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Unannounced Inspection Report

Acute Hospital Safe Delivery of Care Inspection

Dumfries & Galloway Royal Infirmary
NHS Dumfries & Galloway

20 – 22 March 2023

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About our inspection

Background

All of Healthcare Improvement Scotland's inspection programmes have been adapted since the start of the COVID-19 pandemic.

Taking account of the changing risk considerations and service pressures, in November 2021 the Cabinet Secretary for Health and Social Care approved 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). 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.
- 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

Dumfries & Galloway Royal Infirmary is the main hospital in Dumfries. It serves the whole of South West Scotland. The hospital has 278 staffed beds and has a full range of healthcare specialties. NHS Dumfries & Galloway serves a population of over 148,000 but within a large geographical area of about 2,400 square miles.

About this inspection

We carried out an unannounced inspection to Dumfries & Galloway Royal Infirmary, NHS Dumfries & Galloway between Monday 20 and Wednesday 22 March 2023 using our safe delivery of care inspection methodology. We inspected the following areas:

- acute medical unit
- critical care unit
- emergency department
- neonatal unit
- paediatric ward
- ward B2
- ward B3
- ward C4
- ward C6
- ward D7, and
- ward D8.

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 Dumfries & Galloway 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 5 April 2023, we held a virtual discussion session with key members of NHS Dumfries & Galloway 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 Dumfries & Galloway and in particular all staff at Dumfries & Galloway Royal Infirmary for their assistance during our inspection.

A summary of our findings

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

At the time of inspection, Dumfries & Galloway Royal Infirmary, 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. During our inspection the site was operating at over 100% capacity.

Despite ward areas and departments being busy and experiencing staff shortages, we observed the majority of areas were calm and well organised with visible leadership and multidisciplinary teamwork to support the safe delivery of care.

We observed good levels of care being delivered in the majority of areas inspected and all interactions observed were positive and person-centred.

We observed a high standard of facilities for patients and visitors including an open and spacious concourse where patients could access outdoor walks. There were helpful and caring volunteers and reception staff at the entrance to the hospital to assist and direct people to the right areas.

Senior hospital managers displayed good oversight and understanding of their clinical areas and the wider system pressures across the hospital. We observed senior management teams exploring new ways to address the staffing challenges and high levels of patient occupancy.

Areas for improvement identified during this inspection include person-centred care planning, the application of risk assessments for contingency beds and fire safety risk assessment and evacuation plans for the use of contingency beds and non-standard care areas.

We also raised concerns about the use of a closed circuit television camera (CCTV) situated in a patient interview room within the emergency department. Senior hospital managers responded quickly to this concern and took immediate action. They also provided a detailed plan that includes short and long term actions to address the concerns raised in relation to this matter.

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

We expect NHS Dumfries & Galloway 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	The emergency department has recently implemented new nursing and medical documentation to improve patient safety which takes into consideration patients who have had a long wait in the department (see page 11).

Domain 2	
2	We observed positive, respectful interactions between staff, patients and relatives (see page 13).

Domain 5	
3	We observed that all areas were calm and well organised with good visible leadership and multidisciplinary teamwork to support the safe delivery of care (see page 17).

Domain 7	
4	A proactive and robust approach to workforce planning was in place, incorporating the use of staffing level tools (see page 20).

Domain 9	
5	We observed a supportive culture with effective leadership and management including good visibility of senior leadership (see page 21).

Recommendation

Domain 7	
1	Wider multidisciplinary attendance at hospital site safety huddles would provide a more detailed overview of the operational challenges and aid overall decision making (see page 20).

Requirements

Domain 2	
1	NHS Dumfries & Galloway must ensure that when patients are cared for in additional beds in double occupancy rooms, risk assessments and patient selection criteria are consistently applied, to ensure the safe delivery of care (see page 13). This will support compliance with: Quality of Care Framework (2018) indicator 2.1 and Health and Social Care Standards (2017) Criteria 1.23, 1.4, 2.11, 2.32.6, 4.14 and 5.22.
2	NHS Dumfries & Galloway must ensure that when patients are cared for in additional beds in double occupancy rooms, privacy and dignity are maintained, with patient consent considered (see page 13). This will support compliance with: Quality of Care Framework (2018) indicator 2.1 and Health and Social Care Standards (2017) Criteria 1.23, 1.4, 2.11, 2.32.6, 4.14 and 5.22.

