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# Unannounced Inspection Report

## Acute Hospital Safe Delivery of Care Inspection

Ninewells Hospital  
NHS Tayside

17 - 19 April 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 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

Ninewells Hospital, Dundee, serves the region of Angus, Dundee City, North East Fife, and Perth and Kinross. It contains 763 staffed beds and has a full range of healthcare specialities.

## About this inspection

We carried out an unannounced inspection to Ninewells Hospital, NHS Tayside between Monday 17 and Wednesday 19 April 2023 using our safe delivery of care inspection methodology. We inspected the following areas:

- acute medical unit
- acute surgical unit
- coronary care unit
- emergency department
- intensive care unit
- medicine for elderly-acute frailty unit
- short stay medicine
- ward 3
- ward 4
- ward 8
- ward 9
- ward 10
- ward 11
- ward 17
- ward 19
- ward 22
- ward 29
- ward 30
- ward 33
- ward 38 North/South

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, and
- accessed patients' health records, monitoring reports, policies and procedures.

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

On Wednesday 3 May 2023 we held a virtual discussion session with key members of NHS Tayside staff to discuss the evidence provided and the findings of the inspection.

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

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

## A summary of our findings

Our summary findings from the inspection, areas of good practice, 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 inspection, Ninewells Hospital, like much of NHS Scotland, was experiencing a significant range of pressures including increased hospital admissions, increased pressures in the emergency department and admission units and reduced staff availability. Ninewells Hospital has worked to achieve the Scottish Government's guidance on the redesign of urgent care by developing their emergency department and hospital wide services to ensure that patients are seen in the right place at the right time and to support effective patient flow throughout the hospital.

We observed good levels of care being delivered in the majority of areas inspected. Patients we spoke with described very good care and spoke highly of the staff delivering their care.

Patients experiencing care were 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.

We observed open and transparent communication within staff huddles and prompt management of staffing concerns. We also observed supportive multidisciplinary real time staffing discussions which took place during the safety huddles at agreed times throughout the day. There was a strong focus on patient care and safety throughout the huddles, with senior colleagues and managers working to support each area and reduce and mitigate risks.

Despite the significant staff shortages, wards were well managed. Leadership and communication was effective and staff were focused on the provision of safe and compassionate patient care. In the majority of wards staff described feeling well supported by senior managers and leaders.

We observed an open and supportive culture and a senior management team who were knowledgeable about their roles and responsibilities, and the pressures being experienced across the hospital site.

Areas for improvement have been identified. These include recording staffing risks, improved completion of essential patient care documentation, hand hygiene, storage of medications, ensuring that the environment is kept in a good state of repair and effective communication with domestic services.

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

This inspection resulted in five areas of good practice, one recommendation and seven requirements.

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 Tayside to address the requirements. The NHS board must prioritise the requirements to meet national standards. An improvement action plan has been developed by the NHS board and is available on the Healthcare Improvement Scotland website: [www.healthcareimprovementscotland.org](http://www.healthcareimprovementscotland.org)

## Areas of good practice

### Domain 1

- 1 Ninewells Hospital has worked to achieve Scottish Government's guidance on the redesign of urgent care by applying a full system approach to ensure that patients are seen in the right place at the right time and to support good patient flow throughout the hospital (see page 10).

### Domain 2

- 2 A positive and supporting leadership culture (see page 11).

### Domain 4.1

- 3 Staff were responsive to patient care needs and mealtimes were well managed with staff helping patients with their meals (see page 15).

### Domain 4.3

- 4 Staff safety huddles were inclusive of all departments and gave a whole site overview in real time (see page 18).

## Domain 6

- 5 Positive, respectful and person-centred care interactions between staff and patients were observed in all areas inspected (see page 20).

## Recommendation

### Domain 4.3

- 1 Learning and development for all staff should be implemented to ensure that they have an informed level of understanding of the Health and Care (Staffing) (Scotland) Act 2019 (see page 18).

