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Unannounced **Follow-up** Inspection Report

Acute Hospital Safe Delivery of Care Inspection

Royal Infirmary of Edinburgh
NHS Lothian

19 – 20 September 2023

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First published December 2023

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About our inspection

Background

In November 2021 the Cabinet Secretary for Health and Social Care approved Healthcare Improvement Scotland inspections of acute hospitals across NHS Scotland to focus on the safe delivery of care. Taking account of the changing risk considerations and sustained service pressures the methodology was adapted to minimise the impact of our inspections on staff delivering care to patients. Our inspection teams are carrying out as much of their inspection activities as possible through observation of care and virtual discussion sessions with senior hospital managers. We will keep discussion with clinical staff to a minimum and reduce the time spent looking at care records.

From April 2023 our inspection methodology and reporting structure were updated to fully align to the Healthcare Improvement Scotland [Quality Assurance Framework](#). Further information about the methodology for acute hospital safe delivery of care inspections can be found on our website.

Our focus

Our inspections consider the factors that contribute to the safe delivery of care. In order to achieve this, we:

- observe the delivery of care in 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.

Our Approach

We carried out an unannounced inspection of Royal Infirmary of Edinburgh, NHS Lothian on Monday 20 to Wednesday 22 February 2023.

Inspectors returned to Royal Infirmary of Edinburgh on Tuesday 14 March 2023 to establish if concerns we raised during our initial visit had been addressed.

As a result of serious concerns about patient safety within emergency department identified during that inspection we wrote to NHS Lothian to formally escalate our concerns in accordance with level 1 of our escalation process in the [Healthcare](#)

[Improvement Scotland and Scottish Government: operating framework](#). A copy of the letter was published alongside the report.

The safe delivery of care inspection in February 2023 resulted in three recommendations and 13 requirements which are listed below:

February 2023 inspection recommendations
<p>1. NHS Lothian should continue to raise awareness with staff about the Scottish Government's current guidance regarding the use of fluid-resistant face masks or face coverings in non-clinical areas.</p> <p><i>This recommendation is no longer applicable as national guidance on face masks has changed since the February 2023 inspection.</i></p>
<p>2. NHS Lothian should prioritise repeating the emergency department, Emergency Medicine specialty specific staffing and professional judgement tools to understand their workforce requirements.</p>
<p>3. NHS Lothian should consider including the emergency department within the Royal Infirmary of Edinburgh within the quality assurance system framework, to support improvement in fundamental care delivery.</p>
February 2023 inspection requirements
<p>1. NHS Lothian must ensure detailed and effective plans are in place to ensure safe fire evacuation of patients and staff in overcrowded areas.</p>
<p>2. NHS Lothian must ensure learning from incident reporting improves safety and outcomes for patients and staff; and improve feedback to staff on incidents raised through the incident reporting system.</p>
<p>3. NHS Lothian must ensure that patient's privacy and dignity is maintained at all times and all patients have access to a call bell.</p>
<p>4. NHS Lothian must ensure when patients are cared for in mixed sex bays, and where there is reduced access to shower facilities, this is regularly risk assessed and suitable mitigations are put in place to maintain patient dignity and quality of care.</p>
<p>5. NHS Lothian must ensure appropriate policies and procedures are in place for instances where it may be appropriate for ward doors to be locked.</p>
<p>6. NHS Lothian must ensure safe intravenous line care practice to prevent the risk of infection and to ensure effective intravenous fluid management.</p>
<p>7. NHS Lothian must ensure an accurate assessment of patients care needs and make sure fundamental care needs are met. This includes pressure area care, food, fluid and nutrition and assistance with mobility.</p>
<p>8. NHS Lothian must ensure the appropriate management and monitoring is in place to ensure the safe administration of medicines.</p>

9. NHS Lothian must ensure patients' safety when patients are cared for on trolleys for extended periods of time.
10. NHS Lothian must ensure that staff carry out hand hygiene and change PPE in line with current guidance.
11. NHS Lothian must ensure that patient equipment is clean and ready for use and that the care environment is maintained to support effective cleaning.
12. NHS Lothian must ensure that they consistently report and record staffing risks, as well as robustly recording mitigations and recurring risks in line with good governance processes.
13. NHS Lothian must ensure effective senior management oversight and support, to reduce the risks for staff and patients receiving care at times of extreme pressure in the emergency department.

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

We returned to carry out an unannounced follow-up inspection of Royal Infirmary of Edinburgh in September 2023. The purpose of this follow-up inspection was to assess progress made against the actions contained in NHS Lothian's improvement action plan and the serious patient safety concerns raised through our formal escalation process.

About the hospital we inspected

The Royal Infirmary of Edinburgh is a major acute teaching hospital located on the Edinburgh BioQuarter. With a 24-hour accident and emergency department, it provides a full range of acute medical, surgical and specialist services for patients from across Lothian.

During our February 2023 inspection we inspected the following areas:

- emergency department
- intensive care unit
- medical assessment unit
- ward 102
- ward 103
- ward 105
- ward 106
- ward 108
- ward 201
- ward 202
- ward 204
- ward 206
- ward 207
- ward 208
- ward 210, and
- ward 230.

To provide assurance of improvement regarding the serious patient safety concerns previously identified, the main focus of this follow up inspection was the emergency department. However, we also visited:

- medical assessment unit
- ward 104
- ward 108
- ward 201, and
- ward 204.

During our inspection, we:

- inspected the 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 Lothian 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 Friday 6 October 2023, we held a virtual discussion session with key members of NHS Lothian staff to discuss the evidence provided and the findings of the inspection.

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

We would like to thank NHS Lothian and in particular all staff at Royal Infirmary of Edinburgh for their assistance during our inspection.

A summary of our findings

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

At the time of this follow-up inspection the Royal Infirmary of Edinburgh, much like the rest of NHS Scotland, was experiencing a range of pressures including an increase in patient numbers and reduced staff availability.

