Unannounced Inspection Report

Acute Hospital Safe Delivery of Care Inspection

Forth Valley Royal Hospital
NHS Forth Valley

5 – 7 April 2022

Healthcare Improvement Scotland is committed to equality. We have assessed the inspection function for likely impact on equality protected characteristics as defined by age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation (Equality Act 2010). You can request a copy of the equality impact assessment report from the Healthcare Improvement Scotland Equality and Diversity Officer by emailing his.contactpublicinvolvement@nhs.scot

About our 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.

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 on the day of our inspection and ensure the NHS board produces an action plan to address the areas for improvement identified.

About the hospital we inspected

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

About this inspection

We carried out an unannounced inspection to Forth Valley Royal Hospital, NHS Forth Valley on Tuesday 5 and Wednesday 6 April 2022 using our safe delivery of care inspection methodology. We inspected the following areas:

- acute assessment unit
- emergency department
- intensive care unit
- ward A12
- ward A31
- ward A32
- ward B21
- ward B23, and
- ward B31.

We also inspected the public and staff communal areas of the hospital.

Inspectors returned to Forth Valley Royal Hospital on Tuesday 19 April 2022 to follow up on areas of concern identified during the earlier inspection and visited three additional wards A11,B11 and B32.

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.

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

On Thursday 7 April 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.

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

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

A summary of our findings

At the time of our inspection, NHS Scotland was experiencing a range of pressures associated with COVID-19, including increased hospital admissions and reduced staff availability. Forth Valley Royal Hospital met the criteria for 'black status' which is Scottish Government's highest risk level. NHS Forth Valley was experiencing increased patient numbers, additional delayed discharges and high levels of staff absence.

During the course of our inspection we escalated a number of serious concerns to the NHS board on two occasions, in line with our escalation process. The first escalation related to the care of a patient where hospital staff had raised concerns around the patient's ability to consent to treatment. We found a lack of documented risks assessments and formal Adult with Incapacity Assessment. In addition, we raised another serious concern that the doors to the wards had been locked. This was not in line with the NHS board's own locked door policy. Following escalation of this concern NHS Forth Valley immediately reviewed the situation and ensure the correct doors were locked. The second escalation related to increased bay capacity and the addition of a fifth bed within a four bedded bay area. We found two patients being cared for who did not meet the criteria outlined within the NHS Board's standard operating procedures for increased bay capacity. In addition, we raised a serious concern around the use of treatment rooms as nonstandard care areas for in-patients. We also raised a serious concern relating to the NHS board's application of their own policies, their risk assessments on the placement of patients in these areas, restricted access in an emergency situation and the privacy and dignity of patients residing in additional beds and nonstandard care areas.

Throughout the inspection we observed staff working together to deliver patient care. However, some of the multidisciplinary team we spoke with expressed feelings of frustrations at staffing levels and the senior leadership decision-making in relation to this, which they believed left wards short of staff and unsupported.

We were advised that the hospital had recruited more workforce to staff additional capacity areas. However, we found that some areas within the hospital were working with less than optimum staffing levels. This was due, in part, to staff absences and availability of supplementary staff at the time of our inspection. Nursing and domestic staff groups were noted to be the most affected by sickness and COVID-19 related absences compared to other staff groups within NHS Forth Valley. Vacancies across the teams were high within all staff groups. This was particularly evident in the registered nursing staff group which was 10.5% and the medical staff group which was 13.76%.

We saw evidence of, and observed how, staffing concerns and some patient safety risks were identified and considered at staffing and safety huddles. However, we were concerned that safety risks identified during the course of our inspection were not discussed during these huddles.

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

This inspection resulted in four areas of good practice and nine requirements.

We expect NHS Forth Valley 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

Areas of good practice

Domain 1
1   A staff member was available at the hospital entrance and outpatients department to support visitors and patients to follow guidelines and pathways to reduce the risk of cross infection (see page 9).

Domain 2
2   On many occasions we observed positive and caring interactions between staff and patients (see page 10).

Domain 5
3   Good teamwork between staff groups to support the delivery of care (see page 16).

Domain 7
4   During the staffing huddles consideration was given to ensure that supplementary staffing was appropriately distributed across the hospital. This ensured that agency workers employed had the necessary skills, knowledge and competencies for using the electronic systems (see page 19).

