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Unannounced Follow up Inspection Report

Acute Hospital Safe Delivery of Care Inspection

Forth Valley Royal Hospital
NHS Forth Valley

27 – 28 September 2022

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About our follow up inspection

Background

All of Healthcare Improvement Scotland's inspection programmes have been adapted during the COVID-19 pandemic. Since the beginning of 2021, we have been carrying out COVID-19 focused inspections of acute hospitals, using methodology adapted from our previous 'safe and clean' inspections.

Taking account of the changing risk considerations and sustained service pressures, in November 2021 the Cabinet Secretary for Health and Social Care approved further adaptations to our inspections of acute hospitals across NHS Scotland to focus on the safe delivery of care. 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 managers. We will keep discussion with clinical staff to a minimum and reduce the time spent looking at care records. Further information about the methodology for acute hospital safe delivery of care inspections can be found on our [website](#).

New infection prevention and control standards were published in May 2022. These are applicable to adult health and social care settings and replaced the healthcare associated infection standards (2015). In May 2022, the chief nursing office contacted all health boards to inform them Healthcare Improvement Scotland will use these standards as a basis for inspection after a three-month implementation period to embed the new standards. The implementation period concluded on Monday 8 August 2022. These standards have been used to inform infection prevention and control related requirements within this report.

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.

We carried out a safe delivery of care inspection to [Forth Valley Royal Hospital](#) on 5 - 7 April 2022. As a result of findings during that inspection we escalated a number of serious concerns to NHS Forth Valley in line with our escalation process. The first escalation related to concerns about the care and treatment of a patient and the patient's ability to consent to treatment. We also raised a concern about ward doors being locked which were not in line with NHS Forth Valley's own locked door policy.

On returning to the hospital on 19 April we escalated additional concerns about Forth Valley Royal Hospital's use of contingency beds, namely the addition of a fifth bed to a four bedded bay area and the use of treatment rooms as non-standard care areas for inpatients. We also raised concern about NHS Forth Valley's application of their own policies, specifically their risk assessments of patients being placed in these areas, risks associated with restricted access to additional beds in an emergency situation and the privacy and dignity of patients residing in additional beds and non-standard care areas.

A total of nine requirements were made to the NHS board which are listed below:

April 2022 inspection requirements

1. NHS Forth Valley must ensure that care and comfort rounding charts are completed within the prescribed timeframes.
2. NHS Forth Valley must ensure hospital ward doors are only locked in accordance with the locked door policy and all staff who apply it are fully aware of the correct process.
3. NHS Forth Valley must ensure that all sterile stock is stored appropriately to reduce the risk of cross infection, in line with the National Infection Prevention and Control Manual.
4. NHS Forth Valley must ensure that all staff comply with hand hygiene and the use of gloves, in line with the National Infection Prevention and Control Manual.
5. NHS Forth Valley must ensure that cleaning is in line with national guidelines and local policy, particularly in relation to additional beds.
6. NHS Forth Valley must ensure there are effective risk management systems and processes in place to ensure the safe delivery of care where additional beds or nonstandard care areas are in use. The NHS board must ensure all of the issues raised through our escalation process are addressed and the improvements made are maintained.
7. NHS Forth Valley must ensure that senior management decision making regarding staffing risks and mitigations are open and transparent.
8. NHS Forth Valley must ensure it has a clear understanding of the number of actual staff in post and that workforce data is accurately presented.
9. NHS Forth Valley must ensure that systems and processes are in place to identify, assess, manage and effectively communicate any patient safety risks throughout the organisation.

To address these requirements, and in line with our safe delivery of care methodology, NHS Forth Valley submitted an improvement action plan detailing the actions they intended to take in response to the concerns we identified.

About this follow-up inspection

Due to the serious concerns raised during our April 2022 inspection we returned to carry out an unannounced follow-up inspection of Forth Valley Royal Hospital on Tuesday 27 and Wednesday 28 September 2022. The purpose of this follow-up inspection was to assess progress with the improvement actions NHS Forth Valley stated it would undertake. This follow-up inspection was carried out in line with [our safe delivery of care acute hospital inspection methodology](#).

We inspected the following areas:

- acute assessment unit
- cardiology
- clinical assessment unit
- emergency department
- surgical assessment unit
- ward A12
- ward A21
- ward A22
- ward A32
- ward B11
- ward B12
- ward B22
- ward B23, and
- ward 8.

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 (where appropriate, and accessed patients' health records, monitoring reports, policies and procedures.

We also asked NHS Forth Valley to provide evidence of its policies and procedures relevant to this inspection.

On Tuesday 11 October 2022, we held a virtual discussion session with key members of NHS Forth Valley staff to discuss the evidence provided and the findings of the inspection.

In response to further serious concerns identified throughout this follow-up inspection, Healthcare Improvement Scotland again initiated our escalation process. This is the third time Healthcare Improvement Scotland have escalated concerns about safety and quality of care at Forth Valley Royal Hospital since April 2022.

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

We would like to thank NHS Forth Valley and in particular all staff at Forth Valley Royal Hospital for their assistance during our follow-up inspection.

About the hospital we inspected

Forth Valley Royal Hospital, Larbert is a 687-bedded hospital. A total of 438 beds support acute inpatient care and the other beds support women and children's services and mental health services. The hospital provides a range of outpatient, inpatient and day services such as day surgery, emergency care, critical care, women and children and mental health services.

A summary of our findings

At the time of our follow-up inspection, NHS Scotland continued to experience a range of pressures including increased hospital admissions and reduced staff availability. We observed Forth Valley Royal Hospital experiencing extreme pressures from increased patient numbers, delayed discharges and high levels of staff absence.

We observed the emergency department and other admission areas were under extreme pressure with the occupancy within the emergency department reaching 230% at points throughout the day. This meant an increase of 130% more patients in the department than it was designed to accommodate. The longest wait time for patients awaiting transfer to ward areas was 25 hours. Ambulance crews were delayed in handing over care of patients to the hospital due to lack of physical space, or staff capacity to take over the care of these patients.

We observed staff working under extreme pressure which impacted staff and the patients receiving care.

Our follow-up inspection has raised further serious concerns about the safety and quality of care at Forth Valley Royal Hospital. These concerns include a deterioration in the procedures and processes for safe and fully risk assessed 'contingency beds', specifically a fifth patient being hosted in a four bedded area. We found an ongoing lack of application of risk based approaches in assessing and caring for patients being placed in these areas, which impacted the NHS board's ability to mitigate the associated risks and ensure safe patient placement, care and dignity.

In addition we observed patients being seated in corridors and other overcrowded areas for prolonged periods of time with fundamental care needs unmet. We also identified concerns in relation to patient and staff safety in the planning for emergency fire evacuation procedures in areas with extreme overcrowding, such as the emergency department.

