



Improvement Action Plan

Healthcare Improvement Scotland: Unannounced acute hospital safe delivery of care inspection

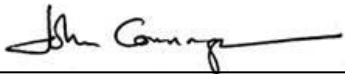
Royal Infirmary of Edinburgh, NHS Lothian

20 – 22 February 2023

Improvement Action Plan Declaration

It is the responsibility of the NHS board Chief Executive and NHS board Chair to ensure the improvement action plan is accurate and complete and that the actions are measurable, timely and will deliver sustained improvement. Actions should be implemented across the NHS board, and not just at the hospital inspected. By signing this document, the NHS board Chief Executive and NHS board Chair are agreeing to the points above. A representative from Patient/Public Involvement within the NHS should be involved in developing the improvement action plan.

NHS board Chair

Signature: 

Full Name: PROFESSOR JOHN CONNAGHAN CBE

Date: 11 SEPTEMBER 2023

NHS board Chief Executive

Signature: 

Full Name: CALUM CAMPBELL

Date: 11 SEPTEMBER 2023

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Requirement/ Recommendation	Action Planned	Timescale to meet action	Responsibility for action	Progress	Date Completed/Due for Completion	RAG
NHS Lothian Assurance Monitoring	<p>An assurance monitoring process for the Emergency Department was set up post inspection. This was set out as three levels and carried out twice weekly during the first 6 weeks then weekly thereafter until changes are embedded.</p> <p>Level One: Self- Assessment internally within ED by CNM & CSM</p> <p>Level Two: Nurse Consultant/Site Associate Nurse Director Review/ Deputy Associate Nurse Director</p> <p>Level Three: Nurse Director Review</p>					
Requirement 1	Detailed and effective plans are in place to ensure safe fire evacuation of patients and staff within overcrowded areas	June 30 th 2023	ED Triumvirate General Manager RIE Fire Safety Officer	RIE staff fire training programme progressed including tabletop exercise to test evacuation plan	7 th June 2023	
ED Emergency Fire Action Plan refreshed. Evacuation plan developed and available within department it will be reviewed annually to ensure they are relevant. EFAP now produced and communicated. Train trainers in place and exercises and training carried out for staff within dept.				June 2023		
Recruitment in progress for substantive Band 7 SCN with responsibility for overseeing safe patient flow.				September 2023		

Requirement 2	Learning from incident reporting improves safety and outcomes for patients and staff; and improve feedback to staff on incidents raised through DATIX	June 30 th 2023	ED & AMGM Triumvirates	ED triumvirate & Acute Medicine General Manager Weekly Governance group established this group review incidents and concerns within the department and ensure timely action and learning is in place.	June 2023	
			ED & AMGM Weekly Governance Group	Clinical Governance Boards now in place in ED and across acute & general medicine areas and are being used weekly to support communication and feedback to staff.	June 2023	
			RIE PSEAG Associate Nurse Director	Staff forums in place across site at all grades where safety is a focus, including safety huddle at site levels and ward level meetings. Written records available to evidence progress. Newsletter now produced and available quarterly for staff about learning from incidents.	June 2023	
			Clinical Nurse Managers	Improved representation from Directorates at Hospital Patient Safety Experience Action Group (PSEAG) CD, AMD and AND all present at all PSEAG meetings, significant adverse incidents and complaints are discuss minutes of these meeting are shared with Corporate PSEAG.	June 2023	
				Specific for ED – All 6 funded Band 7 SCN posts now recruited into. Changed focus for the SCN role where they are in charge of the department for a significant proportion of their week with dedicated supervisory time. There is ongoing review of the nursing leadership requirements in ED and AMU, in response to DATIX themes, trends and staff feedback.	June 2023	