Serious concerns raised in our previous inspection related specifically to the safe delivery of care and to potential patient safety risks. These included the delivery of fundamental care for patients, patient safety, care and dignity, the current operating

environment, leadership and coordination of care in the emergency department, as well as concerns about staff wellbeing.

During this follow-up inspection we observed that considerable progress has been made in responding to these concerns.

We observed that the delivery of fundamental care has improved with the addition of care and mealtime coordinators in the emergency department. Improvements have also been achieved in supporting patient care, dignity and leadership and in the coordination of care within the department.

Implementation of a new continuous flow model has improved the flow of patients through the hospital during weekdays. However, further work is needed to support the timely flow of patients from the emergency department to an appropriate care area out of hours and at weekends.

Six of the 13 requirements from our previous safe delivery of care inspection in February 2023 have now been met. Progress has been made with four requirements. However, further work is still required to meet these requirements and they have been carried forward along with one previous recommendation and included in this follow-up inspection report.

Three requirements have not been met. These include hand hygiene, the use of personal protective equipment and the management of intravenous fluids. One new additional requirement has been added in relation to the safe management of cleaning products and one new recommendation in relation to the timeframes for the completion of significant adverse event reviews.

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

This follow-up inspection resulted in four new areas of good practice, one new recommendation and one new requirement. One recommendation and seven requirements from our February 2023 inspection remain outstanding.

A requirement in the inspection report means the hospital or service has not met the required standards and the inspection team is concerned about the impact this has on patients using the hospital or service. We expect all requirements to be addressed and the necessary improvements implemented.

A recommendation relates to best practice which Healthcare Improvement Scotland believes the NHS board should follow to improve standards of care.

We expect NHS Lothian 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 from this follow-up inspection

Domain 4.1

- 1 New dedicated care and mealtime coordinator roles have been implemented in the emergency department to assist patients with the provision of food and drinks throughout the day and support the provision of fundamental care (see page 23).

Domain 4.3

- 2 Triangulation of quality data and clinical incidents and how this may relate to staffing (see page 25).
- 3 Using a Quality Management System to support assurance and improvement (see page 26).

Domain 6

- 4 The majority of patients we spoke with described feeling well cared for (see page 29).

New recommendation from this follow-up inspection

Domain 1

- 1 NHS Lothian should continue to learn from significant adverse events, to improve the quality and safety of care. This should be aligned with the timeframes suggested in guidance (see page 13).

New requirement from this follow-up inspection

Domain 4.1

- 1 NHS Lothian must ensure all hazardous cleaning products are securely stored (see page 23).

This will support compliance with: Control of Substances Hazardous to Health (COSHH) Regulations (2002).

**Outstanding recommendations to be addressed from Royal infirmary of Edinburgh
February 2023 inspection**

2. NHS Lothian should prioritise repeating the emergency department, Emergency Medicine specialty specific staffing and professional judgement tools to understand their workforce requirements.

**Outstanding requirements to be addressed from Royal infirmary of Edinburgh
February 2023 inspection**

1. NHS Lothian must ensure detailed and effective plans are in place to ensure safe fire evacuation of patients and staff in overcrowded areas.

3. NHS Lothian must ensure that patient's privacy and dignity is maintained at all times and all patients have access to a call bell.

6. NHS Lothian must ensure safe intravenous line care practice to prevent the risk of infection and to ensure effective intravenous fluid management.

7. NHS Lothian must ensure an accurate assessment of patients care needs and make sure fundamental care needs are met. This includes pressure area care, food, fluid and nutrition and assistance with mobility.

9. NHS Lothian must ensure patients' safety when patients are cared for on trolleys for extended periods of time.

10. NHS Lothian must ensure that staff carry out hand hygiene and change PPE in line with current guidance.

13. NHS Lothian must ensure effective senior management oversight and support, to reduce the risks for staff and patients receiving care at times of extreme pressure in the emergency department.

What we found during this follow-up inspection

Domain 1 – Clear vision and purpose

- Quality indicator 1.5 – Key performance indicators

Despite a continuous increase in hospital capacity and the pressure this places on service provision we observed hospital teams working together to provide safe and compassionate care.

During our previous inspection in February 2023, two requirements were given in relation to fire safety and learning from incident reporting. During this inspection we are assured that NHS Lothian has made improvements in these requirements. However, further improvement work is still required in relation to fire safety in the emergency department.

At the time of this inspection NHS Lothian, like much of NHS Scotland, was experiencing significant pressures including increased hospital capacity, reduced staff availability and increased waiting times in the emergency department. During the onsite inspection the hospital was operating at a capacity of over 100% each day. The national target for accident and emergency waiting times means that 95% of patients should wait no longer than 4 hours from arrival at the emergency department before admission, discharge or transfer for other treatment. Across NHS Scotland for the week ending 24 September, 66.3% of patients were seen in the 4 hour target. In Royal Infirmary of Edinburgh 47.5% patients were seen in the 4 hour target. Further information can be found at [NHS Performs weekly update of emergency department activity and waiting times](#).

In evidence provided by NHS Lothian we saw that the emergency department in the Royal Infirmary of Edinburgh was designed and commissioned to receive 85,000 presentations per year. However, it now receives 130,000 presentations per year. During our previous inspections of the Royal Infirmary of Edinburgh, we observed the impact of the increased demand. The emergency department was extremely busy and over capacity, with many patients waiting for extended periods of time to be seen or admitted to ward areas. During this inspection the hospital remained under significant pressure with occupancy over 100%, delayed discharges totalling 101 on the second day of the inspection, and with 385 presentations to the emergency department on a single day in this week. Despite these continued pressures we observed a considerable improvement in the delivery of fundamental care within the emergency department. This will be discussed in more detail later in the report.

During our previous inspection we raised concerns about fire safety in the emergency department. These concerns related to test fire evacuations not being carried out in line with the department's fire safety risk assessment. The impact of

the overcrowding in the department made it difficult to move safely and freely in the corridor areas which was not reflected in the fire evacuation plans.

These concerns were escalated to NHS Lothian and resulted in the following requirement.

