Unannounced **Follow-up** Inspection Report

Acute Hospital Safe Delivery of Care Inspection

Forth Valley Royal Hospital

NHS Forth Valley

22 – 24 January 2024

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.

Our Approach

This was a follow-up inspection in response to concerns about the safe delivery of care identified in two previous inspections of Forth Valley Royal Hospital in 2022.

We carried out an unannounced inspection of Forth Valley Royal Hospital in April 2022 which resulted in Healthcare Improvement Scotland formally writing to NHS Forth Valley to escalate serious concerns about patient safety.

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During our subsequent unannounced follow-up inspection in September 2022, we raised further serious concerns relating to the safe delivery of care. These included procedures and processes for contingency beds and staff wellbeing, including culture and leadership within the hospital. This resulted in us once again formally writing to NHS Forth Valley and to Scottish Government in line with level 2 of Healthcare Improvement Scotland and Scottish Government: operating framework.

Our April 2022 inspection resulted in nine requirements, three of which were met during our follow up inspection in September 2022. However, a further 11 new requirements were made to NHS Forth Valley following our September inspection.

This resulted in a total of 17 requirements being made to the NHS Board as listed below:

Outstanding inspection requirements from 2022
1. NHS Forth Valley must ensure that care and comfort rounding charts are completed within the prescribed time frames.
2. NHS Forth Valley must ensure that all staff comply with hand hygiene and the use of gloves in line with the National Infection Prevention and Control Manual.
3. NHS Forth Valley must ensure there are effective risk management systems and processes in place to ensure the safe delivery of care where additional beds or non-standard care areas are in use. The NHS board must ensure all of the issues raised through our escalation process are addressed and the improvements made are maintained.
4. NHS Forth Valley must ensure that senior management decision making regarding staffing risks and mitigations are open and transparent.
5. NHS Forth Valley must ensure it has a clear understanding of the number of actual staff in post and that workforce data is accurately presented.
6. NHS Forth Valley must ensure that systems and processes are in place to identify, assess, manage and effectively communicate patient safety risks throughout the organisation.
7. NHS Forth Valley must ensure overcrowding within the emergency department and admission areas within Forth Valley Royal Hospital is managed safely, to reduce the risk to patients and staff.
8. NHS Forth Valley must ensure that patient's privacy and dignity is maintained at all times.
9. NHS Forth Valley must ensure the safe and secure use of medicines at all times, including the storage and administration of medicines.

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10. NHS Forth Valley must ensure the safe delivery of care to all patients within the hospital including the emergency department and admission and assessment areas.
11. NHS Forth Valley must ensure detailed and effective plans are in place and staff are aware of these, to ensure safe fire evacuation of patients and staff within overcrowded areas.
12. NHS Forth Valley must ensure that all staff who are carrying out a triage assessment are trained to ensure this is carried out safely, resulting in a reliable patient assessment.
13. NHS Forth Valley must ensure all patient equipment is clean and ready for use.
14. With the significant changes to the skill mix, resulting in lower levels of registered staff nurses on duty, NHS Forth Valley must have a system in place to monitor for any adverse impact this may have on the safe delivery of care.
15. NHS Forth Valley must ensure that senior management oversight and support is effective, to reduce the risks for staff and patients receiving care at times of extreme pressure within Forth Valley Royal Hospital.
16. NHS Forth Valley must ensure the development of a positive culture where staff feel safe and supported to highlight risks and concerns in relation to staff and patient safety.
17. NHS Forth Valley must ensure meaningful engagement with staff who are raising concerns, to ensure an open and transparent culture, ensuring essential learning from staff concerns is taken and used to make improvements for staff and the patients receiving care.

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

Following the quality and safety concerns identified as a result of this inspection, Healthcare Improvement Scotland was commissioned to provide improvement support to NHS Forth Valley to build on the local improvement work being undertaken to address key safety issues. To deliver this, a dedicated team was developed drawing on relevant expertise from across the organisation, including the Scottish Patient Safety Programme Acute Care, Excellence in Care, the Healthcare Staffing Programme and Data Measurement and Business Intelligence.

The team constructed bespoke improvement support focused on the priorities identified by the board including:

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- Hospital huddles - further development of the hospital huddle process to support safe care through effective communication and coordination at a site level.
- Supporting the implementation of real time staffing assessment, in line with the Health and Care (Staffing) (Scotland) Act, to ensure appropriate staffing arrangements in place to meet patient and service need and the identification and mitigation of risks associated with safe staffing.
- Supporting to improve patient safety in relation to the use of contingency beds in times of system pressures.
- Facilitating the development of a board level aim and improvement plan for the delivery of fundamental care including focused work in the emergency department and acute admission units.
- Measurement support in the use of quantitative data to measure the safety and quality of care.

The NHS board was supported to work as an interdisciplinary team to understand its system, set improvement aims, establish measurement, identify change ideas and test them. Following completion of the 12 week support package, ongoing support was agreed to be embedded within existing programmes, within Healthcare Improvement Scotland.

We returned to carry out an unannounced follow-up inspection of Forth Valley Royal Hospital in January 2024. The purpose of this follow-up inspection was to assess progress made against the actions contained within the NHS Forth Valley improvement action plan and the serious patient safety concerns raised through our formal escalation process.

About the hospital we inspected

Forth Valley Royal Hospital, Larbert is a 687-bedded hospital. A total of 438 beds support acute inpatient care and the other beds support women and children's services and mental health services. The hospital provides a range of outpatient, inpatient and day services such as day surgery, emergency care, critical care, women and children and mental health services.

During our previous inspections we inspected the following areas:

- acute assessment unit
- cardiology
- clinical assessment unit
- emergency department
- intensive care unit

- ward A22
- ward A31
- ward A32
- ward B11
- ward B12

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- surgical assessment unit
- ward 8
- ward A12
- ward A21

- ward B21
- ward B22
- ward B23, and
- ward B31.

To provide assurance of improvement within these areas and across the range of specialties during this follow-up inspection, we inspected the following areas in line with our safe delivery of care acute hospital methodology.

- acute assessment unit
- children's ward
- clinical assessment unit
- emergency department
- intensive care unit
- urgent care centre
- ward 6
- ward 8
- ward A11
- ward A12

- ward A21
- ward A22
- ward A31
- ward A32
- ward B11
- ward B12
- ward B22
- ward B23
- ward B31, and
- ward B32.

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 Forth Valley 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.

We held several virtual meetings with key members of NHS Forth Valley staff during February 2024 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.

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

A summary of our findings

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

During our safe delivery of care inspection in April 2022, we raised a number of concerns with NHS Forth Valley. Our inspection findings resulted in nine requirements necessary to meet national standards and we formally wrote to NHS Forth Valley to escalate our serious concerns. During our subsequent unannounced follow-up inspection in September 2022, we raised further serious concerns which resulted in us again formally writing to NHS Forth Valley and Scottish Government in line with Healthcare Improvement Scotland and Scottish Government: operating framework.

The follow-up inspection in September 2022 resulted in a further eleven requirements and we also found that six of the requirements from our April inspection were not met. This resulted in a total of 17 outstanding requirements which have formed the basis for this follow-up inspection.

At the time of this follow-up inspection Forth Valley Royal Hospital was experiencing a range of pressures, including increased patient numbers and reduced staff availability. As we have seen in several other NHS boards this has resulted in NHS Forth Valley implementing the use of additional non-standard care areas.

During this follow-up inspection we have been assured that significant progress has been made by NHS Forth Valley in all of the areas highlighted during our previous inspections.

We observed an open and supportive culture with senior hospital managers displaying a good oversight of both clinical and wider system pressures. Staff described a visible senior hospital management team and felt able to raise concerns. Patients and relatives were complimentary about their care and the staff providing it.

Despite increased hospital capacity, the areas inspected were calm and well led with hospital teams working together to provide compassionate care.

Inspectors observed a significant improvement in both the emergency department acute admission and clinical assessment units. These areas were calm, organised and well led and the patients and relatives we spoke with were complimentary about care provided.

Learning from patient feedback audits in the clinical assessment and acute admissions waiting areas are being used to implement change to improve patient experience.

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The majority of staff we spoke with described Forth Valley Hospital as a good place to work with a supportive and visible senior management team and an improvement in culture since our previous follow-up inspection in September 2022.

We observed that both the staffing and hospital wide safety huddles followed a structured format and were open and transparent and promoted a culture of psychological safety where staff felt able to raise any concerns. NHS Forth Valley recognised this remains a focus of their improvement work.

Eight of the 17 requirements from our previous safe delivery of care follow-up inspection in September 2022 have been met with the remaining nine being partially met. We acknowledge and are assured that plans are in place and ongoing improvement work is being undertaken by NHS Forth Valley to meet these remaining requirements. However, where appropriate, new requirements have been given to enable a new focus for improvement.

Further areas for improvement have been identified during this inspection, these include improved compliance with paediatric immediate life support training, the safe storage of cleaning products, ensuring patients who require assistance at mealtimes receive this in a timely manner, management of waste and ensuring the correct procedure is followed when patients are detained under the Mental Health (Care and Treatment) (Scotland) Act.

Through completion of this follow-up inspection, we are assured progress has been made by NHS Forth Valley to satisfy the serious patient safety concerns previously raised under our formal escalation process.

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

This follow-up inspection resulted in eight areas of good practice, one recommendation and 12 requirements.

A requirement in the inspection report means the hospital or service has not met the required standards and the inspection team are 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 believe the NHS board should follow to improve standards of care.

We expect NHS Forth Valley 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: https://www.healthcareimprovementscotland.scot

Areas of good practice from this follow-up inspection

The unannounced follow-up inspection to Forth Valley Royal Hospital resulted in eight areas of good practice.

Domain 1	
1	We observed hospital teams working together to provide compassionate care (see page 22).
2	Learning from patient feedback audits in the clinical assessment and acute admissions waiting areas are being used to implement change to improve patient experience (see page 22).

