Healthcare Improvement Scotland | Inspections and reviews
To drive improvement

Unannounced Inspection Report

Acute Hospital Safe Delivery of Care Inspection

Perth Royal Infirmary
NHS Tayside

7 – 9 December 2021

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

First published February 2022

www.healthcareimprovementscotland.org

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 via virtual discussion sessions with senior managers to discuss any information we had requested as part of the inspection. 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 safe delivery of care acute hospital 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

Perth Royal Infirmary is a district general hospital with 191 inpatient beds. The hospital provides a variety of services for Tayside and North East Fife including accident and emergency, general surgery, general medicine and elderly medicine.

About this inspection

We carried out an unannounced inspection to Perth Royal Infirmary, NHS Tayside on Tuesday 7 and Wednesday 8 December 2021 using our safe delivery of care inspection methodology. We inspected the following areas:

- accident and emergency department
- general outpatient department
- medical assessment unit
- orthopaedic outpatient department
- ward 1
- ward 3
- ward 6, and
- ward 7.

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

During our inspection, we:

- inspected the ward and hospital environment
- observed staff practice and interactions with patients, such as during patient mealtimes
- spoke with ward staff (where appropriate), and
- accessed patients' health records, monitoring reports, policies and procedures.

As part of our inspection, we also asked NHS Tayside 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 9 December 2021, we held a virtual discussion session with key members of NHS Tayside 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 Tayside and in particular all staff at Perth Royal Infirmary for their assistance during our inspection.

A summary of our findings

Our summary findings from the inspection, areas of good practice and any requirements identified are highlighted as follows. Detailed findings from the inspection are included in the section 'What we found during this inspection.'

Key messages summary

During our inspection we observed that senior managers and clinical staff within NHS Tayside were working well together to manage and mitigate risks from COVID-19 and increased hospital admissions to support the safe delivery of care.

Staffing pressures associated with COVID-19 were being experienced across NHS Scotland at the time of inspection and we found that some areas within the hospital were working with a high number of supplementary staff (additional staff who cover absences and/or provide additional support due to increased service demands). For example, one area had 50% supplementary staff on the day shift and 36% supplementary staff on the night shift.

There was a 12% vacancy rate within the Registered Nursing and 8% within the Healthcare Support Worker workforce for November 2021. In addition, we noted that collectively there was a sickness absence level of 5.85% within nursing and special leave absence of 5.69%, due to COVID-19 related absences. We observed that this affected the coordination and provision of care, with some patients describing in one area of the hospital not being able to gain help from staff when they needed it. This had an impact on the care experience for those patients.

However, the majority of patients in all other areas of the hospital that we inspected described a good experience of care. We observed that in the majority of cases, care was provided well, in a positive and compassionate manner. We saw staff working and communicating well together across the hospital, understanding their patients' health needs and delivering good care despite increased pressure and workload.

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

This inspection resulted in five areas of good practice and two requirements.

We expect NHS Tayside 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 2	
1	Positive and caring interactions between staff and patients (see page 10).

Domain 5	
2	Staff working and communicating well together, understanding their patients' health needs and delivering good care despite increased pressure and workload (see page 13).

Domain 7	
3	Good communication between the multidisciplinary team to manage and mitigate safety issues (see page 15).
4	Use of a daily staffing software system (see page 15).

Domain 9	
5	NHS Tayside huddles demonstrated real-time responsive leadership to manage and mitigate risks (see page 16).

Requirements

Domain 5	
1	NHS Tayside must ensure that, when a high level of supplementary staff are in place, the delivery of care continues to be organised and coordinated. This includes mealtimes and cleaning equipment following use (see page 13). This is to comply with Health and Social Care Standards (2017) Standard 1.
2	NHS Tayside must ensure that all staff carry out hand hygiene at appropriate moments and use personal protective equipment in line with current guidance (see page 13). This is to comply with the National Infection Prevention and Control Manual (2021) Chapter 1.

What we found during this inspection

Domain 1–Key organisational outcomes

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

NHS Tayside demonstrated adherence to the national pandemic guidance. The NHS board has worked to reduce the audit burden on the wards and departmental staff.

NHS Tayside demonstrated it has systems and processes in place to implement and follow COVID-19 national guidelines for the Remobilisation of Services within Health and Care current at the time of our inspection. NHS Tayside was in the process of transitioning from COVID-19 pathways to the new national winter respiratory infections guidance.

