efforts to reduce these incidents include, promoting a 'chance to check' initiative where staff complete four checks regarding the medication, dose, prescription and check the patient details with the patient. All medication incidents involving agency nurses are fed back to the agency and nurse involved. A requirement has been given to support improvements in medication management, safe storage and intravenous administration.

Violence and aggression towards staff are also amongst the highest reported incident at University Hospital Hairmyres. We asked senior managers what support and training are in place for staff. We were told that all staff must complete level one training for violence and aggression and staff within the emergency department complete level two training. The support available for staff include a spiritual care and wellbeing team, listening to staff who report patients with complex needs and ensuring the right care in the right place. There is also a zero-tolerance approach and when required police are asked to attend and a liaison police officer meets with senior managers every six weeks.

We observed several mealtimes, the majority of which were well organised with patients receiving their meals in a timely manner and assistance provided where needed. We observed that staff were aware of patients' dietary requirements.

However, in one ward patients raised concern around a lack of choice for those on a diabetic diet. We raised this with senior managers who told us that the menus in place are suitable for diabetics. We were provided with a variety of steps that can be taken should patients not be satisfied with their meals or if there are specific dietary requirements that need to be met. We observed that patients were provided with diet and fluids in the emergency department and acute medical initial assessment area.

Intentional rounding is when staff review the care of individual patients at regular intervals, this is often recorded on a care rounding document. Where we had the opportunity to review paper documentation in use, this was seen to be completed to a high standard. NHS Lanarkshire explained to us that nursing teams use a team allocation approach which consists of a registered nurse and healthcare support worker to deliver patient-centred care and who will continuously review patients throughout the day. We were told electronic monitors have been purchased for all wards which will display live data for all patients on the ward. This data includes patients' National Early Warning Scores; time of last observations and when observations are next due.

We found that a number of patient risk assessments were completed fully. This included falls risk assessments, Malnutrition Universal Screening Tool charts, and the use of bed rail assessments. However, in some wards we found risk assessments including the Preliminary Pressure Ulcer Risk Assessment and SSKIN (Surface, skin inspection, keep moving, incontinence and nutrition and hydration assessment) interventional plans blank, and care plans not up to date or not fully completed. Effective record keeping is a requirement of all registrants and is essential to providing individualised person-centred care. Any inconsistencies in recording could result in missed opportunities to carry out fundamentals of patient care and may increase the risk of an adverse patient outcome. A requirement has been given to support improvement in this area.

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

Practicing good hand hygiene helps reduce the risk of the spread of infection. In the emergency department we observed a poster regarding an improvement project for hand hygiene with all information prominently displayed. However, in several areas inspectors observed that staff and volunteers missed hand hygiene opportunities. This included, before and after touching a patient's environment and failure to remove gloves when moving between patients. We also observed several instances where staff were not bare below the elbow. Hospital managers provided us with evidence of ongoing collaborative improvement project work in relation to hand hygiene. This

included minutes from the hand hygiene steering group, audit activity (including bare below the elbow audits), training, promoting good practice in clinical areas, involving patients by asking them to take a 'kind to remind' approach with staff and hand hygiene sessions. A requirement has been given to support further improvement in this area.

We observed that patients were not always assisted to complete hand hygiene prior to mealtimes. A recommendation has been given to support improvement in this area.

Transmission-based precautions are the additional infection control precautions that should be used by staff when caring for a patient with a known or suspected infection. We observed good compliance in this area. We also observed signage in place to identify which areas required transmission-based precautions.

We observed a supportive response from hospital bed managers who attended the emergency department to assist staff to prioritise and identify suitable solutions to patient placements in line with infection control guidance.

Personal protective equipment such as gloves and aprons were readily available throughout all wards and clinical areas. Inspectors observed this to be stored correctly but was not always used in line with guidance. This included not wearing aprons to change bed linen and clean beds and not changing gloves between patients. A requirement has been given to support improvement in this area.

Care equipment can be easily contaminated and a source of transferring infection if not effectively cleaned. Inspectors observed that patient equipment was clean in the majority of areas.

The care environment must be visibly clean, free from non-essential items and equipment to facilitate effective cleaning. Inspectors observed that the hospital environment was clean in the majority of areas.

Other standard infection control precautions such as linen, waste and sharps management minimise the risk of cross infection and must be consistently practiced by all staff. Inspectors observed that used linen was not managed in line with guidance. The used linen trolley was not always taken to the point of care. We observed staff carrying used linen in their arms and not bagging infectious linen correctly. This can increase the risk of contamination and cross infection and is not in line with the national infection prevention and control manual. We raised this with senior managers who confirmed that NHS Lanarkshire's policy for management of linen follows the national infection and prevention control manual. At a later discussion session senior managers provided an update on steps being taken to improve this. This included reminding staff of the linen segregation policy, weekly walk rounds, audit, including safe management of linen at the wards safety briefs every morning for a two-week period and supplying posters for education purposes. A requirement has been given to support improvement in this area.