Our inspectors identified instances of unsafe practice around medicines governance which could result in serious harm to patients. In addition, staff shared with inspectors their concerns about patient safety due to staff levels, skill mix and unsafe working conditions. They also described a lack of senior management oversight and a culture of staff not being listened to or supported by senior management.

As a result of our findings from this follow-up inspection, Healthcare Improvement Scotland have again initiated our escalation process. We remain very concerned around the lack of improvement against a number of key patient safety issues previously escalated to NHS Forth Valley during our April 2022 inspection, in addition to having concerns around staff well-being, culture and leadership within the hospital. We have escalated our concerns to NHS Forth Valley and to Scottish Government.

This follow-up inspection highlights the limited improvement made against the nine requirements from our April 2022 inspection. The requirements that have not been met will remain in place and are described throughout this report. In addition, there are a further 11 new requirements for improvement arising from this follow-up inspection. For clarity, the 11 new requirements have been numbered 10 to 20 to reflect the previous nine requirements. We expect NHS Forth Valley to address the 11 new requirements and the remaining unmet requirements as a matter of priority in order to meet national standards and keep patients safe. All outstanding requirements can be found within the table in appendix 1.

NHS Forth Valley have advised us of the actions that they have taken to date in response to the concerns we escalated and have developed an improvement action plan for the requirements we have made. This improvement action plan is available on the Healthcare Improvement Scotland website:

www.healthcareimprovementscotland.org

We will seek assurance on progress with these planned improvement actions in accordance with our published inspection methodology.

Areas of good practice from the follow up inspection

The unannounced follow-up inspection to Forth Valley Royal Hospital resulted in four areas of good practice.

Domain 1

- 1** We observed staff located at the main entrance of the hospital to give visitors and patients directions to departments and to remind them of the need to wear masks and to use the alcohol-based hand rub provided (see page 16).

Domain 5

- 2** We observed the hard work of the domestic teams who have maintained a clean environment despite a significant increase in patients and pressures across the hospital system (see page 26).
- 3** In many of the wards inspected we saw good communication and mutual support within the staff teams (see page 26).

Domain 7

- 4** NHS Forth Valley have now approached other NHS boards to gain understanding of their systems and processes to learn from their experiences and implement effective strategies (see page 29).

Requirements from follow up inspection

The unannounced follow-up inspection to Forth Valley Royal Hospital resulted in 11 requirements.

Domain 1

10 NHS Forth Valley must ensure overcrowding within the emergency department and admission areas within Forth Valley Royal Hospital is managed safely, to reduce the risk to patients and staff (see page 16).

This will support compliance with:

National Infection Prevention and Control Manual (2022);

Health and Social Care Standards (2017) criteria 1.19, 1.20, 4.14 and 4.22;

Healthcare Improvement Scotland Quality Framework (2018) indicators 5.1, 6.1, 6.2 and 6.4, and

relevant codes of practice of regulated healthcare professions.

Domain 2

11 NHS Forth Valley must ensure that patient's privacy and dignity is maintained at all times (see page 18).

This will support compliance with:

Health and Social Care Standards (2017) criteria 4.11, 5.2, 5.3 and 5.4;

Healthcare Improvement Scotland Care of Older People in Hospital Standards (2015) Standard 2;

Healthcare Improvement Scotland Quality Framework (2018) Indicator 2.1, and

relevant codes of practice of regulated healthcare professions.

Domain 5

12 NHS Forth Valley must ensure the safe and secure use of medicines at all times, including the storage and administration of medicines (see page 27).

This will support compliance with:

Royal Pharmaceutical Society and Royal College of Nursing Professional Guidance on the Administration of Medicines of Healthcare Settings (2019);

Healthcare Improvement Scotland Care of Older People in Hospital Standards (2015) Standard 6, and

relevant codes of practice of regulated healthcare professions.

13 NHS Forth Valley must ensure the safe delivery of care to all patients within the hospital including the emergency department and admission and assessment areas. This should include but is not limited to:

- call bells being in place for all patients
- effective oversight of each patient awaiting admission or transfer to a ward
- ensuring all patients have their nutrition and hydration needs met
- pain relief available, and regular prescribed medications when required timely and safe administration of symptomatic pain relief, and regular prescribed medicines when required
- fundamental care needs must be met, and
- safe management of urine samples (see page 27).

This will support compliance with:

Health and Social Care Standards (2017) criteria 1.12, 1.14, and 1.19;

Healthcare Improvement Scotland Food, Fluid and Nutritional Care Standards (2015) criteria 1 and 4;

Healthcare Improvement Scotland Quality Framework (2018) indicators 5.1 and 5.4, and

relevant codes of practice of regulated healthcare professions.

14 NHS Forth Valley must ensure detailed and effective plans are in place and staff are aware of these, to ensure safe fire evacuation of patients and staff within overcrowded areas (see page 27).

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).

15 NHS Forth Valley must ensure that all staff who are carrying out a triage assessment are trained to ensure this carried out safely, resulting in a reliable patient assessment (see page 27).

This will support compliance with:

Health and Social Care Standards (2017) criteria 1.13 and 3.14;

Healthcare Improvement Scotland Quality Framework (2018) Indicator 7.1, and

relevant codes of practice of regulated healthcare professions.

16 NHS Forth Valley must ensure all patient equipment is clean and ready for use (see page 27).

This will support compliance with National Infection Prevention and Control Manual (2022).

Domain 7

17 With the significant changes to the skill mix, resulting in lower levels of registered staff nurses on duty, NHS Forth Valley must have a system in place to monitor for any adverse impact this may have on the safe delivery of care (see page 30).

This is in preparation for the Health and Care (Staffing) (Scotland) Act 2019 and will support compliance with Healthcare Improvement Scotland Quality Framework (2018) indicators 5.5, 6.2 and 6.3.

Domain 9

18 NHS Forth Valley must ensure that senior management oversight and support is effective, to reduce the risks for staff and patients receiving care at times of extreme pressure within Forth Valley Royal Hospital (see page 33).

This will support compliance with:

Health and Social Care Standards (2017) Criteria 4.23;

Healthcare Improvement Scotland Quality Framework (2018) indicator 6.2 and 6.3, and

relevant codes of practice of regulated healthcare professions.

19 NHS Forth Valley must ensure the development of a positive culture where staff feel safe and supported to highlight risks and concerns in relation to staff and patient safety (see page 33).

This will support compliance with:

Healthcare Improvement Scotland Quality Framework (2018) Indicator 3.1, and

relevant codes of practice of regulated healthcare professions.