Domain 2	
3	We observed open and transparent hospital safety huddles with a focus on patient care (see page 28).
4	Senior staff were visible and accessible to staff delivering care (see page 28).
5	There was visible nursing leadership in ward areas (see page 28).

Domain 4.1	
6	Despite significant pressures we observed the emergency department, acute assessment and clinical assessment units were calm and well led (see page 39).
7	We observed positive and caring interactions between staff and patients (see page 39).

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Domain 6
8   We observed staff working hard to treat patients with dignity and respect (see page 45).

Recommendation from this follow-up inspection

The unannounced inspection to Forth Valley Royal Hospital resulted in one recommendation.

Domain 4.1
1   Patients should be assisted with hand hygiene prior to mealtimes where required (see page 39).

Requirements from this follow-up inspection

The unannounced inspection to Forth Valley Royal Hospital resulted in 12 requirements.

Domain 1
1   NHS Forth Valley must ensure that nursing staff are provided with necessary paediatric training to safely carry out their roles within the emergency department and comply with the NMC Code, Professional standards of practice and behaviour for nurses, midwives and nursing associates (see page 23). This will support compliance with: Health and Social Care Standards (2017) criteria 1.13 and 3.14 and Nursing and Midwifery The Code: sections 9.4 and 13.5
2   NHS Forth Valley must ensure all emergency exit buttons are clear and easily accessible and all staff are aware of risk assessments and processes in place regarding fire safety (see page 23). This will support compliance with: Quality Assurance Framework (2022), Health & Social Care Standards (2017) and 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).

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Domain 2	
3	NHS Forth Valley must ensure that triage assessments are provided consistently to ensure a reliable patient assessment (see page 29). This will support compliance with: Health and Social Care Standards (2017) criteria 1.13 and 3.14 and relevant codes of practice of regulated healthcare professions.
4	NHS Forth Valley must ensure staff assessments of the suitability of patients to be cared for in contingency beds are recognised and supported (see page 29). This will support compliance with: Quality Assurance Framework (2022) Indicator 4.1 and Health and Social Care Standards (2017) Criteria 1.24.

Domain 4.1	
5	NHS Forth Valley must ensure that patients who require assistance at mealtimes receive this in a timely manner (see page 39). This will support compliance with: Food, Fluid and Nutritional Care Standards (2014) Standard 4, The Quality Assurance Framework (2022) indicator 4.1; and relevant codes of practice of regulated healthcare professions.
6	NHS Forth Valley must ensure effective processes are in place to ensure the safe management and care for patients with peripheral venous cannulas within the emergency department and clinical assessment unit (see page 39). This will support compliance with: The Quality Assurance Framework (2022); and relevant codes of practice of regulated healthcare professions.
7	NHS Forth Valley must ensure that when additional beds are in use, patient privacy and dignity is maintained and that patients using doorbell type call bells are aware that they do not continuously ring once pressed (see page 39). This will support compliance with: Quality Assurance System (2022) Criteria 4.1 and to comply with Health and Social Care Standards (2017) Criteria 4.19, Care of Older People in Hospital Standards (2015): standards 15.1 - 15.4 and Health & Social care standards (2017): standards 4, 4.11, 4.14, 4.15, 4.17 and 4.19.
8	NHS Forth Valley must ensure that all patient care documentation is accurately and consistently completed and reviewed (see page 39). This will support compliance with: Quality Assurance System (2022) Criteria 4.1 and relevant codes of practice of regulated healthcare professions.

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9	NHS Forth Valley must ensure all staff comply with hand hygiene, the use of gloves and appropriate wearing of jewellery (see page 39). This will support compliance with: National Infection Prevention and Control Manual (2024).
10	NHS Forth Valley must ensure that: - All staff comply with the safe management of waste including sharps and linen (see page 40). All patient equipment is clean and ready for use, including mobile patient privacy screens (see page 40). The hospital environment maintained and equipment stored in a manner to enable effective cleaning (see page 40). Cleaning products are stored safely and securely (see page 40). This will support compliance with: National Infection Prevention and Control Manual (2024), Infection Prevention and Control Standards (2022) and Healthcare Associated Infection (HAI) standards (2015) Criteria 8.1. Control of Substances Hazardous to Health (COSHH) Regulations (2002).
11	NHS Forth Valley must ensure the safe storage and administration of medicines at all times (see page 40). 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.

Domain 6

12	NHS Forth Valley must ensure the correct procedure is followed when patients are detained under the Mental Health (Care and Treatment) (Scotland) Act). (see page 48). This will support compliance with the Mental Health (Care and Treatment) (Scotland) Act 2003

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What we found during this follow-up inspection

Domain 1 – Clear vision and purpose
Quality indicator 1.5 – Key performance indicators

Despite increased hospital capacity the areas we inspected were calm and well led, with hospital teams working together to provide compassionate care.

During our previous follow-up inspection in September 2022, three requirements were given in relation to key performance indicators. Our findings are that NHS Forth Valley has made significant improvements to address these requirements.

At the time of this inspection NHS Forth Valley, like much of NHS Scotland, was experiencing significant pressures including increased hospital capacity, reduced staff availability and increased waiting times in the emergency department. During the onsite inspection Forth Valley Royal Hospital was operating at over 120% capacity. This increased capacity has resulted in NHS Forth Valley implementing the use of additional beds to improve patient flow, reduce overcrowding in the emergency department and admission units and prevent delays in patients moving from ambulances to hospital care.

The national target for accident and emergency waiting times means that 95% of patients should wait no longer than 4 hours from arrival at the emergency department before admission, discharge or transfer for other treatment. Across NHS Scotland for the week ending 28 January, 62.7% of patients were seen within the four hour target with 38.1% of patients seen within the four hour target at Forth Valley Royal Hospital. On the second day of our onsite inspection the emergency department was operating at 193.3 % capacity with 15 patients waiting over 12 hours for admission to an appropriate care area. NHS Forth Valley's response to this will be discussed further in domain 2 of this report, while the impact on patient care will be discussed in domain 4.1.

Further information on emergency department attendances can be found at NHS Perform NHS Performs | Home.

As part of this follow-up inspection, we asked NHS Forth Valley to provide evidence of any incidents or adverse events reported by staff through the incident reporting system in relation to patient safety within the emergency department, acute admission unit and clinical assessment unit at Forth Valley Royal Hospital for the three months prior to our inspection.

Evidence provided by NHS Forth Valley includes an incident where a patient became critically unwell whilst in the waiting room. The patient had been brought in by the Scottish Ambulance Service and transferred to the waiting room due to lack of space in

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the emergency department. Emergency department staff recognised the patient was critically unwell and transferred them to the resuscitation area of the department for immediate treatment. We can see from further evidence requested in relation to this incident that it is currently under review by NHS Forth Valley's adverse events review group, with further information requested from the Scottish Ambulance Service to enable the review to progress.

During this inspection, emergency department staff told inspectors that when ambulance crews assess that patients are well enough to wait in the waiting room this is now discussed with the nurse in charge, and the patient is handed over to the triage nurse. Patients who are not well enough to wait in the waiting room are brought into the department and wait in a corridor area under the care of the ambulance crew until a space is available to transfer them within the emergency department.

During our onsite inspection we observed one patient who had been waiting with the ambulance crew for two hours whilst awaiting a space within the main department. The patient had been transferred to a hospital trolley and had cardiac monitoring in situ. The ambulance crew advised that this enabled ongoing monitoring of the patients' condition so that any concerns could be escalated to the emergency department staff. We were also told by the ambulance crew that the emergency department staff were responsive when concerns were raised.

Forth Valley Royal Hospital provides inpatient paediatric services. Paediatric patients are assessed and treated within the emergency department. The majority of nursing staff within the emergency department are trained to provide adult care. Evidence provided included the referral and admission arrangements for children and young persons attending the emergency department. This includes that all patients should have a paediatric early warning score recorded on arrival and that any with a score above four should receive a medical review within fifteen minutes.

As part of the inspection process, we asked for the training compliance for registered nurses who had completed further paediatric life support training. Paediatric life support training includes basic paediatric life support, paediatric immediate life support and advanced paediatric life support. The Royal College of Paediatrics and Child Health standards 'Facing the Future: Standards for children in emergency care settings' documents that every emergency department treating children must have their qualified staff trained in infant and child basic life support, with one member of staff on duty at all times who has advanced paediatric life support (or equivalent training).

Evidence provided by NHS Forth Valley includes the paediatric immediate life support training compliance figures for the emergency department at Forth Valley Royal Hospital. We can see from this evidence that only 19% of registered nurses have completed the paediatric immediate life support course. This course is developed by

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the Resuscitation Council UK for health professionals who may have to manage and treat paediatric patients in an emergency. We raised concerns regarding the percentage of registered nursing staff who had completed the paediatric immediate life support course with senior managers. We were advised that training compliance was low due to an increased number of nursing staff who are new to the department in combination with reduced availability of training. Further evidence highlights that five registered nurses within the department have completed the advanced paediatric life support course with two more booked on to complete the course in March 2024. Senior managers confirmed that there is always a member of medical staff on duty in the emergency department who is paediatric advanced life support (or equivalent) trained. In addition to this, paediatric nursing staff from ward areas provide support to the emergency department if required in an emergency and can be contacted via a pager. However, this is a local agreement and not part of a standard operating procedure or pathway.

Senior managers have since confirmed the emergency department has a new clinical educator in post who will increase in house basic paediatric life support training. We were also advised that there is a further aim to provide paediatric immediate life support training on alternate Saturdays throughout April, May and June. It is predicted that this will enable 12-24 staff to complete training monthly.

We were advised that NHS Forth Valley are developing a secondment role for quality improvement work which will incorporate the Scottish Patient Safety Programme 2023 paediatric programme change package. This package aims to support teams to improve the recognition, response and review of the deteriorating child and young person.

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

During our previous follow-up inspection in September 2022, we observed extreme overcrowding in the emergency department and acute admissions unit and were not assured mitigations were in place to ensure patient and staff safety. This included concerns regarding the provision of fundamentals of care including the provision of regular medication and pain relief. These concerns were highlighted through our formal escalation process and resulted in the following requirement.