Domain 5	
3	NHS Dumfries & Galloway must ensure a constant application of effective enhanced care planning to support patients with complex care needs (see page 17). This will support compliance with: Health and Social Care Standards (2017) Criteria 2.6 and 2.2.
4	NHS Dumfries & Galloway must ensure safe and effective policies and procedures are in place for all CCTV cameras in use. CCTV cameras must be operated in line with national regulation, guidance and local policy and staff are aware of and apply correct procedures (see page 17). This will support compliance with: Health and Social Care Standards (2017) criterion 2.7 and local NHS Dumfries & Galloway policy and procedure.
5	NHS Dumfries & Galloway must ensure that all sharps boxes are labelled and dated correctly with temporary closure lids in place (see page 17). This will support compliance with: National Infection Prevention and Control Manual (2023).

Domain 7

6 NHS Dumfries & Galloway must ensure staffing conversations and decisions are aligned with the acuity and dependency of patients in the clinical area (see page 20).

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

Domain 9

7 NHS Dumfries & Galloway must ensure detailed and effective plans are in place to ensure safe fire evacuation of patients and staff within care areas with additional beds (see page 21).

This will support compliance with: NHS Scotland 'Firecode' Scottish Health Technical Memorandum SHTM 83 (2017) Part 2; The Fire (Scotland) Act (2005) Part 3, and Fire Safety (Scotland) Regulations (2006).

What we found during this inspection

Domain 1 – Key organisational outcomes

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

We observed hospital teams working together to provide the right care in the right place in line with Scottish Government emergency department signposting guidance. The hospital was under considerable pressure and operating at over 100% capacity resulting in long stays in the emergency department and medical assessment unit.

At the time of the inspection NHS Dumfries & Galloway was experiencing significant pressures, with the hospital operating at 103% capacity resulting in increased waiting times in the emergency department. To manage this increased capacity NHS Dumfries & Galloway had implemented the use of contingency beds. These are additional beds placed in single rooms to increase occupancy, or the use of non-standard care areas for inpatients. NHS Dumfries & Galloway told us that they utilised contingency beds to create additional inpatient capacity and to support patient flow from the emergency department and medical assessment unit. In addition, they have an escalation policy for the utilisation of contingency beds which will be discussed later in the report.

The national target for emergency department waiting times means that 95% of patients should wait no longer than four hours from arrival at the emergency department before admission, discharge or transfer for other treatment.

Across NHS Scotland, for the week ending 26 March 2023, 63.3% of patients were seen and treated within the 4 hour target (NHS Performs - Emergency department activity and waiting times week ending 26.03.23).

On the first day of this inspection the emergency department performance at NHS Dumfries & Galloway was 87.9 %, with the longest wait for transfer to the appropriate specialty being 11.7 hours due to a lack of available beds for patients to be moved to. Despite these pressures within emergency department, it was calm and well organised with all patients being cared for in designated cubicles. At the time of inspection there were no delays in patients being brought into the emergency department from the Scottish Ambulance Service.

Triage is an essential part of emergency care. On the patient's arrival to the emergency department, the person responsible for triage assesses the patient's needs and assigns the priority of treatment required. We observed no delays in triage at the time of inspection. We observed hospital teams 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.

During our inspection the emergency department was not over capacity and all patients were being cared for in designated cubicles. However, we were shown designated spaces, with signs in place, in the emergency department corridor that are utilised when the department is at increased capacity and patients need to be cared for on trolleys in the corridor area.

NHS Dumfries & Galloway has a site escalation policy and standard operating procedures and risk assessments in place to be used at times of increased capacity and when contingency measures are required. We were told a range of measures are in place to support an increase in capacity across the hospital. This included extended opening hours of the surgical short stay ward to include weekends, opening the Day Surgery Unit and Orthopaedic Outpatients at night and, when required, also diverting some patients with minor injuries from the accident and emergency department to the orthopaedic outpatients where possible. These steps assist the emergency department to maintain their flow and capacity at times of increased pressure.