February 2023 inspection - Requirement 1
NHS Lothian must ensure detailed and effective plans are in place to ensure safe fire evacuation of patients and staff in overcrowded areas.

During this inspection we observed fire evacuation plans had been updated and were available in each area in the emergency department. However, staff we spoke with were not aware of the new fire evacuation protocols. We were provided with evidence of an updated fire risk assessment for the department. Senior managers told us about ‘walk through, talk through’ sessions that are being delivered. These are practical training sessions delivered by the fire officer to staff in the area they work.

During the follow-up inspection the majority of staff we spoke with told us they had not received the practical fire training. However, all staff we spoke with described completing the online fire training module. Senior managers we spoke with acknowledged that only 34% of staff in the department had so far completed this practical training and they were considering other methods of delivering the training such as train the trainer sessions designed to accelerate and increase staff training.

Evidence provided showed 80% of staff have completed the online module. We were also provided with evidence of a fire evacuation drill that had taken place in the department since the previous inspection. This had been carried out as a result of the fire alarm being activated in a nearby area, this had been confirmed as a live drill by NHS Lothian’s fire officer.

We recognise improvement actions have been taken to achieve this requirement. However, further work is required to ensure staff have received the practical fire training and are aware of the fire evacuation procedures.

This requirement has not been met.

During our previous inspection we asked NHS Lothian to provide evidence of any incidents reported by staff from the emergency department through its incident reporting system for three months prior to the inspection. From this information we observed the significant patient safety concerns raised by staff in clinical incident reports. Staff had reported incidents affecting both patient and staff safety. These included reports of violence and aggression towards staff, medication errors and delays in care and diagnosis. There were also several incidents where patients had fallen, some of these from the trolley where they were being cared for.

Our observations during that inspection raised concerns that learning from incident reports in the emergency department had not been effective in improving the safety of patients and staff, or that systems and processes in place were sufficient to provide feedback to staff once an incident has been reported.

This resulted in the following requirement.

February 2023 inspection - Requirement 2
NHS Lothian must ensure learning from incident reporting improves safety and outcomes for patients and staff; and improve feedback to staff on incidents raised through the incident reporting system.

During this follow-up inspection, staff we spoke with told us they felt informed and received feedback following incident reporting. We observed a newly installed clinical governance staff notice board in the emergency department. Information displayed on this board highlighted incidents that had been reported, the top three risks on the risk register, themes from complaints, learning from incidents, things that have gone well and staff achievements from the previous month. The information was clear and concise and an effective way to share governance and safety issues with staff in the department.

We observed that the emergency department staff safety huddle carried out at the start of each shift cover '5 big things'. This is another method of sharing learning from incidents or areas for improvement that have been identified through assurance audits carried out in the department.

We were provided with evidence of a Patient Safety Experience Action Group, where incidents and significant adverse events are reviewed, and lessons learned shared. This group is chaired by a senior clinician and is attended by senior managers and clinical staff. We observed one incident in these documents where poor patient care had been identified for a patient in one of the inpatient wards which resulted in the commissioning of a significant adverse event review. This is good practice as carrying out this level of review is crucial to continually improve person-centred, safe, and effective care. However, the timeframes for the commissioning and completion of this review have taken over 18 months, this is not in line with guidance in Learning from adverse events through reporting and review - A national framework for Scotland. This states a level 1 significant adverse event review should be commissioned in 10 working days of the adverse event being reported and the report submitted for approval in 90 working days of the commissioning date. A recommendation has been given to support improvement in this area.

As part of this follow up inspection we requested evidence of any incidents reported by staff from the emergency department through their incident reporting system for three months prior to the inspection. From this information we saw there had been a significant reduction in the number of incidents relating to the delivery of

fundamental patient care and patient falls. However, there continued to be several incidents relating to violence and aggression towards staff and incidents where patients were not correctly identified prior to procedures such as obtaining a blood sample. This meant results were attached to the wrong patient record resulting in the potential for incorrect diagnosis and patients requiring additional samples being obtained. We discussed this with senior managers who explained they are continuing to monitor ongoing incidents to better understand and make improvements. For example, education for staff and changes in processes when obtaining blood samples. NHS Lothian confirmed since the initial inspection and following improvement work carried out incidents relating to falls and violence and aggression, had halved.

This requirement has been met.

New recommendation from this follow-up inspection

Domain 1

- 1** NHS Lothian should continue to learn from significant adverse events, to improve the quality and safety of care. This should be aligned with the timeframes suggested in guidance.

Domain 2 – Leadership and culture

- Quality indicator 2.1 – Shared values

We observed improvement in the leadership and oversight in the emergency department, which was calmer, staff roles were easily identifiable and fundamental patient care was being delivered. The new 'Lothian' continuous flow model has helped improve patient flow during weekdays. However, senior managers confirmed further work is required to support patient flow out of hours.

During our previous inspection leadership and oversight of care in the emergency department was not effective. We observed uncoordinated care leaving gaps in fundamental care delivery, patient dignity and patient safety concerns.

Senior nursing managers explained to inspectors this was impacted by the overcapacity of the department and that many of the nursing staff in the department were less experienced or newly qualified. There also appeared to be a lack of effective delegation of activities and supervision of junior and supplementary staff.

Senior medical staff described the department was operating beyond its original scope and intention. They expressed frustration with the overcrowding and that risks to patients and staff as a result were not being addressed and were openly critical of senior leaders in discussions with inspectors.

This resulted in the following requirement.

February 2023 inspection - Requirement 13

NHS Lothian must ensure effective senior management oversight and support, to reduce the risks for staff and patients receiving care at times of extreme pressure in the emergency department.

During our previous inspection senior managers shared work underway to improve the flow and capacity in the emergency department. This is contained in the emergency access project board 26-week plan, which includes work streams focused on individual projects to improve the delivery of safe and timely care to patients presenting to the emergency department. The plan was underway at the start of the February 2023 inspection and was completed in August 2023.