We observed that cleaning products were not always stored securely and could be accessed by patients or members of the public. This is not in line with the Control of Substances Hazardous to Health (COSHH) Regulations 2002. We raised this concern at the time of inspection. Following discussion with senior managers, we observed this being discussed at the site safety huddle, during which, it was requested that this be highlighted to staff and also added to ward safety briefs. A requirement has been given to support improvement in this area.

Requirements

Domain 4.1	
3	NHS Lanarkshire must ensure that all patient documentation is accurately and consistently completed with actions recorded.
4	NHS Lanarkshire must ensure safe intravenous line care practice to prevent the risk of infection and to ensure effective intravenous fluid management.
5	NHS Lanarkshire must ensure the appropriate management and monitoring is in place to ensure the safe administration of medicines and the safe storage of medicines.
6	NHS Lanarkshire must ensure compliance with standard infection prevention and control precautions ensuring all staff and volunteers perform hand hygiene at the correct times and used linen is managed appropriately in line with guidance.
7	NHS Lanarkshire must ensure all hazardous cleaning products are securely stored.

Domain 4.3 – Workforce planning

Quality 4.3 – Workforce planning

We observed good leadership in the majority of areas inspected. Staff described that they feel supported to escalate staffing issues and that these concerns are acted upon. We observed that staff safety huddles were inclusive of all departments and gave a whole site overview in real time.

Staff told inspectors of the challenges of staffing at times with some areas reporting they were short of staff. Staffing challenges include staff vacancies and sickness resulting in the need for increased use of supplementary staff.

University Hospital Hairmyres operates an electronic staff recording system that provides an overview of the ward status, records staffing shortfalls that need to be addressed and actioned as well as, the acuity of the patients and highlights areas of risk which informs decision making.

This electronic recording system is used at each of the three daily site safety huddles. We observed a robust, structured, multi professional format for this meeting. It

afforded staff an opportunity to report staffing levels using a risk escalation process and supported staff to report concerns and highlight nursing shortfalls, discuss and record mitigations. We also observed that as part of the real time staffing assessment process, staffing levels were being documented on a whiteboard in the management suite. This was accessible to the senior nursing team and used a colour coding system to highlight areas of risk. This demonstrates a proactive monitoring of rosters and workforce to minimise the risk of resource gaps. During the site safety huddles we observed managers working together to understand patient flow, bed capacity and staffing risk.

We observed that whilst other professional groups, such as physiotherapy and medical staff attended the huddle and general safety issues were captured there is no real time staffing recording of these groups. This inspection took place prior to the commencement of the [Health and Care \(Staffing\) \(Scotland\) Act 2019](#). However, from the 1st of April 2024 this will be a requirement of the legislation.

NHS Scotland continues to experience significant pressures compounded by staffing vacancies and recruitment challenges. We reviewed nationally available workforce data for University Hospital Hairmyres and observed that the current staffing position in NHS Lanarkshire is reflective of the national workforce pressures and recruitment challenges experienced throughout NHS Scotland.

We observed from the data submitted that University Hospital Hairmyres overall vacancy level within the nursing workforce, including both registered and healthcare support worker staff is currently 8.8%. A high vacancy level is considered to be above 10%. An improvement can be seen from August 2023 where the overall vacancy of both registered and healthcare support worker staff was 11.7%. Within the registered nursing group, we can see there has been a further reduction to 8.5% in February 2024.

Evidence and information provided by staff indicates staffing challenges in both the nursing and medical workforce. Staff told inspectors, that in one clinical area, there were ten registered nursing vacancies, and it can be difficult to recruit and retain staff in this area. One initiative to support current recruitment challenges in this area includes a virtual question and answer session for potential nursing staff applicants. We can see from further evidence provided, that wards with high vacancies are noted across the hospital and definitive actions include rotation of staff, block booking of supplementary staffing, review of patient acuity/dependency.

Staff told inspectors that staff sickness levels were an issue in some areas. From the evidence submitted we observed that there is oversight of staff sickness. We observed that in December 2023 NHS Lanarkshire was the second highest territorial board for sickness rates across Scotland. From the evidence we observed, NHS Lanarkshire is aiming to reduce their sickness absence rate to 4% in line with NHS Scotland target. Steps that are being taking to achieve this include monitoring sickness absence rates

and themes and the creation of a dedicated workstream focused on reducing sickness absence. During the inspection were told of a new staff wellbeing lead and a number of staff wellbeing initiatives as discussed earlier in this report.

We observed that there is an escalation process for all clinical staff should they professionally judge that they require additional staff, or a different skill mix to support the delivery of safe and effective care. Senior managers explained that the staffing position is reviewed throughout the day and night. We observed this at the site safety huddles and the activity around the wipe board where live staffing is recorded. We were told further steps to mitigate patient safety risks related to staffing include redeployment of staff, night managers providing support by basing themselves in an area if required, increasing healthcare staffing support workers as required and advance rostering, particularly around peak annual leave times. Staff told inspectors they feel supported to raise and escalate staffing issues and reported concerns are acted on by provision of additional hours, bank or agency staff.