We were provided with evidence of the action being taken to implement the winter respiratory guidance ahead of the implementation date. For example, we saw a recently issued staff briefing highlighted changes and updates in the new guidance.

We observed that the infection prevention and control team have recently started carrying out routine infection prevention and control audits previously carried out by ward staff. This is to minimise the audit burden on clinical staff, allowing them to prioritise patient care. The audits include standard infection control precautions such as hand hygiene, respiratory hygiene and personal protective equipment.

We observed the accident and emergency department was well organised with no patients waiting longer than the timescales within the national guidance during the time of the inspection. The current national target for accident and emergency waiting time is 95% of patients to wait no longer than four hours from arrival to admission, discharge or transfer for accident and emergency treatment. We saw published evidence that 91.4% of patients were seen within 4 hours in accident and emergency during the week of our inspection.
The NHS board was encouraging patients to access 'the right care in the right place at the right time.' For example, we observed posters promoting this throughout the hospital. This is in line with the national campaign to reduce waiting times in the accident and emergency department and help ensure people who need care can access the right care.

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 that patients were treated with dignity and respect. The majority of patients described a positive experience of care. We observed care needs being met with the exception of one area which was working with a high number of supplementary staff. When this was raised, the management response from NHS Tayside was prompt and action was taken to address the issues.

We observed patients were treated with dignity and respect by staff. For example we observed staff addressing patients in a respectful and considerate manner, maintaining their privacy. We observed that interactions between staff and patients were positive and caring. We also observed examples of staff having caring conversations with patients.

The majority of patients we spoke with described a positive experience of the care they received. For example, nursing staff were observed explaining care to patients. One patient described how staff specifically helped them to contact their relatives when they were unable to do so themselves.

We observed that care needs were being met for the majority of patients. However, in one area we observed that some patients' needs had not been fully met. These patients described not being able to gain assistance from staff when it was needed. This area of the hospital was working with 50% supplementary staff, partly due to short notice COVID-19 absence, at the time of the inspection. Our concerns were raised with, and quickly addressed by, senior managers at the time of our inspection.

Area of good practice

Domain 2
1 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

Patients were appropriately assessed for respiratory infections. Infection prevention and control was generally carried out well. However, we noted some missed opportunities for hand hygiene and appropriate use of personal protective equipment. During the inspection we observed staff working well together under unprecedented pressures being experienced across NHS Scotland to deliver good care, with teams communicating well and with a good understanding of their patients' health needs. The only area where this was not the case was one which had a high number of supplementary staff which impacted on the delivery of care for some patients.

NHS Tayside has a number of admission pathways in place for all patients including those with respiratory infections. These were in line with national guidance at the time of our inspection. The pathways are routes that patients should follow during their stay in hospital to minimise the risk of infection transmission.
Patients have an assessment for respiratory infections during the admission process. This determines which patient pathway is used to minimise the risk of infection transmission. We observed single side rooms were appropriately used for patients with known infections and those awaiting results of their infection assessment. This reduces the risk of cross-infection and is in line with current national guidance.

We observed that staff are required to frequently move patients from single side rooms to multibedded bays. For example, patients needed to be moved frequently from single side rooms into multibedded bays when they received a negative respiratory assessment. They were then transferred to other areas when beds became available. This increases staff's workload and the time they spent cleaning. Despite the added impact of this workload, we saw good delivery of care within these areas.

Due to the current demands, we observed the hospital had increased the number of patient beds. However, due to the challenges of staff shortages associated with the

pandemic, it was not possible to increase staff levels in line with the increased available beds.

Despite this, with the exception of one area, we observed that all areas of the hospital we inspected were well organised. Staff from all disciplines were communicating well, with a good understanding of the patients they were treating and their health needs. We observed evidence that routine care had been carried out for the majority of patients at appropriate times and frequencies.
Despite the additional pressures on staff, we observed that patients appeared well cared for and nurse call bells were answered promptly. The majority of call bells were within reach of the patient. Nursing staff were generally seen to be proactively attending to patient needs.

