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Unannounced Inspection Report

Acute Hospital Safe Delivery of Care Inspection

Western General Hospital
NHS Lothian

16 – 17 August and 6 September 2022

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About our inspection

Background

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

Taking account of the changing risk considerations and sustained service pressures, in November 2021 the Cabinet Secretary for Health and Social Care approved further adaptations to our inspections of acute hospitals across NHS Scotland to focus on the safe delivery of care. To minimise the impact of our inspections on staff delivering care to patients, our inspection teams are carrying out as much of their inspection activities as possible through observation of care and virtual discussion sessions with senior managers. We will keep discussion with clinical staff to a minimum and reduce the time spent looking at care records. Further information about the methodology for acute hospital safe delivery of care inspections can be found on our website.

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

Our focus

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

- observe the delivery of care within the clinical areas in line with current standards and best practice
- attend hospital safety huddles
- engage with staff where possible, being mindful not to impact on the delivery of care
- engage with management to understand current pressures and assess the compliance with the NHS board policies and procedures, best practice statements or national standards, and

- report on the standards achieved during our inspection and ensure the NHS board produces an action plan to address the areas for improvement identified.

About the hospital we inspected

The Western General Hospital, Edinburgh, serves the Lothian region. It contains approximately 554 staffed beds and has a full range of healthcare specialties. This includes the regional centre for cancer treatment for the south-east of Scotland. Emergency department services are provided on another site.

About this inspection

We carried out an unannounced inspection to the Western General Hospital, NHS Lothian on Tuesday 16 and Wednesday 17 August 2022 using our safe delivery of care inspection methodology. We inspected the following areas:

- intensive care unit
- medical assessment unit
- minor injuries unit
- same day emergency care (SDEC)
- ward 15
- ward 24
- ward 51
- ward 54
- ward 70, and
- ward 73.

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 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 was to limit the time the inspection team was onsite, reduce the burden on ward staff and to inform the virtual discussion session.

On Thursday 25 August 2022, we held a virtual discussion session with key members of NHS Lothian staff to discuss the evidence provided and the findings of our inspection.

On Tuesday 6 September 2022, we carried out an unannounced follow-up visit to same day emergency care (SDEC) to ensure concerns we raised had been addressed.

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 Lothian and in particular, all staff at the Western General Hospital for their assistance during our inspection.

A summary of our findings

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

At the time of inspection, the Western General Hospital, like much of NHS Scotland, was experiencing a significant range of pressures including increased hospital admissions, increased waiting times in admission units and reduced staff availability.

All hospital sites in NHS Scotland are required to submit a daily situation report to the Scottish Government by 11.00am each day. On the first day of inspection, the hospital's daily site situation report detailed the extent of the pressures across the hospital. This included:

- Some areas within the hospital campus were working with less than optimum staffing levels due to staff absences and lack of available supplementary staff.
- Long patient waiting times in the admissions units with over 10 people waiting longer than 12 hours to be admitted. The Western General Hospital does not have an emergency department, so all unscheduled care attendances come into the hospital through the medical assessment, surgical admission or same day emergency care (SDEC) units.
- A high hospital occupancy rate with no medical or receiving beds available at the start of the day for any new admissions. Although 10 surgical beds were available, this is less than 2% of beds available to admit new patients, and there were 16 patients awaiting admission.

Safety huddles are used to assess if care areas within the hospital site are safe to start the day. The safety huddles we attended appeared effective, all departments were represented and we observed staff engaging well. Staff adopted a person-centred approach, prioritising patients with the highest risk factors and discussed how these risks would be managed and mitigated.

We observed multidisciplinary staff in clinical areas working hard to ensure the patients were well cared for and their care needs were met. There was good leadership directing and supporting the staff teams in many of the areas inspected.

We saw that senior hospital managers were visible throughout the hospital. The senior managers we spoke with were knowledgeable about their own specific areas, the hospital, and the challenges that NHS Lothian was facing. They explained how this hospital and other NHS Lothian hospital sites supported each other to help with capacity and flow. However, in areas with gaps in senior staff roles, we observed

higher stress levels amongst the ward team. This is discussed in more detail later in the report.

