Unannounced Inspection Report

Acute Hospital Safe Delivery of Care Inspection

Dr Gray's Hospital
NHS Grampian

9 – 11 October 2023

Healthcare Improvement Scotland is committed to equality. We have assessed the inspection function for likely impact on equality protected characteristics as defined by age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation (Equality Act 2010). You can request a copy of the equality impact assessment report from the Healthcare Improvement Scotland Equality and Diversity Officer by emailing his.contactpublicinvolvement@nhs.scot

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. To achieve this, we:

- observe the delivery of care within the clinical areas in line with current standards and best practice.
- attend hospital safety huddles.
- engage with staff where possible, being mindful not to impact on the delivery of care.
- engage with management to understand current pressures and assess the compliance with the NHS board policies and procedures, best practice statements or national standards, and
- report on the standards achieved during our inspection and ensure the NHS board produces an action plan to address the areas for improvement identified.

About the hospital we inspected

Dr Gray's Hospital serves Elgin and the surrounding region. It contains 153 inpatient beds and 42 Day Case beds and has a full range of healthcare specialties.

About this inspection

We carried out an unannounced inspection to Dr Gray's Hospital, NHS Grampian on Monday 9 to Wednesday 11 October 2023 using our safe delivery of care inspection methodology. In parallel to this inspection, we also carried out a safe delivery of care inspection at Aberdeen Royal Infirmary to provide wider assurance of systems and processes across NHS Grampian.

As a result of concerns identified during our inspection at Dr Gray's Hospital, we have written to NHS Grampian on two occasions. Further information about these concerns can be found in this report.

During our inspection of Dr Gray's Hospital, we inspected the following areas:

- acute medical assessment unit
- emergency department
- high dependency unit

- stroke ward
- ward 5
- ward 7

We also visited the paediatric short stay assessment unit.

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 Grampian to provide evidence of its policies and procedures relevant to this inspection. The purpose of this is to limit the time the inspection team is onsite, reduce the burden on ward staff and to inform the virtual discussion session.

On Tuesday 14 November 2023, we held a virtual discussion session with key members of NHS Grampian staff to discuss the evidence provided and the findings of the inspection.

The findings detailed within this report relate to our observations within the areas of Dr Gray's Hospital we inspected at the time of this inspection.

We would like to thank NHS Grampian and in particular all staff at Dr Gray's 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'. We observed staff providing compassionate and responsive care with most patients being complimentary about the care provided.

However, as a result of serious concerns identified during our inspection, we wrote to NHS Grampian on two occasions. We raised concerns about the management of controlled drugs within the emergency department. We also raised concerns regarding the oversight and management of the incident reporting systems and processes impacting on patient safety, dignity and respect at Dr Gray's Hospital.

During our inspection we observed evidence of failures to review, action and close incidents reports relating to patient safety, privacy and dignity, and staff concerns around workload and culture, particularly in the emergency department. We are not assured of senior management oversight of possible and reported risk to patients and staff, especially in the emergency department. Staff described a culture where they were encouraged to raise concerns. However, they did not feel that these were always listened to by senior managers.

We have concerns about the availability of staff training in paediatric immediate life support and systems and processes for patient triage in the emergency department.

Increased capacity and pressures within the emergency department has had an impact on patient privacy and dignity.

Other areas for improvement have been identified at Dr Gray's Hospital. These include the safe storage of medication and of cleaning products and the completion of patient documentation.

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

This inspection resulted in two areas of good practice, one recommendation and 20 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 will seek assurance in regard to the serious concerns raised relating to the management and oversight of the incident reporting systems and management of

controlled drugs within the emergency department at future inspections and through NHS Grampian's improvement action plan.

We expect NHS Grampian to address the requirements. The NHS board must prioritise the requirements to meet national standards. An improvement action plan has been developed by the NHS board and is available on the Healthcare Improvement Scotland website: www.healthcareimprovementscotland.org

Areas of good practice

The unannounced inspection to Dr Gray's Hospital resulted in two areas of good practice.

Domain 4.1
1   All areas inspected were calm and well organised (see page 23).