Within evidence provided for this follow-up inspection, NHS Lothian provided a report on the outcomes achieved by the emergency access project board plan. This included the introduction of a senior change nurse responsible for safe patient flow in the emergency department and the introduction of the Manchester Triage system. This is a clinical risk management tool to enable staff to assign a clinical priority to patients who attend the emergency department.

In addition, in May 2023, 'Flothian' was launched; this is a model of continuous flow of patients from the emergency department and the medical assessment unit to inpatient beds throughout the hospital. This model intends to deliver 19 patient moves per day between 09:00 and 16:00. We observed the model in use during this follow-up inspection.

During hospital safety huddles, we observed staff talking freely, patients' safety and risks were identified, and discussions were taking place to identify patients who could move through the hospital as part of the 'Flothian' model.

We spoke with staff in the emergency department, medical assessment unit and some ward areas who participate in this continuous flow model. Staff on some wards described 'Flothian' as effective, placing no additional pressure on the ward areas and delivering a more coordinated approach in supporting patient flow. For example, preparing patients who are ready to be discharged by helping them get ready to go home. This involves moving patients who are being discharged out of bed into a chair in the ward or in the day room. This allowed staff to then prepare the bed for the next patient who would be arriving from the emergency department or the medical assessment unit. The staff who described actively participating in the process felt they were able to support the selection of the most appropriate patients for their ward area.

However, some staff we spoke with in one ward area were not as supportive of the 'Flothian' model, explaining they did not feel it supported good care for the patients in their ward. For example, being unable to keep a bed empty to allow direct admission for patients who may require the specialist care delivered by their ward.

We discussed this with senior managers who agreed there was some more work to do to improve the effectiveness of 'Flothian'. In particular staff awareness of their role in supporting patient flow to ensure patients waiting in the emergency department requiring admission to the hospital are admitted to a more appropriate care area sooner.

Senior staff in the emergency department described some concern that pressures in the department can be viewed by the wider hospital team as an emergency department problem without taking the view of the wider system pressures across the hospital and the impact this can have on, for example, the increased lengths of stay for patients in the emergency department. However, they also described some improvements in the shared ownership of the pressures in the department. For example, some specialities being more proactive in reviewing patients in the emergency department to support patient care.

All staff we spoke with described the 'Flothian' model working well during weekday working hours. However, some staff described patient flow being less effective out of hours and at weekends. Senior clinical staff and managers in the emergency department described a lack of wider senior manager support out of hours and at weekends impacting on the ability to effectively maintain patient flow through the department during these times.

During this follow-up inspection we observed there was improvement in leadership and oversight within the emergency department. Senior clinical leaders were visible, the department was calmer, staff roles were easily identifiable and fundamental patient care needs were being met.

We observed safety pauses being carried out throughout the day in different areas of the department, these were led by emergency department staff. Senior clinical staff we spoke with told us these are multidisciplinary. However, we observed in some instances, these were not inclusive of all team members. For example, only nursing staff attended without taking the opportunity to invite the care coordinator who was responsible for delivering fundamental patient care. The wider emergency department safety pauses appeared well attended with senior nursing, medical staff and representatives from Scottish Ambulance Service discussing safety risks, and patient flow and agreed next steps to mitigate and support safety within the department.

We were provided with evidence of a new system of assurance audits being carried out by clinical nurse managers, head of nursing, deputy associate nurse director and nurse director within the emergency department. These supported assurance on the serious patient safety concerns that had been escalated following our previous inspection. We saw matters such as care rounding documentation, incomplete Waterlow scores, and use of the trolley side rail risk assessments highlighted as areas for improvement through the audit results. Areas of good practice are also highlighted in the audits to support the continuous improvement of patient safety and care in the department.

Senior managers told us that following the completion of the 26-week emergency access project board, they have commissioned an external review team to help evaluate how the site currently functions, including patient flow through the hospital. We were told recommendations are expected from this review and these will be taken forward by NHS Lothian to support improvement.

We recognise the significant amount of work and improvements that have been made to meet this requirement. The requirement has been partially met as all staff groups explained that further support and improvements are required to support patient flow out of hours and weekends. Further consideration should also be given to the continued support in ward areas to ensure understanding of the wider system pressures and the impact on staff and patients in the emergency department.

This requirement is partially met.

During our previous inspection we saw NHS Lothian has introduced an improved quality assurance system and framework, designed to provide assurance to the organisation and service user that high quality person-centred care is being delivered consistently across all of NHS Lothian’s services. However, the emergency department has not been included in this framework.

This resulted in the following recommendation.

February 2023 inspection – Recommendation 3
NHS Lothian should consider including the emergency department in the Royal Infirmary of Edinburgh in the quality assurance system framework, to support improvement in fundamental care delivery.

As already discussed, we were assured during this inspection that work is progressing with this recommendation with audits being carried out in the department by senior nursing staff and managers.

Domain 4.1 – Pathways, procedures and policies

- Quality indicator 4.1 – Pathways, procedures and policies

During this inspection we observed considerable improvements in the delivery of fundamental care in the emergency department. New dedicated mealtime and care coordinator roles have been implemented to assist with the delivery of patient care and with the provision of food and drinks to patients throughout the day.

Despite inconsistencies in the completion of care rounding documentation, patients in the department appeared well cared for and we observed staff carrying out regular care rounds. However, the overcapacity within the department continues to present challenges for staff delivering patient care.

During our previous inspection we observed the majority of ward areas were calm and well organised with good leadership and teamwork to support the safe delivery of care. Patients in ward areas appeared well cared for. However, serious concerns regarding the safe delivery of care for patients in the emergency department were escalated to NHS Lothian.

Previous observations of the emergency department included patients not receiving assistance with drinks or meals, struggling to open sandwich packets, trying to eat while lying flat on trolleys, or struggling with drinks due to lack of availability or space for bedside tables. In the incident reports provided, safety incidents had already been reported by staff in relation to the provision of fluid and nutrition, such as burns from hot drinks or choking when lying flat and eating.