Requirements

Domain 5
1 NHS Forth Valley must ensure that care and comfort rounding charts are completed within the prescribed timeframes (see page 16). This is to comply with The Code: Professional Standards of Practice and Behaviour for Nurses and Midwives (2015); Criteria 10.3.
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 (see page 16). This is to comply with The Code: Professional Standards of Practice and Behaviour for Nurses and Midwives (2015); Criteria 10.3 and Health & Social Care Standards (2017) Standard 3.
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 (see page 17). This is to comply with Healthcare Associated Infection (HAI) Standards (2015) Criteria 8.1.
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 (see page 17). This is to comply with Healthcare Associated Infection (HAI) Standards (2015) Criteria 6.1.
5 NHS Forth Valley must ensure that cleaning is in line with national guidelines and local policy, particularly in relation to additional beds (see page 17). This is to comply with Healthcare Associated Infection (HAI) Standards (2015) Standard 8.2.
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 (see page 17). This is in line with Quality of Care Framework (2018) Indicator 6.2 and to comply with Health and Social Care Standards (2017) Criteria 4.19.

Domain 7
7 NHS Forth Valley must ensure that senior management decision making regarding staffing risks and mitigations are open and transparent (see page 19). This is in preparation of the Health and Care (Staffing) (Scotland) Act 2019 (2022).
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 (see page 19). This is to comply with NHS Forth Valley's Standing Financial Instructions (2021).

Domain 9
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 (see page 20). This is to comply with Health & Social Care Standards (2017) Standard 3.

What we found during this inspection

Domain 1–Key organisational outcomes

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

We observed members of staff were available at the main entrance and outpatient department to assist patients and visitors.

We observed NHS Forth Valley had systems and processes in place to implement and follow national guidelines. Respiratory pathways were in place in line with the Winter (21/22), Respiratory Infections in Health and Care Settings Infection Prevention and Control (IPC) Addendum.

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

We also observed staff in the outpatient department to assist with directions and asking patients COVID-19 screening questions prior to entering the department. If patients had someone attending with them for support, they were asked to wait together in a separate waiting area to comply with physical distancing.

Although we saw evidence that the principles of this guidance were being followed, not all clinical staff we spoke with appeared familiar with the new respiratory pathways' terminology that came into effect on 29 November 2021. For example, when we asked staff which pathway a ward was on, they referred to the previous COVID-19 terminology which was known as high, medium and low risk pathways. However, we observed this did not impact on the delivery of patient care.

Area of good practice

Domain 1
1   A staff member was available at the hospital entrance and outpatients department to support visitors and patients to follow guidelines and pathways to reduce the risk of cross infection.

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 saw many good interactions between staff and patients. There were positive comments made by patients about the staff who provided their care. However, patients cared for in additional beds did not have access to the same facilities as other patients, and in some instances this reduced their experience of care.

We observed many good interactions between staff, of all disciplines, and patients. This included medical staff explaining the plan of care to patients, such as their rehabilitation, and nursing staff having patient centred conversations with patients while performing care tasks.

The patients we spoke with were very positive about the care they had received. Patients also spoke positively of staff being friendly, patient and understanding. Some patients reported that at times they had to wait longer for a response to their call bells. However patients understood how busy staff were.

We observed most wards had increased the number of patient beds to meet the higher demand on the hospital. These beds had been in place since March 2022. Where the wards had introduced additional beds, we saw that the patients cared for in these beds did not always have access to the same facilities such as televisions, call bells, space and curtain screens. This sometimes resulted in a lack of privacy and dignity.

Some patients we spoke with told us there was a lack of dignity and privacy because of the lack of space between beds. This was due to the additional bed being in place and a lack of appropriate curtains. One patient described feeling claustrophobic once the curtains were drawn. A patient who was placed in the treatment room told us they had complained to staff about being cared for in one of the additional beds. The patient stated that they felt isolated and their experience of being placed in the room was stressful. We included this in our escalation described below (see page 14).

Area of good practice

Domain 2	
2	On many occasions we observed positive and caring interactions between staff and patients.

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

Quality indicator 5.1–Safe delivery of care

We observed examples of good team work and communication across the multidisciplinary team, with a good understanding of their patients' health care needs.

However, as a result of our findings we raised serious concerns and implemented our escalation process on two occasions. The first escalation related to the care of a patient where hospital staff had raised concerns around the patient's ability to consent to treatment. We found a lack of documented risks assessments and formal adult with incapacity assessments. In addition, we raised a serious concern that ward doors had been locked restricting the patient's and visitor's movement. This was not in line with the NHS board's own policy.