				Business Case in progress seeking additional investment to support enhanced numbers of Band 7 across ED and AMU, 7 days per week. Workforce tool data to be added to business case.	September 2023	
Requirement 3	Ensure that patient's privacy and dignity is always maintained, and all patients have access to a call bell (action specific to ED/AMU)	May 31 st 2023	Senior Charge Nurses ED & AMGM Triumvirates	Temporary call bells functioning in ED Pod C	June 2023	
				Quote for £25,000 received to install patient call bell system for ED. Currently sitting with Finance and Facilities for approval before proceeding further.	September 2023	
				AMU Base 6, temporary buzzers in place.	June 2023	
				AMU full call bell solution being pursued, ongoing discussions with Consort (facilities provider) in relation to associated costs.	September 2023	
				Ensure that curtains are drawn to maintain privacy and dignity, monitored through assurance reviews. Recent assurance visits have shown this is embedded within practice.	June 2023	
Requirement 4	When patients are cared for in mixed sex bays and where there is reduced access to shower facilities, this is regularly risk assessed and suitable mitigations are put in place to maintain patient	June 30 2023	Senior Charge Nurses Clinical Nurse Managers	Process in place to ensure that patients are made aware they are moving to mixed sex areas.	May 2023	
				Flexible space in AMU can be utilised for single sex where available.	May 2023	
				When required, a risk assessment will be completed by the nurse in charge and documented in the patients record.	May 2023	

	dignity and quality of care					
Requirement 5	Ensure appropriate policies and procedures are in place for instances where it may be appropriate for ward doors to be locked	May 31 st 2023	Senior Charge Nurses	Protocol approved through HMG and CMG in June 2023.	June 2023	
			Clinical Nurse Managers	Doorbell <i>in situ</i> in base 6 for access and egress.		
			Clinical Service Managers	Leaflet was approved at HMG, published and printed and in use. Signage is in place on both DCN and AMU base 6.		
			Associate Nurse Director	Control of movement measures discussed at safety pauses.	June 2023	
				Daily checks/logs in place, this is monitored through assurance reviews.	June 2023	
Requirement 6	Ensure safe intravenous line care practice to prevent the risk of infection and to ensure effective	May 31 st 2023	Senior Charge Nurses Clinical Nurse Managers	Posters in place within ED and AMU to raise awareness of need to report lines which are running dry, or the infusion is complete.	May 2023	

	intravenous fluid management		Clinical Directors Quality lead nurses Associate Nurse Director IPCN	Awareness raised at safety huddles and safety pauses around safe line care. Monitoring of issues through assurance visits and Datix	June 2023 and ongoing	
				Education around line care ongoing monitored within LACAS and assurance walk rounds.	August 2023	
				Monitoring at weekly and monthly assurance visits, reports available if required.	Ongoing	
Requirement 7	Ensure accurate assessment of patients care needs and make sure fundamental care needs are met within ED. This includes pressure	Commenced February 2023	Senior Charge Nurse & ED POD Co-ordinators ED Triumvirate Site Triumvirate	Assurance and improvement support in place, reported weekly to ED & AMGM Governance, Site Triumvirate and EAS programme board. Standard reporting templates for assurance visits used and uploaded onto a shared drive, tracking of progress is also monitored by the Acute Nurse Director.	June 2023	

	area care, food, fluid and nutrition and assistance with mobility.			Dedicated ED meal co-ordinator in place every shift, all coordinators wear green badges and are named at handover based in POD C.	June 2023	
				Badges in place to identify key leadership roles in ED	June 2023	
				Roles & Responsibilities for every shift have been agreed and are discussed at handover and made explicit on white board/use of green badges.	June 2023	
				Waterlow training is not delivered to nurses as part of undergraduate training. Departmental training is ongoing to accommodate all new staff at induction. Paper based (to facilitate bank and agency staff who do not have access to Trak) and electronic recording of this training is available.		
Requirement 8	Ensure the appropriate management and monitoring is in place to support the safe administration of	May 31 st 2023	ED Clinical Nurse Manager ED Clinical Director ED Pharmacy Lead	SOP for medicines endorsed at NHSL Drugs & Therapeutics in May 2023. In place and used within unit. Monitoring through assurance walk rounds.	May 2023	