We recognise the unprecedented pressures on NHS Scotland at the time of inspection and observed the effects of these pressures at the Western General Hospital as the multidisciplinary team worked collaboratively to provide care. We identified areas of good practice as well as areas for improvement and have made requirements concerning maintenance of the environment across the hospital site. Several issues identified related to the maintenance of a safe patient environment within SDEC.

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

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

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

Domain 1	
1	We observed that the hospital had infection prevention information displayed. Volunteers assisted patients and visitors with hand hygiene, offered face masks and directed them to their required destination (see page 11).
2	We observed the minor injuries, same day emergency care and medical assessment units working well to provide urgent and minor injuries care (see page 11).

Domain 2	
3	We observed patients being treated with kindness and compassion, with staff working to improve the patients' experience of care (see page 12).

Domain 5	
4	Mealtimes were well organised, with staff supporting patients with their meals when this was needed (see page 17).
5	The equipment library system and process helped to ensure equipment was readily available, clean and regularly maintained (see page 17).

Domain 7	
6	There is an open and transparent system for recording and reporting of real-time nursing and midwifery staffing risks. The system supports senior nursing leaders' decision-making and management of staffing risk. Extending this to other clinical staff groups should be considered (see page 20).
7	A clear nursing workforce strategy to support short, medium and long-term ambitions is helping the delivery of safe and effective care (see page 20).
8	There was evidence of good multidisciplinary team working to support the safe delivery of care (see page 20).

Domain 9	
9	We saw that the safety huddles were well managed, with all disciplines attending and contributing. The senior management team was visible and well informed. The hospital had introduced a new method of assuring quality in care (see page 22).

Recommendation

Domain 5	
a	NHS Lothian should 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 (see page 17).

Requirements

Domain 5	
1	NHS Lothian must ensure that care and comfort rounding charts are consistently completed, and within the timeframes, with actions recorded (see page 18). This is to enable compliance with The Code: Professional Standards of Practice and Behaviour for Nurses and Midwives (2015); Criterion 10.
2	NHS Lothian must ensure that there are systems and processes in place to support clinical staff when there is an absence of the expected senior leadership and management roles within the team (see page 18). This is to comply with Health and Social Care Standards (2017) criteria 3.16 and 3.17.
3	NHS Lothian must ensure they have systems in place to assure themselves that essential maintenance works are completed to the correct standard and any risks to patients and staff are identified and managed. This must include, but not limited to Same day Emergency Care, where the environment must continue to be clean, tidy and well maintained (see page 18). This is to comply with Infection Prevention and Control Standards (2022) Criterion 8.1.
4	NHS Lothian must ensure all infrequently used water outlets are flushed in line with guidance (see page 18). This is to comply with Infection Prevention and Control Standards (2022) Criterion 8.1.

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 Lothian had systems and processes in place within the Western General Hospital to reduce the burden on nearby emergency departments and improve access to medical care through the minor injuries unit and the SDEC Unit.

NHS Lothian Western General Hospital had pathways in place to comply with current COVID-19 guidance. We saw that each speciality had their own separate entrance which allowed them to carry out enhanced screening for clinically vulnerable patients. We observed appropriate infection prevention and control measures. This included pre-admission questionnaires, appropriate use of personal protective equipment (PPE) and an enhanced COVID-19 testing regime.

We observed volunteers located at the entrances of the hospital directing people to the correct place and reminding them to use the alcohol-based hand rub (ABHR) and face masks, both which were provided. In addition, posters and information were displayed, encouraging the use of face masks and hand hygiene. When volunteers were not present at the entrances, we saw that staff would provide directions, and in many cases, offer to escort the patient or visitor to their destination.

The Western General Hospital does not have an emergency department. Patients are admitted to the hospital through several different routes, including the medical and surgical assessment units. In addition to the admissions units, the hospital has a same-day emergency care (SDEC) unit. This is designed to redirect flow from other emergency departments within NHS Lothian, to reduce patient waits and provide rapid assessment and treatment. The department operates during the hours of 0800 and 1900 7 days a week and patients who are not likely to need hospital admission are directed here from the patient flow centre within NHS Lothian. Patients who cannot return home after their assessment are admitted to the hospital for further care.