Domain 6
2   We observed positive and caring interactions between staff and patients (see page 29).

Recommendation

The unannounced inspection to Dr Gray's Hospital resulted in one recommendation.

Domain 4.1
1   NHS Grampian should ensure that patients are assisted with hand hygiene at mealtimes (see page 23).

Requirements

The unannounced inspection to Dr Gray's Hospital resulted in 20 requirements.

Domain 1
1 NHS Grampian must ensure that nursing staff are provided with necessary training to safely carry out their roles and comply with the NMC Code, Professional standards of practice and behaviour for nurses, midwives and nursing associates (see page 15). This will support compliance with: The Code: Professional Standards of Practice and Behaviour for Nurses and Midwives (2018).
2 NHS Grampian must ensure effective and appropriate governance approval and oversight of policies and procedures are in place (see page 15). This will support compliance with: Quality Assurance System: Quality Assurance Framework (2022) criterion 2.5 and 2.6.
3 NHS Grampian must ensure that systems and processes are in place to ensure both adult and paediatric patients are triaged in a timely manner (see page 15). This will support compliance with: Quality Assurance System: Quality Assurance Framework (2022) Criteria 6.1.
4 NHS Grampian must ensure all staff are aware of fire evacuation procedures (see page 15). This will support compliance with: NHS Scotland 'Firecode' Scottish Health Technical Memorandum SHTM 83 (2017) Part 2; The Fire (Scotland) Act (2005) Part 3, and Fire Safety (Scotland) Regulations (2006).

Domain 2
5 NHS Grampian must ensure that there are suitable systems, processes, resources and support and oversight in place to ensure students experience safe and effective coordination of learning within practice learning environments (see page 18). This will support compliance with: NMC Standards for student supervision and assessment (2023).
6 NHS Grampian must ensure that all staff comply with controlled drug management in line with NHS Grampian policy and procedures for the safe management of controlled drugs in hospitals and clinics (see page 18).

	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.
7	NHS Grampian must improve feedback to staff on incidents raised through the incident reporting system and ensure learning from incidents is used to improve safety and outcomes for patients and staff (see page 18). This will support compliance with: Quality Assurance System: Quality Assurance Framework (2022) Criteria 3.1 and Learning from adverse events through reporting and review: A national framework for Scotland (2019).
8	NHS Grampian must ensure effective senior management oversight and support, to reduce the risks for staff and patients receiving care (see page 18). This will support compliance with: Health and Social Care Standards (2017) Criteria 4.23, Quality Assurance System: Quality Assurance Framework (2022) criterion 2.3, 2.6 and 5.5 and relevant codes of practice of regulated healthcare professions.

Domain 4.1

9	NHS Grampian must ensure effective senior management oversight and support, to ensure the fundamentals of care are provided and reduce the risks for staff and patients at times of extreme pressure within the emergency department (see page 23). This will support compliance with: Health and Social Care Standards (2017) Criteria 4.23; Quality Assurance System: Quality Assurance Framework (2022) criterion 6.2 and 6.3, and relevant codes of practice of regulated healthcare professions.
10	NHS Grampian must ensure that all patient documentation is accurately and consistently completed. This includes Adults with Incapacity section 47 documents (see page 23). This will support compliance with: Quality Assurance System: Quality Assurance Framework (2022) Criteria 4.1, relevant codes of practice of regulated healthcare professions and Adults with Incapacity (Scotland) Act (2000).
11	NHS Grampian must ensure safe storage and administration of medicines at all times (see page 23).

	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.
12	NHS Grampian must ensure the safe disposal of sharps (see page 23). This will support compliance with: National Infection Prevention and Control Manual (2023).
13	NHS Grampian must ensure used linen is managed appropriately (see page 23). This will support compliance with: National Infection Prevention and Control Manual (2023).
14	NHS Grampian must ensure the care environment is maintained to allow for effective cleaning (see page 23). This will support compliance with: National Infection Prevention and Control Manual (2023).
15	NHS Grampian must ensure all hazardous cleaning products are securely stored (see page 23). This will support compliance with: Control of Substances Hazardous to Health (COSHH) Regulations (2002).
16	NHS Grampian must ensure consistent recording of flushing of infrequently used water outlets to improve compliance and provide assurance in line with current national guidance (see page 23). This will support compliance with: National Infection Prevention and Control Manual (2023).
17	NHS Grampian must ensure that patient care equipment is kept clean and ready for use (see page 24). This will support compliance with: National Infection Prevention and Control Manual (2023) Standard 6.