The second escalation of serious concerns related to increased bay capacity created by the addition of a fifth bed within a four bedded bay area. We found two patients being cared for who did not meet the criteria outlined within the NHS board's standard operating procedures for increased bay capacity. We had concerns about restricted access in an emergency and the privacy and dignity of patients residing in these areas where additional beds were added. In addition we raised a serious concern about the use of treatment rooms as nonstandard care areas for inpatients. We also raised a serious concern relating to the NHS board's application of its own policies and risk assessments on the placement of patients in nonstandard care areas.

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 the wards inspected we saw good communication and mutual support within the staff team.

During our inspection we observed a patient attempting to leave a ward. The door to the exit had been locked electronically at the request of staff to prevent the patient from leaving unassisted. This also prevented any other patients or visitors from leaving without the assistance of staff and there was no information or signage to advise patients or visitors how to exit the ward. Hospital managers were not aware that this ward had initiated NHS Forth Valley's locked door policy, locking the exit to this ward and the adjoining ward. This policy states that when staff initiate the locked doors there should be care plans and risk assessments in place for the

relevant patients. We did not see any evidence of this during our inspection. Therefore, it was unclear how these decisions had been made and if the decisions acted in the best interest and least restrictive option for the patients. Following escalation of this concern NHS Forth Valley immediately reviewed the situation and ensure the correct doors were locked.

We saw that concerns of a cognitive impairment for the patient attempting to leave the ward was recorded in their health record. However, we saw no formal assessment of the patient's ability to consent to treatment. An assessment of capacity to consent to treatment should be carried out where a cognitive impairment has been identified, as this will inform the decision to whether an Adults with Incapacity (AWI) certificate is required. The AWI certificate is used to authorise treatment for patients who are unable to consent to treatment themselves. Due to a lack of assessment of this patient there was no AWI certificate in place. There was also no evidence of documented risk assessments in place for this patient.

We escalated our concerns around the care of this patient with the NHS board and the Mental Welfare Commission (MWC). The MWC followed up on our concerns and we will revisit this at a future inspection.

Following the initial concern raised by inspectors about the application of the NHS board's locked door policy detailed above, hospital managers reviewed all ward doors. This identified that 12 wards within the hospital were locked; management were also unaware of this. We raised this as a serious concern in line with our escalation process.

As a result of this serious concern we returned for a follow up inspection on Tuesday 19 April 2022. The ward doors locked on this occasion were in line with the locked door policy. However, not all staff we spoke with during our follow up inspection were aware of this policy and what the process should be if they required to lock ward doors. We saw, in evidence provided, that a refresher programme will be rolled out for all multidisciplinary team members, including supplementary staff. In addition, the ward induction for new and supplementary staff will incorporate information on the locked door policy and its appropriate use. We also saw in the evidence provided that NHS Forth Valley have initiated a critical incident review of the locked wards. We will seek further assurance that these improvements have been completed and sustained at a future inspection.

Since March 2022, additional beds have been placed in the ward areas to manage the increased demand for beds. Most four bedded bays had been increased to accommodate five beds, meaning there could be up to five additional patients in each ward. Although we observed staff working hard to deliver routine care, the additional patients made it difficult for staff to meet all patient care needs. In one ward we observed some patients seeking attention and support, but staff were unable to attend to these patients in a timely manner.

NHS Forth Valley had a generic risk assessment that identified the possible risks of using these additional beds. There was a standard operating procedure (SOP) to describe the process to follow when using additional beds however, staff were not familiar with this SOP. We observed some patients being cared for in the additional beds 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. Also we found no evidence of patient centred risk assessments being completed for patients in these additional beds. We escalated this concern with NHS Forth Valley, who have advised us of ongoing work to review their increased bay capacity risk assessment and standard operating procedures, and of processes that have been put in place to check adherence to these procedures. We will follow up on this at a future inspection.

Due to the additional beds we were concerned that not all patients had access to a nurse call system to seek assistance should it be required. We observed that some patients were sharing call bells, most had temporary additional bells, although some were broken, and some could not be heard by staff. We raised this during inspection and at the discussion session. We were told NHS Forth Valley has subsequently checked all the wards to ensure all patients have a working call bell system.