20 NHS Forth Valley must ensure meaningful engagement with staff who are raising concerns, to ensure an open and transparent culture, ensuring essential learning from staff concerns is taken and used to make improvements for staff and the patients receiving care (see page 33).

This will support compliance with:

Healthcare Improvement Scotland Quality Framework (2018) Indicator 3.1, and

relevant codes of practice of regulated healthcare professions.

What we found during this follow up inspection

Domain 1–Key organisational outcomes

- Quality indicator 1.2–Fulfilment of statutory duties and adherence to national guidelines

We observed staff located at the main entrance of the hospital to give visitors and patients directions to departments and to remind them of the need to wear masks and to use the alcohol-based hand rub provided.

There is limited physical space within the emergency departments and some of the admission units. This is impacted significantly by the increased number of patients who require care and admission to the hospital. Therefore, overcrowding has been a difficult issue for NHS Forth Valley to manage. However, we observed a deterioration in the systems and process in place to implement and follow current national guidance in relation to respiratory screening and overcrowding within clinical areas.

We observed staff located at the main entrance of the hospital to give visitors and patients directions to departments and to remind them of the need to wear masks and to use the alcohol-based hand rub provided.

However, we observed a deterioration in the systems and process in place to implement and follow national guidance current at the time of this inspection. Within the emergency department we were told that reception staff carry out the respiratory screening questionnaire. This is a standard set of questions that are recommended in the national guidance within the National Infection Prevention and Control Manual (NIPCM) to help determine if individuals have signs of respiratory infections such as COVID-19 or flu. When the respiratory screening questionnaire is complete this enables staff to try to separate individuals with respiratory symptoms and those without, to reduce the spread of infection.

At the time of our follow-up inspection, we did not observe reception staff within the department and waiting areas asking the respiratory screening questions. Therefore, people with potential respiratory symptoms and those without are not being effectively segregated.

We observed extreme overcrowding in the emergency department and other admission units such as the acute admissions unit (AAU) and clinical assessment unit (CAU). We observed patients being cared for in close proximity to each other in chaired areas within the departments and surrounding corridors. The majority of these patients were not seen to be wearing facemasks in line with the current recommended guidance. The extended use of facemasks by healthcare workers and

the wearing of face coverings by visitors and outpatients (unless exempt) is designed to protect staff and service users as part of the COVID-19 pandemic. We had several other serious concerns relating to the care of the patients within these chaired areas which are described in full later in this report.

Current guidance within the NIPCM highlights that overcrowding in any area of a healthcare facility including inpatient areas, waiting areas and outpatient departments increases transmission risk for respiratory viruses including COVID-19. We were told following our visit that infection control would be attending these areas to observe the situation and make recommendations.

We recognise that physical space within the emergency departments and some of the admission units within Forth Valley Royal Hospital is limited. This is impacted further by the significant increase in the number of patients who require care and admission to the hospital. Overcrowding has been a difficult issue for NHS Forth Valley to manage. However, it remains important that all available steps are taken to address the risks associated with this.

Information provided by senior managers included the standard operating procedure (SOP) and risk assessments for long waits in the emergency department. These documents set out guidance for staff to follow to reduce the increased risks associated with overcrowding in these areas. One of the measures described within these documents to manage overcrowding, was to advise patients residing in the emergency department of the length of time they would potentially wait as a result of the increased demand on the service. During our inspection we did not observe this communication either verbally, or through any signage within the department or waiting area, and many of the actions described within these documents did not reflect our observations. This will be described further in this report.

We visited the same day emergency care area (SDEC) and rapid assessment care unit (RACU). These are new assessment services within NHS Forth Valley designed to redirect patients away from emergency departments and to the right care and treatment area for their needs. These areas assess and provide care for patients with specific symptoms. For example, who are referred to the hospital by their GP or NHS 24, or are assessed in the emergency department to meet the criteria to be cared for in this area. We observed these areas had a high standard of environment, good staffing levels and large areas of space for patients. However, we observed very few patients being cared for in these areas, with a large number of patient spaces such as recliner chairs and couches remaining unoccupied. We were told this was because the patients who were currently waiting in the overcrowded emergency department and corridor areas did not meet the criteria to be cared for in SDEC or RACU. This will be described further in this report.

Area of good practice

Domain 1

- 1** We observed staff located at the main entrance of the hospital to give visitors and patients directions to departments and to remind them of the need to wear masks and to use the alcohol-based hand rub provided.

Requirement

Domain 1

- 10** NHS Forth Valley must ensure, overcrowding within the emergency department and admission areas within Forth Valley Royal Hospital is managed safely, to reduce the risk to patients and staff working in these areas.

Domain 2—Impact on people experiencing care, carers and families

- Quality indicator 2.1—People's experience of care and the involvement of carers and families

We observed good interactions between staff and patients in some areas, with some patients describing staff as exceptional. However, we also observed patients who were visibly distressed and were not receiving the fundamentals of care, this was largely within the emergency department and admission units.

We observed staff upset about the level of care they could provide and their ability to maintain patient safety, privacy and dignity.

We observed mixed experiences for patients receiving care within Forth Valley Royal Hospital. In some ward areas patients described staff as exceptional, describing staff communicating well, answering their questions and putting them at ease.

In the majority of ward areas, we saw staff working to maintain a good care environment, with patients complementary of the hard-working staff. This was apparent when inspectors spoke with staff, who appeared passionate about their role in providing care. However, at times staff were tearful and appeared worried about not being able to provide appropriate safe care and dignity for patients due to overcrowding and the use of additional contingency beds.

Concerns about additional contingency beds had been highlighted in the April 2022 inspection. When we observed that patients being cared for in these beds did not

have access to the same facilities as other patients and, in some instances, this reduced their experience of care. Patients cared for in contingency beds did not have access to facilities such as televisions, call bells, adequate space and privacy screens. This sometimes resulted in a lack of privacy and dignity.

During this inspection we observed that some of the issues previously raised had been addressed. This included all patients within the contingency beds having access to a call bell. Privacy screens for the patients in these bed spaces were now available. However, due to the limited space in some wards, we observed privacy screens being stored in the patient toilet areas when not in use and not easily accessible if the patient required a screen in place quickly. In addition, there was an increased likelihood of screens becoming contaminated when stored in toilet areas.

We spoke with staff who were visibly upset at having to provide care to patients in the additional bed areas. NHS Forth Valley provided evidence to us of instances where staff have made a formal incident report relating to the additional beds. We saw patient privacy and dignity was highlighted regularly in these reports. This included, for example, when staff were unable to close the screens when providing emergency care and staff having to assist other patients out of the room to maintain the privacy and dignity of individuals receiving emergency care. Further concerns relating to the additional beds will be described later in this report.

