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20 March 2023

Mr Calum Campbell  
Chief Executive Officer  
NHS Lothian

**Via email: [ChiefExecutive@nhslothian.scot.nhs.uk](mailto:ChiefExecutive@nhslothian.scot.nhs.uk)**

Dear Mr Campbell

**Formal Escalation – serious issues identified during a Safe Delivery of Care inspection of Edinburgh Royal Infirmary Emergency Department.**

Healthcare Improvement Scotland (HIS) carried out an unannounced Safe Delivery of Care Inspection of Edinburgh Royal Infirmary from 21 to 23 February 2023. Inspectors returned on Tuesday 14 March to follow up on areas of concern identified during our initial onsite activity. Having now fully considered the findings from this inspection I am writing to formally escalate concerns about the emergency department at Edinburgh Royal Infirmary under level 1 of our escalation process.

[Healthcare Improvement Scotland and Scottish Government: operating framework - gov.scot](https://www.gov.scot/healthcare-improvement-scotland-and-scottish-government-operating-framework)  
([www.gov.scot](http://www.gov.scot))

Inspectors raised a number of serious patient safety concerns regarding the emergency department during both our onsite inspection and through feedback and discussion sessions with senior NHS Lothian staff. We also raised concerns about the department's current operating environment, leadership and co-ordination of care, and concerns about staff well-being.

We acknowledge NHS Lothian have fully co-operated with our Safe Delivery of Care inspection processes, including discussion sessions and the provision of requested evidence. Additionally, following the initial onsite inspection activity, NHS Lothian senior managers quickly provided an improvement action plan in response to the patient safety concerns we raised within the emergency department. When inspectors returned to Edinburgh Royal Infirmary in March they noted some improvements have been made. However, there remain serious concerns about patient safety within the emergency department and further concerns were observed during our return visit.

The specific concerns we have identified are:

## **Patient Safety**

- Our inspectors have raised concerns in relation to observations during both inspection visits regarding the delivery of fundamental care for patients, including access to and support with fluids and nutrition, personal care and medication, pressure area care and access to toilet facilities. We recognise the limitations of the environment within emergency department, where patients would not normally remain for extended periods. However, as the current pressures are resulting in extended periods of stay, it is important that patients are appropriately and safely cared for while they remain in the department.
- We welcome the introduction of care rounding within the department and note that each patient now has a care rounding chart in place. However, we remain concerned about the effectiveness of this in assessing and meeting the patient care needs. For example, inspectors noted several patients inaccurately assessed as being self-caring or requiring some assistance who were not independently mobile or required full assistance with their care. Inspectors observed examples of patients who had documented care rounding in place with incomplete patient identifiable information recorded. Effective care rounding was further impacted by the regular moving of patients within the department.
- In addition, inspectors observed examples of patients being cared for on trolleys overnight and for extended periods of time, despite being noted to have skin damage. Inspectors were also unable to ascertain through documentation, or in discussion with staff, if patients with extended stays in the department were receiving their own prescribed medications at the correct intervals or dosage. In addition, staff appeared to have difficulties in locating patients due to the frequent movement of people around the department into corridor areas, or the side of the nursing station.
- Inspectors noted that a significant number of patients had trolley bed rails in place on both sides without an individual risk assessment in place. In the February inspection an inspector was required to request assistance from staff for a patient in a trolley beside the nursing station who was falling out of the trolley. During the return visit an inspector observed a patient who required full assistance trying to push themselves over the bed rails to get to the toilet. The inspector was required to intervene and call out for staff assistance to support the patient. Similar concerns were evident in the emergency department's previous 3 months clinical incident reports (Datix) and we are concerned that this is an ongoing patient safety issue.
- During our onsite inspection in February inspectors raised concerns regarding the department's lack of emergency buzzers or patient call bells to attract the attention of staff when required, highlighting that several patients had approached inspectors for help to access toilet facilities or to obtain pain relief. This issue was raised with Senior Managers at the time and remains

outstanding based on the evidence we encountered in our most recent inspection.