Outstanding Requirement 7 from September 2022 visit
NHS Forth Valley must ensure overcrowding within the emergency department and admission areas within Forth Valley Royal Hospital is managed safely, to reduce the risk to patients and staff.

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During this follow-up inspection Forth Valley Royal Hospital continued to be under extreme pressure with both the hospital and emergency department operating above capacity. Despite this, inspectors observed a significant improvement in the emergency department, acute assessment and clinical assessment units, which were calm, organised and well led. Three new senior charge nurse posts had been implemented in the emergency department to provide senior nurse leadership where able on each shift. Staff also told us this had enabled the senior charge nurses to have time to lead. The senior charge nurse on duty explained that staff forums are being introduced to enable staff to raise concerns and share information.

Patients and relatives we spoke with were complimentary about care provided. We spoke with two patients who had been in the emergency department for 24 hours who described the staff as kind and attentive. Both patients had been transferred from patient trolleys to hospital beds and looked well cared for. Whilst one patient was nil by mouth, the other patient described that they had been provided with soup and sandwiches as refreshment.

On the second day of inspection the emergency department was operating at 193.3% capacity. Additional patients who were assessed as being clinically suitable were being cared for in a seated area within the department. This area had seven high backed chairs with each chair space numbered and input within the electronic system enabling oversight of all patients in the department. Staff described the role of the 'flexi' nurse within the department. The 'flexi' nurse is responsible for patients who are being cared for out with dedicated cubicle spaces to ensure that observations are recorded and the fundamentals of care are provided. We observed two patients on beds being cared for in the corridor, both patients appeared well cared for and informed inspectors they were happy with the care provided.

Evidence provided by NHS Forth Valley includes the Forth Valley Royal Hospital emergency department care and comfort rounding checklist. Care and comfort rounding is when staff review the care of individual patients at defined regular intervals to anticipate any care needs and ensure the timely provision of fundamentals of care. The emergency department care and comfort rounding checklist includes current pain score, if analgesia has been offered and accepted, food and fluid requirements, skin assessment and elimination needs. There is also an area for staff to sign that patients have access to a call bell or other means of contacting staff. The chart also has a column in red to prompt staff to ask if patients are on regular time critical medication such as insulin or anti-epileptic drugs. We observed good completion of the care and comfort rounding charts in the emergency department.

The medical receiving facilities at Forth Valley Royal Hospital incorporates the clinical assessment unit and acute assessment unit. Patients can be referred to the unit for assessment from several areas, including general practice or the emergency department.

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The medical receiving facilities were extremely busy during this follow-up inspection due to increased admissions and reduced capacity within the hospital. Despite these pressures inspectors observed that the areas were calm, organised and well led. Patients appeared well cared for and patients we spoke with were complimentary about the care they had received.

Staff we spoke with informed us of the introduction of the role of the safety nurse. The safety nurse is responsible for the care of patients who are awaiting assessment within the acute assessment unit. Evidence provided by NHS Forth Valley includes a breakdown of the safety support nurse role within the unit. This includes the triage of patients on arrival, completion of care rounding, review of patients in the waiting areas and escalation of any patient concerns to the nurse in charge. Staff also showed us the national early warning score 2 recording sheet for the patients waiting in the chaired and waiting area. This records the patient's arrival time, national early warning score, when patient's physical observations are next due and if there are any clinical concerns and if so that these have been escalated. The National Early Warning Score 2 is a scoring system allocated to physiological measurements such as blood pressure and pulse. Its purpose is to improve the detection and response to patients who are at risk of or have become more unwell.

Evidence provided by NHS Forth Valley includes the clinical assessment and acute assessment unit care rounding chart. These include National Early Warning Score 2 scores and vital signs recording frequency, pain management, fluids and nutrition and any time critical medication. Inspectors observed that the care and comfort rounding charts they were able to review had been fully completed.

Further evidence returned includes the 'fit to sit' criteria for patients who are awaiting assessment in the medical receiving facilities, either in the acute assessment waiting room or clinical assessment seated areas. This includes both inclusion and exclusion criteria and is recorded on the care rounding documentation. Patients we observed in the clinical assessment unit seating area met the inclusion criteria and those we spoke with were complimentary about the care provided. We also observed staff following the guidance to ensure a potentially immunocompromised patient was placed in an individual side room. Immunocompromised patients have a reduced ability to fight infection and are at an increased risk of developing infections.

During the virtual discussion session hospital managers advised of ongoing patient feedback questionnaires for patients in the clinical assessment unit seated area and acute assessment waiting area. Evidence provided included copies of the questionnaires which are completed approximately every three weeks and include questions such as if the patient was welcomed on arrival to the ward and if they felt safe during their time waiting to be seen. These show that since November 2023, 100% of patients felt safe whilst waiting to be seen in the chaired area of the clinical assessment unit. 100% felt safe whilst in the waiting room of the acute assessment

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unit apart from the entry for 18 January 2024, which was 80%. Returned evidence includes the themes from the feedback audits, including what the patients say the units do well and what could be done better plus an update of what has been done to improve the patient's journey. This includes the introduction of patient information leaflets about the units and the introduction of the safety nurse role.

Whilst the seated area for the clinical assessment unit is within the main ward, the seated waiting area for the acute assessment unit is a separate area with a reception desk. Staff told inspectors that the reception desk is not manned out of hours. There is no available call bell within this waiting area, however we did observe signage in the waiting room with a dedicated patient phone to contact the safety nurse if patients have any concerns and reception staff are not available. The allocated patient safety nurse is responsible for ensuring patients in both waiting areas are reviewed and have care and comfort rounding charts and observations recorded appropriately.

Scottish Government emergency signposting guidance seeks to ensure patients receive care in the most appropriate setting while helping to reduce overcrowding and delays in emergency departments and acute admission units. Further information can be found at [Emergency Department signposting/ redirection guidance - gov.scot (www.gov.scot)](www.gov.scot).

Returned evidence from NHS Forth Valley includes the systems and processes in place to reduce overcrowding in the emergency department. This includes the onward referral of patients to specialist services within Forth Valley Royal Hospital such as maternity services or the rapid assessment and care unit. The rapid assessment and care unit takes referrals from general practitioners and the emergency department and is open from 08:00 – 20:30. We were provided with the criteria led pathways for referral into the unit these include, palpitations, low risk chest pain, transient loss of consciousness and deep veined thrombosis. The pathways include inclusion and exclusion criteria for each pathway. We attended the hospital wide morning safety huddles as part of this follow-up inspection where staff from the rapid assessment unit highlighted the number of patients in the emergency department that would be suitable for transfer.

We observed clear signage in the emergency department waiting room which describes the patient journey and potential redirection to other services if more appropriate.

We recognise the significant improvement made by NHS Forth Valley to meet this requirement.

This requirement has been met.

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During our previous inspection in September 2022, we raised concerns regarding the triage process and triage training in the acute admissions unit. This resulted in the following requirement.

Outstanding Requirement 12 from September 2022 visit
NHS Forth Valley must ensure that all staff who are carrying out a triage assessment are trained to ensure this is carried out safely, resulting in a reliable patient assessment.

Triage is an essential part of emergency department care. On a patient's arrival to the emergency department, the person responsible for triage assesses the patient's needs and assigns the priority of treatment required. Forth Valley Royal Hospital emergency department introduced a two tier triage system in 2022. This system is based on a 'sieve and sort' system.

All patients are triaged under the 'sieve' tier, this triage should be completed within fifteen minutes of the patient's arrival and is a rapid simple safety triage. Patients are prioritised in order of clinical need with those categorised as requiring immediate or very urgent clinical care being taken straight to a clinical area within the emergency department. All other patients will receive enhanced triage under the second tier 'sort'. Only patients who are assessed as being clinically well enough to wait are reviewed under enhanced triage. The enhanced triage team includes a senior clinical decision maker, registered nurse and healthcare support worker. A focused history and examination will be undertaken by the clinician to determine the need for appropriate investigations and direction onto alternative pathways. These include emergency department review, admission to the hospital, redirection to other appropriate services or discharge home. Patients who have been triaged as appropriate for review by the sort team will be re-triaged if waiting longer to be seen than triage guidelines, as will any patient waiting longer than four hours since last clinical contact.

We asked hospital managers at the virtual discussion what processes are in place to ensure patients are re-triaged as indicated. We were advised that the nurse in charge will coordinate and assess if patients are being re-triaged. Time to triage is discussed at the hospital safety huddles and any delays in triage times are escalated via the site page holder.

Incident reports provided by NHS Forth Valley included three incidents where patients had been triaged as suitable to wait in the waiting room despite having conditions or injuries which put them at risk of sudden deterioration. We asked for an update and further information on these incidents. We can see from this evidence that senior managers are currently reviewing these incidents to support learning and promote opportunities for improvement.

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Senior managers told us that lessons learned from the review of incident reports are shared via the use of monthly flash reports which include learning summaries. Incident report oversight and management will be discussed further in domain 2.

We asked senior managers what processes were in place regarding triage training for the emergency department staff to mitigate any further risk of similar incidents. We were told that targeted training had been put in place and that the clinical nurse educator was working to improve triage training compliance. Returned evidence include triage training dates between 12 February and 1 March of which there are 22 available training sessions.

Evidence provided by NHS Forth Valley includes a copy of the acute assessment unit and clinical assessment units triage information and competency booklet. This includes a flowchart of the process to be followed by the staff allocated to triage including the escalation process to report clinical concerns. Patients are triaged as red/very urgent, amber/urgent, green/non urgent and blue/ambulant depending on certain clinical criteria. For example, a reduced level of consciousness would be triaged as a red. The competency bookwork also includes the deteriorating patient escalation plan. Triage is part of the safety support nurse role and includes the completion of the time to triage sheet. This includes admission time, triage time, national early warning score 2 and if there is any clinical concern if this has been escalated. Staff advised inspectors that triage is always undertaken by a registered nurse.