	medicine within ED.			Business Case for Omnicell medication dispensing system is drafted, associated revenue costs under discussion with RIE Site Director at present.	January 2024		
Requirement 9	Ensure patients safety when cared for on trolleys for extended periods of time	Commenced February 2023	Senior Charge Nurses & ED POD Co-ordinators	Beds and bedding available in ED for patients awaiting admission for prolonged periods.	June 2023		
			ED Clinical Nurse Manager				
			ED Clinical Director	Level 2 and 3 assurance visits in place and demonstrating good evidence of compliance.	June 2023		
			Associate Nurse Director	Care Rounding assurance tool in place, compliance monitored weekly.	June 2023		

				Risk assessment for use of trolley rails in place. Monitoring of compliance via care assurance visits and snap shots audits indicate that further improvement is still required.	September 2023	
				POD pauses are in place, variability at times, however SCN for Safe Patient Flow, EPIC, NIC, and ED Safety Pauses, ensures there is oversight of activity and safety in the ED.	September 2023	
				ED safety pauses identify at risk patients for discussion with Emergency Physician in Charge, Nurse in Charge & Site and Capacity in relation to prioritisation of move out of department or onto hospital beds	June 2023	
Requirement 10	Ensure staff carry out hand hygiene and change PPE in line with current guidance	May 31 st 2023	Senior Charge Nurses Clinical Nurse Managers	Hand Hygiene monthly monitoring is robust and that process in place to ensure improvement actions are implemented.	May 2023	

			Associate Nurse Director Infection Prevention & Control	Hand Hygiene audits feed into the LACAS assurance process for the site with results and improvement actions displayed on QI boards. Compliance monitoring and corrective action managed through clinical governance processes and IPC monitoring and process.	May 2023	
				Constant challenge and education around appropriate PPE use at all forums and escalation through Site Infection Control Committee.	May 2023	
Requirement 11	Ensure patient equipment is clean and ready for use and that the care environment is maintained to support effective cleaning	May 31 st 2023	Senior Charge Nurses Clinical Nurse Managers	Cleaning checklists are in place in all areas, and these are monitored through assurance processes recent assurance visits have shown evidence of compliance with these schedules and the Emergency department is uncluttered clean and organised.	May 2023	
				Assurance visits confirm that adequate supplies of cleaning materials are available	May 2023	
Requirement 12	Ensure consistent reporting and recording of staff risks as well as robustly recording mitigations and	Action Complete	ED Triumvirate Senior Charge Nurses	Weekly ED & AMGM Governance Groups are in place. DATIX reports, complaints and feedback from staff and patients are discussed at these groups and themes and trends identified.	June 2023 and ongoing.	

	recurring risks in line with good governance processes		Clinical Nurse Managers	Site Safety Huddles and departmental pauses in place.	June 2023 and ongoing.	
			General Manager			
			Associate Medical Director	Flow Triumvirate established to manage site flow daily – available to staff for all escalations regarding safety.	June 2023 and ongoing.	
				RIE Escalation Plan approved by EAS PB in May 2023, and endorsed at NHSL Resilience Committee in June 2023.	June 2023	
				<p>Dedicated meetings to discuss nurse staffing on the site and documentation kept that records staffing mitigations which uses the outputs of safe care live to support decisions to move staff across the site.</p> <p>NHS Lothian have a robust escalation process for staffing gaps which are approved at Executive Nurse Director level.</p> <p>Site and capacity provided with staffing plan for overnight to ensure there is robust support in the out of hours period.</p>	June 2023	
		ED Nursing Workforce Business Case in draft at present, awaits input from workforce tools before proceeding to RIE Hospital Management Group for further discussion.	October 2023			
			NHSL Staffing has been recorded in risk register as Very High for nursing and medical staff. Risk register discussed			