In addition to this, following discussions with ward staff, concerns were raised because of the lack of space to deal with an emergency situation where an additional bed was in place. There should be a standard approach to creating the space for the response to an emergency. This would prevent any avoidable delay in responding to patients' emergency care needs when required. We escalated this concern with NHS Forth Valley which has advised us of ongoing work to review their increased bay capacity risk assessment and SOPs, and of processes that have been put in place to check adherence to these procedures. We will seek assurance on this at a future inspection.

NHS Forth Valley shared three adverse event incidents reports with us which related to additional beds. We escalated concerns around the appropriate application of national adverse event guidance for these incidents and sought further assurance around the wider learning from adverse events across NHS Forth Valley. We offered additional support in reviewing adverse events processes which NHS Forth Valley agreed to. Our adverse events lead met with the NHS board's clinical governance lead and a further visit has been arranged to offer additional support in this area.

We also observed some ward treatment rooms were being used as single rooms to accommodate patients overnight. These rooms would normally be used for a short procedure or treatment for a patient attending the ward. NHS Forth Valley has a SOP that describes the process that should be in place for their use. The SOP specifies that all sterile stock should be removed from the room when used as a single patient room, however we found that sterile stock was still in place in some rooms. This is a

potential contamination risk to stock stored in these areas particularly as, in some instances, patients were using commodes in these areas.

We found one patient being cared for in a treatment room, a nonstandard care area, for 12 days. The patient told us they were unhappy with this. NHS Forth Valley's policy states that the longest stay in the treatment rooms should be 24 hours. The patients in these rooms do not have access to the same facilities as other patients, such as an ensuite toilet or shower, television or a view outside. In addition, staff repeatedly accessing the rooms for stock can disturb patients and some patients we spoke to expressed concern about a lack of privacy while being cared for in these rooms. We escalated these concerns and NHS Forth Valley have advised that they have updated their standard operating procedure to recommend that, where possible, cupboards in treatment rooms should be cleared. They have also advised that limited storage areas in wards means there is not an immediate solution to this issue. We will follow this up at a future inspection.

During our inspection we observed the majority of patients looked well cared for. However, some of the care and comfort rounding charts we saw had long periods of time between entries. Care and comfort rounding is when staff check on individual patients at defined regular intervals to anticipate any care needs they may have. We also saw that admission assessments and reassessments were not always completed within the appropriate timeframes. Completion of risk assessments ensure patient risks are taken into account to provide appropriate patient care. However, in the intensive care unit all documentation was completed and up to date.

We observed some good examples of mealtimes being well managed. There was a mealtime coordinator identified who had the responsibility to ensure that the correct meals were delivered in a timely manner. In one ward we saw that not all available staff were involved in the distribution of meals. This meant that some patients had to wait longer for assistance. Staff also did not always go back to check patients were managing with their meals.

In order to minimise the risk of cross-infection, standard infection control precautions should be used by all staff at all times. One of the key precautions is practising good hand hygiene. This will help reduce the risk of the spread of infection.

We observed good examples of hand hygiene practice in some wards. However, there were several missed opportunities for hand hygiene, particularly from housekeeping and domestic staff. Examples of this were staff failing to remove gloves, perform hand hygiene and replace gloves between patients whilst carrying out tasks. This prevented hand hygiene from being performed at the correct times. We also saw a variety of staff wearing jewellery or nail polish that can prevent hand hygiene from being carried out effectively. Hand hygiene is an important practice to reduce the spread of infection.

We observed most staff were using personal protective equipment (PPE) correctly and wore the correct PPE required for the task that they were performing.

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. During our inspection we saw the majority of areas were compliant with these precautions. However, we saw in one ward the clinical waste bin was unlocked and overflowing. We raised this at the time of our inspection.

We also observed some staff in other areas did not take the laundry trolley to the point of care. This meant they had to walk through the ward carrying used laundry. Taking the laundry trolley to the point of care reduces the risk of infection.

Appropriate transmission-based precautions were in place for patients who had a suspected or confirmed infection. These are the additional infection control precautions that should be used by staff when caring for a patient with a known or suspected infection. Staff demonstrated a good understanding of the precautions needed to care for patients in isolation.

We observed that during an infection outbreak the Infection Prevention and Control (IPC) team visited the ward to provide advice and management of these patients. We observed good communication between staff regarding this.

The majority of the equipment we inspected was visibly clean. Any exceptions to this were raised at the time of our inspection. Cleaning products used were in line with local policy and national guidance. However, some ward corridors were cluttered and storage was an issue in some patient rooms due to the additional bed and furniture in place. This makes cleaning more challenging for domestic staff.