Domain 4.3
18 NHS Grampian must ensure that it consistently reports and records staffing risks, as well as robustly recording mitigations and recurring risks in line with established governance processes (see page 27). This will support compliance with: Health and Care (Staffing) (Scotland) Act (2019) and Quality Assurance System: Quality Assurance Framework (2022) criteria 1.3 and 2.2.

Domain 6
19 NHS Grampian must ensure when patients are cared for in mixed sex bays, this is regularly risk assessed and suitable mitigations are put in place to maintain patient dignity, respect and choice (see page 29). This will support compliance with: Health and Social Care Standards (2017) criteria 1.20 and Quality Assurance System: Quality Assurance Framework (2022) Criteria 6.1.
20 NHS Grampian must ensure that patient privacy and dignity is maintained at all times and all patients have access to a call bell (see page 29). This will support compliance with: Health and Social Care Standards (2017) criteria 4.11, 5.2, 5.3 and 5.4; Healthcare Improvement Scotland Care of Older People in Hospital Standards (2015) Standard 2; Quality Assurance System: Quality Assurance Framework (2022) Criteria 6.2; Health and Social Care Standards (2017) Criterion 1.23 and relevant codes of practice of regulated healthcare professions.

What we found during this inspection

Domain 1 – Clear vision and purpose

- Quality indicator 1.5 – Key performance indicators
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During this inspection we did not observe any significant delays in ambulance turnaround times. Ambulance crews we spoke with described emergency department staff as being responsive. However, we have concerns about the availability of staff training in paediatric immediate life support and systems and processes for patient triage. We are not assured of the processes in place to

maintain patient safety or staff health and wellbeing within the emergency department.

At the time of this inspection NHS Grampian and Dr Gray's Hospital, like much of NHS Scotland, was experiencing significant pressures including increased hospital capacity and reduced staff availability.

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

Across NHS Scotland for the week ending 15 October 2023, 65.9% of patients were seen within the four hour target with 67% patients seen within the four hour target at Dr Gray's Hospital. Further information on emergency department attendances can be found at NHS Performs - weekly update of emergency department activity and waiting times.

Scottish Government emergency signposting guidance seeks to ensure patients receive care in the most appropriate setting while helping to improve waiting times and delays in emergency departments and acute admission units. Evidence provided by NHS Grampian includes the Aberdeen Royal Infirmary and Dr Gray's Hospital signposting/redirection guidance. This includes the flow navigation centre and 'Call Before You Convey' service. This service enables the ambulance service to contact the flow navigation centre to discuss alternative available pathways for patients, such as out of hours primary care appointments. Evidence provided by NHS Grampian documents that since introduction in October 2022 the flow navigation centre and 'Call Before You Convey' service has received over 7,000 calls from the Scottish ambulance service. Of these calls just over 30% required admission to the emergency department. Further information can be found at emergency department signposting/redirection guidance.

We asked NHS Grampian to provide evidence of any incidents reported by staff from the emergency department through its incident reporting system for the past 12 months. From this information we could see there had been several occasions where patients had remained in ambulances outside the hospital for up to six hours waiting for available space within the department. Despite these delays we did not see any incidents reported where patients became critically unwell while waiting in ambulances. On this inspection we did not observe any significant delays in ambulance turnaround times. Ambulance crews we spoke with described emergency department staff as being responsive if they require to escalate concerns, or if a patient's condition deteriorates whilst waiting in the ambulance. Inspectors were also told that there is available provision of food and fluids for patients who are waiting in ambulances.

Patients referred by general practitioners to Dr Gray's Hospital are received by the emergency department in the first instance. Staff told inspectors that this leads to further pressure and reduced patient flow within the department.

