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# Unannounced Inspection Report

## Acute Hospital Safe Delivery of Care Inspection

Aberdeen Royal Infirmary  
NHS Grampian

9 – 11 October 2023

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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

Aberdeen Royal Infirmary serves the Grampian region. It contains approximately 700 staffed beds and has a complete range of medical and clinical specialties.

## About this inspection

We carried out an unannounced inspection to Aberdeen Royal Infirmary, NHS Grampian on Monday 9 to Wednesday 11 October 2023 using our safe delivery of care inspection methodology. In parallel to this inspection, we also carried out a safe delivery of care inspection at Dr Gray's Hospital, Elgin to provide wider assurance of systems and processes across NHS Grampian.

As a result of concerns identified during our inspection at Dr Gray's Hospital, we have written to NHS Grampian on two occasions in relation to the management of controlled drugs and governance and oversight of incident management within Dr Gray's Hospital. Whilst we did not identify similar concerns at Aberdeen Royal Infirmary a requirement has been given regarding the timely review of adverse event improvement actions. Further information relating to this can be found in the safe delivery of care inspection report for Dr Gray's Hospital.

During our inspection of Aberdeen Royal Infirmary, we inspected the following areas:

- acute medical initial assessment area
- emergency department
- intensive care unit
- ward 102
- ward 103
- ward 104
- ward 105
- ward 107
- ward 108
- ward 109
- ward 110
- ward 114
- ward 204
- ward 206
- ward 207
- ward 208
- ward 212
- ward 213
- ward 216
- ward 305
- ward 306 and
- ward 309.

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 Grampian 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 Monday 13 November 2023, we held a virtual discussion session with key members of NHS Grampian 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 Aberdeen Royal Infirmary we inspected at the time of this inspection.

We would like to thank NHS Grampian and in particular all staff at Aberdeen Royal Infirmary 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 Aberdeen Royal Infirmary like much of NHS Scotland, was experiencing a significant range of pressures including increased hospital admissions.

Increased hospital capacity meant patients were being cared for in additional beds in non-standard patient areas such as treatment rooms or corridor spaces. This impacted on the ward environment, staff workload and patient experience of care.

Despite these pressures, we observed that staff were focused on the provision of safe and compassionate care. Wards were well managed with clear leadership and effective communication. Patients we spoke with described good care and we observed staff treating patients with respect, dignity, and compassion.

We observed an open and transparent culture at hospital safety huddles with senior managers and lead nurses working together to understand patient flow and raise issues such as patient safety concerns and staffing updates. Whilst we observed effective leadership and oversight at Aberdeen Royal Infirmary this was not reflected in our findings at Dr Gray’s Hospital.

Areas for improvement have been identified at Aberdeen Royal Infirmary, these include, improvements relating to the management of peripheral venous cannulas, non-standard care areas and the safe storage of medication and of cleaning products.

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

This inspection resulted in five areas of good practice, two recommendations and 12 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 Grampian 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: [www.healthcareimprovementscotland.org](http://www.healthcareimprovementscotland.org)

## Areas of good practice

The unannounced inspection to Aberdeen Royal Infirmary resulted in five areas of good practice.

### Domain 2

- 1 We observed an open and transparent culture with a good focus on patient care and safety at hospital safety huddles (see page 15).

### Domain 4.1

- 2 Staff had good awareness of patients' dietary requirements and meals were served in a timely manner (see page 21).

### Domain 4.3

- 3 We observed good innovation recruitment processes (see page 24).
- 4 An education programme to support newly recruited and international nurses is in place (see page 24).

### Domain 6

- 5 We observed caring, compassionate and responsive care (see page 26).

## Recommendations

The unannounced inspection to Aberdeen Royal Infirmary resulted in two recommendations.

### Domain 4.1

- 1 NHS Grampian should ensure that patients are assisted with hand hygiene at mealtimes (see page 21).

### Domain 4.3

- 2 NHS Grampian should consider how they capture current and recurring staffing risks as this will be a requirement of the Health and Care (Staffing) (Scotland) Act 2019 from 1 April 2024 (see page 24).

## Requirements

The unannounced inspection to Aberdeen Royal Infirmary resulted in 12 requirements.

### Domain 1

- 1 NHS Grampian must ensure effective processes are in place to ensure the safe management and care for patients with peripheral venous cannulas within the emergency department (see page 12).

This will support compliance with: The Quality Assurance Framework (2022); and relevant codes of practice of regulated healthcare professions

### Domain 2

- 2 NHS Grampian must make improvements to their current incident report management processes to ensure timely review and implementation of adverse event improvement actions (see page 15).