Inspectors were concerned about the care and dignity of patients in other areas such as the emergency department and admission units. As already highlighted within this report, the emergency department and admission units were extremely overcrowded. We observed and spoke with patients who were placed in corridor areas and chaired waiting areas within these departments. Some patients told us they had been in non-reclining upright waiting area chairs through the night. In one instance, a patient described being in a chair for at least 16 hours and had been given no information about when they would be transferred to a ward area or bed.

In the clinical assessment unit, we observed and were told about an area where four beds were provided at night. However, due to the number of patients being admitted to the unit, these four beds were replaced with 10 chairs during the day to accommodate more patients. One patient described being given a bed in the early hours of the morning to then be woken at 8am so the bed could be removed. The patient was then given a hard waiting room chair to sit in again. Some patients in this area described feeling that their concerns were not being listened to.

We observed that the majority of the patients who were in chaired areas within the admissions units and the emergency department did not have a call bell, water close to them, or a table to put personal belongings or items on. There was also no information visible within these areas to advise patients how to access food and water. The SOP for long waits in emergency department provided by NHS Forth Valley describes care should be provided for patients waiting longer than four hours. However, the majority of the care described in this document was not observed

during this inspection. For example, all patients placed in these areas did not, as described in the SOP, have access to a call bell as these were not available in the corridor areas. This meant that patients were unable to easily alert staff if they required assistance. The concerns about care provided in these areas will be described fully later in this report.

We also noticed patients within the emergency department being cared for in additional beds that had been pushed against the nursing station. Whilst we recognise staff were trying to keep the patients nearby so they could continue to observe them whilst they awaited transfer to a ward, these patients had no privacy.

Inspectors were approached by patients within the emergency department and clinical assessment unit who were asking for help accessing pain relief medication, or their own prescribed medications that had not been administered at the correct time. We observed patients were not well informed about their medications and length of wait. Many of the patients we observed being cared for in these non-standard care areas were visibly distressed.

It is our opinion that the SOPs in place at the time of this follow-up inspection do not take into account the unprecedented and extreme pressures that are being experienced in the emergency department and admission areas within Forth Valley Royal Hospital.

Requirement

Domain 2

- 11** NHS Forth Valley must ensure that patient's privacy and dignity is maintained, at all times.

Domain 5—Delivery of safe, effective, compassionate and person-centred care

- Quality indicator 5.1—Safe delivery of care

During our previous inspection in April 2022, six requirements were made within domain 5 in relation to the delivery of safe, effective person centred care. We recognise NHS Forth Valley have made some improvements to address these requirements.

However, we remain concerned about several patient safety issues, including a deterioration in the procedures and processes for safe and fully risk assessed contingency beds. We are also concerned about essential care needs not being met for patients seated within corridors and other overcrowded areas for prolonged periods of time, as well as staff safety and planning for emergency fire evacuation procedures within overcrowded areas.

April 2022 inspection - Requirement 1

NHS Forth Valley must ensure that care and comfort rounding charts are completed within the prescribed timeframes.

We observed some improvement in the completion of care and comfort rounding charts. Care and comfort rounding is when staff check on individual patients at defined regular intervals to anticipate any care needs they may have. Within NHS Forth Valley's improvement action plan for our previous inspection we were told that care and comfort rounding was going to be moved to an electronic platform to enable improved measurement in completion of the care rounding documentation. We were told that three areas had already moved over to the electronic system and we saw evidence of this during our inspection. In the majority of wards areas inspected during the follow-up inspection, inspectors observed staff delivering care in a timely manner. Care and comfort rounding charts were well completed in some areas inspected, however, gaps remained in some ward areas.

This requirement has been partially met and will be carried forward.

April 2022 inspection - Requirement 2

NHS Forth Valley must ensure hospital ward doors are only locked in accordance with the locked door policy and all staff who apply it are fully aware of the correct process.

This requirement was in relation to a ward where the door had been locked to prevent a patient from leaving unassisted. However, this also prevented other patients or visitors from leaving and there was no information or signage to advise people on how to exit the ward. Hospital managers were not aware that the ward had initiated NHS Forth Valley's locked door policy and that in doing so had locked the exit to this ward and the adjoining ward. When we escalated this concern with NHS Forth Valley they immediately reviewed the situation to ensure the correct doors were locked.

During this follow-up inspection we found improvements with the application of the locked door policy. Where this policy was in use, we saw signage advising patients and visitors how to exit the ward. Senior management were also informed which wards were applying the locked door policy during the morning hospital wide safety huddle.

This requirement has been met.

April 2022 inspection - Requirement 3
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NHS Forth Valley must ensure that all sterile stock is stored appropriately to reduce the risk of cross infection, in line with the National Infection Prevention and Control Manual.
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Previously we observed that sterile stock was being stored in treatment rooms which were being used as non-standard care areas. This presented a contamination risk as, in some instances, patients were using commodes in these non-standard care areas. During this follow-up inspection sterile stock had been removed from non-standard care areas.

This requirement has been met.

April 2022 inspection - Requirement 4
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NHS Forth Valley must ensure that all staff comply with hand hygiene and the use of gloves in line with the National Infection Prevention and Control Manual.
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One of the key precautions in infection prevention and control is the practice of good hand hygiene. Previously we observed several missed opportunities for hand hygiene, mostly from housekeeping and domestic staff. Examples of this were staff failing to remove gloves, perform hand hygiene and replace gloves when moving between patients and whilst carrying out tasks. This prevented hand hygiene from being performed at the correct times. Within their improvement action plan, NHS Forth Valley told us a series of education sessions would be carried out to support domestic teams improve compliance with hand hygiene. We requested evidence of

this training but noted only approximately 37% of domestic staff had been received this training since the last inspection.

During this inspection we continued to observe poor compliance with hand hygiene. This included domestic staff not removing gloves and performing hand hygiene at the correct times. We also observed some clinical staff missing hand hygiene opportunities after touching the patient or their environment. We observed poor compliance with hand hygiene across all staff groups within the emergency department.

This requirement has not been met and will be carried forward.

April 2022 inspection - Requirement 5

NHS Forth Valley must ensure that cleaning is in line with national guidelines and local policy, particularly in relation to additional beds.

NHS Forth Valley's SOP in relation to additional beds placed within a four bedded bay area states that these areas should be cleaned more frequently. Staff told us it sometimes was more difficult to effectively clean and decontaminate the area around the additional bed, with staff being instructed to not move the additional beds when occupied in some wards.