Triage is an essential part of emergency 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. There is no standardised triage system in Scotland. However, the Royal College of Emergency Medicine advises that triage should occur within 15 minutes of presentation. More information can be found at [initial assessment of emergency department patients - Royal College of Emergency Medicine](). Evidence provided by NHS Grampian includes an incident report detailing that patients were not prioritised according to clinical need at Dr Gray's Hospital due to increased pressure and reduced staff availability to provide triage.

The Royal College of Emergency Medicine indicates that staff undertaking triage should be experienced in working in emergency care. Evidence provided by NHS Grampian includes the adult triage and assessment pathway for the emergency department at Dr Gray's Hospital. Further narrative documents that 79% of registered nurses in the department are trained in triage with the remaining staff having only worked in the department for the past six months.

Incident reports provided by NHS Grampian included an incident where a patient had become critically unwell after waiting approximately 80 minutes to be triaged. As part of evidence requested, we asked NHS Grampian for further information on this incident. From this information we could see that a serious adverse event review is being undertaken and that progress is monitored at the fortnightly Dr Gray's Hospital clinical risk management meetings. However, the incident had not been reviewed or closed within the timelines specified in NHS Grampian's management of and learning from adverse events policy. Narrative provided by hospital managers regarding this incident documents that this delay was due to challenges in identifying appropriate staff to undertake the review as these included colleagues from the wider health care system such as primary care. This will be discussed further in domain 2 of this report.

Dr Gray's Hospital provides inpatient paediatric services and paediatric patients are assessed and treated within the emergency department. Most nursing staff within the emergency department are trained to provide adult care. We were told by staff that several registered nurses had completed the paediatric immediate life support course. This course is developed by the Resuscitation Council UK for health professionals who may have to manage and treat paediatric patients in an emergency. We observed that compliance with staff completion of this course was low, with 44% of the registered nursing staff in the emergency department and 64% on the paediatric ward having completed the training. Staff we spoke with told us there is no current paediatric immediate life support training provision at Dr Gray's Hospital. We raised this with senior managers who advised us that the NHS

Grampian resuscitation team have approached an external company to provide training with the intention that all registered nurses in both the emergency department and paediatric ward receive training by February 2024. A requirement has been given to support improvement in this area.

Evidence provided by NHS Grampian includes the clinical pathway to be followed if a paediatric patient requires to be transferred to the high dependency unit at Royal Aberdeen Children's Hospital. This pathway is overdue its review date of October 2020. During our corresponding inspection at Aberdeen Royal Infirmary, we also observed several guidelines and risk assessments which are in draft form or overdue their review date. We discussed this with NHS Grampian senior managers at the virtual discussion for Aberdeen Royal Infirmary, further information on this can be seen in our inspection report for Aberdeen Royal Infirmary. A requirement has been given in both inspection reports to support improvement in this area.

We were provided with Dr Gray's Hospital emergency department paediatric medical admission flow pathway. This documents the process to be followed when paediatric patients present in the emergency department with a medical condition. This specifies that the emergency department consultant observes the patient in the waiting room. If the patient is stable and a bed is available, the patient will then be transferred to the paediatric department to be seen by the paediatric medical team. If there is no bed available, the patient is triaged by the emergency department and the duty paediatric doctor reviews the patient in the emergency department. Patients that are unstable are reviewed and treated in the emergency department prior to transfer to the paediatric ward. This pathway indicates that between 09.00 – 17.00 Monday – Friday the initial point of contact for paediatric medical presentations would be the duty paediatric consultant. Trauma and minor injuries in paediatric patients are seen and treated in the emergency department.

However, staff we spoke with in the emergency department told us paediatric patients are often triaged by the paediatric ward nursing staff. This is not in line with the emergency department paediatric medical admission flow pathway. Evidence provided by NHS Grampian included several incident reports raised by staff where paediatric patients had been assessed as stable to be transferred to the paediatric ward but required immediate treatment on arrival as their condition was not stable.