This will support compliance with: Health and Social Care Standards (2017) Criterion 1.24; learning from adverse events through reporting and review: A national framework for Scotland; and Quality Assurance Framework (2022) Criteria 2.6 and 4.1

- 3 NHS Grampian must ensure all staff are aware of systems and processes in place in the event of a Wi-Fi system failure (see page 15).

This will support compliance with: The Quality Assurance Framework (2022) Criterion 2.6 and Health and Social Care Standards (2017) Criterion 1.24

**4** NHS Grampian must ensure effective and appropriate governance approval and oversight of policies and procedures are in place (see page 15).

This will support compliance with Quality Assurance Framework (2022) Criterion 2.6 and Health and Social Care Standards (2017) Criterion 1.24

### Domain 4.1

**5** NHS Grampian must ensure that when patients are cared for in additional beds privacy and dignity are maintained and that patients have access to call bells. Potential risks to staff or patients should be assessed including patient acuity and dependency to ensure the safe delivery of care. NHS Grampian must ensure that staff are aware of the procedures and policies in place regarding the use of additional beds (see page 21).

This will support compliance with Quality Assurance Framework (2022) Indicator 4.1 and Health and Social Care Standards (2017) Criteria 1.24)

**6** NHS Grampian must ensure that Adults with Incapacity Section 47 Certificates are accurately and consistently completed (see page 21).

This will support compliance with Adults with Incapacity (Scotland) Act (2000).

**7** NHS Grampian must ensure safe storage and administration of medicines at all times (see page 21).

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.

**8** NHS Grampian must ensure safe intravenous line care practice to prevent the risk of infection and to ensure effective intravenous fluid management (see page 21).

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

**9** NHS Grampian must ensure that alcohol-based hand gel is readily available (see page 21).

This will support compliance with: National Infection Prevention and Control Manual (2023).



**10** NHS Grampian must ensure the safe disposal of sharps (see page 21).  
This will support compliance with National Infection Prevention and Control Manual (2023).

**11** NHS Grampian must ensure the care environment is maintained to allow for effective cleaning (see page 22).  
This will support compliance with Infection Prevention and Control Standards (2023).

**12** NHS Grampian must ensure all hazardous cleaning products are securely stored (see page 22).  
This will support compliance with the 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 Grampian, like much of NHS Scotland, was experiencing significant pressures including increased hospital capacity, reduced staff availability and increased waiting times in the emergency department.**

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 15 October 2023, 65.9% of patients were seen within the four hour target with 48% patients seen within the four hour target at Aberdeen Royal Infirmary. On the first day of this inspection seven patients waited in the emergency department for over 12 hours for admission to an appropriate care area, with five patients waiting over 12 hours on the second day.

Further information on emergency department attendances can be found at NHS Performs weekly update of emergency department activity and waiting times. [NHS Performs - weekly update of emergency department activity and waiting times.](#)

Despite the pressures experienced within the emergency department, inspectors observed the area was calm and well organised with all patients being cared for in designated cubicles.

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 Grampian signposting/redirection guidance. This guidance includes the flow navigation centre and a “Call Before You Convey” service. The call before you convey service enables the Scottish Ambulance Service to access specialist pathways and senior decision-making support from the flow navigation centre. Evidence provided by NHS Grampian highlighted that the flow navigation centre aims to support the redirection of patients seeking urgent medical care to ensure they receive the right care in the right place at the right time, such as out of hours primary care appointments. Since its introduction in October 2022 the flow navigation centre has received over 7000 calls from the Scottish ambulance service, approximately 70% of which resulted in patients not requiring admission to the emergency department.

Inspectors observed information in the form of posters available in the waiting area of the emergency department advising patients that they may be redirected to the minor injuries unit if this was assessed as more appropriate for their care. This information was provided in a range of languages.

During this inspection Aberdeen Royal Infirmary was operating with over 95% of available beds occupied. Evidence provided by NHS Grampian included the standard operating procedure escalation process for the emergency department and acute medical initial assessment areas. This describes the process to be followed to improve patient flow, reduce overcrowding, and prevent delays in patients moving from ambulance to hospital care. NHS Grampian site and capacity team enact the site escalation process when hospital capacity reaches 80% or above. Part of this process includes using additional beds in non-standard patient areas across the hospital to support continued patient flow from the emergency department and assessment areas.