## Requirements

### Domain 2

- 1 NHS Tayside must ensure that the systems and processes for reporting staffing concerns are reviewed to ensure staff are clear on which system to use and they receive feedback in relation to their concerns (see page 11).

This will support compliance with: Health and Care (Staffing) (Scotland) Act (2019).

### Domain 4.1

- 2 NHS Tayside must ensure the safe storage and administration of medicines at all times (see page 15).

This will support compliance with: Royal Pharmaceutical Society and Royal College of Nursing Professional Guidance on the Administration of Medicines in Healthcare Settings (2019) and relevant codes of practice of regulated healthcare professions.

- 3 NHS Tayside must ensure that all patient care and comfort documentation is accurately and consistently completed with actions recorded (see page 15).

This will support compliance with: relevant codes of practice of regulated healthcare professions.

- 4 NHS Tayside must ensure that staff comply with hand hygiene and personal protective equipment in line with current guidance (see page 15).

This will support compliance with: National Infection Prevention and Control Manual (2023) Criterion 8.1.

**5** NHS Tayside must ensure that roles and responsibilities with regards to domestic cleaning are understood and effective and that senior charge nurses are provided with the information required to ensure they can easily access domestic supervisor support (see page 15).

This will support compliance with: Infection Prevention and Control Standards (2022) Criterion 3.2.

**6** NHS Tayside must ensure that the environment is in a good state of repair and maintained to support effective cleaning (see page 15).

This will support compliance with: Infection Prevention and Control Standards (2023) Criterion 8.1.

## Domain 6

**7** NHS Tayside must ensure when patients are cared for in mixed sex bays, this is regularly risk assessed and suitable mitigations are put in place to maintain patient dignity, respect and choice (see page 20).

This will support compliance with: Health and Social Care Standards (2017) Criterion 1.20.

# What we found during this inspection

## Domain 1 – Clear Vision and Purpose

### Quality indicator 1.5 – Key performance indicators

**Hospital teams were working together to provide the right care in the right place in line with Scottish Government emergency department signposting guidance. This included redirection and sign posting advice at triage.**

At the time of this inspection, the hospital was experiencing significant pressures relating to staff shortages and delayed discharges. During our inspection the hospital was operating at 94% capacity.

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 or other admission units before admission, discharge or transfer for other emergency treatment.

Across NHS Scotland, for the week ending 17 April 2023, 65.8% of patients were seen within the 4-hour target with 806 patients waiting over 12 hours. During our inspection Ninewells Hospital was working hard to achieve this target with 90.8 %



patients being seen within the 4-hour target. There were 21 delayed discharges and no patients waiting over 12 hours. Further information can be found in the NHS Performs weekly update of emergency department activity and waiting time statistics ([NHS Performs - Emergency department activity and waiting times week ending 26.03.23](#)).

From the data available, over the last 6 months Ninewells Hospital has been consistently achieving above average emergency department waiting times.

NHS Tayside has worked to achieve Scottish Government's guidance on the redesign of urgent care by developing their emergency department and hospital wide services to ensure that patients are seen in the right place at the right time and to support good patient flow throughout the hospital.

Senior managers and clinical staff told inspectors that patients referred to the emergency department by any of the hospital's health partners such as NHS 24 or General Practitioner services receive an appointment time to attend the emergency department. This has helped to reduce patient wait times in the department.

During the inspection we observed the systems used by the Flow Navigation Centre in the emergency department to ensure efficient and effective communication between the Scottish Ambulance Service, out of hours and in hours General Practitioner services and Health and Social Care Partnerships. An IT system is in place which facilitates clear and quick communication between the health partners. The inspectors were told that there had been learning from adverse events relating to the work of the Flow Navigation Centre, such as late or non-transporting of patients by the Scottish Ambulance Service, which had been reported to and discussed at the clinical governance meetings.

