



# Improvement Action Plan

## Healthcare Improvement Scotland: Unannounced acute hospital safe delivery of care inspection

Royal Infirmary of Edinburgh, NHS Lothian

20 – 22 February 2023

Follow up Inspection 18<sup>th</sup> and 20<sup>th</sup> September 2024

### Improvement Action Plan Declaration

It is the responsibility of the NHS board Chief Executive and NHS board Chair to ensure the improvement action plan is accurate and complete and that the actions are measurable, timely and will deliver sustained improvement. Actions should be implemented across the NHS board, and not just at the hospital inspected. By signing this document, the NHS board Chief Executive and NHS board Chair are agreeing to the points above. A representative from Patient/Public Involvement within the NHS should be involved in developing the improvement action plan.

#### NHS board Chair

Signature:

Full Name:

Professor John Connaghan CBE

Date:

15 April 2024

#### NHS board Chief Executive

Signature:

Full Name:

Calum Campbell

Date:

15 April 2024

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Requirement/ Recommendation	Action Planned	Timescale to meet action	Responsibility for action	Progress	Date Completed/Due for Completion	RAG
Requirement 1	Detailed and effective plans are in place to ensure safe fire evacuation of patients and staff within overcrowded areas	June 30 <sup>th</sup> 2023	ED Triumvirate  General Manager  RIE Fire Safety Officer	RIE staff fire training programme progressed including tabletop exercise around evacuation during May date to be confirmed. Tabletop exercise completed June 23.	June 2023	
				ED Emergency Fire Action Plan refreshed. Evacuation plan developed and available within department it will be reviewed annually to ensure they are relevant.  EFAP now produced and communicated. Train trainers in place and exercises and training carried out for staff within dept.	June 2023	
				RIE Fire safety plan has been updated and is going through governance process via Health and Safety (Nov 23). All local EFAPs will be updated by Dec 2023. Ongoing fire drill training (Training Note 9) across all clinical areas.  2 Train the trainers now in place for the unit.  81% nursing compliance March 2024.	Nov 2023	

				<p>Face to face training ongoing with fire trainers.</p> <p>Evacuation default exercise March 2024 of POD C D E.</p>	March 2023	
				<p>Dedicated Band 7 Flow Co-ordinator now in post as of May 15<sup>th</sup> to oversee safe and timely patient movement in line with Emergency Access Standard (EAS). Role is part of a test of change and is currently being evaluated.</p> <p>Review of permanent role for flow now underway.</p>	<p>June 2023</p> <p>May 2024.</p>	
				<p>Specific for ED – All 6 funded Band 7 SCN posts now recruited into. Changed focus for the SCN role where they are in charge of the department for a significant proportion of their week with dedicated supervisory time.</p> <p>There is ongoing review of the nursing leadership requirements in ED and AMU, in response to DATIX themes, trends and staff feedback.</p>	June 2023	
<b>Requirement 3</b>	Ensure that patient's privacy and dignity is always maintained, and all patients have access to a call bell (action specific to ED/AMU)	May 31 <sup>st</sup> 2023	Senior Charge Nurses  ED & AMGM Triumvirates	Temporary call bells functioning in ED Pod C	June 2023	
				New buzzer system now in place October 2023 completion in all PODS.	October 2023	
				AMU Base 6, temporary buzzers in place.	June 2023	
				AMU full call bell solution being pursued, and work is planned to commence mid-September. First stage is complete.	September 2023	