Emergency departments are designed for shorter length of patient stays. However, due to increased system pressures across the hospital, patients are being cared for in the emergency department for extended periods of time. For example at the time of inspection the longest wait for patients waiting to be transferred to the appropriate care area was 11 hours. In response to this NHS Dumfries and Galloway has made changes to the patient care documentation to reflect the care needs of patients who are in the department for extended periods of time.

Senior managers told us the new nursing and medical documentation recently implemented in the emergency department was developed to improve patient safety in response to an increase in incident reports. We observed that the documentation now includes checks to be completed hourly to provide assurance of safe patient care. The checks include; pressure care, call bells within easy reach, adequate food and drink provision and provision of appropriate pain relief. The patient care section of the documentation also includes a prompt to record the Waterlow score for patients who have been in the department for five hours or more. This is a tool to assess the risk of development of skin pressure damage and actions that need to be taken to maintain skin integrity.

We were told in response to medication incidents that had occurred in the emergency department, improvements had been made to individual patient prescription charts to include details of pre-admission medications to ensure that time critical medications were not missed. We observed this documentation in use during the inspection.

A falls risk assessment has also been included in the recently updated documentation within the emergency department. In the evidence provided we observed that NHS Dumfries and Galloway had identified that falls were a theme and we requested incident reports for the previous three months. Within this information we observed falls continue to be reported and that lessons learned were not always documented. We discussed this with senior hospital managers who explained there is further work underway to look at the best ways to share learning. They plan to link in with other specialties on site to share learning around falls management across the hospital and explore options to reduce the incidences of falls within the emergency department.

Area of good practice

Domain 1	
1	The emergency department has recently implemented new nursing and medical documentation to improve patient safety which takes into consideration patients who have had a long wait in the department.

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, respectful interactions between staff, patients and relatives. However, the use of additional beds had an impact on privacy and dignity for patients.

We observed positive, respectful and person-centred interactions between staff, patients and relatives. In clinical areas we observed staff taking time to explain and listen to both patients and relatives, displaying compassionate and supportive care. In the emergency department we observed staff making arrangements to enable patients' relatives to stay with them if they wanted to and on one ward arrangements had been put in place to support relatives to stay overnight with a patient. These are good examples of having those that matter involved in a patient's care journey.

In all areas inspected the majority of patients appeared well cared for with their fundamental care needs being met. The majority of documentation of patient care was completed to a good standard across all areas inspected. Due to the increased hospital capacity we observed some patients were admitted to alternative wards, for example, we observed that medical and orthopaedic patients were being cared for on the general surgical ward. We were told by ward staff that to ensure continuity and oversight of medical care, the appropriate medical team would review these

patients on a daily basis. We observed evidence of patients receiving good continuity of care.

Due to the increased capacity within the hospital several wards had increased the number of patients they cared for at any one time. This was achieved by creating additional beds in single occupancy side rooms. NHS Dumfries & Galloway describe this as 'double occupancy'. We requested the NHS board's policies and risk assessments, used in response to service pressures such as the increased capacity. Within these documents eight wards are identified across Dumfries & Galloway Royal Infirmary that can increase their capacity using double occupancy side rooms. We observed all patients within the double occupancy rooms had access to a call system in the form of a wrist alarm, and that wall mounted oxygen and electrical points were available. Ensuite facilities were available in all rooms.

However, we observed the double occupancy created challenges in maintaining dignity and respect for patients as not all rooms had privacy screens available. In one ward where there was no screen available, we observed a patient being moved temporarily into the corridor by staff to allow the other patient privacy. The lack of screen availability was raised at the time of the inspection with the senior charge nurse who advised they were trying to source a screen locally to prevent having to move the patient out of the room. We raised this at the discussion session with senior managers who told us that additional screens were being ordered for the hospital. A requirement has been given to support improvement in this area.

NHS Dumfries & Galloway provided a policy and risk assessment for double occupancy rooms. The risk assessment details the inclusion and exclusion criteria along with infection prevention control considerations that are required to be in place. For example, patients must be independently mobile, or requiring assistance from one person with limited or no therapy input. However, during our inspection we observed multiple versions of the risk assessment in use, all with different exclusion criteria. We raised this with senior managers who told us they were aware different versions remained in circulation. At a further discussion session senior managers explained as a result of our feedback, improvement work has been undertaken to remove older versions out of circulation. Following this an audit had been carried out and no older versions of the risk assessment had been identified in the wards audited.