We observed that despite the emergency department being busy it was calm and well organised and the waiting room was not overcrowded. We observed patient care within the emergency department was carried out efficiently and patients we spoke with were complimentary about the care received. This is described more fully later in the report.

Staff we spoke with in the emergency department showed a good awareness of how they could contribute to the effectiveness of the department and the hospital by ensuring that they communicate well with other wards and departments to support quick and effective care. They also explained they continuously review any adverse events or issues within the department for any wider learning or improvement in patient care. The emergency department had also taken steps to help with patient flow through the hospital. This included creating a minor injuries area and an 8-bed observation unit. The purpose of these units was to support a whole systems approach to improving patient flow throughout the hospital.

We observed areas which had close links with the emergency department such as the acute medical unit, acute surgical unit and the medicine for elderly-acute frailty

unity. These areas were busy but well managed and organised. The inspectors observed the medicine for elderly-acute frailty unit was a good example of multi-agency working, with patients being seen quickly and being transferred to other wards within the hospital more suited to their clinical needs, or where appropriate being discharged. Where the patients were being discharged home, we observed the allied health professionals contribution ensured that there was a comprehensive support package of care so that patients could be discharged quickly and safely.

Staff we spoke with were able to describe their reporting responsibilities and the mechanisms for sharing learning from audit results and adverse events. However, we observed a number of quality improvement reporting systems in place which were complex and staff described them as being time consuming, resulting in a lack of oversight of the quality improvement systems and processes in place. Senior managers explained that they are currently planning to implement an electronic observations system across the hospital site. This is anticipated to improve data collection within one system without increasing the time needed to use it.

## Area of good practice

### Domain 1

- 1 Ninewells Hospital has worked to achieve the Scottish Government's guidance on the redesign of urgent care by applying a full system approach to ensure that patients are seen in the right place at the right time and to support good patient flow throughout the hospital.

### Domain 2 – Leadership and culture

#### Quality indicator 2.1 – Shared values

**Senior managers were visible throughout the hospital. This included senior medical staff who were observed leading and supporting practice and the Spiritual Care team who worked across the hospital to offer support to patients and staff.**

We observed senior managers were visible and available throughout the hospital. Senior medical staff were observed leading and supporting and guiding practice and offering support to their colleagues to ensure that patients could be seen in the department or area best suited to their needs.

Hospital site safety huddles had good clinical representation which included radiography, allied health professions and medical staff, as well as estates and Spiritual Care services.

Discussions at the safety huddles had a strong focus on patient care, this included patient acuity and risk management. Staffing issues were openly discussed to seek possible solutions and to mitigate any associated staffing risks. We observed that

safety issues fed back to senior managers from the inspection team were discussed during the safety huddle for action. These issues are discussed later in the report.

During discussions at the safety huddles we were made aware of an incident of violence and aggression towards a member of staff. Inspectors were informed of the actions taken at a ward level and the support measures which had been introduced as a result of the incident. We were assured senior managers provided appropriate support to the staff member and the ward following the incident.

Staff we spoke with told us they were aware of the hospital wide safety huddles, although some staff reported they were not confident that the needs of their ward areas were highlighted or addressed during the huddle in relation to staffing needs. For example in some areas inspected staff told inspectors they did not receive feedback regarding the outcomes or actions put in place following them submitting an electronic incident report relating to staffing issues. We discussed the concerns raised by staff with senior managers who told us the process is to speak to staff individually to give feedback following the completion of an incident report. However, they acknowledged that several systems were in place for the reporting and escalation of staffing issues and this may be causing some confusion around the reporting systems and subsequent feedback to staff. A requirement has been given to support improvement in this area.

Within additional evidence supplied from NHS Tayside we did observe evidence of systems and processes in place to learn from incidents and adverse events. The hospital provided an overview of the adverse events which had been reported and any identified trends. We observed that the trends had been discussed at Clinical Governance Meetings and were reported on as being monitored.