				<p>Ensure that curtains are drawn to maintain privacy and dignity, monitored through assurance reviews. Recent assurance visits have shown this is embedded within practice.</p>	June 2023	
				<p>Daily checks/logs in place, this is monitored through assurance reviews.</p>	June 2023	
	<p>Requirement for mixed sex bays to be risk assessed if and when this occurs.</p>			<p>AMU is a continuation of emergency and urgent care and therefore mixed sex bays exists due to challenges of flow and monitoring patients. Privacy and dignity always maintained through curtains and individual toileting facilities.</p> <p>Currently wards do not mix sex unless for very short periods of time or higher levels of care and monitoring are required where there is one bay of an HDU/ITU unit</p> <p>Flow chart prepared by DAND and AND for site and this was shared through nurse directors October 2023 meeting. This needs to take cognisance of the changing demography and equality acts for gender needs for all patients. Testing of this at RIE to further inform equality issues ongoing.</p>	October 2023	
<b>Requirement 6</b>	<p>Ensure safe intravenous line care practice to prevent the risk of infection and to ensure effective</p>	<p>May 31<sup>st</sup> 2023</p>	<p>Senior Charge Nurses</p> <p>Clinical Nurse Managers</p>	<p>Posters in place within ED and AMU to raise awareness of need to report lines which are running dry or the infusion is complete.</p>	<p>May 2023</p>	

	intravenous fluid management.		Clinical Directors  Quality lead nurses  Associate Nurse Director	Awareness raised at safety huddles and safety pauses around safe line care.	June 2023 and ongoing	
			IPCN	Education around line care ongoing monitored within LACAS and assurance walk rounds.	August 2023	
				<p>Monitoring at weekly and monthly assurance visits, reports available if required.</p> <p>Site wide SLWG to be convened. site wide audit has taken place October 23 by BD suppliers of cannula to site. Results meeting scheduled for Thursday 23<sup>rd</sup> November led by DAND and CNM. IPCN and DATCC colleagues invited to feedback. Action plan to follow monitored through SLWG and fed back through site CMG to acute CMG and ICC forums. Meeting held and work s now under way to enact action plan education and training support to be given to site by BD and the follow up meeting is 1<sup>st</sup> February 2024.</p> <p>SLWG in place and training dates arranged for April actions in plan complete and training and review will be an ongoing process throughout the rest of this year and is a focus of the whole site for improvement.</p>	<p>Ongoing</p> <p>January 2024.</p> <p>March 2024</p> <p>April 2024</p>	

<b>Requirement 7</b>	Ensure accurate assessment of patients care needs and make sure fundamental care needs are met within ED. This includes pressure area care, food, fluid and nutrition and assistance with mobility.	Commenced February 2023	Senior Charge Nurse & ED POD Co-ordinators	Assurance and improvement support in place, reported weekly to ED & AMGM Governance, Site Triumvirate and EAS programme board.	June 2023	
			ED Triumvirate	Standard reporting templates for assurance visits used and uploaded onto a shared drive, tracking of progress is also monitored by the Acute Nurse Director.	March 2024	
			Site Triumvirate	Care rounding document currently being reviewed as now been in place for a year. Assurance visits continue.		
				Dedicated ED meal co-ordinator in place every shift, all coordinators wear green badges and are named at handover based in POD C.	June 2023	
			Badges in place to identify key leadership roles in ED		June 2023	
			Roles & Responsibilities for every shift have been agreed and are discussed at handover and made explicit on white board/use of green badges.		June 2023	

<b>Requirement 9</b>	Ensure patients safety when cared for on trolleys for extended periods of time	Commenced February 2023	Senior Charge Nurses & ED POD Co-ordinators	Beds and bedding available in ED for patients awaiting admission for prolonged periods.	June 2023	
			ED Clinical Nurse Manager			
			ED Clinical Director	Level 2 and 3 assurance visits in place and demonstrating good evidence of compliance.	June 2023	
			Associate Nurse Director	Care Rounding assurance tool in place, compliance monitored weekly.	June 2023	
				Risk assessment for use of trolley rails in place ongoing assurance being sought through assurance visits and immediate feedback audit snap shots required work ongoing. Ongoing variable compliance, tools in place and audit to monitor compliance and additional educational support for staff.	January 2023	