There is also a minor injuries unit within the hospital which has implemented the Scottish Government's redesign of urgent care. Patients can be given an appointment to access the minor injuries unit by telephoning NHS24 on 111. The redesign of urgent care pathways aim to reduce the burden and wait times by redirecting people who may have attended emergency departments, to these units,

freeing capacity within the emergency departments for patients requiring specialist emergency care and improving access to non-emergency medical care.

We observed the minor injuries, same day emergency care and medical assessment units working well to provide urgent and minor injuries care. We observed good clinical oversight and management of the patient care within these units. This reduced the burden on the rest of the hospital site and nearby emergency departments.

Areas of good practice

Domain 1	
1	We observed that the hospital had infection prevention information displayed. Volunteers assisted patients and visitors with hand hygiene, offered face masks and directed them to their required destination.
2	We observed the minor injuries, same day emergency care and medical assessment units working well to provide urgent and minor injuries 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 positive and respectful interactions between patients and staff. Patients described a positive experience of care with their needs being met. We observed, and were made aware of, staff going above and beyond their roles to provide person-centred care.

During our inspection, patients experiencing care appeared to be treated with kindness and compassion in how they were supported and cared for. We observed many positive interactions, with staff treating patients with dignity and respect. The patients we spoke with told us about the care they had received and of the friendliness, patience and understanding of staff. In most areas, we observed that call bells were answered promptly.

Despite staff shortages and increased pressures, in most areas inspected we observed, and were told, about efforts staff had made to improve the quality of care for patients. In the intensive care and high dependency units we were told about staff enabling patients, when their condition allowed, to watch sporting events and

music festivals by setting up a projector screen. This demonstrated a commitment from the staff to enhance the patient experience of care, even when under pressure.

We also observed the activity coordination team. This is a dedicated team within the hospital whose remit is to support patients experiencing anxiety and disorientation. We observed their collaborative approach, engaging patients in activities such as board games and jigsaws. We spoke with staff to understand the impact of this work on the delivery of care. They told us that the work of the activity coordination team in reducing the anxiety of the patients had a positive effect on the patient, and the wider clinical teams' ability to carry out their care delivery. From our observations, this was a valuable service that positively impacted the patient's experience and care delivery.

Area of good practice

Domain 2	
3	We observed patients being treated with kindness and compassion, with staff working to improve the patients' experience of care.

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

Quality indicator 5.1–Safe delivery of care

Wards appeared well organised with good communication and awareness of safety issues. The SDEC service, was effective in reducing overcrowding and risks in other services. However, the SDEC built environment was in a poor condition in some areas. Throughout the hospital, equipment was clean and well managed. Staff and managers demonstrated infection outbreak management in line with guidance.

The majority of care areas that we inspected appeared well organised with evidence of mutual support and good team working. We observed effective communication between all staff delivering care to prioritise patient care needs. For example, during ward safety huddles, staff briefings, ward handovers and on information boards staff regularly shared safety information for the shift allowing them to plan safe care and prioritise safety concerns.

In one ward, the senior charge nurse role was vacant, it would appear that the lack of Senior Charge Nurse (SCN) leadership was impacting on the team. Staff also told us the effect of staff shortages on stress levels and morale amongst the team and they were concerned about the impact the situation had on delivering high-quality patient care. For example, prioritising and identifying those who need support at mealtimes, response times for those with a falls alarm and managing break times effectively. We

were concerned to learn that staff felt the current pressures meant they did not have time to report these safety issues through the incident reporting system. We raised our concerns at the time of the inspection and senior managers told us they were aware of these issues and that a review had already taken place within this area due to a rise in care incidents. We were told that a new SCN was due to start in post the following week. We were assured that senior managers were aware of concerns within this ward. However, the increased stress levels and low morale amongst the staff in this area remained. Although this was not reflective of the inspection findings across the other wards and areas within this hospital, we have given a requirement later in this report, relating to this concern.