During our onsite inspection staff in the acute assessment unit showed us the Forth Valley Royal Hospital admission assessment document which includes which triage category the patient has been assessed as. Staff informed us that the patients triage category is placed on the patient whiteboard in the medical/nurses office so that clinical staff can quickly see which patient needs prioritising.

Staff within the clinical assessment unit told inspectors of a recent test of change to provide enhanced triage by a clinician when the department has had a surge of admissions. Evidence provided by NHS Forth Valley includes the 'plan, do, study, act' cycle for this which describes the objective to determine if direct clinical assessment as opposed to initial triage will enable patients to be seen and treated more quickly.

We acknowledge the significant improvements made by NHS Forth Valley in relation to triage training and the triage process especially in both the clinical assessment and acute assessment units. However, the reported incidents in the emergency department highlights further improvements may be required to ensure all staff undertaking triage are trained to ensure this carried out safely, resulting in a reliable patient assessment.

We acknowledge that plans are in place and ongoing improvement work is being undertaken by NHS Forth Valley to meet the requirement from our last inspection. However, a new requirement has been given to enable a new focus for improvement.

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During our previous follow-up inspection in September 2022, we raised serious concerns regarding fire safety in the emergency department and acute admission units in relation to overcrowding and the potential impact on fire evacuation procedures.

> **Outstanding Requirement 11 from September 2022 visit**
>
> NHS Forth Valley must ensure detailed and effective plans are in place and staff are aware of these, to ensure safe fire evacuation of patients and staff within overcrowded areas.

As previously discussed, both the emergency department, acute assessment unit and clinical assessment unit were very busy at the time of this follow-up inspection. Despite this, inspectors observed that these areas were calm, well led and organised with staff having good oversight and awareness of how many patients were in each area.

We observed that both the emergency department and acute assessment unit had clearly identified fire exits and staff advised a fire marshal is rostered onto each shift, fire walk arounds are scheduled quarterly and fire training compliance is reviewed monthly.

Returned evidence from NHS Forth Valley includes the additional bed capacity fire evacuation arrangements plan for the emergency department, acute assessment unit and clinical assessment unit dated October 2022. This includes a fire evacuation map and available additional fire marshal training courses.

Further evidence provided includes the risk register entry for fire risk and fire training within the acute assessment unit and clinical assessment unit. This was reviewed in July 2023 and documents that there was a lack of regular fire marshal training. We discussed this with senior managers at the virtual discussion who advised that fire marshal training is available and that there is a fire marshal on each shift. Evidence provided includes the fire marshal training figures for the acute admissions and clinical assessment units which show that a total of 28 staff have completed their fire marshal training.

Further evidence provided regarding fire marshal training within the emergency department documents that as per NHS Forth Valley fire safety policy, all senior members of the team should be trained as fire marshals. Hospital managers advise that 21 senior nursing staff have now completed training and that there is a fire marshal allocated for every shift. Narrative within this evidence states that staff are compliant with yearly fire updates and that regular fire drills have been arranged.

Returned evidence includes the NHS Forth Valley annual fire safety awareness record. This is an individual staff record that is completed and signed by each individual staff member and manager. The record includes yearly checklists of staff fire awareness in a

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number of areas such as evacuation, location of fire evacuation drawings and the location of medical gas shutdown valves. The form also records if the staff member has completed fire safety awareness training and a fire drill or evacuation within the past twelve months. We can see in evidence returned that 100% of clinical assessment unit staff and 81.5 % of acute assessment unit staff have completed their annual fire safety awareness training with ongoing training for the remaining staff.

Inspectors observed fire action and evacuation instructions in ward areas with fire marshals identified. The majority of staff we spoke with were aware of fire evacuation plans and that the contingency beds had been included in these plans. However, in several ward areas staff were unaware of any updated risk assessment or risk in relation to contingency beds and fire safety.

Inspectors visited the maternity unit during this onsite inspection. This area had two four bedded bays and a side room which had contingency beds in use for non-maternity patients to provide extra capacity within the hospital. We were provided with the fire register for the ward which documents all patients who are in the area on each shift, including patients in the contingency beds. We were also provided with the risk register form for the fire assessment which shows that the fire officer has been contacted as the fire drill is outstanding.

On the first day of this follow-up inspection, we observed that in two ward areas with locked doors that a piece of paper had been placed over the emergency exit button. We raised this with senior hospital managers who assured us that this would be rectified straight away. This was highlighted to staff at the morning hospital wide safety huddle the next day and we did not observe anymore emergency exit buttons covered with paper.

While we recognise the significant improvements made by NHS Forth Valley to meet this requirement some staff were not aware of further assessments or risk in relation to fire safety and contingency beds. We also observed that two areas had paper covering emergency exit buttons.

We acknowledge that plans are in place and ongoing improvement work is being undertaken by NHS Forth Valley to meet the requirement from our last inspection. However, a new requirement has been given to enable a new focus for improvement.

Areas of good practice

Domain 1	
1	We observed hospital teams working together to provide compassionate care.
2	Learning from patient feedback audits in the clinical assessment and acute admissions waiting areas are being used to implement change to improve patient experience.

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Requirements

Domain 1	
1	NHS Forth Valley must ensure that nursing staff are provided with necessary paediatric training to safely carry out their roles within the emergency department and comply with the NMC Code, Professional standards of practice and behaviour for nurses, midwives and nursing associates.
2	NHS Forth Valley must ensure all emergency exit buttons are clear and easily accessible and all staff are aware of risk assessments and processes in place regarding fire safety.

Domain 2 – Leadership and culture

Quality indicator 2.1 – Shared values

During this inspection we observed an open and transparent culture with senior clinical staff and managers working to support staff, mitigate risk and support patient safety. Senior hospital managers advised us this this would remain a focus of their improvement work. However, some staff raised concerns regarding the increased hospital capacity and subsequent need for contingency beds.

During our previous inspection in April 2022 and subsequent follow-up inspection in September 2022 five requirements were given in relation to leadership and culture. We raised concerns regarding the lack of visible senior management support and staff describing a culture of bullying and harassment. These concerns were highlighted through our formal escalation process and resulted in the following requirements.

Outstanding Requirement 16 from September 2022 visit
NHS Forth Valley must ensure the development of a positive culture where staff feel safe and supported to highlight risks and concerns in relation to staff and patient safety.
Outstanding Requirement 17 from September 2022 visit
NHS Forth Valley must ensure meaningful engagement with staff who are raising concerns, to ensure an open and transparent culture, ensuring essential learning from staff concerns is taken and used to make improvements for staff and the patients receiving care.

The majority of staff we spoke with during this follow-up inspection described Forth Valley Hospital as a good place to work with a supportive and visible senior management team and an improvement in culture since our previous inspection in

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September 2022. Some staff however, highlighted their frustration regarding the use of contingency beds and felt their concerns were not always listened to by hospital managers. These staff described feeling pressured to admit patients who were not suitable for the contingency beds by the site and capacity team out of hours. We discussed this with senior hospital managers who advised that they were aware of these concerns and had introduced additional senior charge nurse posts out of hours to provide support in this area. During the inspection we also observed patients who are identified as not meeting the inclusion criteria for the contingency beds are reviewed daily by the clinical nurse managers. Further detail on the care provided within contingency beds will be discussed in domain 4.1.

NHS Forth Valley has a staff support and wellbeing internet page which recognises that staff continue to work in challenging times. The page provides a wide range of resources including information and signposting to provide support including physical wellbeing, mental health, financial wellbeing and a link to the national wellbeing hub. The site also has a link to the managers toolkit which provides an overview of information and resources that may be useful when considering and supporting staff. The toolkit also highlights the importance of selfcare. Staff we spoke with about health and wellbeing support advised that they were aware of the internet page and that it had the relevant contact details available.

The NHS Forth Valley workforce wellbeing plan (July 2022 - July 2025) is also available within the health and wellbeing support page. This includes the NHS board's pledges to meet the NHS Scotland Staff Governance Standards. These standards set out what each board must achieve in order to continuously improve in relation to the fair and effective management of staff. This includes the pledge to commit to an organisational culture that values the input of all staff members, empowering them to share ideas and learning and influence the direction of NHS Forth Valley.

Information about NHS Forth Valley 'speak up service' is also available on the intranet. The speak up service provides a confidential and impartial service available to enable staff to raise concerns confidentially if they prefer.

Evidence provided by NHS Forth Valley includes the introduction of the Culture Change and Compassionate Leadership programme to promote and lead the development of a positive organisational culture. This programme has included staff feedback such as focus groups and drop in sessions to enable staff to share their feelings regarding working for NHS Forth Valley.

During this inspection we observed that senior managers were visible throughout the hospital with both senior charge nurses and clinical nurse managers being seen to support the ward areas to provide safe care. Staff we spoke with described a culture of feeling safe and able to raise concerns relating to patient and staff safety. As previously discussed, we observed senior managers supporting staff to raise concerns

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at both the staffing and hospital wide safety huddles. Huddles we attended had an open, transparent and supportive culture.

We acknowledge the significant, ongoing focused improvement being made by NHS Forth Valley to meet these requirements, with requirement 16 being met. However, the impact of the continued need to use additional beds has affected the ability to fully meet requirement 17. Therefore, a new requirement has been given to enable a new focus for improvement.

During our safe delivery of care inspection in April 2022, we raised concerns regarding staffing gaps and lack of oversight of safety risks by senior management. We also raised concerns regarding communication of patient safety risks throughout the organisation. Two requirements were given to support improvement in these areas. Whilst we observed some improvement during our follow-up inspection in September 2022 we were not fully assured, and these requirements were carried forward. We also gave two new requirements relating to the monitoring of adverse events and senior management oversight of risk.

Outstanding Requirement 4 from September 2022 visit
NHS Forth Valley must ensure that senior management decision making regarding staffing risks and mitigations are open and transparent.
Outstanding Requirement 6 from September 2022 visit
NHS Forth Valley must ensure that systems and processes are in place to identify, assess, manage and effectively communicate patient safety risks throughout the organisation.