We also observed the space and facilities available in the emergency department impacted on the opportunities for staff to provide the level of care required for patients who require admission to the hospital. We observed patients being cared for on trolleys in the emergency department for extended periods of time. Due to the limited space and the amount of patients being cared for in corridor areas and around the nursing station we observed the majority of patients, including those who already had skin damage, remained on trolleys.

This resulted in the following requirement.

February 2023 inspection - Requirement 7

NHS Lothian must ensure an accurate assessment of patients care needs and make sure fundamental care needs are met. This includes pressure area care, food, fluid and nutrition and assistance with mobility.

During this inspection we observed considerable improvements in the delivery of fundamental care. We observed senior charge nurse walk rounds several times throughout the day. Nursing staff we spoke with described a supportive culture in the department.

A new dedicated mealtime coordinator role has been implemented in the department to assist patients with the provision of food and drinks throughout the day. We also observed volunteers helping with the provision of food and drinks. Senior managers told us facilities had been provided to ensure patients had the option of a baked potato and hot soup as well as sandwiches, yogurts and juice.

We observed patients received food and drinks at regular intervals and those who required assistance received it. We observed kind and caring interactions between staff and patients. Patients were provided with bed tables for meals where required. The majority of patients we spoke with told us they received something to eat and drink and help if they needed it. However, a small number of patients who were being cared for in the corridor areas next to the nursing stations told us they had not been offered anything to eat for several hours. We raised this with staff who quickly resolved the situation and explained it had happened because the patients had attended a diagnostic test outside of the department when the meals were being served. Appropriate provision of food and drinks was also impacted by the patients not having a dedicated cubicle space and frequent patient moves in the department.

Care rounding is intended to increase patient comfort and promote a coordinated care environment as it anticipates the care needs of the patient. The care rounding charts we had the opportunity to review were completed to varying standards. Some were well completed and others had conflicting information such as describing a patient as requiring assistance to mobilise, yet also describing the patient as being able to walk to the toilet independently.

A care coordinator role has also been implemented in the department. We could easily identify the care coordinator as they were wearing large care coordinator badges. Although care rounding documentation was not always well completed, patients in the department appeared well cared for and we observed staff carrying out regular care rounds.

Patients were complimentary of staff and care, acknowledging how busy staff were and the majority of care interactions we observed were kind and friendly. However, although we did observe that all patients had an identification name band on, in some instances staff struggled to identify individual patients. This was due to the regular patient moves in the department. As discussed earlier, this was also reflected in the incident reports that were provided where on several occasions, patients or their test results had been mixed up. We discussed this with senior managers who told us this was an area they had already identified for improvement.

We did not have the opportunity to observe falls risk assessments as these are electronic. Senior managers told us falls risk assessments are carried out during triage. We observed that patients in the department who had been identified as being at a high risk of falls had been provided with yellow anti slip socks and yellow blankets. This allows the wider staff team to easily identify those patients at a greater risk of falls. We spoke with senior managers who told us that the rate of falls in the department since the previous inspection had dropped by over 50%.

We recognise the significant efforts and the improvements that have been made in providing good fundamental care in the emergency department. However, the continued overcapacity presents ongoing challenges in delivering patient care.

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

During our previous inspection we observed patients being cared for on trolleys in the emergency department for extended periods of time. We observed that the majority of patients on trolleys, including those who were independently mobile, had the side rails in the upright position without risk assessments in place.

This resulted in the following requirement.

February 2023 inspection - Requirement 9
NHS Lothian must ensure patients' safety when patients are cared for on trolleys for extended periods of time.

During this follow-up inspection many patients continued to be cared for on trolleys for extended periods of time. We observed trolley rail risk assessments had been carried out for patients who required the rails up and saw evidence that these are assessed during the assurance audits already described.

On the second morning of this inspection we observed several patients had been cared for on trolleys overnight in the department. We discussed this with senior clinical staff who appeared frustrated at not being able to move patients to a more appropriate care area and into a bed. NHS Lothian explained in the improvement action plan from the previous inspection that on occasions when patients were required to sleep in the emergency department overnight a hospital bed could be provided. However, during this inspection staff told us that this is difficult to achieve because the corridor areas in the department are not big enough to safely accommodate a hospital bed and there is a lack of available beds in the department.

During this inspection we observed work was being carried out to further develop an area in the department referred to as the observation unit. Senior managers told us this development is to support the management of patients in the department who would be expected to have a short stay and would not require a lot of nursing care or interventions. For example, patients awaiting blood results before being discharged home. We were told the intention is to move these patients out of the main

department area to free up space for patients who require a higher level of care and help improve flow for those patients who require admission.

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

During our previous inspection, inspectors were unable to ascertain if patients with extended stays in the emergency department were receiving their own prescribed medications at the correct intervals or dosage. We were told that staff often had to leave the department to source these medications for patients. We asked NHS Lothian to provide evidence that time critical medications were being administered to patients in a timely manner. In other instances, we observed patients who were receiving intravenous medication in the corridor area of the emergency department. We discussed this with senior nursing staff who confirmed the administration of this medication should require the patient being monitored on a cardiac monitor.

In one of the ward areas inspected we observed medicines on the floor under several patients' beds and medications being dispensed and then left on the patient bedside tables. This may increase the risk of error in the administration of the medicine. For example, the medication may not be taken, be knocked onto the floor or may not be taken at the prescribed time, impacting on the timing of subsequent medicine administration. These concerns were escalated to NHS Lothian.

This resulted in the following requirement.

February 2023 inspection - Requirement 8
NHS Lothian must ensure the appropriate management and monitoring is in place to ensure the safe administration of medicines.

During this inspection patients we spoke with did not raise concerns about receiving their regular medication. In a few instances patients told us they were not sure if they should take their own supply of medication that they had brought to the hospital with them. However, they confirmed staff had regularly checked on them through the night.

We did not have the opportunity to observe patients receiving intravenous medications who required the use of a cardiac monitor.