During our inspection, we observed and were told by patients that they were well cared for. However, we saw the impact of staffing pressures on the delivery of care. For example, care and comfort rounding was not always carried out and in several wards inspected, we observed long periods of time between entries in the comfort rounding documentation. Care and comfort rounding is when staff review the care of individual patients at defined regular intervals to anticipate any care needs they may have. For example, in one instance, the patient's skin care did not appear to have been carried out even though, from the documentation reviewed, there was already concern about their skin. When we raised this with the staff caring for the patient, they told us this was on their list of tasks. However, they had not yet been able to get to this due to the lack of staff and level of care needs on the ward. Therefore, we were not assured that care rounding documentation was being carried out at the necessary times for every patient.

We discussed this with senior hospital managers, who told us they were aware of the issues with care rounding documentation and that this was part of a larger piece of improvement work on care documentation. We were told care rounding documentation is the next priority in this improvement work.

During our inspection, we observed several patient mealtimes across a variety of wards. The majority were well organised, and staff knew the patients' dietary needs, including if they were allowed to eat or were nil by mouth. We observed some good examples of well-managed mealtimes and staff helping patients with their meals. However, we did not consistently see patients being assisted with their hand hygiene before their meals were served.

In order to minimise the risk of cross-infection, standard infection control precautions (SICPs) should be used by all staff at all times. One of the key precautions is practising good hand hygiene. This helps reduce the risk of the spread of infection. The majority of staff we observed were compliant with hand hygiene. However, we identified an area where hand hygiene opportunities were frequently missed. This was raised and addressed at the time of our inspection. We observed that alcohol-based hand rub was readily available on all wards, departments and at all hospital entrances for staff and visitors to use.

We observed that the majority of clinical staff were using personal protective equipment (PPE) correctly for the tasks they were performing. However, we did observe some staff groups moving between areas wearing face masks inappropriately, such as under their chin or secured on their arm. Disposable masks must not be worn in this way or reused and should be disposed of on removal. We discussed this with senior managers, who explained that they have prioritised compliance with the appropriate application of face masks in clinical areas. However, this had not been prioritised in other areas such as in corridors. The current guidance from the Scottish Government is that it strongly recommended that staff who are moving around non-clinical areas within the hospital setting wear a fluid resistant surgical face mask or face covering. NHS Lothian provided us with a copy of their latest COVID-19 Speed Read; a bulletin sent to all staff regularly. This identified areas where masks should be worn, such as moving between areas. However, this was not what we observed by all staff members during our inspection.

Other SICPs include linen, waste and sharps management, and we observed generally good compliance with these precautions. However, NHS Lothian has decided not to comply with the National Infection Prevention and Control Manual (NIPCM) regarding the management of infectious linen. The guidance within the NIPCM states that infectious linen should be placed in a water-soluble alginate bag then double bagged in a plastic bag. We observed that although alginate bags were used for infectious linen, they were not double bagged by being placed in a clear plastic bag. The purpose of the clear plastic bag is to prevent any leakage from the infectious linen if the water-soluble alginate bags start to break. NHS Lothian moved to heat-soluble alginate bags, therefore reducing the need for the outer plastic bag.

When an NHS board adopts practices that differ from the NIPCM they are required to ensure a safe system of work, including completing a risk assessment process. NHS Lothian provided us with the risk assessment, which outlines its linen process and how they used heat-soluble alginate bags to mitigate the risks. However, this was last updated in 2016 and had not been reviewed since then. We discussed this with senior hospital managers who told us this had not been updated due to the impact and pressures of COVID-19. Following our discussions, NHS Lothian updated its risk assessment and provided us with the reviewed copy.

During our inspection we were made aware that an outbreak of COVID-19 had occurred in one ward. We observed staff had followed guidance and policies to manage the outbreak. Staff told us the infection prevention and control team had visited the ward to support them with further advice. We were also told that medical staff had phoned relatives to inform them of the outbreak and that the ward was now essential visiting only.

The majority of patient equipment we inspected was visibly clean and the cleaning products used were in line with local policy and national guidance. Any exceptions were raised at the time of our inspection.