Staff we spoke with were aware of wellbeing initiatives available, including a proactive and visible presence of a Spiritual Care team. The Spiritual Care team follow through on any reported issues that may have impacted on the wellbeing of patients and staff by visiting wards and offering support.

## Area of good practice

### Domain 2

**2** A positive and supporting leadership culture.

## Requirement

### Domain 2

**1** NHS Tayside must ensure that the systems and processes for reporting staffing concerns are reviewed to ensure staff are clear on which system to use and they receive feedback in relation to their concerns.

## Domain 4.1 – Pathways, procedures and policies

### Quality indicator 4.1 – Pathways, procedures and policies

**The majority of ward areas were calm and well organised with good leadership and teamwork to support the safe delivery of care. We observed patients in ward areas appeared well cared for.**

We observed good communication between clinical areas to support effective and efficient patient movement throughout the hospital.

Inspectors observed ward handovers and communication tools such as white boards were being used. This supported staff to organise their workload throughout the day.

In the majority of areas inspected the senior charge nurse was present or available. In some areas we observed staff taking the time to support and guide student nurses.

We observed patients in all areas inspected appeared well cared for, comfortable and their bed spaces were tidy and clean. A number of patients were dressed in their own clothes and patients we spoke with told us they had received the help they needed with personal care.

We observed all patients in ward areas had access to call bells. The patients throughout the hospital told us that their call bells were answered promptly but there could be a delay if the ward was particularly busy.

We observed several patient mealtimes across a variety of wards. The majority were well organised and staff knew the patients' dietary needs. We observed some good examples of well managed mealtimes and staff helping patients with their meals. However, we observed that the majority of patients were not offered assistance with hand hygiene prior to meal times. A requirement has been given to support improvement in this area.

In all areas inspected staff were responsive to patient care needs, including ensuring patients received pain relief. However, on several occasions we observed patients' medications which had been dispensed but then left on the patient's bedside tables. This may increase the risk of error in the administration of the medicine. For example, the medication may be missed or not be taken at the prescribed time, impacting on the timing of subsequent medicine administration. In most of the areas inspected we observed medication trolleys and medication storage cupboards were unlocked which is not in line with NHS Tayside's own medication management policy. We highlighted this as a concern with senior managers at the time of the inspection. During two of the hospital huddles we attended we observed senior managers taking immediate actions to raise this concern with staff and highlight the importance of safe storage of medication. A requirement has been given to support improvement in this area.

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. In all areas inspected we were assured that patients were being cared for however, in several areas we observed long periods of time between entries in the comfort rounding documentation. This may impact on the review of care delivery as it is unclear when care rounding was last carried out and may result in missed episodes of care. A requirement has been given to support improvement in this area.

Adults with Incapacity section 47 certificates are legal documents which assist the patients, their family and staff to make decisions about the patient's care when the patient is unable to do so independently. The section 47 certificate is used to authorise treatment for patients who are unable to consent to treatment themselves. Section 47 certificates were found to be completed in most cases with only one partially completed document. This was raised with the nurse in charge who informed the inspector that this would be addressed.

We observed positive and person-centred interactions from specialist dementia and learning disability nurses and allied health professionals. In areas where patients had experienced life changing procedures such as limb amputation, referrals to psychiatric and community nurse liaison were prioritised. Within the acute frailty unit and the acute medical unit allied health professionals were working collaboratively to support discharge planning and put in place appropriate care and support for patients prior to discharge. However, in other areas inspected ward staff told inspectors that there was a shortage of allied health professionals to carry out the level of tasks needed which could impact upon the patients discharge.

During the morning safety huddle an example of complex care planning was discussed. The scenario discussed involved a patient who had experienced distress due to not having enough space to move around the ward freely and as they wished. We observed staff had taken proactive steps and identified a 4-bedded patient area and converted this into a single bedded area for this patient, with staff identified to provide one to one support for the patient. These measures to reduce stress and distress had also been incorporated into a person-centred care plan for the patient.