The hospital provides wheelchairs for general use and these are located at the main entrance ready for use. We saw there were good systems in place to ensure these were cleaned by staff after each use. This helps to reduce the risk of cross infection.

NHS Forth Valley's SOP in relation to the additional beds placed in bay areas states that multi-bedded rooms with additional beds should be cleaned more frequently. This was not observed during inspection. Staff told us in some areas it was more difficult to effectively clean and decontaminate the area around the additional bed. This is due to staff being instructed to not move the additional beds when occupied in some wards. We escalated this to NHS Forth Valley which has confirmed it was unaware of this instruction and that an action has been taken to ensure appropriate communication has been shared regarding the cleaning of these areas. However, we remain unassured from the evidence provided that regular weekly IPC audits are being undertaken. The evidence provided is incomplete and there is no evidence of learning or improvement actions. Therefore we will seek further assurance on this at a future inspection.

Due to the additional beds in some bays, the bed spacing layout in all wards inspected did not allow for physical distancing between patients. We did not see facemasks available or patients wearing facemasks in these bays. We also saw some patients had to share equipment such as call bells and television remote controls. This could be a potential infection control risk to patients if equipment is not cleaned between patient uses.

Some areas of the building showed wear and tear to walls, floors and shower rooms making effective cleaning more challenging. There was some water damage to the panels under the wash hand basins. Hospital senior management told us that non-essential maintenance had been stopped due to the pandemic, and would restart when capacity allowed. We received evidence that in one area a repair action log was in place which documented repairs needed within the area. This was in the process of being actioned.

At the time of our inspection visiting had been restricted because of rising COVID-19 numbers in the community. There were some exceptions to restricted visiting such as end of life care. We saw visitors complying with IPC measures.

Area of good practice

Domain 5
3 Good teamwork between staff groups to support the delivery of care.

Requirements

Domain 5
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.

Domain 7–Workforce management and support

Quality indicator 7.2–Workforce planning, monitoring and deployment

Quality indicator 7.3–Communication and team working

At the time of our inspection, the hospital was experiencing a range of pressures, including increased hospital admissions, increased delayed discharges and reduced staff availability. NHS Forth Valley staffing pressures included vacancies, in all staff groups, and high staff absences. Staffing pressures were further increased by the high levels of patient dependency, occupancy and additional beds placed across the inpatient wards. Hospital management advised that the additional beds had been supported through recruitment of additional staff and the use of supplementary staffing. However, some staff expressed concerns around staffing shortages which they believed presented a safety risk for patients.

Supplementary staff are additional staff who cover absences and provide additional support due to increased service demands to support the delivery of safe and effective care. This includes staff working additional hours, overtime, bank and agency workers.

Workforce data submitted from the hospital for March 2022 demonstrated high levels of supplementary staff. This was particularly evident within the healthcare support workers staff group. We were advised that the high use of supplementary staffing was necessary to support sickness absence, vacancies, additional beds and to provide care for patients who required additional nursing care such as enhanced observations.

NHS Forth Valley stated that 'significant staffing pressures' were being experienced at the time of our inspection. We saw high levels of sickness absence and COVID-19 related absences in the evidence provided. This was worsened by the high levels of patient dependency, occupancy and additional beds placed across the inpatient wards. However, some of the multidisciplinary team we spoke with expressed

feelings of frustrations at staffing levels 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. Some staff advised us that they had raised concerns with senior managers. This would be in line with the relevant professional code of conduct. Staff also raised concerns that the extra workload created by the additional patients prevented them from providing the standard of care they wanted to deliver.

During the staffing huddles supplementary staffing was discussed to appropriately distribute staff across the hospital. This ensured that agency workers employed had the necessary skills, knowledge and competencies for using the electronic systems such as the medicines administration software.

NHS Forth Valley uses a tool during the staffing huddles to identify staffing gaps and how risks have been managed across the hospital. We observed discussions took place at the huddles to discuss safety concerns such as falls risk and enhanced observation requirements. However 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 inspections. We observed poor recording in this tool which resulted in a lack of openness and transparency in the decision-making process to manage staffing risks. Use of the professional judgement section of the tool would have supported clear decision making about escalations and mitigation of staffing risks. We were also concerned that there was no process or discussion during the safety huddles for staff allocation to the additional beds. Therefore there was a lack of communication and mitigation of these risks for the clinical areas affected by this.