NHS Forth Valley confirmed there would be continued monitoring of the cleaning systems in place as part of their improvement action plan. We were told the infection prevention and control team would continue to carry out four walk rounds in any areas with extra beds each month. We were provided additional information to show that these walk rounds had taken place. Although domestic staff continued to highlight difficulties in accessing the bed area due to a lack of space around the bed, concerns were not identified with cleanliness. During this inspection we observed the hospital environment was clean, including the additional bed spaces. This highlights the hard work of the domestic teams who have maintained a clean environment despite significant increases in patients and pressures across the hospital system.

This requirement has been met.

April 2022 inspection - Requirement 6

NHS Forth Valley must ensure there are effective risk management systems and processes in place to ensure the safe delivery of care where additional beds or non-standard care areas are in use. The NHS board must ensure all of the issues raised through our escalation process are addressed and the improvements made are maintained.

During our previous inspection we highlighted that staff were not familiar with the SOPs in place to support the safe use of the additional beds. We also observed some patients being cared for in these additional beds that did not meet the criteria in the SOP. For example, some patients were not independently mobile and a lack of space around the bed made moving and handling difficult for the patient and staff. We found no evidence of person centred risk assessments being completed for patients in these additional beds.

Staff had previously raised concerns with inspectors around the lack of space to deal with an emergency situation where an additional bed was in place. We escalated this concern with NHS Forth Valley during our last inspection. Within the improvement action plan, we were told that the risk assessment and SOPs for using these additional beds were continuously under assessment. We were advised that these are updated monthly and when issues and concerns are raised.

During this follow-up inspection, NHS Forth Valley provided us with an updated increased bed capacity risk assessment document for patients being cared for in the additional beds. They advised us that the risk assessment document had been reviewed following our previous inspection.

The current risk assessment outlines the selection criteria staff should consider when assessing if a patient is suitable to be cared for in an additional bed. This criteria includes the patient's mobility and medical condition. This is because there may be reduced space around the bed, reduced access to wall mounted suction and oxygen points and reduced ability to maintain privacy due to the lack of dedicated screens for the bed space.

During our follow-up inspection we observed many of the patients being cared for in the additional beds did not meet the selection criteria. We discussed this with clinical staff who told us that due to the low number of patients who actually meet the selection criteria within the risk assessment, the criteria was often no longer be applied. Staff told us that whilst they would do their best to ensure appropriate placement of patients, these bed spaces would routinely be used for patients who did not meet the criteria. We were concerned that once a decision has been made to place a patient in an additional bed space, even when they had been assessed as not suitable, no further individual risk assessment is carried out to reduce or mitigate any associated risks to the patient.

To understand this more fully, we requested additional information from NHS Forth Valley on any incidents relating to the use of additional beds reported over the past three months. We saw many instances where staff highlighted concern about the lack of dignity and safety for patients in these beds. For example, there were reports of patient falls and difficulty in providing care, including where emergency teams had struggled to carry out emergency care due to the lack of space around the bed. The updated increased bed capacity risk assessment recognises these safety issues as a potential risk for patients. However, we are not assured potential risks are being

sufficiently addressed or mitigated despite this being escalated as a serious concern during our last inspection.

The risk assessment also highlights that the reduction in the space between the beds does not meet the distance required within national guidance. This may lead to increased risk of infection outbreaks such as COVID-19. In one area staff raised concerns with inspectors about the new COVID-19 testing guidance. When a patient in one of the bays had developed COVID-19 they would be moved to a single room. However, in line with new national guidance and advice from infection prevention and control, the remaining patients would no longer be tested for COVID-19 if they were asymptomatic of infection. This bay would remain open for other patients to be admitted into. We discussed this with infection prevention and control who confirmed this was the case and this was in line with a recent letter sent to all NHS health boards from the chief nursing officer. The link can be found here [\(DL 2022\) 32](#). The infection prevention and control team confirmed that they were monitoring the situation closely to ensure they would identify any outbreaks of COVID-19 at the earliest point.

During our discussion with NHS Forth Valley, senior managers also expressed their concern about caring for patients in these additional bed spaces but explained that no alternative is currently available due to the size of the patient bays within Forth Valley Royal Hospital.

We acknowledge the difficulties as a result of limited space and increased pressures for additional contingency bed spaces. However, we are not assured that the risks associated with the use of these contingency beds have been sufficiently mitigated. We remained concerned about the lack of application of appropriate risk assessment, as staff told inspectors that the majority of patients do not meet the necessary criteria within the risk assessment. In addition, we remain concerned about a lack of safe and effective person-centred risk management when caring for patients in these contingency beds. In addition, we are not assured the risks associated with providing emergency care to patients in additional beds has been effectively addressed. These concerns have been highlighted in our most recent escalation to NHS Forth Valley and Scottish Government.

This requirement has not been met and will be carried forward.

In addition to NHS Forth Valley's response to previous inspection requirements this follow-up inspection has identified further elements of good practice and areas for improvement in relation to the safe delivery of care within Forth Valley Royal Hospital.

We observed all ward areas were busy with most showing good leadership. Staff appeared well organised, with evidence of good team working and communication between all disciplines of staff delivering care to prioritise patient care needs. We observed regular ward safety huddles/briefs, handovers and information boards. In

many of the wards inspected we saw good communication and mutual support within the staff teams. However, in one ward inspectors were not able to provide feedback on the inspection findings as the staff were supplementary staff. These staff were unfamiliar with the ward and did not know who they should contact for the inspector to provide feedback to. We raised a concern with senior managers during the inspection that staff responsible for the care of patients within this area did not know how to access management support.

Within some ward areas we observed the majority of patients looked well cared for and we observed examples of mealtimes being well managed. However, in other wards mealtimes were not well managed, with a lack of support for those patients who needed assistance with their meals.

In some areas, including the emergency department and admission units, many patients did not appear well cared for. As previously described, many patients were being cared for in chaired areas in corridors and within the departments. These patients appeared uncomfortable. They had not been provided with drinks and we did not observe comfort rounds being carried out as described in the SOP for long wait in the emergency department. There was also limited access to toilet facilities for personal care. For example, in the admissions unit there were only two toilets for 16 patient beds and 10 patients in chairs.

Inspectors were concerned patients placed in corridors who were awaiting admission to ward areas were not easily visible to staff. These patients did not have a call bell to alert staff if they needed assistance. In these areas we observed patients with intravenous infusions that had run dry. Another patient, who was on a chair and using oxygen therapy, had an empty oxygen canister and inspectors had to alert staff to this.

As described earlier in this report, inspectors observed and were approached by patients in the emergency department and admission units who were struggling to access medicines for pain relief or not receiving their scheduled medicines at the correct time intervals.

We were told staff were assigned to provide care to patients within the corridor areas of the emergency department. However, the staff were not aware of how many patients they were caring for at that time as these patients were located in different areas of the department.