Standard infection control precautions should be used by all staff at all times. These include patient placement, hand hygiene, the use of personal protective equipment (such as aprons and gloves), management of patient care equipment and the care environment, safe management of blood and fluid spillages, linen and waste management and prevention and exposure management (such as sharps injuries).

Each area had side rooms where patients could be isolated for infection control reasons if required. The emergency department also had a separate area where patients could be isolated.

Practising good hand hygiene helps reduce the risk of the spread of infection. We observed that alcohol-based hand rub was readily available on all wards and

departments. However, we observed throughout the hospital that hand hygiene opportunities were frequently missed. This related to the overuse of gloves and not changing them between patients, or tasks resulting in not carrying out hand hygiene at the correct moments. We discussed hand hygiene compliance with the infection prevention and control team who told us this had already been identified as an area for improvement within the infection prevention and control team audits. In the discussion session with senior hospital managers, we were told it was their intention to undertake focused improvement work to support hand hygiene. A requirement has been given to support improvement in this area.

We observed some staff using personal protective equipment such as gloves and aprons appropriately. However, in some areas inspected staff were not complying with the correct procedures for putting on and removing personal protective equipment in line with current guidance. A requirement has been given to support improvement in this area.

In most areas inspected there was a sufficient stock of personal protective equipment available, and it was stored correctly to prevent contamination.

Other standard infection control precautions such as linen, waste and sharps management minimise the risk of cross infection and must be consistently practiced by all staff. We observed the majority of areas were compliant with these precautions. Inspectors raised any issues identified to ward managers at the time of the inspection and the inspectors were assured that they were being addressed.

The care environment must be visibly clean, free from non-essential items and equipment to facilitate effective cleaning. Throughout the hospital, we observed the majority of care equipment was clean. However, we observed due to a lack of storage the majority of large care equipment was stored in corridor areas. This caused the corridor of the wards inspected to appear cluttered and could impact on effective cleaning of these areas.

Inspectors discussed cleaning responsibilities with the domestic staff and the senior charge nurses who described a lack of clarity about cleaning responsibilities within the corridors and ward areas. We discussed this with senior managers who confirmed that there was no dedicated domestic supervisor for each care area and senior charge nurses may not know who to contact if they had any domestic cleaning concerns within their areas. Senior managers have confirmed that as a result of the inspection feedback they are now taking steps to improve communication and clarify areas of responsibility. A requirement has been given to support improvement in this area.

The environment in ward areas of the hospital was generally in a good state of repair. However, some areas with a high volume of patient movement required improvement, such as the emergency department waiting area flooring and seating and the acute medical unit where we observed worn floor coverings and damage to

door frames. We discussed this with senior managers who explained these issues had already been identified by the infection prevention and control team. However, there was no agreed timescale for carrying out the required improvements. A requirement has been given to support improvement in this area.

Transmission-based precautions are the additional infection control precautions that should be used by staff when caring for a patient with a known or suspected infection. We observed good compliance with these precautions for patients with a suspected or confirmed infection. We also observed signage in place to identify which areas required transmission-based precautions, including advice on correct personal protective equipment.

During the inspection we observed one ward had been closed to new admissions due to a norovirus outbreak. All rooms and bays being used for isolation had signage in place. We observed staff applying transmission-based precautions appropriately.