As part of this inspection, we requested evidence regarding triage pathways and systems for the emergency department. Returned evidence included the adult triage assessment which documents observations such as blood pressure and pulse, presenting complaint and triage priority category. However, we were not provided with a specific paediatric triage system for the emergency department, other than the medical admission flow pathway previously discussed. Evidence provided by hospital managers states that the agreed pathway for paediatric patients attending the emergency department will be reviewed to include criteria led assessments by the end of January 2024.

We are not assured that both the adult and paediatric triage pathways and processes in place within the emergency department are sufficient to promote the safe delivery of care. A requirement has been given to support improvement in this area.

The clinical decisions unit is a separate area within the emergency department which is a bay with space for four beds and a small seating area for two chairs. The unit is used to provide extra capacity when there is reduced flow and overcrowding in the emergency department. At the time of this inspection the clinical decisions unit had four patients in bed spaces. We observed that all patients had access to call bells, privacy screens and electrical points. Evidence provided by NHS Grampian included a clinical decisions unit risk assessment which documents that the unit should only be used following consultation between the emergency department consultant/duty manager and emergency department nurse in charge. The risk assessment identifies that the environment is challenged with limited access to bathroom facilities. Inspectors observed that there is one shower and one toilet available for the patients being cared for in the clinical decisions unit. It is also documented that only patients who are mobile and require minimal assistance with personal care are transferred to the unit.

NHS Grampian provided the health and safety risk assessment for the unit which includes control measures to provide nurse staffing cover. This includes requesting additional staff via senior nurses and senior managers. However, inspectors were told that additional staff were often not available resulting in the emergency department staff covering the unit which increased their workload. Staffing will be discussed further in domain 4.3.

We reviewed the incident reports relating to the emergency department. While these include several reports documenting that the clinical decision unit had more than four beds in use, the incidents did not appear to highlight a significant negative impact on patient safety.

Evidence provided by NHS Grampian includes several incident reports of overcrowding in the emergency department with up to five patients being cared for in the corridor at one time. Inspectors were told by staff in both the emergency department and the acute medical admissions unit that a fire evacuation plan is in place. Staff in the acute medical admissions unit told inspectors they would feel confident if they needed to complete a ward evacuation.

We were told by staff that there had been a 'walkthrough' by the fire safety officer in the emergency department. Evidence provided by NHS Grampian includes the local fire plan and emergency fire procedures for Dr Gray's Hospital. This documents that if patients are being cared for in the corridors these beds should be moved first to facilitate evacuation of the remaining area. Returned evidence also includes the fire risk assessments for the emergency department. This includes actions taken, risk responsibility and time frames. However, several staff we spoke to were not aware

of the process for evacuation in the case of fire if patients were being cared for in the corridors. A requirement has been given to support improvement in this area.

Requirements

Domain 1	
1	NHS Grampian must ensure that nursing staff are provided with necessary training to safely carry out their roles and comply with the NMC Code, Professional standards of practice and behaviour for nurses, midwives and nursing associates.
2	NHS Grampian must ensure effective and appropriate governance approval and oversight of policies and procedures are in place.
3	NHS Grampian must ensure that systems and processes are in place to ensure both adult and paediatric patients are triaged in a timely manner.
4	NHS Grampian must ensure all staff are aware of fire evacuation procedures.

Domain 2 – Leadership and culture

- Quality indicator 2.1 – Shared values

While we observed that wards and departments were calm, organised and well led at local level. We are not assured of senior management oversight of possible and reported risk to patients and staff, especially in the emergency department. Staff described a culture where although they felt encouraged and able to raise concerns, these were not listened to by senior managers.

Staff we spoke with described a supportive culture provided by senior charge nurses at local level, including being encouraged to raise concerns. However, we were told that they did not feel concerns were listened to at a more senior level. Staff described a lack of clear structure, communication and collaboration from senior managers, describing that they often felt overwhelmed with workload and increased pressures.

As part of this inspection, we attended the Dr Gray's Hospital safety huddles. While staffing numbers were discussed at the huddle there was no discussion of patient acuity and dependency, or mitigation of risk. Staff told inspectors that while patient acuity and dependency constantly changed, this was not considered by senior managers, and staff therefore felt discouraged to raise concerns at hospital safety huddles. The hospital staffing safety huddle will be discussed further in domain 4.3.