Supplementary staffing includes substantive staff working additional hours, staff from the NHS board's staff bank or staff from an external agency. Where inspectors observed supplementary staff on duty they observed systems and processes in place to ensure safe and effective delivery of care was maintained. Senior managers told us that all wards and departments are expected to have generic 'welcome orientation' documents to be given to supplementary staff. In one area where supplementary staff were working inspectors observed an orientation and induction sheet had been created to enable staff to be aware of the working and safety considerations for this area. This covered a basic overview of the ward/department, the routine, observation and emergency processes. Staff working in that area for the first time are asked to sign this to confirm this has been made available and is understood. In another area inspectors were told by staff that supplementary staff are restricted in some tasks to ensure the specialist care is maintained.

In one area staff told inspectors that there is a challenge filling night shifts as staff can get moved around the site throughout the shift. Evidence provided highlights that staff are ideally moved within directorates to ensure skills are appropriate and to build on effective working relationships. Handover and orientation to the area is provided with oversight of a senior nurse or manager attending the area to review and support staff.

We can see from evidence provided that staff are taking time to record concerns in relation to staffing using the electronic incident recording system. This approach supports an open and transparent culture, and the whole system in recording, reporting and managing staffing risks. Staff spoke positively about senior management. Staff at all levels from healthcare support worker to senior charge nurses felt supported, told inspectors they were able to raise concerns and felt that senior leadership team responded to their concerns appropriately.

The Health and Care (Staffing) (Scotland) Act 2019 commenced on 01 April 2024. It stipulates that NHS boards have a duty to follow the Common Staffing Method (CSM), following a staffing level tool run and requires this to be applied rigorously and consistently. The application of the common staffing method and staffing level tools supports NHS boards to ensure appropriate staffing, and the health, wellbeing and safety of patients and the provision of safe and high-quality care. During the inspection staff told inspectors that they were aware that staffing level tool runs had been completed. However, staff told us they had not received any feedback from the tool outputs and were not aware of any recommendations that may result in changes to staffing levels or skill mix. NHS boards from the 1 April 2024 are required to demonstrate that they are complying with the duties as cited in the legislation. Senior managers told inspectors that they do provide staff with information during the tool run using emails and safety briefs via email and through ward safety briefs. They also advised they would expect all staff to be aware of the tool runs and be involved in professional judgement and decision making during the tool run. However, NHS Lanarkshire have been unable to provide us with any written evidence in relation to the processes around the decision making, mechanisms and processes in place to follow the common staffing method.

During the inspection staff told inspectors that they had to complete mandatory training at home due to a lack of time to complete whilst at work. At a discussion session senior managers acknowledged the challenges around this and explained improvement in this area is a work in progress. They advised that they do try to support staff to take time back when this has happened in a variety of ways such as coming in an hour later to work and/or paying staff overtime.

Area of good practice

Domain 4.3

2 We observed that the safety huddles were well managed with all disciplines attending and contributing. The senior management team was visible and well informed.

Domain 6 – Dignity and respect

Quality 6.1 – Dignity and respect

We observed staff working hard to provide person-centred, compassionate and responsive care, patients were treated with dignity and respect.

In all wards inspected we observed caring, person-centred and compassionate interactions. All patients were treated with dignity and respect. In one area inspectors observed an excellent person-centred interaction between a member of the portering staff, patient and their family member who was anxious that their relative was in

hospital. Patients expressed that they had ‘nothing but admiration’ for the staff they had come into contact with and that ‘nobody can match them’.

Staff in one area told us about the availability of pet therapy sessions. Pet therapy has been shown to improve stress and anxiety and increase engagement and communication. Inspectors observed patients being encouraged to attend the dayroom to join in with activities organised by the activities coordinator. We observed that patient preferences were considered and staff were responsive in identifying alternative activities for patients where this was needed. Patients who wished to attend but were unable to sit in chairs were supported to take part whilst in bed.

Patients and relatives told inspectors that they could see staff were under pressure and this impacted on the time they had to deliver care. Relatives explained to inspectors that at times they had to support patients with their needs, and this included assistance to access and use showering facilities, meals and in another instance provision of an additional pillow for comfort.

Area of good practice

Domain 6

3 In all wards inspected we observed caring, person-centred and compassionate interactions.

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)
- [Care of Older People in Hospital Standards](#) (Healthcare Improvement Scotland, June 2015)
- [Food Fluid and Nutritional Care Standards](#) (Healthcare Improvement Scotland, November 2014)
- [Generic Medical Record Keeping Standards](#) (Royal College of Physicians, November 2009)
- [Health and Care \(Staffing\) \(Scotland\) Act](#) (Acts of the Scottish Parliament, 2019)
- [Health and Social Care Standards](#) (Scottish Government, June 2017)
- [Infection prevention and control standards](#) (Healthcare Improvement Scotland, 2022)
- [National Infection Prevention and Control Manual](#) (NHS National Services Scotland, January 2023)
- [Operating Framework: Healthcare Improvement Scotland and Scottish Government](#) (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 \(healthcareimprovementscotland.org\)](#) (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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