We visited the ward area where medications had previously been found on the floor or on patients' bedside lockers. We spoke with staff who told us about improvement work they had carried out to ensure all patients who required assistance to take medications received this. We did not observe any medications left on the floor or on bedside lockers during this inspection.

We were provided with the current standard operating procedure for the provision of regular critical medications in the emergency department. This described the

procedure to be followed to provide critical medications for patients with extended lengths of stay in the department.

This requirement has been met.

During our previous inspection we observed several intravenous infusions had run dry and remained connected to the patients. We also observed intravenous infusions being connected without staff carrying out hand hygiene or cleaning the cannula port prior to connection of an intravenous giving set. We discussed this with senior emergency department managers who explained this was an effect of the pressures in the department and staff workloads. We were told posters had been developed to be displayed throughout all clinical areas of the hospital to educate staff on the safe use of intravenous access as an immediate response to the concerns raised from our observations.

This resulted in the following requirement.

February 2023 inspection - Requirement 6
NHS Lothian must ensure safe intravenous line care practice to prevent the risk of infection and to ensure effective intravenous fluid management.

During this inspection we continued to observe several patients where their intravenous fluids had run dry. This was both in the emergency department and during our visits to the medial assessment unit and ward areas. This may impact the effective delivery and recording of fluid management for patients.

We did not have the opportunity to observe staff assessing the cannula port or connecting intravenous giving sets. However, we did observe intravenous fluids and giving sets that were disconnected from the patients and left to hang at the bedside. This may increase the likelihood of the giving set becoming contaminated and if reconnected to the patient may increase the risk of infection.

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

Standard infection control precautions should be used by all staff at all times. These include the appropriate use of personal protective equipment, hand hygiene, management of both care equipment and the environment and the safe management of used linen and prevention of sharps injuries. Compliance with hand hygiene reduces the risk of the spread of infection.

During our previous inspection we observed poor compliance with hand hygiene with either missed opportunities or the wrong technique being observed. Some staff were not bare below the elbows which is against current guidance as it can prevent effective hand hygiene.

In the emergency department staff were observed moving between patients without changing personal protective equipment in line with guidance.

This resulted in the following requirement.

February 2023 inspection - Requirement 10
NHS Lothian must ensure that staff carry out hand hygiene and change PPE in line with current guidance.

During this inspection we continued to observe poor compliance with hand hygiene with staff moving between patients and tasks without taking the opportunity to perform hand hygiene. Patients were also not offered hand hygiene at mealtimes. We continued to observe staff moving between patients without changing personal protective equipment in line with guidance.

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

During our previous inspection in several areas inspected we observed dusty equipment such as resuscitation trolleys, Electrocardiogram (ECG) machines and many intravenous drip stands with dirty bases and wheels. Other equipment, including a vital signs observation machine and a suction machine, were visibly contaminated.

One ward was identified where several elements of the environment were in need of repair, such as damaged flooring and work surfaces.

This resulted in the following requirement.

February 2023 inspection – Requirement 11
NHS Lothian must ensure that patient equipment is clean and ready for use and that the care environment is maintained to support effective cleaning.

During this inspection we observed the majority of patient use equipment was clean and ready for use. This included trolleys, commodes, patient tables and chairs. An exception we observed was a member of staff who carried out an observation round and did not clean the blood pressure machine between patients.

We spoke with senior nursing staff within the ward where a number of repairs had been identified during the previous inspection. They confirmed that they were satisfied that the ward was within the wider hospital refurbishment plans and they had been provided an expected date for the ward refurbishment.

This requirement has been met.

During this inspection we observed cleaning products were not stored securely and could therefore be accessed by patients or members of the public. This is not in line with Healthcare Improvement Scotland Unannounced **Follow-up** Inspection Report (Royal Infirmary of Edinburgh, NHS Lothian): 19 – 20 September 2023

with the Control of Substances Hazardous to Health Regulations 2002. We raised this concern at the time of inspection.

A new requirement has been given to support improvement in this area.

Area of good practice

Domain 4.1

- 1 New dedicated care and mealtime coordinator roles have been implemented in the emergency department to assist patients with the provision of food and drinks throughout the day and support the provision of fundamental care.

New requirement from this follow-up inspection

Domain 4.1

- 1 NHS Lothian must ensure all hazardous cleaning products are securely stored.

Domain 4.3 – Workforce planning

- Quality indicator 4.3 – Workforce planning

NHS Lothian has made good progress in achieving the requirement relating to reporting and recording staffing risks, mitigations and recurring risks.

A nursing daily staffing template, which records real time staffing risks were in place which supports the teams to record and report and manage staffing risks.

During our previous inspection we had concerns about how nursing teams record staffing risks and mitigations.

This resulted in the following requirement.

February 2023 inspection - Requirement 12

NHS Lothian must ensure that they consistently report and record staffing risks, as well as robustly recording mitigations and recurring risks in line with good governance processes.

During this follow-up inspection, evidence was provided to support the planned and ongoing improvement actions in place.

The Royal Infirmary of Edinburgh uses a nursing staffing template which records real time staffing risks. This approach supports the teams to review their staffing requirements to ensure the safe delivery of care can be met. The teams will then record, report, and manage staffing risks, both locally and across the site. This

staffing information is then fed into the safety huddles. Safety huddles take place at regular intervals and provide situation awareness across the site.

When staffing risks are not able to be mitigated locally or across the site, this is escalated through a twice daily Pan Lothian Acute conference call. This wider system approach is designed to support the delivery of safe and effective care.

From the evidence provided and through our observations we were assured of a clear approach to managing and recording staffing risks.

Within the workforce data provided, we noted that vacancy figures for nursing remain high at 16.3%, we consider a vacancy rate above 10% high. However, it is important to recognise that there has been a 20% increase in funded nursing establishments, which will impact on the current vacancy rate. It is of note that the number of actual nursing staff in post has improved since the last inspection. We did note efforts to address nursing gaps, such as the recruitment of international nurses and additional hours for final year nursing students. We were advised that these initiatives have been successful in supporting some roster gaps, as well as also assisting with transition from student nurse to registered nurse.