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

To reduce the risks associated with over-crowding in the main emergency department we observed an additional area adjacent to the department was being used to care for emergency department patients. Nursing staff from the emergency department were responsible for providing care for these patients. The area has eight patient cubicles, each with a patient trolley, privacy curtains and nurse call system to enable patients to receive nursing care and access to food and medication such as analgesia.

Patients we spoke with who were being cared for in this area were complimentary about the care provided. We observed positive patient interactions with staff treating patients with dignity and respect. Nursing staff described this area as an improvement for patient care as prior to this, additional patients would be cared for in corridor areas. However, medical staff highlighted the increased pressure of coordinating this area alongside the main emergency department and patients awaiting transfer from ambulances. As part of this inspection, we asked NHS Grampian to provide any incident reports submitted by staff relating to patient safety incidents within the emergency department in the last 12 months. We did not see any adverse events linked to the use of the additional area in evidence returned from NHS Grampian.

During the inspection we observed there were delays to patients being transferred from waiting ambulances into the emergency department, the longest wait being 93 minutes. Evidence provided by NHS Grampian included the Aberdeen Royal Infirmary morning brief for the days we were on inspection. This documented that increased capacity had resulted in up to eight ambulances waiting at one time to transfer patients into the emergency department. Inspectors did not observe any detrimental impact to patient care as a result of these delays at the time of this inspection.

Evidence provided by NHS Grampian included a reported incident where a patient had become critically unwell whilst waiting outside the hospital in an ambulance due to lack of available space within the emergency department. We discussed this with senior hospital managers who explained they have worked collaboratively with the Scottish Ambulance Service to reduce the risk of this recurring. This includes the implementation of the “deteriorating patient in the ambulance queue” pathway. This describes the process in place to support the prioritisation of patients waiting in ambulances.

Returned evidence also included an incident report regarding a patient who had waited more than 18 hours in the ambulance cohort area. The cohort area is an area where ambulance crews can transfer patients until a space is available in the emergency department. We discussed this with senior managers who told us ambulance staff and the emergency department team work together in this area to ensure essential patient care is provided. We did not see any reported incidents relating to patient harm in the cohort area in evidence provided.

During our inspection we observed ambulance staff completing documentation for the emergency department triage nurse to review. This includes the patient’s presenting complaint and any administered medication. We were told that this was to ensure the safe care of patients waiting in ambulances for extended periods of time. This enables nursing staff to identify patients that are at risk of deterioration to ensure patients are seen in order of clinical priority. The document contains the details of the patients waiting as well as information such as the National Early Warning 2 (NEWS2) score. The NEWS2 is a scoring system allocated to physiological

measurements such as blood pressure and pulse. Its purpose is to improve the detection and response to patients who are at risk of or have become more unwell.

Within evidence provided we observed several incident reports relating to patients who had been discharged from the emergency department without having their peripheral venous cannula removed prior to discharge. Peripheral venous cannulas are inserted into the vein to enable the administration of medication and fluids. We discussed this with senior managers who also advised that whilst there were safety bundles in place for discharging patients from wards, they were unsure if these were available in the emergency department. Further evidence returned by NHS Grampian has confirmed that there is a discharge document available for staff to be used in the emergency department. However, we are not assured of staff awareness or compliance with this documentation as this has not been effective in preventing patients being discharged from the emergency department with a peripheral venous cannula in place. A requirement has been given to support improvement in this area.

## Requirement

### Domain 1

- 1 NHS Grampian must ensure effective processes are in place to ensure the safe management and care for patients with peripheral venous cannulas within the emergency department.

## Domain 2 – Leadership and culture

- Quality indicator 2.1 – Shared values

**The majority of staff described a supportive culture with an accessible and approachable senior leadership team. Hospital safety huddles included multidisciplinary representation to support patient flow, mitigate risk and support patient safety.**

Despite the hospital being at increased capacity, with several wards utilising additional beds, we observed staff working hard to deliver safe and effective care. Additional beds will be discussed further in Domain 4.1.

Most staff we spoke with described feeling well supported by senior staff and colleagues. We observed good clinical leadership in all areas inspected. Wards and departments were calm and well led with the senior charge nurses visible in most areas. Staff described a supportive, approachable, and responsive senior leadership team.

Staff described a culture where they feel encouraged and able to raise issues and concerns through NHS Grampian adverse events electronic incident reporting system. Staff we spoke with told us that feedback from adverse events incidents were shared with staff via e-mail, individually and via safety huddles and information boards.