In one ward inspected we observed that the only two registered nurses on duty were both supplementary staff, one was a bank nurse who was familiar with the ward and

the other an agency nurse. Two student nurses were also working in the ward with support available from the advanced nurse practitioner for the ward. We raised concerns with hospital managers at the time of inspection regarding student support in this ward due to high numbers of supplementary staff and lack of availability of practice supervisors. Following this we received evidence that NHS Grampian had written to Robert Gordon University advising of the situation and inspection feedback. NHS Grampian confirmed that ward rotas have now been reviewed to ensure that a substantive member of staff is on each shift. This letter also highlighted that student placement numbers had already been reduced at Dr Gray's Hospital to improve the student learning experience. A requirement has been given to support improvement in this area.

NHS Grampian's policy for the management of learning from adverse events includes the associated timescales required for incident reviews. These timescales 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 at Learning from adverse events through reporting and review - a national framework for Scotland.

During this inspection staff we spoke with in the emergency department raised concerns relating to incident management and a large number of outstanding adverse events that had been reported but not reviewed. Staff told inspectors that due to increased pressures and patient acuity and dependency, the senior charge nurses did not have time to review incidents as they were required to provide clinical care. We asked NHS Grampian to provide us with incidents reported by staff from the emergency department for the past 12 months and across the hospital for the 6 months prior to the inspection.

These were provided and we were able to see that in the emergency department 186 incidents were overdue their timescales for completion of review, including 42 which date back to 2022. Of the 186 overdue incidents 41 were still awaiting initial review. We observed a significant amount of the incidents related to overcrowding in the emergency department impacting on patient safety, privacy and dignity and staff ability to provide safe delivery of patient care. Several incidents described staff feeling overwhelmed, unable to provide care and not feeling supported by senior managers, including the site and capacity team, with staff unable to take their breaks overnight. One incident described a night shift where a band 5 registered nurse was in charge of the emergency department and was also required to assume responsibility for the site and capacity aspect of the site nurse practitioner role for the hospital. We raised these concerns with senior hospital managers who advised that the number of band 6 senior staff nurses have been increased, including within the emergency department, and a dedicated nurse staffing safety huddle has been

implemented. Evidence provided by NHS Grampian documents that they were unable to provide feedback from the incident review to the staff member as the incident had been submitted anonymously.

There were also several incident reports relating to the management of controlled drugs within the emergency department at Dr Gray's Hospital dating from December 2022 to October 2023. These included discrepancies in the management and recording of controlled drugs, with several drugs unaccounted for and stock found at reception which had not been signed in on arrival from the pharmacy department.

Learning from adverse events is essential to continually maintain and improve the safe delivery of patient care. During this inspection, and through the review of evidence and discussions with staff and senior managers, we were not assured that senior hospital managers had clear oversight of potential and actual risk to patients and staff. We were also unassured that there are effective support processes in place for staff when they are unable to review incidents due to workforce pressures. As discussed earlier in this report, Healthcare Improvement Scotland wrote to NHS Grampian on two separate occasions to highlight a number of concerns from the findings of this inspection. One in relation to the management and oversight of controlled drugs and the second in relation to oversight and governance of the incident reporting system within Dr Gray's hospital and staff concerns about senior management support. We requested assurance that these concerns were being addressed and an update on improvement actions.

NHS Grampian provided us with a detailed response and evidence regarding improvement work and actions put in place to ensure outstanding incident reports are reviewed, and lessons learned are shared to improve patient safety. This includes a detailed review and improvement action plan to support the systems and processes for the safe management of, and incident reporting for controlled drugs. NHS Grampian provided a review of these incidents and were able to account for any controlled drug discrepancies. Further actions to be undertaken by NHS Grampian in response to the concerns raised include a review of all controlled drug record books, and unannounced controlled drug compliance checks. Whilst we are assured that NHS Grampian has reviewed these incidents and provided a detailed action plan a requirement has been given to ensure ongoing oversight.