We were concerned this could have a significant impact on evacuation procedures in the event of a fire. We asked senior managers to provide a detailed plan on how an evacuation would be managed with the current overcrowding in the departments. We were provided with a plan prepared by the fire officer within NHS Forth Valley which provided some detail, such as the exit routes, and stated that further staff training was to take place. However, it was not clear within this plan how the evacuation of the additional patients within the department would be completed

safely. We escalated this as a serious concern with senior managers within NHS Forth Valley, for their immediate attention and have also informed the Scottish Fire Service of our concerns.

Within the admission unit waiting area we observed that the patient's chairs faced the wall with their backs to the reception staff. A patient's relative shared with us concerns about this, explaining that when waiting to be admitted to the admission unit the patient had been unable to locate sick bowls and staff were not aware of the patient's condition as they could not observe them.

When asked, staff told inspectors that the admission unit waiting area is monitored by reception staff during reception staff working hours and then by the department's nursing, health care support workers and clerical staff at other times. Staff explained that on occasions healthcare support workers triage the patients in the waiting areas. Triage is where an assessment is made of the patient's condition to determine the sickest patients and ensure those most unwell are admitted for treatment first. When the inspectors asked for the evidence of the training the healthcare support workers had to enable them to complete this patient assessment we were provided with an induction booklet. This did not provide training material to support staff to be able to triage patients. We raised this with senior managers in NHS Forth Valley who provided a copy of the NHS Forth Valley triage training guidance that staff would be required to complete before carrying out a triage assessment. However, we were not provided with evidence that the health care support staff who were described to inspectors as carrying out this level of assessment within the admission units have completed this training.

Further patient safety concerns observed by inspectors within admission assessment units included a collection of unlabelled urine samples awaiting processing. This is a risk as the samples could be easily mixed up leading to the wrong treatment being administered to patients.

Medicines governance was also identified as an area for concern. We observed patients own medicines left lying on open locker tops and intravenous medicines being prepared by staff in one unit then being given to staff in another unit to be administered. We observed that these medicines appeared to be administered without staff checking if it was the correct medicine, the correct dose or the correct patient receiving the medicine. We also observed intravenous medicines being prepared then left unattended on another patient's bed table before being taken to the correct patient to be administered. In some ward areas we observed medicines cupboards left unlocked and unattended. These are all examples of unsafe practice and are not in line with the guidance and training materials used by NHS Forth Valley.

The patient equipment within the majority of wards were clean and ready for use. However, in the admission assessment units, several pieces of equipment were not clean. For example, a commode that was stored ready for use had not been

effectively cleaned with body fluids found on the underside. There were small blood spots on some patient equipment and other equipment was found to be dusty.

We found that personal protective equipment (PPE) such as aprons and gloves was available for staff and visitors and was mostly stored to prevent potential contamination. However, in the emergency department it was stored open on a dusty table top which risks contamination.

During this follow-up inspection, we continued to have significant concerns about the safe delivery of care within Forth Valley Royal Hospital. These concerns are highlighted through this report and have been escalated to NHS Forth Valley and Scottish Government in accordance with our escalation process.

Areas of good practice

Domain 5	
2	We observed the hard work of the domestic teams who have maintained a clean environment despite a significant increase in patients and pressures across the hospital system.
3	In many of the wards inspected we saw good communication and mutual support within the staff teams.

Requirements

Domain 5	
12	NHS Forth Valley must ensure the safe and secure use of medicines at all times including the storage and administration of medicines.
13	NHS Forth Valley must ensure the safe delivery of care to all patients within the hospital including the emergency department and admission and assessment areas. This should include but is not limited to: <ul style="list-style-type: none">• call bells being in place for all patients• effective oversight of each patient awaiting admission or transfer to a ward• ensure all patients have their nutrition and hydration needs met• pain relief available, and regular prescribed medications when required timely and safe administration of symptomatic pain relief, and regular prescribed medicines when required• fundamental care needs must be met, and• safe management of urine samples.

14 NHS Forth Valley must ensure detailed and effective plans are in place and staff are aware of these, to ensure safe fire evacuation of patients and staff within overcrowded.

15 NHS Forth Valley must ensure that all staff who are carrying out a triage assessment are trained to ensure this carried out safely, resulting in a reliable patient assessment.

16 NHS Forth Valley must ensure all patient equipment is clean and ready for use.

Domain 7–Workforce management and support

- Quality indicator 7.2–Workforce planning, monitoring and deployment
- Quality indicator 7.3–Communication and team working

During this follow-up inspection we observed and were told by staff that they were working with less than optimal staffing levels or the necessary skill mix to support the safe delivery of care. Workforce data provided to us demonstrated high levels of vacancies, particularly evident within registered nursing and medical staff groups. In addition to this, there were high absence rates within registered nursing, allied health professional and domestic staff groups.

April 2022 inspection - Requirement 7

NHS Forth Valley must ensure that senior management decision making regarding staffing risks and mitigations are open and transparent.

April 2022 inspection - Requirement 8

NHS Forth Valley must ensure it has a clear understanding of the number of actual staff in post and that workforce data is accurately presented.

In April 2022 we were concerned about staffing gaps and how associated safety risks were been managed across the hospital. We were concerned NHS Forth Valley was not aware of all potential safety risks. For example, there is a professional judgement element within the safety huddle tool which was not in use during our inspection which resulted in a lack of openness and transparency in the decision-making process to manage staffing risks.

It is acknowledged that there are workforce shortages and recruitment challenges across NHS Scotland and during this follow-up inspection, NHS Forth Valley was

experiencing staffing pressures which were further compounded by increased patient dependency and complexity, and the use of additional beds to support the increased service demands.

We observed there has been some progress made in ensuring that workforce data is accurately recorded for the hospital site. However, there were some workforce discrepancies with the allied health professional staff groups. We were advised that there is work underway to align budgets to support governance and a new e-rostering system is being trialled which is due to be implemented hospital wide.

We were provided workforce data which demonstrated high levels of vacancies, particularly evident within registered nursing and medical staff groups. In addition to this, there were high absence rates within registered nursing, allied health professional and domestic staff groups.

Staffing groups told inspectors that they were working with less than optimal staffing levels and necessary skill mix to support the safe delivery of care. Within evidence provided, we were not assured of a consistent and robust method in which staff could raise these concerns at the planned staffing safety huddles.

We were advised of the recruitment of additional staff and the use of supplementary staffing in response to increased service pressures. Due to the volume of absences, vacancies and availability of supplementary staffing, we noted that there were frequent staffing gaps and changes to skill mix. Despite this, we noted very few escalations or mitigations of associated risk evidenced in the staffing template.