Outstanding Requirement 14 from September 2022 visit
With the significant changes to the skill mix, resulting in lower levels of registered staff nurses on duty, NHS Forth Valley must have a system in place to monitor for any adverse impact this may have on the safe delivery of care
Outstanding Requirement 15 from September 2022 visit
NHS Forth Valley must ensure that senior management oversight and support is effective, to reduce the risks for staff and patients receiving care at times of extreme pressure within Forth Valley Royal Hospital.

During this follow-up inspection, we attended both the staffing and hospital wide safety huddles. These huddles are twice daily with the staffing huddle preceding the hospital wide safety huddle.

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Forth Valley Royal Hospital incorporates an electronic staffing system for the acute adult areas which reports real time staffing levels within the nursing staff group. This system matches staffing levels to patient care need with each area entering patient acuity and dependency needs alongside live time staffing data. The system provides real time visibility of staffing levels across wards and departments in relation not only to staff and patient numbers, but also patient acuity and dependency, and care hours required. This provides a traffic light system with red areas having the highest shortfall of staff available to meet patients' needs. This enables informed decisions to be made when redeploying staff to help mitigate risk. The system provides assurance regarding patient safety, escalation of concerns and decisions taken to mitigate risk. This system is in the process of being implemented in other areas including the women and children's directorate, with the children's ward being in the preliminary stage of implementation. Currently the real time staffing for the maternity service is recorded twice daily on a different electronic platform with staffing being continually reviewed throughout the day. The department manager reviews any escalated concerns and provides feedback to staff regarding any mitigations or further escalation.

We observed that the staffing huddles are attended by senior nurses and the nurse in charge for each area. The dependency and acuity and any associated shortage in care hours for each area were discussed, with mitigation of risks documented on the electronic system. We observed that staff were supported and willing to raise any concerns during this meeting. The afternoon staffing meeting reviewed data and discussed any mitigations put in place to reduce risk which were recorded on the electronic platform. The nurse in charge of the ward or department adds professional judgment of patient acuity and dependency twice a day with the option to input any other significant changes throughout the day. Escalations regarding staffing concerns are via the site bleep holder who is supported by a clinical nurse manager. Staffing and workforce planning will be discussed further in domain 4.3.

The hospital wide safety huddles follow on from the staffing huddles and are attended by senior hospital managers as well as the nurse in charge of each area. We observed open and transparent updates from the staffing meeting, where risks and mitigations were discussed. Staff were able to discuss any ongoing concerns with support from hospital managers and senior nurses. The number of initial red areas were highlighted as were the mitigations in place to reduce the risk from red to amber, such as moving a member of staff to support. After mitigation the only area within the hospital to remain red was the emergency department due to being over capacity. We observed four additional registered nurses had been deployed to the emergency department to help to mitigate risk. Hospital managers confirmed that additional registered nurses were available for the night shift. Senior nursing staff later explained that potential need for supplementary staff is assessed proactively to improve availability.

Further discussion of patient safety during the huddle included the number of patients requiring enhanced observations; number of areas with locked doors in place,

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including if risk assessments had been completed; number of contingency beds in place and if the patients met the criteria.

We observed the safety huddles had good representation from the multidisciplinary team including pharmacy, allied health professionals, infection control and diagnostics, all of which provided staffing updates. A reduction in available medical staff in the emergency department due to sickness was discussed, with senior managers allocating an action to review.

Evidence provided includes a copy of the morning hospital safety huddle template for the second day of our inspection. This documents the current emergency department occupancy and performance as well as occupancy status for the acute admission areas, both of which were operating significantly over capacity. Representatives from the Scottish Ambulance Services attended the meeting and escalated that the ambulance turnaround time for the emergency department was 60 minutes. Representatives from the rapid assessment and care unit, discharge lounge and integrated discharge team were also present at the huddle. The integrated discharge team provided an update on available packages of care and rapid assessment care unit staff identified the number of emergency department patients that could potentially be redirected to them.

We observed that both the staffing and hospital wide safety huddles followed a structured format and were open and transparent and promoted a culture of psychological safety where staff felt able to raise any concerns. These concerns were responded to by senior managers during the huddle. Inspectors observed the clinical nurse manager attending a ward area that had raised concerns at the huddle to support staff.

We observed good examples of ward based communication of patient safety issues including regular safety huddles, safety boards and hand over documentation. Inspectors also observed up to date care assurance boards in ward areas which displayed audit scores for falls, hydration and nutrition, pressure area care and infection prevention control.

Inspectors were able to observe one of the acute admission unit's safety pauses during this inspection. These safety pauses take place in the emergency department and acute admission unit four times a day. Evidence provided includes the safety pause template, which includes an oversight of capacity and flow as well as any patient safety concerns which are then discussed at the safety pause.

During our previous follow-up inspection in September 2022 staff described being asked to withdraw concerns they had raised through the electronic incident reporting process. During this follow-up inspection staff told inspectors that they felt supported to raise concerns.

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We asked senior managers how lessons learned from incident reviews were shared with staff and how staff who reported incidents receive feedback. Feedback to staff is now mandatory as part of the electronic incident report process. Monthly flash reports with learning summaries from incident reviews are developed and shared with staff.

Senior managers described recent and ongoing improvements to the electronic incident reporting system which includes the development of a dashboard of incidents for the clinical nurse managers and the daily review of all new incidents.

Timescales for review of incident reports are aligned with the learning from adverse events national framework. This framework indicates that all adverse incidents should be reviewed, immediate actions taken, and lessons learned shared. The level of the review will be determined by the category of the event and is based on the impact of harm, with the most serious requiring a significant adverse events review. Further information on the national framework can be found here.

Evidence provided included updates on a number of specific incident reports that had been returned in earlier requested evidence. All of these incidents were reported within the past six months and are being appropriately reviewed with documented updates. Hospital managers explained that directorate adverse event groups meet weekly to review if incidents can be reviewed by local management teams or need to move forward to a serious adverse event review. Senior managers advised that there had been some delays in commissioning serious adverse event reviews due to reduced availability of lead investigators and that work was in progress to develop more lead investigators. However, we were assured that systems and processes are in place to ensure oversight and management of incident reports with NHS Forth Valley displaying a culture of openness and transparency with a willingness to learn from adverse events and incidents. Hospital managers advised us this remains a focus of ongoing improvement. We acknowledge the significant improvements made by NHS Forth Valley to meet these requirements.

These requirements have been met.

Areas of good practice

Domain 2	
3	We observed open and transparent hospital safety huddles with a focus on patient care.
4	Senior staff were visible and accessible to staff delivering care.
5	There was visible nursing leadership in ward areas.

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Requirements

Domain 2	
3	NHS Forth Valley must ensure that triage assessments are provided consistently to ensure a reliable patient assessment.
4	NHS Forth Valley must ensure staff assessments of the suitability of patients to be cared for in contingency beds are recognised and supported.

Domain 4.1 – Pathways, procedures and policies

Quality 4.1 – Pathways, procedures and policies

During this inspection although ward areas and departments were busy, they were calm and well organised with evidence of good leadership and teamwork. However, we observed that some medication and cleaning products were not stored securely and the use of contingency beds had impacted on patient and staff experience.

During our previous inspection in April 2022 and subsequent follow-up inspection in September 2022 six requirements were given in relation to pathways, procedures and policies.

During our September 2022 inspection, we raised a number of concerns relating directly to the safe delivery of care, these concerns were highlighted through our formal escalation process and resulted in the following requirement.

Outstanding Requirement 10 from September 2022 visit
NHS Forth Valley must ensure the safe delivery of care to all patients within the hospital including the emergency department and admission and assessment areas. This should include but is not limited to: • call bells being in place for all patients • effective oversight of each patient awaiting admission or transfer to a ward • ensuring all patients have their nutrition and hydration needs met • pain relief available, and regular prescribed medications when required timely and safe administration of symptomatic pain relief, and regular prescribed medicines when required • fundamental care needs must be met, and • safe management of urine samples.

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During this inspection, the majority of patients we spoke with were complimentary about their care and the staff providing it. Inspectors observed staff working hard to provide compassionate care.

We did not observe any poor management of urine samples during this follow-up inspection. Call bells were available for patients, including those in contingency beds. However, some of these were in the form of doorbells which only rang once and needed to be pushed again if staff didn't answer straight away and not all patients were aware of this. We observed that all patients in the emergency department or acute admissions unit and clinical assessment unit had access to a call bell or alternative to contact staff. Inspectors observed that the majority of patient call bells were answered in a timely manner. However, we observed delays in answering call bells in one area inspected. This area had reduced levels of staffing and had had an additional member of staff redeployed to the ward to assist. We observed that patients who were being cared for in contingency beds within non-standard care areas had cord call bells in place and that the length of the cord had been extended to enable them to be reached. Hospital managers were able to provide assurance that this has been assessed regarding ligature risk.

Evidence provided by NHS Forth Valley shows the highest reported adverse event category was slips, trips or falls. Adverse event reports provided as evidence included a fall in the emergency department that resulted in patient harm. The incident report documents that the patient was being assisted to the bathroom when they fell. Returned evidence includes the quality improvement work that is ongoing with regard to falls. This includes the Safer Mobility Oversight Group, who are aligned with the Scottish Patient Safety Programme collaboration from falls. All falls with harm are subject to a debrief to identify areas for improvement. Improvement projects include a review of environment within the acute admissions unit in relation to falls. This has resulted in changing the colour and levelling of the flooring to reduce the falls risk.

We can see in evidence provided that the emergency department assessment sheet includes a falls trigger tool and if a patient is assessed as a falls risk this is highlighted within the patient electronic notes. Senior managers described that patients will then be cared for in an appropriate area of the department such as a visible trolley space. We were also advised that a member of the emergency department nursing staff is working in collaboration with the frailty team to introduce a quality improvement project with the aim of improving falls risk in the department.