## Area of good practice

### Domain 4.1

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| <b>3</b> Staff were responsive to patient care needs and mealtimes were well managed with staff helping patients with their meals. |
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## Requirements

### Domain 4.1

- |  |
|--|
| <b>2</b> NHS Tayside must ensure the safe storage and administration of medicines at all times.  |
| <b>3</b> NHS Tayside must ensure that all patient care and comfort documentation is accurately and consistently completed with actions recorded.   |
| <b>4</b> NHS Tayside must ensure that staff comply with hand hygiene and personal protective equipment in line with current guidance.  |
| <b>5</b> NHS Tayside must ensure that roles and responsibilities with regards to domestic cleaning are understood and effective and that senior charge nurses are provided with the information required to ensure they can easily access domestic supervisor support. |
| <b>6</b> NHS Tayside must ensure that the environment is in a good state of repair and maintained to support effective cleaning.   |

## Domain 4.3 – Workforce planning

### Quality indicator 4.3 – Workforce planning

**Workforce data for Nursing, Medical and Allied Health Professional staff groups at Ninewells Hospital demonstrated high levels of vacancies, particularly within the registered nursing staff group and in senior posts within Allied Health Professionals. We observed open and transparent communication within staff huddles and prompt management of staffing concerns.**

NHS Scotland continues to experience significant pressures compounded by workforce shortages. Workforce data provided by NHS Tayside demonstrated a high level of vacancies within the nursing staff group across Ninewells Hospital.

Nursing teams in ward areas told inspectors that they were working with less than optimal staffing levels and necessary skill mix to fully support the delivery of safe and effective care.

Ninewells Hospital operates an electronic staff recording system which gives an overview, in real time, of nursing staff levels, the acuity of the patients and highlights areas of risk which informs decision making.

Nursing staff are asked to contribute their data to the electronic system prior to staffing huddles. They record the number of staff on duty, the acuity and dependency of the patients and apply their professional judgement. Professional judgement is when staff use their skills and experience to assess how many staff are required to ensure safe care for patients. They record identified risks and any mitigations they have put in place. Where identified risks cannot be mitigated at the ward or unit level, we observed these unresolved risks being discussed at the site wide safety huddle. The senior leadership team, who had an overall view of the hospital site, would then identify where they may be able to access support from other clinical areas. These additional actions would be recorded on the electronic system.

This system gives a whole site overview and supports managers with allocation of supplementary staff, or redistribution of staff from other clinical areas. At each huddle they review progress from previous actions and forward plan for the next 12-24 hours. We observed that staffing data from some wards was not consistently updated in time for the huddle, this could have a negative impact on real time decision making if data was incomplete.

To support compliance with ensuring the data in the electronic system was up to date, staff have been supplied with electronic hand held devices to allow them to update information quickly and efficiently. In some areas champions have been identified, these are staff who have a more comprehensive knowledge of the system and support their colleagues' learning and confidence in the system. We would



recommend that this area of support remains a focus to ensure that staff are confident in the use of the system. This will enable consistent real time reports, which will robustly inform any decision making.

Within the evidence and data provided there were high levels of nursing vacancies. Supplementary staffing was being used to support any staffing gaps and also to support clinical areas experiencing increased service demands. This reflects the similar challenges throughout NHS Scotland. Supplementary staffing includes substantive staff working additional hours, staff from the NHS boards' staff bank or staff from an external agency. NHS Tayside has clear guidance and processes in place for the use of supplementary staff.

New guidance from Scottish Government in place from June 2023 states the '*use of non-contracted suppliers of agency staff should cease with immediate effect. NHS boards should ensure service continuity is maintained by the use of recognised contract staff, if required.*' Managers acknowledged the challenges around this and have been proactively forward planning staffing, updating their guidance and operating procedures and ensuring staff are aware of the impending change and the reasons behind this.

During the inspection we observed wards that were exceptionally busy and with a high level of nurse vacancies as well as significant staff sickness. We discussed this with senior managers who explained NHS Tayside has a workforce plan and has implemented several strategies in order to address workforce issues. For nursing, this includes recruitment of international nurses and soon to graduate student nurses with a final placement in the area they wish to practice once qualified. Assistant practitioners are in post, these are healthcare support workers who have completed additional training in order to support registered nurses in the assessment, planning, implementation and evaluation of care. There is an acknowledgement that there are implications around the changes in skill mix due to the reduction in available registered nurses and an increase in assistant practitioners in post. We were provided with evidence this is monitored through governance procedures.