Hospital senior management explained that Forth Valley Royal Hospital workforce data could not present a clear and accurate account of how many staff are actually in post. In addition, the hospital workforce data submitted as evidence did not provide full clarity or assurance on the actual number of staff in posts.

Areas of good practice

Domain 7
4   During the staffing huddles consideration was given to ensure that supplementary staffing was appropriately distributed across the hospital. This ensured that agency workers employed had the necessary skills, knowledge and competencies for using the electronic systems.

Requirements

Domain 7
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 recorded and presented.

Domain 9: Quality improvement-focused leadership

Quality indicator 9.2–Motivating and inspiring leadership

NHS Forth Valley has processes in place regularly throughout the day to review staffing and patient safety risks at huddles. However the process does not identify patient safety risks such as locked wards and additional beds. On our follow up inspection we saw that some of these risks are now highlighted at the huddle.

We attended the hospital-wide safety huddles which were held throughout the day to address real-time pressures, and were attended by all wards and departments. These were supported by senior management and were attended by different staff groups involved in delivering patient care. However during our initial inspection we observed that serious patient safety issues identified during our inspection were not discussed, such as which wards were currently locked or patient placement in additional beds. At the follow up inspection on Tuesday 19 April 2022 we observed that locked wards were highlighted at the huddles. In the evidence received, we saw that patient allocation to additional beds will now be discussed at twice daily staffing and safety huddles.

We were concerned about the differences in information from staff and senior managers regarding the appropriateness of patients in additional beds. For example, senior managers told us the patients were evaluated on a daily basis. However, during our inspection staff told us this was not taking place. Our inspection findings also highlighted this was not always happening. As described earlier in the report, this resulted in some patients being placed in beds that were not suitable for their care needs. We will follow this up at a future inspection.

Some staff we spoke with shared their concerns and feelings of being overwhelmed, particularly in relation to the additional beds and workload. They said that they felt unsupported and one staff member stated that they believed they were not being

listened to. They also expressed their frustration at the shortage of staff and the subsequent redeployment which they believed left their wards short of staff. They believed this presented a safety risk for the patients. Staff also raised concerns about the extra workload created by the additional patients which prevents them from providing the standard of care that they wanted to deliver. While we appreciate the significant pressures across NHS Scotland at the time of inspection, we were not assured the NHS Forth Valley staff health and wellbeing measures in place are sufficient to support individual staff and ensure that their concerns are able to be raised, responded to and appropriately addressed. This was raised with the NHS board as part of our escalation process.

In response to our concerns NHS Forth Valley stated it has many wellbeing resources in place and works closely with the occupational health team and psychology team to support individuals and groups. The NHS board has also introduced other measures such as senior charge nurse (SCN) peer support groups. A monthly open forum led by the director of nursing and chief nurses provides a place for SCNs and team leads to share experiences and concerns. We will follow up on staff's health and wellbeing at a future date.

As a result of our findings during this inspection we have described and reported a number of concerns. As described earlier in this report, a number of serious concerns were escalated in line with our escalation process. While NHS Forth Valley responded quickly to some of our concerns, additional evidence was delayed and the assurances we asked for were not always clear or adequate.

Requirements

Domain 9
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.

Appendix 1 – 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.

- [Infection prevention and control for seasonal respiratory infections in health and care settings (including SARS-CoV-2) for winter 2021 to 2022 - GOV.UK (www.gov.uk)](#) (Public Health England, March 2022)
- [COVID-19: Endorsed Guidance For NHS Scotland Staff and Managers on Coronavirus](#) (NHS Scotland, November 2021)
- [Health and Social Care Standards](#) (Scottish Government, June 2017)
- [Healthcare Associated Infection (HAI) standards](#) (Healthcare Improvement Scotland, February 2015)
- [National Infection Prevention and Control Manual](#) (NHS National Services Scotland, March 2022)
- [Winter (21/22), Respiratory Infections in Health and Care Settings Infection Prevention and Control (IPC) Addendum](#) (NHS National Services Scotland, February 2022)
- [The Code: Professional Standards of Practice and Behaviour for Nurses and Midwives](#) (Nursing & 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)

You can read and download this document from our website.
We are happy to consider requests for other languages or formats.
Please contact our Equality and Diversity Advisor by emailing
his.contactpublicinvolvement@nhs.scot