				at MDT HMG meeting and reviewed quarterly at-risk management meeting.	Ongoing	
				Staffing gaps are reflected in the site escalation protocol. Establishment gaps will be reduced through the on boarding of newly qualified staff throughout September and October – dedicated induction programme for new B5 in ED in place.		
				Any staffing gaps, including within AHP team, which cause a risk are updated and discussed at the 1030 site safety pause.	June 2023	
Requirement 13	Ensure effective senior management oversight and support to reduce the risks for staff and patients receiving care at times of extreme pressure within the emergency department	June 30 th 2023	General Manager Associate Medical Director Associate Nurse Director Site Director	RIE Escalation Plan approved by EAS PB in May 2023, and through the NHSL Resilience Team in June 2023. Escalation plan in place and used, scored twice daily at Site Safety Huddle. Emergency Operational Score (EOS) calculated electronically in ED and reported at safety pauses. Test of change complete on-Site Medical Co-ordinator, AMD ED & AMGM is available to fulfil this role when required (PREP- STAT 2 or above)	June 2023 September 2023	

				Focus on ensuring consistent application of the escalation plan and agreed actions across RIE	Ongoing	
Recommendation 1	Raise awareness of current guidance regarding the use of fluid-resistant face masks or face coverings in non-clinical areas		IPC Team Senior Charge Nurses Clinical Nurse Manager	Monitoring of face coverings/masks is completed by SCN and CNM, and during assurance visits. There is constant challenge and education around appropriate PPE use at all forums and escalation through Site Infection Control Committee. Face masks no longer required due to change of guidance May 23 and compliance with guidance now much improved.	June 2023	
				Speed read for changes in guidance and awareness raised in governance forums and at safety huddles.	June 2023 and ongoing.	
Recommendation 2	Prioritise repeating the professional judgement tools for emergency medicine specialty staffing to better understand their	Tool run scheduled for 24 th of July for 2 weeks	Workforce team NHSL ED Triumvirate General Manager	Workforce tool run was delayed due to unavailability of board workforce team to support the ED earlier than October 2023.	Due November 2023	

	workforce requirements		Associate Nurse Director	There is a review underway of leadership ratios within ED to support staff psychological safety and patient safety. An SBAR seeking agreement to proceed to preparation of a business case to enhance nursing leadership in the ED has been approved by the Emergency Access Programme Board and will be progressed once information from workforce tools is available.	Due November 2023	
Recommendation 3	Include the emergency department within the quality assurance framework (LACAS) to support fundamental care delivery	December 2023	Head of Nursing Quality Improvement and Standards Associate Nurse Director	Short life working group has been set up to take forward the development and implementation of standards for ED, Initial Standards have been drafted and will go out for wide consultation and testing ahead of the December 2023. Implementation.	Due December 2023	
Additional	Improve compliance with Emergency Access Standard to reduce overcrowding within the Emergency Department	26 Week programme	A comprehensive programme board has been established progressing work across a number of workstreams	<p>RIE Emergency Access Standard Programme Board established in February 2023, supported by Executive Team. Aim to reduce the numbers of patients waiting 4,8 and 12 hours in the ED for admission or discharge.</p> <p>As of August 2023, progress made to date:</p> <ul style="list-style-type: none"> • EAS % compliance: 41.4% (Feb-23) – 55.0% (Jul-23) 13.6% improvement • 8-hour breaches: 2.452 (Feb-23) – 1294 (July-23) 47.2% reduction • 12-hour breaches 1.447 (Feb-23) – 521 (Jul-23) 64.0% reduction • Average LOS in ED: 348.5min (Feb-23) – 277.5min (Jul-23) – 20.4% reduction. 	December 2023	

				<p>Support from external triumvirate has been secured. This team with support the EAS PB with delivery of improvements against performance and safety. Main focus is on patient flow into, across and out of ED.</p> <p>Modular Build in ED, currently utilised as ED Observations, will be replaced in November 2023 allowing for expansion to 12 trolleys. This will assist with overcrowding and improvement in EAS Performance.</p>	<p>August – November 2023</p> <p>September – November 2023</p>	
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