- The significant patient safety concerns that inspectors identified during our inspection reflect concerns raised by staff in clinical incident reports. The 3 months of clinical incident reports provided to us for the department included concerns about fundamental care needs not being met, lack of patient dignity, patient falls, medication errors, incidents of patients choking on food and burning themselves from hot drinks, serious self-harm incidents and violence and aggression towards staff. During discussion sessions, senior managers confirmed there had been a significant rise in patient safety incidents and were able to share internal governance processes for reviewing these. However, we are concerned that these patient safety risks have continued to be raised over a period of time and, based on our inspection findings, we are not assured that timely actions are being taken or that learning is being effectively shared across the department.

### **Current operating environment, leadership and co-ordination of care**

- Inspectors observed multiple systemic failures related to the department's current operating environment during both inspection visits. Our inspectors observed the emergency department to be extremely overcrowded and senior clinical staff within the department told inspectors that the department was operating beyond its original scope and intention. Inspectors also noted extremely congested corridor areas with high numbers of patient trolleys raising concerns around emergency access and fire evacuation procedures. Within evidence provided by NHS Lothian, we are aware emergency department staff reported similar concerns about the fire risk and patient safety in the week prior to our original onsite inspection and it is important that these risks are effectively mitigated.
- In addition, our inspection has highlighted significant concerns around patient confidentiality, dignity and respect. Inspectors observed several confidential patient discussions being undertaken in corridors directly beside other patients. In addition, inspectors observed an example of a very visibly distressed patient who had removed their outer clothes leaving only their underwear in place whilst being cared for on a trolley beside the nursing station. Other patients witnessing this also appeared distressed. When we highlighted the situation to nursing staff they explained they were already aware of the patient adding that the patient had received pain relief, however they failed to take any further action to ensure the patient's dignity.
- Inspectors also raised concerns around and leadership within the department, describing an uncoordinated approach to patient care, with a lack of leadership direction to ensure that fundamental patient care needs are being met and any patient safety risks assessed and mitigated. There appeared to be a lack of effective delegation of activities to and supervision of junior and supplementary staff. Some staff were unsure which patients they were caring for, or which patients required assistance. There was also a reliance on volunteer staff to provide appropriate food fluid and nutrition for patients, but this did not appear to be coordinated or take account of specific patient needs.

## Staff Well-being

- It is important to highlight some of the feedback inspectors received from senior medical staff who raised concerns and expressed strong views that the department was not operating safely. They expressed feelings of frustration that concerns they raised about patient safety were not being addressed, and were openly critical of senior leaders in their communications with inspectors. The majority of nursing staff indicated that they felt well supported by their line managers. Some nursing staff told inspectors of their feelings of being overwhelmed. Managers have explained to inspectors that many of the nursing staff within the department were less experienced or newly qualified.

HIS is therefore seeking assurance of the actions NHS Lothian plan to take to address the serious concerns we have raised related to patient safety, the current operating environment and the culture and leadership within the department. In addition, assurance is sought that health and well-being measures are in place to support individual staff groups, and ensure staff have an opportunity to raise any concerns and receive appropriate and timely feedback in response to this.

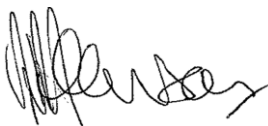
I ask that you formally acknowledge receipt of this letter, and provide written assurance on the immediate actions you plan to take in response to the concerns detailed within this letter. The requested assurances are required by close of business on **24 March 2023**.

HIS will consider the feedback you have provided in response to this letter when preparing the report of our inspection findings. You will receive a full report of our inspection findings for factual accuracy week commencing 1 May 2023.

HIS will seek an update on progress with your planned improvement actions at a future date in accordance with our published inspection methodology.

In line with our level one escalation process we will inform our Scottish Government sponsor unit of this escalation and share a copy of this letter with them. This letter will also be published on the HIS website along with the final report of our inspection and HIS will publicly report progress made in response to the concerns we have raised.

Yours sincerely



**Robbie Pearson**  
**Chief Executive**

Copied to Prof John Connaghan CBE, Chair, NHS Lothian