Supplementary staffing includes substantive staff working additional hours, staff from the NHS boards' staff bank or from an external agency. Supplementary staff were being utilised to cover staff absences and, where possible, provide additional support to clinical areas experiencing increased demands. However, due to the significance of the additional pressures it was not possible to provide supplementary staffing in all areas that required it.

NHS Forth Valley use a nursing staffing template to identify staffing gaps and record how risks have been managed across the hospital. We noted that the reporting and recording of staffing risks and mitigations within the staffing template were not robust or consistent. There was disconnect in staff huddle meetings where staff stated they were 'safe to start'. However, when inspectors visited the wards, staff were visibly stressed and distressed and expressed concerns around continued and sustained staffing shortages which presented a risk to the provision of safe, high quality care and their own wellbeing.

The daily staffing template records nursing staffing risks, mitigations and professional judgment which teams use to decide if they are 'safe to start'. Professional judgement is when the clinical staff use their expertise to confirm how many staff and what skill mix is required to ensure that safe and effective care is provided. This is intended to support open and transparent decision making on staffing.

We reviewed some staffing rosters and noted that there remained staffing gaps, despite high supplementary staffing usage in both the registered nurses and healthcare support workers staff group. We noted significant changes to the skill mix as a result of attempts to support the overall staffing numbers. This resulted in lower levels of registered staff nurses on duty, which would require close monitoring to ensure that there is no detrimental impact on the delivery of safe and effective care.

Some of the multidisciplinary team spoken to during inspection expressed feelings of frustrations at staffing levels and skill mix and the senior leadership decision-making in relation to this, which they believed left wards short of staff and unsupported. Staff told us this presented a safety risk for patients.

The incident reporting system that is used within the hospital highlighted that staff had raised concerns regarding staffing in terms of patient safety, an inability to provide the standard of care staff wished to give and staff wellbeing. Despite this, the concerns around staffing were not reported and recorded at the safety huddle in a robust or consistent way.

NHS Forth Valley have now approached other NHS boards to gain understanding of their systems and processes to learn from their experiences and implement effective strategies.

Requirements 7 and 8 have not been met and will be carried forward. An additional requirement has also been made.

During our follow-up inspection hospital management explained that there had been an education training programme to introduce staff to the Health and Care (Staffing) (Scotland) Act 2019. However, teams would benefit from specific training in relation to how to record and report real time staffing risks and mitigations in line with their professional codes of conduct.

Area of good practice

Domain 7

- 4** NHS Forth Valley have now approached other NHS boards to gain understanding of their systems and processes to learn from their experiences and implement effective strategies.

Requirement

Domain 7

- 17** With the significant changes to the skill mix, resulting in lower levels of registered staff nurses on duty, NHS Forth Valley must have a system in place to monitor for any adverse impact this may have on the safe delivery of care.

Domain 9: Quality improvement-focused leadership

- Quality indicator 9.2–Motivating and inspiring leadership

Communication on some safety risks during hospital wide safety huddles has improved since our last inspection, such as communication about when the locked door policy has been activated within a ward. However, we have concerns about senior management oversight of the full range risks to patients and staff when delivering care at times of extreme pressure.

April 2022 inspection - Requirement 9

NHS Forth Valley must ensure that systems and processes are in place to identify, assess, manage and effectively communicate patient safety risks throughout the organisation.

During our previous inspection we raised concerns about serious patient safety issues not being communicated well during the hospital wide safety huddles. For example, whether the locking of ward doors had been carried out in line with the NHS Forth Valley locked door policy.

During our follow-up inspection we observed some improvement in this. We attended the hospital wide safety huddle where we heard the wards that had initiated the locked door policy highlighting this to senior managers. We also heard concerns about the capacity within the hospital, and especially the emergency department and admission areas, being raised at the safety huddle.

However, we were not assured that the hospital wide safety huddles were effective at communicating other patient safety issues described earlier in the report. One of the huddles we attended had approximately 56 staff in attendance. This huddle lasted over 30 minutes and was one of several hospital huddles throughout the day. We heard clear instructions from senior managers about the need to facilitate as many discharges as possible to allow patients who were awaiting beds in the emergency department and admission units to move to the ward areas. The huddle appeared to have a strong focus on the flow or movement of patients through the hospital without taking account of patient's care needs. NHS Forth Valley have confirmed they have approached another NHS board to learn from and seek to improve the effectiveness of the safety huddles within NHS Forth Valley.

We were provided with information on a further acute site escalation huddle that had taken place during our inspection and was attended by senior managers, including the executive team. The inspection team had not been made aware of or invited to this huddle at the time of inspection. We were told that the unprecedented pressures and over capacity were discussed at this acute site

escalation huddle. It was highlighted that the emergency department was at 230% capacity at times during our inspection. This means there were 130% more patients in the department than it was designed to accommodate and senior managers were seeking solutions to reduce the pressure on the hospital site. This included seeking to discharge patients wherever possible, or finding additional beds for patients in other hospitals within Forth Valley. Whilst senior managers were working to reduce the increased pressures within the hospital, this did not reduce the risks to staff and patients identified at the time of this inspection.

During this incredibly busy time in the emergency department and admission areas, we did not observe senior management support within these departments. Senior managers were not visible in the departments during the inspection and staff also described a lack of senior management support. There appeared to be a lack of senior management awareness and oversight of the reality of the pressures and risks within these areas. For example, the SDEC and RACU areas were well staffed and at the time of the inspection had many empty patient spaces. However, despite this patients were left in the emergency department corridors waiting long periods of time in overcrowded and uncomfortable areas, with limited staff available to provide care.

Throughout the follow-up inspection several staff members raised concerns with the inspection team. These included concerns about being unable to safely deliver care due to restrictions with the physical space, the increased number of patients being cared for and the staffing shortages. In many instances inspectors observed low staff morale, with some staff describing an unsupportive management structure. Staff talked about being shouted at, a lack of support, not being listened to by managers and used the term 'bullying and harassment'. Staff also described being asked to withdraw concerns they had raised through the formal incident reporting process. This is concerning as the open reporting of incidents and staff concerns is an indication of an organisation that is seeking to understand issues and concerns and to learn from these incidents.

We asked NHS Forth Valley to provide information on staff concerns raised through the formal incident reporting process for the three months prior to this follow-up inspection. NHS Forth Valley cooperated with the inspection process, were open and transparent with this information and a significant number of these formal incident reports were supplied. We could see staff regularly reporting concerns such as not being able to take a break during a shift and concerns about not being able to provide the necessary care for many of the reasons already described within this report. Within evidence provided we saw that only 53% of the staff concerns that had been raised through the incident reporting process had received management feedback to the staff raising the concern. We were told this because the individual raising the concern is required to tick a box within the report requesting feedback. Senior managers told us as a result of the follow-up inspection findings and discussions with senior managers there has been a change to the reporting system,

which ensures all staff who have reported concerns receive individual feedback and any learning from these concerns is shared.