During discussions with the Integrated Manager (Occupational Therapy / Physiotherapy inpatients) they highlighted recruitment challenges, particularly in relation to the recruitment of occupational therapists. They informed us that some recently qualified applicants have not had the level of practical experience opportunities due to the pandemic and this has had an impact on their skills moving forward into qualified roles. Senior managers told us that there is a lack of applications for senior roles in occupational therapy and physiotherapy, this is evident within the staffing data provided which shows high vacancy levels for senior posts. This has necessitated greater recruitment in junior roles. In order to address the leadership gaps the allied health professional leads are encouraging staff to

participate in improvement projects to inspire interest within the staff team to develop their skills and consider career progression.

From the evidence provided we observed annual leave allocation within nursing teams is not managed within agreed levels. This in conjunction with absences has a negative effect on staff availability, adding to the staff shortages in many areas. This was discussed with the senior managers who assured us that they were aware of this and have measures in place to address the concerns, including proactive staff management for absences and using the electronic rostering system to review staff leave to keep it within budgeted limits.

From discussions it is evident that senior clinical staff have an understanding and confidence around the duties required of them in relation to the Health & Care (Staffing) (Scotland) Act 2019 which will be enacted in April 2024. However, it was noted that responsibilities in relation to the legislation had not been fully cascaded to all clinical staff. A recommendation has been given for consideration.

## Area of good practice

### Domain 4.3

- 4 Staff safety huddles were inclusive of all departments and gave a whole site overview in real time.

## Recommendation

### Domain 4.3

- 1 Learning and development for all staff should be implemented to ensure that they have an informed level of understanding of the Health and Care (Staffing) (Scotland) Act 2019.

## Domain 6 – Dignity and respect

### Quality indicator 6.2 – Dignity and respect

**We observed patients experiencing care were 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.**

Across the hospital we observed patients experiencing care were 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.

However, in one area there were times when patient curtains were not always pulled closed and some patients who were wearing surgical gowns could have been supported better to ensure these were worn correctly. Inspectors raised this with senior staff in charge of this area at the time of the inspection.

All of the patients we spoke with described good care and told inspectors that they were well looked after.

We identified some care areas where patients were cared for in mixed sex patient bays. We discussed this with senior managers who were able to provide the NHS Tayside Dignity and Privacy Single Sex Accommodation Policy. The policy highlighted that the respect and dignity of all patients was paramount, but it was essential that patients were in a place where emergency equipment and skilled practitioners were close by.

The policy highlights and gives examples where people's dignity and rights may be affected. We were told the overview of compliance with the policy and any breaches is overseen by a senior member of the hospital management team. However, senior managers told us they recognised the policy had not been consistently monitored and applied and they required clearer oversight of this. A requirement has been given to support improvement in this area.

A patient we spoke with explained they had undergone life changing procedures which had significantly affected their mobility. They explained that some of the ward equipment such as storage cupboards, drawers and mirrors within the areas were not at the right height for them to use now. They felt that improvements could be made within this ward area to better support patients going through similar life changing experiences.

We discussed this patient feedback with senior managers who were not aware of this situation however, responded positively and explained they would seek to address this issue. We were assured with the positive response and that they would proceed to action this.

## Area of good practice

### Domain 6

- 5** Positive, respectful and person-centred care interactions were observed between staff and patients in all areas inspected.

## Requirement

### Domain 6

- 7** NHS Tayside must ensure when patients are cared for in mixed sex bays, this is regularly risk assessed and suitable mitigations are put in place to maintain patient dignity and respect.

## Appendix 1 – 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, January 2016)
- [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, June 2023)
- [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, January 2022)
- [The Code: Professional Standards of Practice and Behaviour for Nurses and Midwives](#) (Nursing & Midwifery Council, October 2018)

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