During our inspection we observed two patients who did not meet the selection criteria for placement contained within the NHS board's own risk assessment documentation. In addition, inspectors observed that in some areas no risk assessments had been completed. Inspectors noted that whilst the NHS board's risk assessment focuses on infection prevention and control, it fails to consider individual patient acuity or dependency. Patients we spoke with in double occupancy rooms told us they were agreeable to being in these rooms. However, we observed that the risk assessment form did not include the question regarding whether or not the

patient had consented to being in a double occupancy room. A requirement has been given to support improvement in this area.

We asked for evidence of any incident reports relating to the use of additional beds from the three months prior to the inspection. From the incident reports provided, the additional beds did not appear to have a negative impact on patient safety. For example, incidents reported did not highlight any obvious increase in patient falls for patients residing within these beds.

Area of good practice

Domain 2	
2	We observed positive, respectful interactions between staff, patients and relatives.

Requirements

Domain 2	
1	NHS Dumfries & Galloway must ensure that when patients are cared for in additional beds in double occupancy rooms, risk assessments and patient selection criteria are consistently applied, to ensure the safe delivery of care.
2	NHS Dumfries & Galloway must ensure that when patients are cared for in additional beds in double occupancy rooms, privacy and dignity are maintained, with patient consent considered.

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

- Quality indicator 5.1 – Safe delivery of care

In all areas inspected patients looked well cared for and comfortable. Wards were calm and well organised with good visible leadership and multidisciplinary teamwork. However, we raised concerns about the use of a patient interview room within the emergency department where a closed circuit television (CCTV) camera was in use.

We observed the volunteer and reception staff at the entrance to the hospital assisting and directing people to the right areas. We observed these interactions were helpful, caring and respectful.

Despite ward areas and departments being busy and experiencing staff shortages, we observed the majority of areas were calm and well organised with good visible leadership and multidisciplinary teamwork to support the safe delivery of care.

We observed the majority of patients were well cared for with drinks, personal items and access to call bells. At the time of inspection the majority of call bells were answered in a timely manner. In the double occupancy rooms we observed patients were provided with wrist bands that can be pressed to alert staff when assistance is required.

In the majority of areas care was person-centred. We observed patients awaiting discharge were being supported in a positive and enabling environment. For example, personal information in the form of 'This is me' posters were observed in individual rooms above patient beds and flower symbols were placed on the electronic recording system to identify patients with Dementia. An exercise programme to promote strength and flexibility, an activity area and wellness walk were also available to patients.

In one ward area where patients with complex care needs were being cared for, several patients had Adults with Incapacity section 47 certificates in place. These are legal documents which assist the patients, their family and staff to make decisions about the patient's care and treatment when the patient is unable to do so independently. All Adult with Incapacity 47 certificates were found to be completed appropriately.

However, in one area where additional staff time was required for patients with complex care needs to maintain safety, provide therapeutic activities or access personal clothing or funds, there was a lack of person-centred planning and criteria for use of enhanced care planning. At a discussion session with NHS Dumfries & Galloway we were told that they are in the process of developing their enhanced care planning which included the development of an enhanced observations risk assessment. A requirement has been given to support improvement in this area.

During a discussion session with hospital managers we were told of twice weekly multidisciplinary review meetings for patients with complex health and social care needs. These meetings included representation from the health and social care partnership and the senior hospital managers with the focus on achieving the predicted date of discharge.

During our inspection of the emergency department we observed a closed circuit television camera in a patient interview room. This camera was part of the hospital wide closed circuit television network. Images were recorded without sound, and stored securely for 30 days and then deleted automatically. We were told the camera had been put in place by the mental health team to support staff safety during patient interviews. Staff within the emergency department told us that at times of increased pressures this interview room can be also used as a patient treatment room.