We were told about a service within the hospital called the equipment library, which maintains and stocks all patient equipment making it readily available when needed, including out-of-hours. Used equipment should be cleaned before a library staff member collects it from the ward area and returns it to the library. A member of the equipment library checks the wards daily for equipment not in use. This will help distribute equipment to the areas that need it most and ensure equipment is clean and regularly maintained. This is a service we have not seen in any other hospital inspected during our safe delivery of care inspections. The service appeared to work well for this hospital site.

During this inspection we saw many chipped and worn bed rails. We were informed that NHS Lothian is replacing all beds throughout the NHS board, and the beds in the Western General Hospital are due to be replaced in September 2022. We were told one area was in the process of trialling specialist beds.

We observed that the hospital has a large ongoing programme of building works. This is to replace some of the existing buildings and reconfigure some departments. We observed several outstanding repairs in parts of the older buildings.

This included damage to woodwork and leaking ceilings in one ward, and we saw damaged floorings and some windows that did not close properly. This type of damage to the healthcare environment can reduce the ability to clean the environment effectively. Staff were able to report repair jobs through a local reporting system. However, we also spoke with some staff who were uncertain about submitting a request, which could result in a delay in repair. We saw that many of the repair works were outstanding. The staff we spoke with did not always know why the repairs had not happened. In one ward, the senior charge nurse emails the estate team monthly for an update about outstanding issues.

We observed that the domestic staff worked hard to keep the environment as clean as possible, but the damaged surfaces, broken flooring, and leaks make this very difficult and can impede effective cleaning.

During our inspection we raised significant concerns about the condition of the environment within the SDEC area. This service was located in one of the older buildings and was the only remaining clinical area with the rest of the building out of use. We were told it had been located there since November 2020.

We observed the environment in SDEC to be in a poor state of repair with damaged woodwork and hazardous dips and cracks in floor coverings. This would impede the ability to effectively clean the flooring and increase other potential risks such as patient falls.

We observed many wall-mounted items were no longer in use and that some items had been partially removed, leaving brackets on the walls. In rooms such as the domestic service room and the clean linen storage room there was a large number of

boxes stored on the floor. Some clinical rooms had excessive equipment stored, reducing the ability to clean the areas effectively.

We had further concerns in SDEC where we observed water outlets such as taps and showers that appeared to be difficult to access. For example, one room was being used for storage and plastic and hazard tape covered the tap and toilet basin. The management of water systems within the healthcare environment is essential and part of this system should include flushing infrequently used water outlets as part of a water management plan to prevent waterborne pathogens. At the time of our inspection we were not assured that these infrequently used water outlets were being regularly flushed. In addition to these concerns we were told that the infection prevention and control team had not conducted any audits or walk rounds of the area since 2019.

We raised our concerns about the environment in SDEC with the infection prevention and control team, who then visited the area to carry out an assessment during our inspection. During further discussion sessions with senior managers, we were told that immediately following the inspection team raising concerns action was taken to remove the excess equipment and stock stored in the area, a deep clean was carried out, and a local monitoring process was put in place. Senior hospital managers informed us of the medium and long-term building plans. In these plans, SDEC would remain in its current location until at least the end of 2023. It would then move to a newer location until a purpose-built area was completed.

We returned on 6 September 2022 to carry out a further unannounced inspection of the condition of the environment after the improvement actions had been carried out. On arrival at the hospital site senior hospital managers informed us SDEC had been relocated on 29 August 2022 to another area within the hospital. We visited the new area with senior hospital managers and the environment was noticeably improved and appeared clean and uncluttered. The staff we spoke with in the department described the environment as ‘much better’, and they were satisfied with the new location. The clinical staff explained that the infection prevention and control team had been involved in assessing the new location and we were provided with evidence of this. Senior hospital managers told us this move was initially for a period of eight weeks. During this time NHS Lothian planned to evaluate the option of continuing to provide the service from the new location, including reviewing the costs for improvements required for SDEC to return to the previous location. We were also informed that the infrequently used water outlets in the old SDEC building were now being flushed by the estates department. We will follow this up when we review the Western General Hospital action plan.

Areas of good practice

Domain 5	
4	Mealtimes were well organised, with staff supporting patients with their meals when this was needed.
5	The equipment library system and process helped to ensure equipment was readily available, clean and regularly maintained.