				<p>Discussion held regarding POD models and change of function to ambulatory and non-ambulatory to allow assessment to be easier and more patient centred. This is recent work through EASPB and from external recommendation.</p> <p>New proposed operational model for ED being worked through.</p> <p>Risk assessments are in place and on the assurance document. Assurance visits continue within the ED issues escalated as appropriate.</p> <p>Operational model has been developed and is going through appropriate governance routes.</p>	<p>March 2024</p> <p>April 2024</p>	
				<p>POD pauses are in place, but further work required to ensure consistency in completion audit tool being developed and close monitoring through assurance reviews.</p> <p>POD pauses happen within the department and are led by nursing this is reviewed on the assurance visit templates and issues with compliance escalated. Work and education is ongoing and POD pauses continue to be sporadically carried out within the nursing staff.</p>	<p>Ongoing</p> <p>March 2024</p>	



				ED work on implementation of NEWS on TRAK has commenced and will allow a safer safety pause once we have the oversight board to highlight high acuity patients and where within the department they are and observations etc are being complete.	Expected to be complete June 2024 as part of a wider Acute roll out programme	
				ED safety pauses identify at risk patients for discussion with Emergency Physician in Charge, Nurse in Charge & Site and Capacity in relation to prioritisation of move out of department or onto hospital beds	June 2023	
<b>Requirement 10</b>	Ensure staff carry out hand hygiene and change PPE in line with current guidance	May 31 <sup>st</sup> 2023	Senior Charge Nurses	Hand Hygiene monitoring is in place and local feedback processes exist to ensure areas for improvement are noted and actioned.	January 2024	
			Clinical Nurse Managers Associate Nurse Director	Hand Hygiene audits feed into the LACAS assurance process with results and improvement actions displayed on QI boards. Compliance monitoring and corrective action managed through clinical governance processes and IPC monitoring and process.	January 2024	

			Infection Prevention & Control	<p>Constant challenge and education around appropriate PPE use at all forums and escalation through Site Infection Control Committee.</p> <p>Engagement with IPC colleagues regarding site wide hand hygiene campaign initial meeting held October 2023. Target campaign towards critical moments of hand hygiene and reduction of inappropriate use of gloves.</p> <p>Feedback to whole site nursing teams via safety huddles and CNM forums. September 2023 and at ICC forums.</p>	<p>January 2024</p> <p>January 2024</p>	
<b>Requirement 13</b>	Ensure effective senior management oversight and support to reduce the risks for staff and patients receiving care at times of extreme pressure within the emergency department	June 30 <sup>th</sup> 2023	General Manager	RIE Escalation Plan approved by EAS PB in May 2023, and through the NHSL Resilience Team in June 2023.	June 2023	
			Associate Medical Director	Escalation plan in place and used.		
			Associate Nurse Director Site Director	<p>Full refresh of the RIE site Escalation Plan following external review. This will be linked to three risk assessments, FLOWthian, ED full Capacity and Ring Fencing of Orthopaedic Beds.</p> <p>Focus will be on developing a consistent application of the escalation plan and agreed actions across this Hospital Site and feeding this into the NHSL daily Conference Calls.</p>	December 2023	
<b>Requirement 14</b>	NHS Lothian should also make sure there are facilities to allow locking away of all	December 2023	CNM SCN AND	Wards and departments will be reminded of the need to keep all hazardous substances for cleaning within lockable cupboards in sluice areas through safety briefs and walkrounds.	December 2023	

	hazardous cleaning products.			Assurance visits confirm that adequate supplies of cleaning materials are available		
<b>Recommendation 2</b>	Prioritise repeating the professional judgement tools for emergency medicine specialty staffing to better understand their workforce requirements	Tool run scheduled for 24 <sup>th</sup> of July for 2 weeks	Workforce team NHSL ED Triumvirate General Manager Associate Nurse Director	Workforce tool was completed in October 2023.	November 2023	
				A workforce model was developed using the Common Staffing Method which included benchmarking.  The new model is in the process of being implemented and this includes additional SCN's and HSCW to support delivery of the fundamentals of care	February 2024	
				There is a review underway of leadership ratios within ED to support staff psychological safety and patient safety.	November 2023	