However, within evidence provided we observed several incident reports with outstanding actions from incident reviews, some dating back to 2021. During our parallel inspection of Dr Gray's Hospital, we raised concerns about the management, and oversight of incident reporting. We discussed the process in responding to incidents at Aberdeen Royal Infirmary with senior managers and requested a progress update on these outstanding actions. We were provided with evidence that Aberdeen Royal Infirmary have implemented a live action tracker to link all three aspects of the incident reporting system, with the aim of providing a single more streamlined system for action plans. We can see from this evidence that several outstanding actions have been closed since the date of our on-site inspection with ongoing work being undertaken to close the remaining incidents. A requirement has been given to support improvement in this area.

During this inspection, we attended both the hospital-wide safety huddle and medicine and unscheduled care flow and capacity meeting. We also attended the face-to-face safety huddle for critical care and surgery. The safety huddles had good representation from the multidisciplinary team including allied health professionals and pharmacy. We observed senior managers and lead nurses working together to understand patient flow and raise issues such as patient safety concerns and staffing

updates. Hospital managers displayed good oversight and understanding of the flow and capacity issues across the hospital including highlighting all areas that had additional beds in place. We observed the safety huddle being used to escalate faulty patient call bells and to discuss mitigations in place to reduce risk in this area, including the allocation of an additional staff member. It was further highlighted that the faults with call bells were a recurring issue. We discussed this with senior managers who advised that initial work is underway to utilise a wi-fi call bell system in the area. Evidence provided included the health and safety risk assessments for the instance of a call bell fault. These included control measures to be implemented such as allocating an extra member of staff to the area.

We were provided with the Aberdeen Royal Infirmary morning briefing document for the days the inspection team were on site. This document demonstrated oversight and understanding of flow and capacity across the hospital, including real time staffing and patient safety issues. Information recorded includes emergency department performance from the previous 24 hours, reported adverse events, utilisation of the discharge lounge, delayed discharges, bed occupancy, predicted discharges, and the number of patients being cared for in corridor and non-standard patient areas.

Inspectors observed the use of ward communication boards to share information and highlight safety issues such as adverse events. In one area, we observed that violence and aggression towards staff was one of the highest reported adverse events. At the virtual discussion we asked hospital managers about the processes in place to support staff who have been involved in these incidents. We were told that there are ongoing training programmes for staff, and support from the security team. Nurse managers provide support to staff involved in any incidents and debriefs are available. Hospital managers further highlighted that incidents of violence and aggression involving non substantive staff, such as bank or agency staff, are followed up by the team within NHS Grampian responsible for the management of temporary staffing. We were provided with information on the available training for staff such as prevention and management of violence and aggression and low-level restraint. Returned evidence also included the training compliance for the area, this indicated that 58% of staff have completed their prevention and management of violence and aggression training and 72% have completed low level restraint training with the remaining staff booked on to undertake this training.

Inspectors observed good examples of multidisciplinary ward-based safety huddles, including effective communication and handover. We observed that staff were aware of the systems and processes to raise any staffing shortfalls and the need for supplementary staff.

Whilst on inspection we observed in one area that the Wi-Fi network system had failed and therefore, the telephone system was not available. Inspectors observed that not all staff were aware of the contingency plans in place in the event of failure.

We discussed this with hospital managers who advised that there were business continuity plans in place regarding the procedure to follow in the case of a system failure. Returned evidence documents that the telecommunications team would divert any critical numbers from the Wi-Fi handsets to available wire connected telephones in the event of a Wi-Fi network failure. However, not all staff we spoke with were aware of this process. A requirement has been given to support improvement in this area.

Evidence provided by NHS Grampian includes several guidelines and risk assessments which are in draft form or overdue their review date. This includes NHS Grampian's closed circuit TV policy, locked door policy and health and safety risk assessment for adults being cared for in treatment rooms. At the virtual discussion senior managers told us the responsibility for reviewing policies lies with the original author. We were further advised that whilst some policies are held on NHS Grampian guidance system, which notifies of upcoming renewal dates, not all documents are on this system. Additional evidence provided includes the policy pathway diagram for the review process for clinical policies. This identifies that the local service area where the policy was generated is responsible for the policy review and that governance meetings identify any reviews required. The process for reviewing nonclinical policies is included in NHS Grampian's procedure for development, approval, review, revision, and communication of clinical policies document. However, this does not appear to have been effective. A requirement has been given to support improvement in this area.

## Area of good practice

### Domain 2

- 1 We observed an open and transparent culture with a good focus on patient care and safety at hospital safety huddles.