Senior managers advised us of a review of nursing leadership requirements within the emergency department. This was in response to incident reports and concerns raised by staff relating to quality, safety, and staffing within the department. This review also included a business case seeking additional investment in staffing.

During the previous inspection, there were concerns raised that due to the pressures within the department, senior charge nurses on duty did not have time to oversee the whole department and monitor the quality of care being delivered. NHS Lothian advised that in response to the above concerns and following a staffing review, that it increased the number of senior nursing staff by 40% within the department. This funding supports a senior charge nurse to provide leadership, observe and manage quality, support the team, and have an oversight within the emergency department.

NHS Lothian provided evidence of systems and processes to address workforce and quality concerns, which are monitored through a variety of governance groups. These groups meet monthly and there is a specific governance process which looks at incident reports from each clinical area. NHS Lothian provided evidence that it uses the Healthcare Improvement Scotland Quality Management System to support care assurance and quality improvement. We were advised that the clinical teams were able to identify areas that required improvements, such as falls, medication errors and pressure area care management. Staffing risks are also considered when reviewing quality data to support improvements and early indicators of risk. Using this approach will, in part, support the requirement of the guiding principles of the Health and Care (Staffing) (Scotland) Act 2019 and is highlighted as an area of good practice.

This requirement has been met.

During our previous inspection we made a recommendation relating to the use of a staffing level tool.

February 2023 inspection – Recommendation 2
NHS Lothian should prioritise repeating the emergency department, Emergency Medicine specialty specific staffing and professional judgement tools to understand their workforce requirements.

During this inspection we were told of plans to run the multidisciplinary staffing level tool and the professional judgement tool within the emergency department

The staffing level tool will provide NHS Lothian with up to date data of the workload and activity within the emergency department. It will give a recommended staffing requirement and provide evidence when requesting additional staffing resource to ensure the safe delivery of care.

This recommendation will be carried forward.

Areas of good practice

Domain 4.3	
2	Triangulation of quality data and clinical incidents and how this may relate to staffing.
3	Using a Quality Management System to support assurance and improvement.

Domain 6 – Dignity and respect

- Quality indicator 6.2 – Dignity and respect

NHS Lothian has made good progress in achieving the requirements relating to patient dignity and quality of care. However, continued pressure and overcapacity in the emergency department impacts on the ability to fully meet these requirements.

The medical assessment unit is a 66 bed unit and receives patients who are admitted to the hospital from the emergency department. During our previous inspection we were told due to bed pressures, patients are often cared for in this area for a number of days rather than the short period of time the unit was designed for. There are only eight showers in this unit, and staff described having to stagger times for people to access the shower facilities. Due to the open plan style of the unit both male and female patients are cared for in mixed sex bays. However, inspectors did observe curtains drawn appropriately to maintain privacy. The high number of patients being cared for in this area for extended periods of time may impact on patient dignity and experience of care.

This led to the following requirement.

February 2023 inspection - Requirement 4

NHS Lothian must ensure when patients are cared for in mixed sex bays, and where there is reduced access to shower facilities, this is regularly risk assessed and suitable mitigations are put in place to maintain patient dignity and quality of care.

During our follow-up inspection we spoke with senior staff in the medical assessment unit who told us that the average length of stay for the majority of patients in the unit had reduced to approximately 2 days, and this had improved with the introduction on 'Flothian'. They explained this has helped reduce the impact of the limited amount of showers facilities. In evidence provided, NHS Lothian confirmed there had been a reduction in the length of stay in the acute admission units with the average length of stay 31.8 hours in August 2023.

However, both male and female patients continued to be cared for in mixed sex bays. We observed privacy curtains drawn and each bay area had staff at a nursing station which was situated in the middle of the bay. Staff we spoke with confirmed there are always staff present in each bay and they had not received complaints from patients cared for in mixed sex bays. Senior managers told us that this is an admissions unit and not a ward area, and no risk assessments are carried out for caring for mixed sex patient groups in this area. They confirmed risk assessments

would only be carried out within inpatient ward areas if there was a need to create a mixed sex bay.

This requirement has been met.

During our previous inspection we observed there were no call bells or emergency buzzers in place in the emergency department. Senior managers explained this was because call bells were considered a ligature risk and therefore unsafe in this clinical area.

The extent of the overcrowding had a significant impact on the ability to maintain dignity for the patients being cared for in corridor areas and around the nursing station. We observed confidential discussions about patient care and treatment plans being discussed in corridors and with hearing distance of other patients and relatives. We observed patients being cared for on trolleys placed near the nursing stations.

Patients repeatedly sought assistance from inspectors for help to access toilet facilities and pain relief. The lack of call bells in the emergency department, and the general volume of noise from patients and staff in the confined spaces, contributed to patients struggling to get the attention of staff when they required assistance.

During our first inspection of the medical assessment unit we highlighted to staff that patient name boards above the beds were not filled in, leading to staff referring to patients as bed numbers rather than their preferred name. We observed some broken call bells and one bay, located in the centre of the unit, had no call bells for patients. Serious concerns about the delivery of care and patient dignity were escalated to NHS Lothian.

This led to the following requirement.

February 2023 inspection - Requirement 3
NHS Lothian must ensure that patient's privacy and dignity is maintained at all times and all patients have access to a call bell.

During this inspection, we observed a new call bell system was in place in the emergency department and call bells were available for patients in the admissions unit. However, emergency department patients continued to be cared for in the corridors next to the nursing station and those patients did not have access to a call bell. We observed, in contrast to the previous inspection, patients were in corridor areas for shorter periods of time and care coordinators were carrying out regular care rounding. This had a positive impact on the patient experience. The majority of patients we spoke with were happy with their care and did not complain to inspectors about requiring pain relief or other support with care. However, we observed some instances where confidential discussions about patient care and

treatment plans were being discussed in corridors and with hearing distance of other patients and relatives.

The majority of staff and patient interactions we observed were kind and compassionate and the majority of patients we spoke with describe feeling well cared for and described staff as being kind. Many patients expressed their awareness of how busy the department was and how hard the staff were working.