As previously discussed in domain 2, we observed that both the emergency department, acute assessment and clinical assessment unit were calm and well led with good oversight of all patients awaiting admission or transfer. We also observed effective systems and processes in place to ensure senior management oversight of flow and capacity issues across the hospital. This included senior managers and lead

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nurses working together to understand patient flow and raise issues such as patient safety concerns.

As part of this follow-up inspection, we were able to observe a number of patient mealtimes. Inspectors observed that the majority of mealtimes were well coordinated with patients receiving their meals in a timely manner. However, whilst some patients received assistance with meals when required, we also observed that not all patients who required assistance received this in a timely manner. We also observed that the majority of patients were not offered or assisted with hand hygiene prior to meals.

Within evidence provided we observed several incident reports relating to patients who had been discharged from the emergency department and clinical assessment unit without having their peripheral venous cannula removed prior to discharge. Peripheral venous cannulas are inserted into the vein to enable the administration of medication and fluids. We raised this with hospital managers who advised that an audit process was in progress to review this issue and that reports can be run through the electronic incident reporting system. Hospital managers also advised us that prior to this inspection a process has been introduced whereby a sticker is placed on a patient's documentation if they have a peripheral cannula in situ which has seen a reduction in incidents. We were also told that a discharge checklist is being developed for the emergency department. We have since been provided with a copy of this checklist which is to be commenced at triage and includes cannula removal.

We acknowledge that plans are in place and ongoing improvement work is being undertaken by NHS Forth Valley to meet the requirements from our last inspection. However, a new requirement has been given to enable a new focus for improvement.

During our previous inspections in April 2022 and subsequent follow-up inspection in September 2022, we raised concerns regarding the systems and processes in place to ensure the safe delivery of care when additional beds are in place.

This concern was highlighted through our formal escalation process and resulted in the following requirement.

Outstanding Requirement 3 from September 2022 visit
NHS Forth Valley must ensure there are effective risk management systems and processes in place to ensure the safe delivery of care where additional beds or non-standard care areas are in use. The NHS board must ensure all of the issues raised through our escalation process are addressed and the improvements made are maintained.

The significant pressure due to sustained capacity above 100% has necessitated the need for additional and non-standard contingency beds throughout the ward areas.

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These beds include a fifth bed within a four bedded patient bay and the use of non-standard bed spaces such as treatment rooms.

We observed that contingency beds were in use in all ward areas we inspected, this included the use of non-standard bed spaces and the additional fifth bed in the bay.

All patients in the additional bays had access to call bells and mobile privacy screens although these were not always used and often stored in the bathrooms. Oxygen was available if required via the next beds oxygen port, as was suction.

We observed that patients in non-standard care areas such as treatment rooms had access to oxygen and call bells. The standard operating procedure for the use of these areas for contingency beds includes ensuring that the wall mounted oxygen and suction are checked and prepared to use. It also specifies that patients will require a dedicated commode or identified toilet.

Evidence provided by NHS Forth Valley included the standard operating procedures for the introduction of the additional beds. This includes the process to follow in an emergency if the person in the fifth bed becomes unwell. This specifies that the middle bed should be moved out into the bay to enable the additional bed to be moved away from the wall to provide emergency access.

The standard operating procedure for additional beds provides further breakdown of inclusion and exclusion criteria. We observed that this was discussed as part of the hospital wide safety huddle, with staff identifying if they could put any actions in place to reconfigure the ward to enable appropriate placements. The number of patients in additional beds including the number of patients who meet the criteria is documented on the Forth Valley Royal Hospital safety huddle template. We observed in evidence provided that the additional beds are entered in the organisational risk register, with a corporate risk assessment in place.

Whilst inspectors observed that all patients in additional beds had patient specific risk assessments in place, as is already discussed, a large number of these did not meet the inclusion criteria this included patients who were not independently mobile or who had a cognitive deficit. Several incident reports completed by staff regarded patients being transferred into contingency beds despite not meeting the risk assessment criteria. The patient specific risk assessment includes the criteria for patients who would be suitable for additional bed spaces, such as being independently mobile, medically stable and clear from infection control alerts. Staff told us that due to the number of additional beds in use it was not always possible to identify patients who met the inclusion criteria. Returned evidence includes the flow chart to be followed when patients are moved into the fifth bed space. This includes escalating to the nurse in charge if it is not possible to reconfigure the ward to ensure patients meet the criteria. This is then raised at the hospital site safety huddle with the duty managers updating the executive on call.

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We discussed this with senior managers who advised that patients who are in additional beds but do not meet the criteria are reviewed daily by the clinical nurse managers. The patient specific risk assessment includes a section to record if this is escalated to the site safety huddle and that the operational manager or clinical nurse manager reviews the patient if they do not meet the criteria. There is also a checklist in place which includes such things as if relatives have been informed, call bell in place, oxygen and suction available and alternative entertainment available such as magazines or radios. Inspectors observed that the majority of risk assessments had been signed daily as being reviewed by the clinical nurse manager.

As part of this inspection, we asked for evidence of any incident reports relating to the use of these additional beds from the six months prior to the inspection. From the evidence provided the additional beds did not appear to have a direct significant negative impact on patient safety. However, whilst the patients we spoke with were complimentary about the care provided several patients raised concerns regarding the use of additional beds. One patient described the nursing care as exemplary but felt that being in additional bed in the bay was claustrophobic and they felt like there was no privacy. Concerns raised by other patients also included the lack of privacy and dignity and lack of alternative entertainment if the additional bed is in a treatment room. Several staff we spoke with also described frustration and reduced morale in relation to the number of additional beds in use and highlighted the impact this had on workload and acuity and dependency.

As well as the implementation of additional beds in non-standard care areas and the fifth bed in the four bedded bay, NHS Forth Valley had implemented a further nine contingency beds within the maternity unit. This included two four bedded bays and a side room within a 29 bedded ward. We were provided with the standard operating procedure for the use of this area. This included the admission criteria such as patients who are medically stable and awaiting a package of care for discharge. Exclusion criteria includes patients who require enhanced observations, acute cardiac problems, or require large pieces of rehabilitation equipment such as hoists.

This area is staffed by one registered nurse and one health care support worker with support of the senior charge nurse from the ward area and overseen by the clinical nurse manager and operations manager from the acute hospital team. The patients continue to be reviewed by the multidisciplinary team responsible for their care including the medical team.

We spoke with staff caring for these patients who advised that all patients met the inclusion criteria for the area and that only female patients are cared for in these beds. Patients we spoke with were complementary about their care and the staff providing it. We observed that patients looked well cared for and the area was clean and uncluttered.

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We acknowledge the improvements NHS Forth Valley has put in place to improve oversite of the risk relating to the use of additional beds.

This requirement has been met. However, whilst additional beds remain in use, these are likely to continue to affect optimal patient placement and privacy and dignity.

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, such as pressure area relief and the provision of fluid and nutrition. During our previous inspection in April 2022, NHS Forth Valley was given a requirement to ensure that care and comfort rounding charts were completed within the prescribed timeframes. While we recognised some improvement in the completion of the charts in our follow-up inspection in September 2022, we still observed some gaps in their completion and therefore the following requirement was carried forward.

Outstanding Requirement 1 from September 2022 visit
NHS Forth Valley must ensure that care and comfort rounding charts are completed within the prescribed time frames.

In response to our previous follow-up inspection NHS Forth Valley has introduced electronic care and comfort rounding charts for the majority of acute services inpatient areas. In line with our current safe delivery of care inspection methodology we did not access electronic patient records as part of this inspection. However, we asked senior managers at the virtual discussion how they gain assurance that the electronic care and comfort rounding charts are completed. We were advised that this is audited weekly and reports can be run from the system which is then fed back to staff.

The emergency department and acute assessment units have implemented the use of paper care and comfort rounding charts. Inspectors observed fully completed documentation in both the emergency department and acute assessment and clinical assessment units. Evidence provided by NHS Forth Valley included monthly audits of care and comfort rounding chart completion for the acute assessment waiting area and clinical assessment areas. These audits include data up until December 2023 and show a variance in the completion of the document.

We were able to review other patient care documentation that remained in paper form. Whilst the majority of this documentation was completed well, we did observe some gaps in care plans, daily review of enhanced observations and also lack of documented review dates for 'do not attempt cardiopulmonary resuscitation' forms and gaps in the care and comfort rounding charts in one ward area that was still using paper documentation. Inspectors also observed in one area that the skin assessment

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and pressure ulcer update had not been reviewed for a patient who had pressure damage. This was raised with the nurse in charge at the time of inspection.

We acknowledge that plans are in place and ongoing improvement work is being undertaken by NHS Forth Valley to meet the requirement from our last inspection. However, a new requirement has been given to enable a new focus for improvement.

Standard infection control precautions should be used by all staff at all times to minimise the risk of cross infection. 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).

During our previous inspection in April 2022, we raised concerns regarding poor hand hygiene compliance. We continued to observe poor hand hygiene compliance during our follow-up inspection in September 2022, therefore the following requirement was carried forward.

Outstanding Requirement 2 from September 2022 visit
NHS Forth Valley must ensure that all staff comply with hand hygiene and the use of gloves in line with the National Infection Prevention and Control Manual.

One of the key precautions in infection prevention and control is the practice of good hand hygiene. Whilst we observed good hand hygiene compliance in a number of areas during this inspection, we also observed some missed opportunities to carry out hand hygiene, including after touching patient surroundings. We also observed several staff wearing rings with stones in them, this does not comply with the National Infection Prevention and Control Manual. We raised our concerns regarding hand hygiene compliance with hospital managers during our onsite inspection who advised hand hygiene training is ongoing. We requested evidence of current hand hygiene training compliance. We can see from this that in February 2024, 61% of staff had completed training with a target completion rate of 90%. We can however see that there is an upward trend for number of staff who have completed their training with an increase of 32% in the past twelve months.

Inspectors also observed the overuse of gloves resulting in further missed opportunities to complete hand hygiene.

There was good availability of all personal protective equipment.