## Requirements

### Domain 2

- 2 NHS Grampian must make improvements to their current incident report management processes to ensure timely review and implementation of adverse event improvement actions.
- 3 NHS Grampian must ensure all staff are aware of systems and processes in place in the event of a Wi-Fi system failure.
- 4 NHS Grampian must ensure effective and appropriate governance approval and oversight of policies and procedures are in place.

## Domain 4.1 – Pathways, procedures and policies

- Quality indicator 4.1 – Pathways, procedures and policies

**All areas inspected were calm and well organised with evidence of good leadership and teamwork. We observed patients receiving care were treated with kindness and compassion. However, we observed some medications and cleaning products were not stored securely.**

We observed positive and respectful care interactions between staff and patients in all areas inspected, with the majority of patients and visitors complimentary about the care provided.

As previously discussed, due to increased capacity Aberdeen Royal Infirmary had several non-standard and corridor beds in use during our onsite inspection.

These additional beds include surge beds which are reopened, bed spaces within existing patient bays, non-standard care beds such as beds in treatment rooms or consultation rooms, and corridor care beds which are beds placed in ward corridors.

NHS Grampian's standard operating procedure for the utilisation of corridor beds specifies that patients who score a six or higher on the patient placement tool should not be transferred to a corridor bed. The patient placement tool considers infection prevention control risks to assist staff in the decision-making process when assessing if patients are appropriate to be cared for in corridor beds. The policy states that if a patient is not suitable for a non-standard patient area, they must be moved to a designated bed space in the allocated ward. This is to be achieved by identifying and moving a suitable patient into the additional bed space. The patient placement tool does not assess patient acuity and dependency such as reduced mobility, oxygen requirement, or increased levels of care patients may require.

The use of additional beds was discussed with senior managers at the virtual discussion who acknowledged the potential impact of utilising them. We were told that NHS Grampian's ethics advice and support group had been involved to help understand the ethical implications of additional beds for both patients and staff. Evidence provided highlighted that the ethics advice and support group had recognised that there had been significant work by NHS Grampian in making the decisions to use these areas fair, equitable and transparent.

Further evidence provided included the health and safety risk assessments for utilising non-standard and corridor beds for adult patients across NHS Grampian. These include existing control measures for risks, such as fire evacuation and additional staff workload. These risk assessments are generic risk assessments for the specific type of additional bed used and not individual patient risk assessments.



Several staff we spoke with were unaware of these risk assessments or the measures contained within them.

We asked NHS Grampian to provide evidence of any incidents relating to the use of additional beds for the past 12 months. From this information we could see several incidents completed by staff regarding the suitability of patients identified for non-standard or corridor beds in terms of increased patient acuity and dependency. There were also several incidents raised by staff who felt they had not been listened to when they had raised concerns regarding the increase in patient acuity and dependency.

We discussed this with senior hospital managers to understand how staff are supported if they raise concerns regarding inappropriate placement of patients in additional beds. We were told that the additional beds were included in the live time acuity and dependency of the ward on NHS Grampian's electronic staffing platform. Hospital managers discussed the importance of visible leadership and staff health and wellbeing initiatives. We were also provided with NHS Grampian's "we care because you care" current resource pack, this includes health and wellbeing resources including a team wellbeing check in tool and advice on where staff can access support such as the chaplaincy service and listening service.

The use of additional beds can also have an impact on patient privacy and dignity and can result in reduced access to facilities. Inspectors observed that whilst the majority of additional beds had available call bells, privacy screens and electrical sockets we spoke with two patients in corridor beds who did not have access to call bells or privacy screens. One of these beds also did not have access to electrical sockets. This means that the height of the bed cannot be adjusted. The inability to adjust the height of the bed impacts on the patient's care experience, staff delivering care and the cleaning and preparation of the beds and increases the risk of staff and patient injury.

All patients in the additional beds had access to bathroom facilities and patients we spoke with told us they had had an explanation given to them regarding the use of corridor beds.

We observed one corridor bed that was placed directly in front of a full-length window to the outside and was opposite an individual side room. The patient in this bed told inspectors he had been in the corridor bed for five days. The placement of this additional bed enabled the patient to see directly into the patient side room opposite if the door or room door curtains were open. There was no privacy screen for this bed and curtains on the full-length window to provide shade or privacy. A requirement has been given to support improvement in this area.