We recognise the efforts made to meet this requirement. However, the continued overcrowding in the emergency department impacts on the ability to fully achieve this requirement.

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

During the previous inspection we identified three wards where the door for entry and exit to the ward had been locked electronically. This prevented any patients or visitors from leaving without the assistance of staff. There was no information or signage on display to advise patients or visitors how to enter or exit the ward. We raised this as a concern with hospital managers who confirmed they were aware of the locked wards and explained the safety reasons for this. One area is locked, when required, to prevent access for patients who were subject to detention under the Mental Health Care and Treatment (Scotland) Act (2003). The other two wards in the newer part of the hospital had a management decision to remain locked at all times, as these were adult wards located close to the children's wards. During our return visit in March we observed posters had been placed on the doors alerting visitors and patients that the doors were locked. Staff would assist them in entering and existing the wards. In the area that is intermittently locked, we observed a log has been kept of when the door is locked and the reason for this. During discussions, senior managers told us a leaflet is currently being developed to be given to patients and relatives in these areas to explain the locked doors. However, NHS Lothian confirmed it did not have a locked door policy.

This resulted in the following requirement.

February 2023 inspection - Requirement 5
NHS Lothian must ensure appropriate policies and procedures are in place for instances where it may be appropriate for ward doors to be locked.

During this inspection we observed that the three areas with locked doors continued to display posters on the doors alerting visitors and patients that the doors were locked, and staff would assist them in entering and existing the wards. In the area that is intermittently locked, we observed a log continued to be kept of when the door is locked and the reason for this. In evidence we were provided with the locked door policies for these areas and patient information leaflets explaining why the

doors were locked with information on how they can get assistance from staff to exit the area.

During discussions with senior managers we were told that staff in these areas receive training to ensure they understand the details of the policy and how it can be applied.

This requirement has been met.

Area of good practice

Domain 6

4 The majority of patients we spoke with described feeling well cared for.

Appendix 1 – List of all requirements

Areas of good practice from this follow-up inspection

Domain 4.1

- 1 New dedicated care and mealtime coordinator roles have been implemented in the emergency department to assist patients with the provision of food and drinks throughout the day and support the provision of fundamental care.

Domain 4.3

- 2 Triangulation of quality data and clinical incidents and how this may relate to staffing.
- 3 Using a Quality Management System to support assurance and improvement.

Domain 6

- 4 The majority of patients we spoke with described feeling well cared for.

New recommendation from this follow-up inspection

Domain 1

- 1 NHS Lothian should continue to learn from significant adverse events, to improve the quality and safety of care. This should be aligned with the timeframes suggested in guidance.

New requirement from this follow-up inspection

Domain 4.1

- 1 NHS Lothian must ensure all hazardous cleaning products are securely stored.

This will support compliance with: Control of Substances Hazardous to Health (COSHH) Regulations (2002).

**Outstanding recommendations to be addressed from Royal infirmary of Edinburgh
February 2023 inspection**

2. NHS Lothian should prioritise repeating the emergency department, Emergency Medicine specialty specific staffing and professional judgement tools to understand their workforce requirements.

**Outstanding requirements to be addressed from Royal infirmary of Edinburgh
February 2023 inspection**

1. NHS Lothian must ensure detailed and effective plans are in place to ensure safe fire evacuation of patients and staff in overcrowded areas.
3. NHS Lothian must ensure that patient's privacy and dignity is maintained at all times and all patients have access to a call bell.
6. NHS Lothian must ensure safe intravenous line care practice to prevent the risk of infection and to ensure effective intravenous fluid management.
7. NHS Lothian must ensure an accurate assessment of patients care needs and make sure fundamental care needs are met. This includes pressure area care, food, fluid and nutrition and assistance with mobility.
9. NHS Lothian must ensure patients' safety when patients are cared for on trolleys for extended periods of time.
10. NHS Lothian must ensure that staff carry out hand hygiene and change PPE in line with current guidance.
13. NHS Lothian must ensure effective senior management oversight and support, to reduce the risks for staff and patients receiving care at times of extreme pressure in the emergency department.

Appendix 2 – List of national guidance

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

- [Allied Health Professions \(AHP\) Standards](#) (Health and Care Professionals Council Standards of Conduct, Performance and Ethics, September 2023)
- [Care of Older People in Hospital Standards](#) (Healthcare Improvement Scotland, June 2015)
- [Food Fluid and Nutritional Care Standards](#) (Healthcare Improvement Scotland, November 2014)
- [Generic Medical Record Keeping Standards](#) (Royal College of Physicians, November 2009)
- [Health and Care \(Staffing\) \(Scotland\) Act](#) (Acts of the Scottish Parliament, 2019)
- [Health and Social Care Standards](#) (Scottish Government, June 2017)
- [Infection prevention and control standards](#) (Healthcare Improvement Scotland, 2022)
- [National Infection Prevention and Control Manual](#) (NHS National Services Scotland, August 2023)
- [Operating Framework: Healthcare Improvement Scotland and Scottish Government](#) (Healthcare Improvement Scotland, November 2022)
- [Prevention and Management of Pressure Ulcers - Standards](#) (Healthcare Improvement Scotland, October 2020)
- [Professional Guidance on the Administration of Medicines in Healthcare Settings](#) (Royal Pharmaceutical Society and Royal College of Nursing, January 2019)
- [The Quality Assurance System \(healthcareimprovementscotland.org\)](#) (Healthcare Improvement Scotland, September 2022)
- [Staff governance covid-19 guidance for staff and managers](#) (NHS Scotland, August 2023)
- [The Code: Professional Standards of Practice and Behaviour for Nurses and Midwives](#) (Nursing & Midwifery Council, October 2018)

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Please contact our Equality and Diversity Advisor by emailing
his.contactpublicinvolvement@nhs.scot

Healthcare Improvement Scotland

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

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

0131 623 4300

0141 225 6999

www.healthcareimprovementscotland.org