Recommendation

Domain 5	
a	NHS Lothian should 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.

Requirements

Domain 5	
1	NHS Lothian must ensure that care and comfort rounding charts are consistently completed and within the timeframes with actions recorded.
2	NHS Lothian must ensure that systems and processes in place are effective to support clinical staff where there is an absence of the expected senior leadership and management roles within the team.
3	NHS Lothian must ensure they have systems in place to assure themselves that essential maintenance works are completed to the correct standard and any risks to patients and staff are identified and managed. This must include but not limited to Same Day Emergency Care, where the environment must continue to be clean, tidy and well maintained.
4	NHS Lothian must ensure all infrequently used water outlets are flushed in in line with guidance.

Domain 7–Workforce management and support

Quality indicator 7.2–Workforce planning, monitoring and deployment

Quality indicator 7.3–Communication and team working

At the time of our inspection the hospital was experiencing a range of pressures, including increased hospital admissions, staff vacancies and reduced staff availability due to absences. We saw that NHS Lothian had adopted a series of measures which captures reporting and recording of real time staffing risks, and the actions taken to reduce these risks in an open and transparent way. A clear nursing workforce strategy had been developed to support the continued delivery of safe and effective care.

NHS Scotland continues to experience significant pressures, compounded by staff vacancies and continued challenges relating to staff absences.

There was good visible leadership observed. We saw an emphasis on senior nursing leaders working clinically for a minimum of two days per week to support the wellbeing of the nursing teams within the ward areas. Staff also told us of collaborative working between allied health professionals (AHPs) and medical staff who work together to provide additional support to the nursing staff during periods of staffing challenges.

Workforce data submitted by the site demonstrated high vacancies. These were evident in the registered nursing workforce, AHPs and medical staff.

Under the Health and Care (Staffing) (Scotland) Act 2019, the aim is to ensure appropriate staffing is in place to support high-quality care for patients and service users. NHS Scotland boards will be legally required to comply with the duties in the Act. A timeline for this has now been published.

In preparation for the legislation and to support safe staffing, NHS Lothian introduced a "safe to start" approach. This highlights staffing risks across the three acute hospital sites. This open and transparent approach supports the whole system in recording, reporting and managing staffing risks. The safe to start approach has an automatic red, amber and green (RAG) rating built-in to help senior leaders to understand the areas reporting staffing risk. There is also clear guidance for staff which supports teams to understand how to mitigate and escalate staffing risks. Each clinical ward area also enters levels of patient dependency and complexity into an electronic system to further support how staffing risks are mitigated or escalated. NHS Lothian told us they are currently working on new methods to align patient dependency and complexity scoring to support a more comprehensive approach to managing staffing risks. Consideration should be given to extending this to other clinical staff groups.

As described, the hospital uses a red, amber and green RAG rating that provides an awareness of the nursing and midwifery staffing risks at a glance. A green score is rated as a Level 1 risk, which indicates business as usual. An amber score is rated as a Level 2 risk, which indicates local action to mitigate these risks. A red score is rated as a Level 3 risk. This is the highest level of risk and requires escalation to senior leaders.

At the time of our inspection, there were staffing challenges. We saw 10 out of 34 areas reporting staffing as a Level 2 risk. In real time, we were able to observe how staffing risks were mitigated to support the delivery of safe and effective care. Senior leaders work with teams in the clinical areas to support the delivery of safe care and support staff wellbeing.

A guidance document had been introduced to support understanding of the safe to start approach. We were also provided with several other supporting documents. These demonstrated a proactive approach to teams being guided and supported through these challenging times.

It is acknowledged that there are workforce shortages and recruitment challenges across NHS Scotland. Workforce data was submitted for the Western General Hospital, which demonstrated workforce gaps. These gaps were within all clinical staff groups, including registered nursing, allied healthcare professionals and medical staff. NHS Lothian provided a nursing workforce strategy document to support how it

manages workforce challenges in the short, medium and longer term. Nursing workforce was also cited on the corporate risk register.

We noted the over-recruitment of domestic staff to support the enhanced cleaning regimes required to maintain a safe and clean environment. The driver for this was to release nursing time.