The majority of meal times were well managed and patients received appropriate assistance with their nutritional needs where required. However in one area where there was no mealtime coordinator at the time of our inspection, mealtimes did not appear well organised. This was raised and addressed during the inspection. This was the area of the hospital we had identified as having an increased number of supplementary staff working on the ward at that time. When we returned the following day, we were satisfied these issues had been addressed and found that there was a larger number of the ward's own staff in place. We observed the ward as being more organised with routine care, including assistance with mealtimes, being delivered. Patients we spoke with in this area were positive about their care.

We observed good general compliance with the majority of standard infection control precautions. However, we observed some staff missing opportunities to perform hand hygiene when moving between patients. Hand hygiene is an important practice to reduce the spread of infection. Alcohol-based hand rub was not always available at the point of use. Although we were provided with evidence of a risk assessment for this being in place, we observed some staff carrying personal dispensers and staff in other areas having to move from patient bay areas to corridors to access alcohol-based hand rub.

The majority of staff were compliant with the use of personal protective equipment (PPE) and it was available within all clinical areas close to the point of use. However, at times, PPE was not used in line with current guidance. For example, over and continued use of gloves reduced compliance with hand hygiene. We also saw some staff not wearing aprons at the appropriate times. We brought this to the attention of management at the time of our inspection.

Mask dispensers were available within the general corridors of the hospital. We saw good compliance with the wearing of fluid resistant surgical facemasks across all staff groups and visitors. However, within the staff canteen we noted there was no clinical

waste bin to dispose of used facemasks. There were also no new fluid resistant face masks for staff to put on after eating. This was raised and addressed at the time of our inspection, with bins put in place for staff to dispose of used masks and new fluid resistant face masks available for staff.

There were processes in place for visitors to reduce the risks of infection which included the use of facemasks and physical distancing. In areas where space was limited, a booking process was in place to limit the number of visitors.
We observed that all staff were adhering to physical distancing including in break rooms and dining rooms. All non-clinical rooms had signage on doors stating maximum numbers permitted. Staff break areas were set up to enable physical distancing. In clinical rooms, staff adhered to physical distancing when duties allowed.

Transmission-based precautions were in place for patients with known or suspected infections; these were generally well implemented.

Due to the age and design of the hospital many of the hospital's wards have six beds per bay. Whilst bed spacing did not meet current standards for a new build, NHS Tayside provided evidence to show that bed spacing met the standards required when the hospital was built. We saw a risk assessment which aimed to reduce the risk associated with six beds in a bay. Patient beds and chairs were placed to optimise physical distancing between patients. NHS Tayside also tests patients in line with the guidance current at the time, to reduce the risk of COVID-19 transmission.

Cleanliness and the condition of the environment throughout the clinical areas was generally good. However, there was some minor wear and tear to the fabric of the building.

We observed some areas were cluttered due to a lack of storage. However, the cleanliness of the areas was not affected by this. Management told us that estates work was being completed to improve storage.

In all wards inspected, appropriate cleaning products were available in line with local policy and national guidance.

The cleanliness of equipment was generally good except for the one area where we identified the high number of supplementary staff. On our return to this area, some improvement was noted although some stored items of equipment were still found to be contaminated.

Area of good practice

Domain 5	
2	Staff working and communicating well together, understanding their patients' health needs and delivering good care despite increased pressure and workload.

Requirements

Domain 5	
1	NHS Tayside must ensure that, when a high level of supplementary staff are in place, the delivery of care continues to be organised and coordinated. This includes mealtimes and cleaning equipment following use. This is to comply with Health and Social Care Standards (2017) Standard 1.
2	NHS Tayside must ensure that all staff carry out hand hygiene at appropriate moments and use personal protective equipment in line with current guidance. This is to comply with the National Infection Prevention and Control Manual (2021) Chapter 1.

Domain 7–Workforce management and support

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

We observed that NHS Tayside had introduced new systems and processes, providing innovative solutions to ensure optimisation of workforce capacity. We observed real-time staffing decisions and evidence of prioritisation of care, escalation and mitigation when there were staffing shortfalls.

As we have previously described, supplementary staff are additional staff who cover absences and/or 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. As part of our inspection, NHS Tayside provided staffing information.

The COVID-19 pandemic has and continues to place significant pressures on the healthcare workforce. Workforce planning has therefore become more challenging

and NHS boards have needed to develop systems and processes to ensure optimisation of services, workforce capacity and to support safe and effective care.

To support workforce challenges, NHS Tayside was using a workforce software system that was used to good effect. We noted that when there were staffing shortages, this system supported managers with allocation of supplementary staff, or redistribution of staff from other clinical areas.