The infection prevention and control team at Forth Valley Royal Hospital complete four ward assessments for each clinical inpatient area monthly. These audit standard infection control precautions including hand hygiene compliance. Results of these

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audits are then fed back to the nurse in charge of the area. Details of all ward visits are reported on a monthly basis to the senior charge nurses, ward staff and executive team.

We acknowledge that plans are in place and ongoing improvement work is being undertaken by NHS Forth Valley to meet the requirement from our last inspection. However, a new requirement has been given to enable a new focus for improvement.

During our previous follow-up inspection in September 2022, we observed that some patient equipment was not clean and ready to use in the acute admissions unit. This resulted in the following requirement.

Outstanding Requirement 13
NHS Forth Valley must ensure all patient equipment is clean and ready for use.

During this follow-up inspection we observed that whilst the majority of patient care equipment was clean and ready to use, we did observe the build-up of dust on a number of pieces of equipment within the ward areas. We also observed that whilst the hospital environment was generally clean that there were some signs of wear and tear, such as chipped work surfaces, which makes effective cleaning difficult.

During our previous follow-up inspection in September 2022, we observed that several mobile privacy screens were stored in bathrooms. During this follow-up inspection we observed that a number of privacy screen continued to be stored in bathrooms. We raised this with hospital managers at the virtual discussion who advised that a site survey has been commissioned regarding the availability of storage. We were also advised that the infection control and prevention team ward audits include if items are stored incorrectly which is then fed back to the area nurse in charge.

We also observed that several bathrooms were used for general storage, this can make effective cleaning difficult. We also observed that some of these bathrooms were still in use which could increase the risk of cross contamination.

We observed that cleaning products were not always stored securely and could therefore be accessed by patients or members of the public. This is not in line with the Control of Substances Hazardous to Health Regulations. A requirement has been given to support improvement in this area.

Other standard infection control precautions include the safe management of waste including linen and sharps. Inspectors observed that several sharps boxes did not have temporary closures in place, these prevent needles or sharps protruding from the boxes, or from falling out if the box is dropped. We also observed clinical waste bins that were broken or overflowing.

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We also observed that the used linen trolley was not always taken to the point of care with inspectors observing staff carrying used linen in their arms. This can increase the risk of contamination and cross infection and is not in line with the National Infection Prevention and Control Manual.

We acknowledge that plans are in place and ongoing improvement work is being undertaken by NHS Forth Valley to meet the requirement from our last inspection. However, a new requirement has been given to enable a new focus for improvement.

During this follow-up inspection Forth Valley Royal Hospital had a ward area that was closed to admissions due to a flu outbreak. We were provided with evidence of the minutes of the infection prevention and control assessment group meeting regarding this outbreak and evidence of management of the outbreak in line with guidance within the national infection prevention and control manual.

We asked hospital managers for an update on this outbreak at the virtual discussion session and were advised that the numbers of flu positive patients had now significantly reduced.

Transmission based precautions are additional infection control precautions that should be used by staff when caring for a patient with a known or suspected infection. We observed good signage in place to identify which areas required transmission-based precautions, with readily available personal protective equipment.

During our previous follow-up inspection in September 2022, we raised concerns regarding the safe and secure use of medication. This included patients' medications being left unattended including intravenous medication. We also observed that medicines appeared to be administered without staff checking if it was the correct medicine, the correct dose or the correct patient receiving the medicine. This resulted in the following requirement.

Outstanding Requirement 9 from September 2022 visit
NHS Forth Valley must ensure the safe and secure use of medicines at all times, including the storage and administration of medicines.

We did not observe any patient medications being left unsecured at the patient bedside, or medications being administered without checking patients details during this follow-up inspection. We did however observe that in some ward areas not all medication was secured safely, with some medication cupboards and treatment rooms being unlocked and therefore accessible to patients and members of the public. We also observed bags of medication awaiting return to pharmacy left out in treatment rooms and not stored securely.

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Inspectors observed that in two of the treatment rooms in the intensive care unit medication cupboards and medication cabinets were not locked. Staff advised us that a request had been raised to fit swipe access to the treatment room doors. Evidence provided by NHS Forth Valley includes the risk register form which documents the completion of the request for the fitting of swipe access. The original entry in the risk register (2014) documents that a senior clinical pharmacist and senior nurse advised that the risk to patients from delay in accessing drugs outweighed risks associated with having the pharmacy room and cupboards open. We discussed this with senior managers who advised that the delay in fitting swipe access had been raised with the estates department and alternative options are also being discussed with the Associate Director of Pharmacy. Whilst we understand that lifesaving medication may be required urgently, we have observed that cupboards have been locked in other intensive care units we have inspected in line with guidance.

Forth Valley Royal Hospital uses an electronic prescribing and medication administration system. This system enables staff to run a report which highlights all time critical medications including prescribed medication time versus administration time as well as a report of all missed doses.

The emergency department at Forth Valley Royal Hospital does not currently use the electronic prescribing and administration system and instead medication is prescribed on the patient's emergency department documentation. The patient's prescribed medications are transcribed onto the electronic system when they are admitted to an inpatient area. Returned evidence includes several incident reports during the past three months where medication had been incorrectly transcribed onto the electronic system, including the omission of antibiotics.

This was discussed with senior managers who advised that they were aware of this, and that it had been discussed at recent safety of care meetings. We were told the current process when patients are being admitted but remain in the emergency department due to reduced capacity within the hospital, is to have regular medication prescribed onto a paper prescription chart. This is then transferred with the patient if they are admitted to an inpatient area. Staff in the emergency department told us that a medical consultant completes a ward round within the department in the morning to review patients who are awaiting transfer to a medical ward. As part of this ward round patients' regular medication is prescribed onto a drug prescription chart. Whilst inspectors did not observe a ward round in progress, we did observe completed prescription charts. Staff we spoke with described that they felt this had made a positive impact and helped to mitigate the risk of patients missing regular medication if they have long waits to be transferred to an inpatient bed.

Returned evidence also included four incidents relating to the administration and management of oral morphine within the emergency department. We discussed these with senior hospital managers who advised they had reviewed these incidents and

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improvements were being considered to reduce the risk of this happening again. This includes the availability of enteral syringes for the oral administration of morphine. These syringes have different tips and are designed to reduce the risk of inadvertent parenteral (intravenous) administration and also to reduce the waste of medication when being administered orally.

Whilst we recognise improvement in this area, inspectors observed areas where medications were not stored securely.

We acknowledge that plans are in place and ongoing improvement work is being undertaken by NHS Forth Valley to meet the requirement from our last inspection. However, a new requirement has been given to enable a new focus for improvement.

Areas of good practice

Domain 4.1
6 Despite significant pressures we observed the emergency department, acute assessment and clinical assessment units were calm and well led.
7 We observed positive and caring interactions between staff and patients.

Recommendation

Domain 4.1
1 Patients should be assisted with hand hygiene prior to mealtimes where required.

Requirements

Domain 4.1
5 NHS Forth Valley must ensure that patients who require assistance at mealtimes receive this in a timely manner.
6 NHS Forth Valley must ensure effective processes are in place to ensure the safe management and care for patients with peripheral venous cannulas within the emergency department and clinical assessment unit.
7 NHS Forth Valley must ensure that when additional beds are in use, patient privacy and dignity is maintained and that patients using doorbell type call bells are aware that they do not continuously ring once pressed.
8 NHS Forth Valley must ensure that all patient care documentation is accurately and consistently completed and reviewed.
9 NHS Forth Valley must ensure all staff comply with hand hygiene, the use of gloves and appropriate wearing of jewellery.

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10	NHS Forth Valley must ensure that: -
	All staff comply with the safe management of waste including sharps and linen.
	All patient equipment is clean and ready for use, including mobile patient privacy screens.
	The hospital environment maintained and equipment must be stored in a manner to enable effective cleaning.
	Cleaning products are stored safely and securely.
11	NHS Forth Valley must ensure the safe storage and administration of medicines at all times.

Domain 4.3 – Workforce planning

Quality 4.3 – Workforce planning

Workforce pressures and recruitment challenges continue to be experienced throughout NHS Scotland with the current staffing position of NHS Forth Valley being reflective of national workforce challenges.

During our previous inspection in April 2022 and subsequent follow-up inspection in September 2022 three requirements were given in relation to leadership and culture. Two of these requirements have already been discussed in domain 2 of this report. The remaining requirement was:

> **Outstanding Requirement 5 from September 2022 visit**
>
> NHS Forth Valley must ensure it has a clear understanding of the number of actual staff in post and that workforce data is accurately presented.

During this follow-up inspection NHS Forth Valley, like much of NHS Scotland, was under significant pressure including increased capacity the use of additional beds and resulting increase in acuity and dependency.

NHS Forth Valley senior managers response and oversight of these additional pressures including real time staffing decisions are discussed in domain 2 of this report with the impact on patient care being discussed in domain 4.1.

Workforce data submitted by NHS Forth Valley demonstrated the current vacancy level within the nursing workforce at the time of our inspection as being 7.9% this is a reduction from 13.4% in June 2023. Further analysis noted a vacancy level of 9.6% within the band 5 registered nurse group, which is a reduction from 20.3% in June

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2023. We consider a high vacancy rate to be above 10%. Whilst we can see that NHS Forth Valley nursing vacancy rate is below the higher level of 10%, the prolonged use of a significant number of additional beds means that the current funded establishment is less than the workforce required. This has resulted in the use of supplementary staff. Supplementary staffing includes substantive staff working additional hours, staff from the NHS board's own staff bank or from an external agency. We observed hospital managers ensuring that requests for supplementary staffing had been approved including for agency staff. The daily oversight and mitigation of this risk by senior managers was discussed in domain two of this report.

During our onsite inspection we were approached by medical staff who raised concerns regarding medical provision for the ageing and health directorate due to increased workload and vacancy rates. Concerns were also raised regarding the vacancy rate within the allied health professionals specifically occupational therapists and physiotherapists, with this having an impact on their ability to provide services. During the hospital wide safety huddle, we observed representatives from these services escalating reduced staffing availability which would have an impact on service provision, with staff prioritising the review of patients who were potentially being discharged. It was also discussed that support would be requested from community services.