A delayed discharge occurs when a patient is clinically able to leave hospital but is unable to do so as necessary care and support, such as care home funding or care packages, are not available. Staff on one ward told inspectors that one patient had

been waiting five months for a care home placement. Hospital associated deconditioning is associated with longer lengths of hospital stay and can result in reduced mobility and increased care needs on discharge from hospital. Senior managers were able to explain the processes in place to aim to prevent deconditioning of patients who have a delayed discharge. This includes input by allied health professionals specific to individual patient needs and the plan to hold weekly review meetings with health and social care partnerships.

Intentional rounding is when staff review the care of individual patients at regular intervals, this is often recorded on a care rounding document. NHS Grampian no longer use a specific care rounding document. We asked senior managers how fundamentals of care, such as analgesia and pressure area relief are recorded and monitored in the place of care and comfort rounding. We were advised that care is recorded on the electronic system. However, in line with our current inspection methodology we did not access patient electronic care notes.

Evidence provided by NHS Grampian advises that fundamentals of care are documented within the electronic inpatient clinical record. The data from the electronic record is submitted to the Care Assurance and Improvement Resource as part of delivering *Excellence in Care*. This is a national resource available to all NHS boards which enables users to view and understand their data over time. The dashboard provides a range of analytics to assist in the quality of care. Evidence provided by NHS Grampian documents that the dashboard is presented to the board's quality council every six weeks to enable focus on areas of improvement. A care assurance tool is also utilised to enable further oversight of the provision of safe delivery of care. More information on the Care Assurance and Improvement Resource and *Excellence in Care* can be found at [The Care Assurance and Improvement Resource \(CAIR\)](#)

Where we could observe patient care documentation, we observed that this was generally well completed. This included National Early Warning Score 2 charts, mobility assessment and bed rail assessments.

Within one of the admission units inspected inspectors observed there was information at the end of the several patients' beds that contained sensitive patient information. Inspectors raised this with the senior charge nurse and lead nurse for the area at the time of inspection who took action to remove the documentation immediately.

Adults with Incapacity Section 47 Certificates are legal documents which assist the patients, their family and staff to make decisions about the patient's care and treatment when the patient is unable to do so independently.

In one area we observed, the Adults with Incapacity Section 47 Certificate was completed fully including a comprehensive personalised care plan detailing, patients' preferences for diet and fluids. Staff were aware of the care plan and inspectors

observed that the plan was being followed accordingly. However, in other areas inspected we observed that the Adults with Incapacity Section 47 Certificates were not always completed fully. This included lack of documentation to clearly state the treatment covered by the certificate, relevant paperwork missing from the patient notes and lack of timely review. During our corresponding inspection at Dr Gray's Hospital, we also observed incomplete Adults with Incapacity Section 47 documentation. A requirement has also been given in both inspection reports to support improvement in this area.

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, and this was communicated via ward handovers. We observed that patients were provided with diet and fluids in the emergency department and acute medical initial assessment area.

However, inspectors observed that patients were not always assisted with hand hygiene prior to mealtimes. During our corresponding inspection at Dr Grays Hospital, we also observed that patients were not always assisted with hand hygiene prior to mealtimes. A recommendation has been given in both inspection reports to support improvement in this area.

In a number of areas inspected we observed medication storage cupboards and treatment rooms were unlocked. This is not in line with The Professional Guidance and Administration of Medicines in Healthcare Settings (Royal Pharmaceutical Society and Royal College of Nursing, January 2019). We highlighted this to hospital managers for action at the time of the inspection. During our corresponding inspection at Dr Gray's Hospital, we also observed that medicines were not stored securely. A requirement has also been given in both inspection reports to support improvement in this area.

Inspectors observed several instances where intravenous giving sets were disconnected from patient's cannulas and left on the drip stand with the cannula port exposed this can increase the risk of contamination and can reduce adequate fluid provision. 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. Standard infection control precautions 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).

Practising good hand hygiene helps reduce the risk of infection. Inspectors observed that the majority of staff were compliant with hand hygiene. However, whilst we observed that alcohol-based hand gel was available in a number of areas, inspectors

observed several dispensers were empty in the main hospital corridors, entrances to ward areas and in one ward area. A requirement 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 signage in place to identify which areas required transmission-based precautions, with readily available personal protective equipment.

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 the majority of areas were compliant with linen and general waste management, with waste being securely stored in locked clinical waste bins. However, we observed poor compliance with sharps management in several areas. This included sharps boxes not being labelled as per guidelines and temporary closures not being in place. During our corresponding inspection at Dr Gray's Hospital, we also observed poor compliance with sharps management. A requirement has been given in both inspection reports 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.