We observed high reliance on supplementary staff to support nursing vacancies, unplanned absence (COVID-19 and non-COVID-19 related) and increased hospital capacity. NHS Tayside has undertaken work to ensure that nursing rosters are regularly reviewed to ensure that staffing was optimal to minimise risk, to support effective workforce planning and to ensure that there was good hospital-wide distribution of supplementary staffing.

We observed staff were booked in advance for expected staffing shortages. To support unexpected shortages that occur on the day, some additional staff were booked to be allocated on arrival to the hospital. Allocation of booked staff was based on the level of clinical need, staffing shortages and skill mix.

We noted that the NHS board was putting processes in place to ensure, in the rare event that there were any performance issues relating to supplementary staff, that policies were in place to manage this.

We noted that reviews of quality and safety data were undertaken by both the hospital site and the NHS board as a whole. In addition, assurance walk rounds by management were in place during the COVID-19 pandemic to ensure that quality and safety was being maintained. These quality assurance leadership walk rounds also focus on staff wellbeing.

We reviewed the nursing rota data for the one area where some concerns about the delivery of care had been identified. The data from the week beginning 29 November 2021 demonstrated high supplementary staffing usage with a medium value of 50% on day shift and 36% on night shift. In addition to this, there remained staffing shortfalls in all but one shift. On discussion, we were told that rosters are regularly reviewed to ensure that supplementary staffing is evenly distributed across the wards. This is to minimise risk and to support effective workforce planning.

NHS Tayside told us that a further workforce review was in progress. This is being carried out in line with good practice using the Scottish validated Nursing and Midwifery Workload and Workforce Planning Tool, to inform workforce plans.

NHS Tayside told us about plans to introduce an improved process of local induction for supplementary staff or for staff moving to work in different areas within the hospital.

On one ward, we saw a 'day in the life' board as a quick reference for temporary staff who may be unfamiliar with the daily routine.

During our inspection we saw evidence of wellbeing services available to staff such as chaplaincy, rest areas, psychological therapies and team support.
We observed effective systems of communication in place between the multidisciplinary team regarding patient safety issues. This included ward safety huddles and briefs, handovers and information boards.

On the majority of wards inspected, we observed staff and teams working well together in a supportive, compassionate and considerate manner.

Areas of good practice

Domain 7	
3	Good communication between the multidisciplinary team to manage and mitigate safety issues.
4	Use of a daily staffing software system.

Domain 9: Quality improvement-focused leadership

- Quality indicator 9.2–Motivating and inspiring leadership

Safety briefings and huddles were attended by representatives of a wide range of wards and departments. We observed senior managers and clinical staff working together to reduce risks associated with the current increased pressures across the NHS board.

We saw responsive leadership demonstrated at the safety briefings and huddles by senior managers and clinical staff. The huddles were held several times a day to address real-time pressures and were attended by different staff groups. They demonstrated good communication and supportive working across the NHS board.

We observed clinical staff and management working closely together to focus on resolving safety issues and risks. Cross-site working was in place through the safety huddles between Perth Royal Infirmary and other sites in NHS Tayside. This was where pressures across the multiple hospital sites were shared and discussed to seek

support and solutions to pressures and safety issues as they arose throughout the day.

We observed tools such as the daily staffing software in use which could be updated live by wards at any time. This software was also updated live during the safety huddles, where staffing pressures and patient safety risks were scored and highlighted. We saw that in using this tool, the element of clinical judgement could be applied to raise or reduce a risk in any area based on mitigations that may have been applied. This is an example of good practice.

Area of good practice

Domain 9	
5	NHS Tayside huddles demonstrated real-time responsive leadership to manage and mitigate risks.

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.

- Winter (21/22), Respiratory Infections in Health and Care Settings Infection Prevention and Control (IPC) Addendum (NHS National Services Scotland, November 2021)
- National Infection Prevention and Control Manual (NHS National Services Scotland, December 2021)
- COVID-19: Guidance for maintaining services within health and care settings Infection prevention and control recommendations (Public Health England, December 2021)
- 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)
- The Code: Professional Standards of Practice and Behaviour for Nurses and Midwives (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)

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

Healthcare Improvement Scotland

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

0131 623 4300

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

0141 225 6999

www.healthcareimprovementscotland.org