We discussed this with senior hospital managers who had good oversight of these concerns. Hospital managers advised that whilst medical recruitment is ongoing, ageing and health medical vacancies is a speciality that has been difficult to recruit in to. Short term actions include use of locum medical staff via both the staff bank and agencies, with specific target on the ageing and health vacancies.

Senior managers acknowledged the increased workload for the physiotherapy and occupational therapy services due to the use of additional beds. They explained ongoing work regarding a supplementary staffing resource including recruitment to the staff bank and the use of agency physiotherapy and occupational therapy staff.

Senior managers advised us of the processes and initiatives that are in place to support ongoing recruitment and retention to fill nursing workforce gaps. These include extending the recruitment programme to more universities as this has previously been focused on the University of Stirling. A workforce review has commenced which will incorporate all patient facing areas to provide a basis for a proactive and forward planning approach to recruitment.

We were also told about the development of links with local schools and colleges with the aim to provide an entry level health care support worker programme.

Other initiatives include the continuation of the international nursing recruitment programme and the increase in associate practitioner roles. Whilst associate practitioners are not registered healthcare professionals, they develop a high level of

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skill through their training and experience to support the delivery of care. Hospital managers also described a recently introduced programme which provides newly registered nurses support prior to the commencement of their posts.

NHS boards should be in the preparatory stage of implementation of the Health and Care (Staffing) (Scotland) Act 2019. During our inspection we observed information posters in the main atrium of the hospital which included a QR code linking to information about the act.

We are assured through this inspection process both in discussion with senior managers and through evidence provided that this requirement has been met.

Domain 6 – Dignity and respect
Quality 6.1 – Dignity and respect

We observed staff providing compassionate care with staff treating patients with dignity and respect. However, some patients expressed concern regarding the impact of additional beds on privacy and dignity.

Inspectors observed that all interactions between staff and patients were positive person centred and respectful, with patients and relatives speaking highly of provided care and treatment.

During our follow-up inspection in September 2022, we raised concerns in relation to patients' privacy and dignity when being cared for in additional beds. We also raised concern regarding the care and dignity of patients in the emergency department and acute admission and clinical assessment units. This resulted in the following requirement.

Outstanding Requirement 8 from September 2022 visit
NHS Forth Valley must ensure that patient's privacy and dignity is maintained at all times.

As discussed earlier in this report, both the emergency department and acute assessment and clinical assessment units were working under significant pressure with all areas operating at over 100% capacity. Despite this they were calm, organised and well led with patients we spoke with describing good care. We observed two beds in the emergency department which were not easy to observe from the nurses' station, however both patients were fully mobile and able to ask for help if needed.

Inspectors observed that some confidential conversations between staff and patients were held in the chaired area of the emergency department enabling patients sat in the next chair to overhear.

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Privacy screens and window blinds were available for patients in the fifth bed in the four bedded bay. However, despite patients being complementary about staff and the care provided, several patients raised concerns regarding the impact of additional beds on privacy and dignity especially in relation to personal space. Staff and patients' relatives also raised concerns regarding the impact of the additional beds on patients' privacy and dignity.

We acknowledge there have been improvements made in the emergency department, acute assessment unit and clinical admission unit regarding patients experience of privacy and dignity. However, the use of additional non-standard bed spaces continues to have a negative impact on patient experience.

We acknowledge that plans are in place and ongoing improvement work is being undertaken by NHS Forth Valley to meet the requirement from our last inspection. However, a new requirement has been given to enable a new focus for improvement.

Inspectors observed that a number of patients had an Adults with Incapacity Section 47 certificate 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. We observed that whilst these were completed and signed, the amount of information varied, with some having very basic information regarding individual patient guidance whilst others had comprehensive personalised treatment plans in place.

Inspectors observed that several wards had patients who were requiring a higher level of observation to ensure the safety of the patient and others. Patients may require a higher level of observations for several reasons including risk of falls or risk of absconding which could put the patient at risk.

Evidence returned included the NHS Forth Valley guideline for nursing observations and interventions. This includes the differing levels of enhanced care such as intermittent observation, constant and enhanced observation. Forth Valley Royal Hospital uses an observation and intervention level risk assessment/care plan which documents which level of observation is required and what risk is identified such as falls. There is also a section to document what interventions and activities may be undertaken to improve the patients experience whilst receiving increased observations.

We observed that the number of patients requiring additional observations were discussed at both the staffing and hospital wide safety huddle. Evidence provided also showed that this is documented on the live time acuity and dependency system which provides oversight of staffing requirement for all areas.

Hospital managers shared ongoing improvement work regarding enhanced observations including the recruitment of a dementia and delirium nurse or allied

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health care professional consultant. Delirium is a worsening or change in a person's mental state that happens suddenly and can often be treated. Delirium can be caused by several factors such as infection, dehydration and certain medications. We were also told by hospital managers that improvement work included the possibility of developing a dedicated response team who would be trained in providing enhanced observations including meaningful activities.

In two ward areas inspectors observed that two patients were detained under the Mental Health (Care and Treatment) (Scotland) Act. This is a piece of legislation in Scotland that maintains the rights and protection of people with mental health conditions. The provisions of the Act are intended to ensure that care and compulsory measures of detention can only be used when there is a significant risk to the safety and welfare of the patient or others. In one ward a patient had an emergency detention certificate in place which had elapsed, therefore requiring a short term detention certificate to be applied for. This was raised with the senior charge nurse of the area and also senior hospital managers. Inspectors returned to the ward area the following day and observed that the short term detention certificate was in place.

In another area inspectors were unable to locate the short term detention certificate in the patients notes. This was raised with staff who located the certificate. A copy of the emergency detention order should be available in the patients notes to ensure lawful detention.

We asked hospital managers at the virtual discussion what processes were in place to ensure the correct legislative paperwork is in place for patients who are detained under the Mental Health (Care and Treatment) (Scotland) Act. We were advised that it is part of the clinical nurse manager and lead nurse role to ensure due process is followed.

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

During the inspection we identified ward areas where the door for entry and exit to the ward had been locked electronically and required swipe card access to enter or exit the ward. This prevented any patients or visitors from leaving without the assistance of staff. We observed that clear signage was in place on the locked ward during inspection advising staff and visitors that the doors are locked and to speak to a member of staff if wishing to enter or exit the ward.

We observed during the hospital wide safety huddles that staff escalated which areas had implemented the locked door policy and confirmed that they had risk assessments in place. Evidence provided included NHS Forth Valley locked door policy which states that doors to areas that are usually open may be locked in certain circumstances, such as risk to patient or others. This policy also specifies that doors must only be locked if all less restrictive options have been explored for example family or carer support, engagement with meaningful activities or change of patient placement.

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Area of good practice

Domain 6
8   We observed staff working hard to treat patients with dignity and respect.

Requirement

Domain 6
12   NHS Forth Valley must ensure the correct procedure is followed when patients are detained under the Mental Health (Care and Treatment) (Scotland) Act).

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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, September 2023)
- Care of Older People in Hospital Standards (Healthcare Improvement Scotland, June 2015)
- Food Fluid and Nutritional Care Standards (Healthcare Improvement Scotland, November 2014)
- Generic Medical Record Keeping Standards (Royal College of Physicians, November 2009)
- Health and Care (Staffing) (Scotland) Act (Acts of the Scottish Parliament, 2019)
- Health and Social Care Standards (Scottish Government, June 2017)
- Infection prevention and control standards (Healthcare Improvement Scotland, 2022)
- National Infection Prevention and Control Manual (NHS National Services Scotland, January 2024)
- Operating Framework: Healthcare Improvement Scotland and Scottish Government (Healthcare Improvement Scotland, November 2022)
- Prevention and Management of Pressure Ulcers - Standards (Healthcare Improvement Scotland, October 2020)
- Professional Guidance on the Administration of Medicines in Healthcare Settings (Royal Pharmaceutical Society and Royal College of Nursing, January 2019)
- The Quality Assurance System (Healthcare Improvement Scotland, September 2022)
- Staff governance COVID-19 guidance for staff and managers (NHS Scotland, August 2023)
- The Code: Professional Standards of Practice and Behaviour for Nurses and Midwives (Nursing & Midwifery Council, October 2018)

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Appendix 2 - List of all requirements

January 2024 inspection requirements
1. NHS Forth Valley must ensure that nursing staff are provided with necessary paediatric training to safely carry out their roles within the emergency department and comply with the NMC Code, Professional standards of practice and behaviour for nurses, midwives and nursing associates.
2. NHS Forth Valley must ensure all emergency exit buttons are clear and easily accessible and all staff are aware of risk assessments and processes in place regarding fire safety.
3. NHS Forth Valley must ensure that triage assessments are provided consistently to ensure a reliable patient assessment.
4. NHS Forth Valley must ensure staff assessments of the suitability of patients to be cared for in contingency beds are recognised and supported.
5. NHS Forth Valley must ensure that patients who require assistance at mealtimes receive this in a timely manner.
6. NHS Forth Valley must ensure effective processes are in place to ensure the safe management and care for patients with peripheral venous cannulas within the emergency department and clinical assessment unit.
7. NHS Forth Valley must ensure that when additional beds are in use, patient privacy and dignity is maintained and that patients using doorbell type call bells are aware that they do not continuously ring once pressed.
8. NHS Forth Valley must ensure that all patient care documentation is accurately and consistently completed and reviewed.
9. NHS Forth Valley must ensure all staff comply with hand hygiene, the use of gloves and appropriate wearing of jewellery.
10. NHS Forth Valley must ensure that: - All staff comply with the safe management of waste including sharps and linen. All patient equipment is clean and ready for use, including mobile patient privacy screens. The hospital environment maintained and equipment must be stored in a manner to enable effective cleaning. Cleaning products are stored safely and securely.

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11. NHS Forth Valley must ensure the safe storage and administration of medicines at all times.
12. NHS Forth Valley must ensure the correct procedure is followed when patients are detained under the Mental Health (Care and Treatment) (Scotland) Act).

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