Inspectors observed that in older parts of the hospital there were no hand wash basins in the en-suite side room toilets and patients were required to leave the toilet to access hand washing facilities.

We also observed some general wear and tear to older parts of the hospital, this included the use of tape to repair flooring. Inspectors also observed a broken clinical hand wash basin that was awaiting repair. Staff told inspectors the fault had been reported but they were unsure when it would be repaired. At the virtual discussion senior managers told us that the overall process for maintenance repairs and requests is under review and that repairs to flooring are treated as a priority. However, this did not appear to reflect the inspection findings as we observed several areas of flooring repaired with tape. During our corresponding inspection at Dr Gray's Hospital, we also observed the use of tape to repair flooring. A requirement has been given in both inspection reports to support improvement in this area.

We observed that cleaning products were not always stored securely and could therefore 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 at the time of inspection with hospital managers. At the virtual discussion senior managers updated us that discussions were in place to implement keypad locked cupboards for cleaning products. During our corresponding inspection at Dr Gray’s Hospital, we also observed that cleaning products were not always stored securely. A requirement has been given in both inspection reports to support improvement in this area.

## Areas of good practice

### Domain 4.1

- 2 Staff had good awareness of patients’ dietary requirements and meals were served in a timely manner.

## Recommendation

### Domain 4.1

- 1 NHS Grampian should ensure that patients are assisted with hand hygiene at mealtimes.

## Requirements

### Domain 4.1

- 5 NHS Grampian must ensure that when patients are cared for in additional beds privacy and dignity are maintained and that patients have access to call bells. Potential risks to staff or patients should be assessed including patient acuity and dependency to ensure the safe delivery of care. NHS Grampian must ensure that staff are aware of the procedures and policies in place regarding the use of additional beds.
- 6 NHS Grampian must ensure that Adults with Incapacity Section 47 Certificates are accurately and consistently completed.
- 7 NHS Grampian must ensure safe storage and administration of medicines at all times.
- 8 NHS Grampian must ensure safe intravenous line care practice to prevent the risk of infection and to ensure effective intravenous fluid management.
- 9 NHS Grampian must ensure that alcohol-based hand gel is readily available.
- 10 NHS Grampian must ensure the safe disposal of sharps.

**11** NHS Grampian must ensure the care environment is maintained to allow for effective cleaning.

**12** NHS Grampian must ensure all hazardous cleaning products are securely stored.

## Domain 4.3 – Workforce planning

- Quality indicator 4.3 – Workforce planning

**Recruitment challenges experienced by NHS Grampian are similar to the workforce staffing pressures that are currently faced throughout NHS Scotland.**

Workforce data submitted by Aberdeen Royal Infirmary demonstrated the current overall vacancy level within the nursing workforce at the time of our inspection was 8.5%, this is a reduction from 10.5% since January 2023. On further analysis we noted that there is an 18.5% vacancy within the registered nursing workforce, we consider a high vacancy level to be above 10%.

To support workforce gaps, we observed that supplementary staff were being used appropriately to cover areas of greater service need, clinical demand or where additional beds are in use. Supplementary staffing includes substantive staff working additional hours, staff from the NHS boards' staff bank or staff from an external agency.

NHS Grampian senior managers informed us that they are working to improve this workforce gap, with the imminent intake of 2023 newly graduated nurses and with the international recruitment campaign.

Hospital managers described a co-ordinated recruitment approach of newly graduated nurses and international recruitment, which resulted in NHS Grampian being able to successfully recruit 196 registered nurses. These registered nurses will be allocated to the clinical areas of greatest need. For example, areas experiencing high levels of vacancies or workforce challenges. An area of good practice is that final year student nurses are placed in the clinical area they intend to work to support their transition. All newly recruited staff are supported by the practice education teams who deliver an education programme which aims to improve the experience of staff.

NHS Grampian hospital managers describe recruitment and retention challenges due to geographical location. However, we were informed that NHS Grampian have adopted innovative ways to attract and plan for future nursing workforce. This includes work experience and opportunities for young people within the area. This is detailed in the NHS Grampian Plan for the future strategy (2022-2028).

Boards should be in the preparatory stage of implementation of the Health and Care (Staffing) (Scotland) Act 2019. During our inspection we attended site safety huddles and observed senior managers and teams working together to understand, support and manage patient flow, bed capacity and staffing. Individual safety and staffing huddles take place within each specialty which then feed into the main site huddle. However, we did not observe robust staffing discussions, risks or mitigation

discussed by the wider multi-disciplinary team, this will be a requirement following enactment in April 2024.