Inspectors observed that the closed circuit television camera was linked to a desk top monitor in the nursing station. This was to enable the relevant staff to observe the

interview room. However, due its location there was a potential for the monitor to be viewed by others, including patients or relatives. In addition, there was no signage in place alerting patients or other staff of the camera use or its purpose. Staff told us that patients or visitors were not routinely advised the camera was in use, or informed that any activity in the room would be recorded and stored for thirty days. Staff we spoke with were also not aware of any closed circuit television policy or operating procedures. Senior hospital managers confirmed the only policy in place for the use of this camera was the NHS board's closed circuit television policy and inspectors were provided with a copy of this policy on request. The policy states that closed circuit television cameras should not be sited to focus on patient rooms and should be operated in a manner that is consistent with respect for an individual's privacy. The policy also states that cameras should be checked on a daily basis to ensure images were fit for purpose. Inspectors observed and were concerned that these aspects of the policy were not being adhered to.

As a result, we raised our concerns with senior hospital managers who told us they were unaware that the camera was not being operated in accordance with their own closed circuit television policy and immediate action was taken to review the situation. We returned to the areas the following day and observed signage had been put in place informing patients and staff of the camera. The monitor had been switched off and covered up with a sign which stated staff must gain consent from any individual using the room and record this in the notes if the monitor was to be in use. At the virtual discussion session the following week, senior managers told us they were in the process of a full review of the placement of the camera and were considering alternative safety measures to support staff safety with the option to remove the camera and install a panic button. A requirement has been given to support improvement in this area and will be followed up through the improvement action plan.

We were able to observe mealtimes on some wards which were all well organised and well-coordinated. Food and fluid charts observed were completed. Patients reported a good selection of meals and we observed hand wipes for patients were available and provided in some areas. We observed good person-centred care with information boards providing details of special requirements or preferences for consideration for some patients. We observed good completion of Malnutrition Universal Screening Tool charts. This is a tool used to measure a patient's malnutrition risk.

Within the emergency department we were told when patients are cared for in the department for long periods of time they are provided with fluid and nutrition and this is recorded in their care checklist. We observed some patients being provided with sandwiches and a hot drink and observed a vending machine and hydration station for patient use.

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 the majority of areas inspected care and comfort rounding charts were completed to a good standard. We observed a number of good examples of care plans that were personalised and reactive to patient care needs with evidence of anticipatory care planning and patient and relatives involvement in decision making regarding their care and treatment.

Standard infection control precautions should be used by all staff at all times. Standard infection control precautions 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).

We observed that infection control and prevention measures were in place with good availability of alcohol-based hand rub and face masks at the main entrance to the hospital. There was good signage at the entrance to the hospital advising of when to wear face masks. There was good availability of personal protective equipment throughout the hospital and wards.

Practicing good hand hygiene helps to reduce the risk of the spread of infection. Whilst we observed some missed opportunities for hand hygiene across nursing, allied health professionals and medical staff, the majority of staff were compliant. We observed good availability of alcohol-based hand rub throughout the hospital and in all rooms and corridors in clinical areas.

Guidance current at the time of this inspection from the Scottish Government strongly recommended that staff who are moving around clinical and non-clinical areas within the hospital setting wear a fluid resistant surgical face mask or face covering. We observed a number of staff across various staff disciplines who were not wearing fluid resistant surgical face masks correctly. Inspectors observed some confusion amongst staff with regards to when face masks should be worn. We raised this with the hospital managers. During the discussion session we were told as a result of our feedback the executive team had sent out an email to all staff and it had been highlighted at the senior charge nurse meeting, at ward and department huddles reinforcing the NHS board's position that face masks should be worn in clinical areas as well as entering rooms. Senior managers told us that they felt this had resulted in an improvement in the staff compliance.

We observed personal protective equipment was worn appropriately and correctly. In all areas inspected there was a sufficient stock of personal protective equipment available, and it was stored correctly to prevent contamination.

The majority of the equipment we inspected was visibly clean and items stored appropriately. Any exceptions to this were raised at the time of our inspection. We

observed evidence of regular resuscitation trolley checks throughout all areas with a booklet that allowed staff to report the expired items that had been replaced.

Cleanliness and the condition of the environment throughout the clinical areas was generally very good. We observed some minor wear and tear, including chipped paintwork and damaged work surfaces. Domestic staff we spoke with were knowledgeable about their roles and told us they had good availability of cleaning equipment. We observed the double occupancy rooms were clean. However, domestic staff told us that due to space restrictions caused by the additional beds and furniture added, it was more challenging for domestic staff to clean these areas.