Supplementary staffing includes substantive staff working additional hours, staff from the NHS boards' staff bank or staff from an external agency. Supplementary staff were being utilised appropriately to cover staff absences and provide additional support to clinical areas experiencing increased service demands to ensure that delivery of safe and effective care continues.

We were shown a revised programme for staff education and training. The programme recognises the balance between a highly skilled and trained workforce and the workforce pressures across NHS Scotland.

Areas of good practice

Domain 7	
6	There is an open and transparent system for recording and reporting of real-time nursing and midwifery staffing risks. The system supports senior nursing leaders' decision-making and management of staffing risk. Extending this to other clinical staff groups should be considered.
7	A clear nursing workforce strategy to support short, medium and long-term ambitions is helping the delivery of safe and effective care.
8	There was evidence of good multidisciplinary team working to support the safe delivery of care.

Domain 9: Quality improvement-focused leadership

Quality indicator 9.2–Motivating and inspiring leadership

The senior management team were visible within the clinical areas. We saw that the safety huddles were well managed, with the appropriate staff group disciplines attending and contributing to the huddle. NHS Lothian had introduced, and was working on, an improved method of assuring quality of care.

We saw that senior hospital managers were visible throughout the hospital. The senior managers we spoke with were knowledgeable about their own specific areas, the hospital and the challenges that NHS Lothian was facing. They explained how this hospital and other NHS Lothian hospital sites supported each other to help with capacity and flow.

When we raised the concerns described earlier in this report, the senior hospital managers we spoke with understood our concerns and responded in a timely manner. They had a good knowledge of the area of concerns raised, the staff involved, and had risk assessed and planned actions that were needed to address the concerns.

We saw NHS Lothian's remobilisation plan for the Western General Hospital, which stated its ambition of its plans to assure excellence in care. The NHS board had adopted a risk-based approach and explained using a set of guiding principles, care standards and professional judgement to mitigate risks and monitor care challenges.

One of the priorities and essential tools to provide risk mitigation and assurance was hospital-wide safety huddles. The safety huddles we attended appeared effective. All departments were represented and we observed staff engaging well. Each huddle adopted a patient-centred approach, prioritised patients with the highest risk factors, and discussed how these risks would be managed and mitigated.

We saw that each department and ward would give an update on any staffing shortages and how they would be addressed. In many cases, this was to move staff to other clinical areas to improve the skill mix or number of staff available. In exceptional cases, some patients would be moved to a ward with safer staffing levels if this was what was required to provide the right care for the patient. During our inspection all patients were cared for within the correct speciality for their condition. This demonstrated the right care in the right place.

At the hospital safety huddles, senior hospital managers shared a visual representation of the current challenges. This allowed all staff to be aware of where support was required. The safety huddles also included updates on any changes to infection prevention and control guidance.

Each day's safety huddle had a specific theme. We saw that 'wellbeing Wednesday' emphasised the importance of staff wellbeing. Senior hospital managers highlighted the need to care for and support their staff with several routes available to support teams. However, some staff within clinical areas told us they are unable to access the available support.

NHS Lothian recently revised its quality assurance approach. It introduced a new system that monitored each ward against agreed health and care standards, and the wards self-assessed against each standard. Wards were subsequently verified by an external hospital senior management team member. Our inspection findings were reflected in some of the initial results, and action plans were already being developed. NHS Lothian advised us that they planned to continue evaluating and improving the approach.

Area of good practice

Domain 9	
9	We saw that the safety huddles were well managed with all disciplines attending and contributing. The senior management team was visible and well informed. The hospital had introduced and working with an innovative method of assuring quality in care.

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.

- COVID-19: Endorsed Guidance For NHS Scotland Staff and Managers on Coronavirus (NHS Scotland, January 2022)
- Health and Social Care Standards (Scottish Government, June 2017)
- Infection Prevention and Control Standards (Healthcare Improvement Scotland, May 2022)
- National Infection Prevention and Control Manual (NHS National Services Scotland, July 2022)
- The Code: Professional Standards of Practice and Behaviour for Nurses 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)

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