In preparation for the Health and Care (Staffing) (Scotland) Act 2019, a real time staffing system and process has been implemented for nursing teams which includes the use of a national electronic system. This system provides an overview of nurse staffing levels and skill mix, alongside the acuity and dependency of the patients. It has an automatic red, amber, green status built in which provides senior managers with an overview of areas reporting a staffing risk. This helps to inform decision making when redeploying staff to mitigate staffing risk and supports the delivery of safe and effective care.

NHS Grampian provided us with a copy of the escalation process that staff follow should they professionally judge that they require additional staff, or a different skill mix to support the delivery of safe and effective care. This approach supports an open and transparent culture, and a whole system approach to recording, reporting, and managing staffing risks. Staff told inspectors they had a supportive and responsive senior leadership team.

We were provided with evidence of the Aberdeen Royal Infirmary morning briefing document. This included details on the electronic real time staffing statistics, including staffing risks reported across Aberdeen Royal Infirmary site for the previous 24 hours.

As part of the Health Care Staffing (Scotland) Act (2019) time to lead will become a legislative requirement. As described in Domain 2 of this report, inspectors observed good clinical leadership with all areas being calm and well led with the senior charge nurses being visible in most areas. Staff described feeling supported.

## Areas of good practice

Domain 4.3	
3	We observed good innovation recruitment processes.
4	An education programme to support newly recruited and international nurses is in place.

## Recommendation

Domain 4.3	
2	NHS Grampian should consider how they capture current and recurring staffing risks as this will be a requirement of the Health and Care (Staffing) (Scotland) Act 2019 from 1 April 2024.



## Domain 6 – Dignity and respect

- Quality indicator 6.2 – Dignity and respect

### **We observed staff working hard to provide compassionate and responsive care.**

Inspectors observed that staff were working hard to provide compassionate and person-centred care. This included staff spending time to understand and provide reassurance to a patient and their relative who were anxious regarding the patient's discharge home.

Whilst on inspection we were shown a roof garden, this is an outdoor space which is available to patients, visitors and staff. The garden is designed to provide an outdoor space which is wheelchair and hospital bed accessible. We were told by hospital managers that staff in the intensive care unit had utilised the garden to improve the wellbeing of the patients.

During this inspection we observed a pet therapy dog visiting the hospital. Pet therapy has been shown to improve stress and anxiety and increase engagement and communication.

We observed one area which had a mixed sex initial assessment bay. The bay had one toilet which is labelled as male and female. Bathroom facilities including washroom and shower were located in another area of the ward out with the bay. Mixed sex bays can have an impact on privacy, dignity and personal choice of patients. We were provided with evidence of the risk assessment in place with actions to be taken by staff if both male and female patients were allocated to this bay. These included staff clearly documenting in patients notes that they are in a mixed sex bay and providing an explanation to the patients regarding available bathroom facilities. The risk assessment also documents staff should escalate to the site and capacity team and operational manager if a patient has been in a mixed sex bay for over 24 hours.

During the inspection we identified one ward where the door for entry and exit had been locked electronically and required swipe card access to enter or exit the ward. This prevented any patients or visitors from leaving without the assistance of staff. We observed that clear signage was in place on both sides of the doors to advise patients, staff and visitors that the doors are locked and to speak to a member of staff if they wish to exit or enter the ward.

NHS Grampian provided their policy on the use of locked doors in adult in-patient hospital settings. This document is in draft form.

We were provided evidence that this policy is currently undergoing review and ratification. The policy includes the proformas to be completed when ward doors are locked either on a permanent or ad hoc basis (such as nighttime locking of doors for patient and staff safety).

## Area of good practice

### Domain 6

**5** We observed caring, compassionate and responsive care.

## 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, August 2023)
- [Operating Framework](#) (Healthcare Improvement Scotland and Scottish Government, 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](#) (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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Please contact our Equality and Diversity Advisor by emailing  
[his.contactpublicinvolvement@nhs.scot](mailto:his.contactpublicinvolvement@nhs.scot)

Healthcare Improvement Scotland

Edinburgh Office  
Gyle Square  
1 South Gyle Crescent  
Edinburgh  
EH12 9EB

Glasgow Office  
Delta House  
50 West Nile Street  
Glasgow  
G1 2NP

0131 623 4300

0141 225 6999

[www.healthcareimprovementscotland.org](http://www.healthcareimprovementscotland.org)