Other standard infection control precautions such as linen, waste and sharps management minimise the risk of cross infection and must be consistently practiced by all staff. During our inspection we observed the majority of areas were compliant with these precautions. However, we observed some sharps bins had no information on the label and the temporary closures were not in place. A requirement has been given to support improvement in this area.

Transmission based precautions are the additional precautions that should be used by staff when caring for a patient with a known or suspected infection. Transmission based precautions were in place for patients with known or suspected infections. Patients identified with an infection risk had appropriate signage on the door. We observed good compliance with transmission based precautions for patients with a suspected or confirmed infection.

Area of good practice

Domain 5	
3	We observed that all areas were calm and well organised with good visible leadership and multidisciplinary teamwork to support the safe delivery of care.

Requirements

Domain 5	
3	NHS Dumfries & Galloway must ensure a constant application of effective enhanced care planning to support patients with complex care needs.
4	NHS Dumfries & Galloway must ensure safe and effective policies and procedures are in place for all CCTV cameras in use. CCTV cameras must be operated in line with national regulation, guidance and local policy and staff are aware of and apply correct procedures.
5	NHS Dumfries & Galloway must ensure that all sharps boxes are labelled and dated correctly with temporary closure lids in place.

Domain 7 – Workforce management and support

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

NHS Dumfries & Galloway continues to experience significant pressures compounded by workforce vacancies. We observed a proactive approach to workforce planning to allocate staff to areas of greatest need. Safety huddles provide real time staffing discussions. However, decisions in relation to staffing should be in line with professional judgement and clinical needs of the patient.

NHS Scotland continues to experience significant pressures compounded by workforce vacancies. Workforce data provided by Dumfries & Galloway Royal Infirmary demonstrated high levels of vacancies in most professional groups, including nursing, allied health professionals and senior medical staff, particularly at consultant level.

Nursing teams told inspectors that there was a continual pressure of working with reduced staffing and skill mix to fully support the delivery of safe and effective care. Despite this we observed staff were focused on the provision of safe care for patients.

We observed a clear and specific workforce plan for nursing and midwifery. Senior managers provided a detailed overview which included outcomes and data. They told us that the nurse staffing level tool run was used to review their staffing establishment and areas of greatest requirement. The outcome of this exercise has allowed senior managers to increase their nursing staffing establishment to support the safe delivery of care. One area of improvement was allocating additional registered nurses to allow senior charge nurses to focus on leadership within the clinical areas. As a result of this, staff were able to tell us they felt well supported by management and visible leadership within the wards was observed during our inspection.

We were told by senior managers of their nursing recruitment processes in place to support successful recruitment and review of international nurses. They also told us of their collaboration with local colleges to offer training to healthcare support workers to develop into a band 4 nursing support role. In addition we were advised that the retirement of staff in all staff groups has created a significant shift in skill mix.

Site safety huddles took place at regular intervals throughout the day. The purpose of the site safety huddle was to provide situation awareness, understand patient flow and raise any patient safety concerns. We observed nursing real time staffing discussion. However, conversation was predominantly focused on patient flow and bed capacity.

Inspectors attended several hospital safety huddles. We observed that the huddles were very capacity and flow focussed and did not discuss patient safety, acuity and dependency. We were advised by NHS Dumfries & Galloway that live review of levels of care are being implemented. This will include the assessment and recording of an acuity/dependency score for levels of patient care to be completed each shift to provide real time staffing assessment as per Health and Care (Staffing) (Scotland) Act 2019. A requirement has been given to support improvement in this area.

Inspectors observed that site safety huddles were not routinely attended by representatives from facilities, domestic services, and all professional groups including nursing, allied health professionals and medical professions. This meant that there were missed opportunities to discuss the daily operational challenges and seek solutions across the multidisciplinary teams. A recommendation to support improvement has been given for consideration.

In all areas inspected a nursing staffing template was used to record real time staffing risks and mitigations. We observed that there was guidance to measure the level of care patients required based on their acuity and dependency. However, it was unclear how professional judgement was used to make decisions on staffing requirements. This was discussed with senior managers, who informed us that they recognised this as an area for improvement and were working towards implementation of a digital workforce software system within the next three months. This will support managers with allocation and redistribution of staff in line with clinical need and ensure patient safety is at the forefront.