Following our previous inspection, NHS Forth Valley informed us that several steps had been put into place to help address staff concerns. These included weekly senior charge nurse meetings and staff side representative walk rounds. From the information we were provided we could see regular senior charge nurse meetings were in place. However, the information on the staff side representative walk rounds suggested that these focused largely on the condition of the environment and less on staff concerns. We saw an example where a concern was raised about staff being unable to take a break during their shift. The response from the senior manager focused on how staff can access additional payment and not on staff well-being. We recognise the effort to reimburse staff members where they have been unable to take breaks, but believe seeking a solution to enable staff to take their required breaks may help improve staff wellbeing and patient safety.

We recognise the improvements in communicating the initiation of the locked door policy during the hospital wide safety huddles. However, due to the other serious concerns identified requirement nine has not been met and will be carried forward.

Since this inspection visit, we have been made aware of some changes in the senior management team within NHS Forth Valley. For example, a new executive nurse director has now taken up post. We recognise there has been positive engagement with the inspection process from this executive level of the management team, who have actively sought to understand the findings from this inspection in order to make the necessary improvements.

Requirements

Domain 9	
18	NHS Forth Valley must ensure that senior management oversight and support is effective, to reduce the risks for staff and patients receiving care at times of extreme pressure within Forth Valley Royal Hospital.
19	NHS Forth Valley must ensure the development of a positive culture where staff feel safe and supported to highlight risks and concerns in relation to staff and patient safety.
20	NHS Forth Valley must ensure meaningful engagement with staff who are raising concerns, to ensure an open and transparent culture, ensuring essential learning from staff concerns is taken and used to make improvements for staff and the patients receiving care.

Appendix 1 – List of all requirements

Outstanding requirements to be addressed from the April 2022 inspection
Requirement 1: NHS Forth Valley must ensure that care and comfort rounding charts are completed within the prescribed timeframes.
Requirement 4: NHS Forth Valley must ensure that all staff comply with hand hygiene and the use of gloves in line with the National Infection Prevention and Control Manual.
Requirement 6: NHS Forth Valley must ensure there are effective risk management systems and processes in place to ensure the safe delivery of care where additional beds or non-standard care areas are in use. The NHS board must ensure all of the issues raised through our escalation process are addressed and the improvements made are maintained.
Requirement 7: NHS Forth Valley must ensure that senior management decision making regarding staffing risks and mitigations are open and transparent.
Requirement 8: NHS Forth Valley must ensure it has a clear understanding of the number of actual staff in post and that workforce data is accurately presented.
Requirement 9: NHS Forth Valley must ensure that systems and processes are in place to identify, assess, manage and effectively communicate patient safety risks throughout the organisation.
New requirements from the follow-up September 2022 inspection
Requirement 10: NHS Forth Valley must ensure overcrowding within the emergency department and admission areas within Forth Valley Royal Hospital is managed safely, to reduce the risk to patients and staff.
Requirement 11: NHS Forth Valley must ensure that patient's privacy and dignity is maintained at all times.
Requirement 12: NHS Forth Valley must ensure the safe and secure use of medicines at all times, including the storage and administration of medicines.
Requirement 13: NHS Forth Valley must ensure the safe delivery of care to all patients within the hospital including the emergency department and admission and assessment areas. This should include but is not limited to:

- call bells being in place for all patients
- effective oversight of each patient awaiting admission or transfer to a ward
- ensuring all patients have their nutrition and hydration needs met
- pain relief available, and regular prescribed medications when required timely and safe administration of symptomatic pain relief, and regular prescribed medicines when required
- fundamental care needs must be met, and
- safe management of urine samples.

Requirement 14: NHS Forth Valley must ensure detailed and effective plans are in place and staff are aware of these, to ensure safe fire evacuation of patients and staff within overcrowded areas.

Requirement 15: NHS Forth Valley must ensure that all staff who are carrying out a triage assessment are trained to ensure this carried out safely, resulting in a reliable patient assessment.

Requirement 16: NHS Forth Valley must ensure all patient equipment is clean and ready for use.

Requirement 17: With the significant changes to the skill mix, resulting in lower levels of registered staff nurses on duty, NHS Forth Valley must have a system in place to monitor for any adverse impact this may have on the safe delivery of care.

Requirement 18: NHS Forth Valley must ensure that senior management oversight and support is effective, to reduce the risks for staff and patients receiving care at times of extreme pressure within Forth Valley Royal Hospital.

Requirement 19: NHS Forth Valley must ensure the development of a positive culture where staff feel safe and supported to highlight risks and concerns in relation to staff and patient safety.

Requirement 20: NHS Forth Valley must ensure meaningful engagement with staff who are raising concerns, to ensure an open and transparent culture, ensuring essential learning from staff concerns is taken and used to make improvements for staff and the patients receiving care.

Appendix 2 – List of national guidance

The following national standards, guidance and best practice were current at the time of this inspection. This list is not exhaustive.

- [COVID-19: Endorsed Guidance For NHS Scotland Staff and Managers on Coronavirus](#) (NHS Scotland, January 2022)
- [Health and Social Care Standards](#) (Scottish Government, June 2017)
- [Infection Prevention and Control Standards](#) (Healthcare Improvement Scotland, May 2022)
- [National Infection Prevention and Control Manual](#) (NHS National Services Scotland, July 2022)
- [The Code: Professional Standards of Practice and Behaviour for Nurses Midwives and Nursing Associates](#) (Nursing and Midwifery Council, October 2018)
- [Generic Medical Record Keeping Standards](#) (Royal College of Physicians, November 2009)
- [Allied Health Professions \(AHP\) Standards](#) (Health and Care Professionals Council Standards of Conduct, Performance and Ethics, January 2016)
- [Food Fluid and Nutritional Care Standards](#) (Healthcare Improvement Scotland, November 2014)
- [Prevention and Management of Pressure Ulcers - Standards](#) (Healthcare Improvement Scotland, October 2020)
- [Health and Care \(Staffing\) \(Scotland\) Act](#) (Acts of the Scottish Parliament, 2019)
- [Care of Older People in Hospital Standards](#) (Healthcare Improvement Scotland, June 2015)
- [Quality of Care Approach – The Quality Framework First Edition: September 2018](#) (Healthcare Improvement Scotland, September 2018)
- [Royal Pharmaceutical Society and Royal College of Nursing Professional Guidance on the Administration of Medicines in Healthcare Settings \(2019\)](#)

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