We observed the medical staffing discussion takes place once a week and includes the rota manager, a consultant and senior hospital management. Staffing rotas are reviewed for the upcoming two weeks, where they proactively plan to cover any staffing shortfalls, individual staffing skills and capabilities to ensure best distribution of skill mix across areas where there were medical staffing challenges. There was a strong focus on staff wellbeing during planning meetings.

Supplementary staffing includes substantive staff working additional hours, staff from the NHS board's staff bank or from an external agency. Use of external agency staff within Dumfries & Galloway Royal Infirmary was low. We observed that staffing shortages were filled predominantly using the staff bank as well as their own substantive staff who work additional hours. Supplementary staff were being utilised appropriately to cover absences and provide additional support to clinical areas and areas where contingency beds were in use to relieve system pressures. A staff bank representative attended one of the huddles we observed, this allowed for efficient escalation of shifts in real time. An area of good practice is the use of a 'relief team'. This is a group of staff provided by the staff bank who take up additional shifts and are allocated areas of work on arrival. This includes both registered nurses and healthcare support workers.

Staff wellbeing initiatives were clearly visible throughout the hospital. This included indications of signs and of symptoms which could highlight wellbeing concerns and signposting staff to the wellbeing services available. This includes yoga, promotion of prosocial behaviour and access to clinical psychologists. All staff have access to open and bright socialisation spaces away from the clinical area, with a wide variety of food and refreshments choices.

Area of good practice

Domain 7	
4	A proactive and robust approach to workforce planning was in place, incorporating the use of staffing level tools.

Recommendation

Domain 7	
1	Wider multidisciplinary attendance at hospital site safety huddles would provide a more detailed overview of the operational challenges and aid overall decision making.

Requirement

Domain 7	
6	NHS Dumfries & Galloway must ensure staffing conversations and decisions are aligned with the acuity and dependency of patients in the clinical area.

Domain 9 – Quality improvement-focused leadership

- Quality indicator 9.2 – Motivating and inspiring leadership

We observed a supportive leadership culture with effective management including good visibility of senior leadership.

Senior staff were visible throughout the hospital and within clinical areas. Staff expressed that they felt well supported by senior staff, were aware of available health and wellbeing support and described a positive culture

Staff we spoke with told us they felt supported when raising concerns and were able to articulate how they would escalate concerns through the incident reporting system. NHS Dumfries & Galloway provided evidence of scheduled weekly meetings where adverse events, incident reports and complaints are discussed. The agenda for this meeting includes oversight of new incident reports, serious adverse event reviews, outstanding and new complaints and assurance of lessons learned.

We were provided with NHS Dumfries & Galloway's site escalation policy which enables a system and process to follow when capacity within the hospital requires additional contingency beds to be opened. The site escalation policy includes all expected actions to be taken at each level of escalation. We observed that a number of the actions and controls contained within the escalation policy were in place at the time of inspection. Therefore, we were assured that steps were being taken to mitigate the risks that had been identified in relation to the site wide capacity and that flow and capacity were being well managed at the time of inspection.

We requested a copy of the most recent fire safety risk assessment in relation to the additional contingency beds. Initially NHS Dumfries & Galloway were unable to provide it. We were told the fire risk assessment was being reviewed to include the increased hospital capacity. An updated fire risk assessment was later provided. We were advised that the fire officer for Dumfries & Galloway Royal Infirmary is planning to undertake fire evacuation drills. However, we were told the evacuation plan has not been updated to reflect the increased capacity across the hospital. A requirement has been given to support improvement in this area.

Area of good practice

Domain 9	
5	We observed a supportive culture with effective leadership and management including good visibility of senior leadership.

Requirement

Domain 9	
7	NHS Dumfries & Galloway must ensure detailed and effective plans are in place to ensure safe fire evacuation of patients and staff within care areas with additional beds.

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.

- 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, March 2023)
- Operating Framework - Healthcare Improvement Scotland and Scottish Government (Healthcare Improvement Scotland, Nov 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 Framework: September 2022 (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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