In response to the concerns relating to the wider incident reporting system and senior management support for staff, we were provided with information regarding the implementation of a rapid improvement approach by the senior management team. To support the rapid improvement approach, adverse event reports have been incorporated into the hospital safety huddle. Protected time has now been allocated to staff who had a large number of outstanding incidents. This approach has seen the number of incidents across the hospital awaiting initial review reduce from 348 to 78. This was a prompt and positive response by NHS Grampian.

We were also provided with information about the NHS Grampian wide cultural roadshows. These roadshows are designed to create awareness and foster the development of a positive values-based culture across NHS Grampian. Information provided also included the 'we care – because you care' resource pack. This pack includes staff health and wellbeing resources, including a team wellbeing check-in tool and advice on where staff can access support such as the chaplaincy service and listening service.

Whilst NHS Grampian response has shown an improvement in outstanding incident reviews and shows increased senior management oversight, two requirements have been given to ensure improvement is maintained.

Requirements

Domain 2
5 NHS Grampian must ensure that there are suitable systems, processes, resources and support and oversight in place to ensure students experience safe and effective coordination of learning within practice learning environments.
6 NHS Grampian must ensure that all staff comply with controlled drug management in line with NHS Grampian policy and procedures for the safe management of controlled drugs in hospitals and clinics.
7 NHS Grampian must improve feedback to staff on incidents raised through the incident reporting system and ensure learning from incidents is used to improve safety and outcomes for patients and staff.
8 NHS Grampian must ensure effective senior management oversight and support, to reduce the risks for staff and patients receiving care.

Domain 4.1 – Pathways, procedures and policies

- Quality indicator 4.1 – Pathways, procedures and policies

All areas inspected were calm and well organised with staff working hard to support the safe delivery of care. However, concerns were raised by staff in the emergency department regarding the ability to provide safe and effective care in times of increased pressure.

Inspectors observed all areas visited were calm and well led, with staff describing a supportive culture at senior charge nurse level. We observed that patients appeared well cared for and had access to call bells which were answered in a timely manner. Inspectors observed that staff interactions with patients were positive, with patients being treated with dignity and respect. The majority of patients and visitors we spoke with were complimentary about the care they had received. Patients told us that they could see staff were busy and were working hard. Visitors spoke highly of the care provided.

We observed that additional beds were in use throughout the hospital. These beds included reopened beds in ward areas that had been closed during the COVID-19 pandemic to ensure physical distancing. Evidence provided included NHS Grampian health and safety risk assessments for these beds, including control measures such as keeping areas clutter free to reduce the risk of trips and falls. Inspectors observed that these additional beds were placed in designated bed spaces in patient bays and therefore not obstructing corridors or fire exit routes. All additional beds had available privacy screens, call bells and electrical sockets. Inspectors observed one patient being cared for on a chair in the corridor of the emergency department whilst awaiting the result of a diagnostic scan. The patient did not have an available call bell but was accompanied by a visitor.

Within the emergency department we observed that patients appeared well cared for with staff providing responsive and compassionate care. However, within the incident reports provided we observed a significant number of incidents submitted by emergency department staff describing severe overcrowding in the department. These described incidents where staff had been unable to meet patients' fundamental care needs due to increased pressures and staff workload. We can see from these incident reports that on occasion the department was operating at 200% capacity. NHS Grampian risk assessment for the utilisation of corridor beds within the emergency department states that there should be a maximum of two additional patients being cared for in the corridor space. However, several incident reports document that up to five patients were being cared for on trolleys in the corridor at one time, with others sitting in chairs. In this instance staff describe that patients did not have access to adequate bathroom facilities, privacy and dignity was compromised and there was reduced provision of food and fluids. Privacy and dignity will be discussed further in domain 6. A requirement has been given to support improvement in this area.

We were able to observe two mealtimes in ward areas during this inspection. We observed that meals were given out in a timely manner and patients were given appropriate assistance, with red meal trays being used to identify which patients required assistance. Inspectors did not observe a mealtime in the emergency department. However, staff told us that the clinical decisions unit has regular mealtimes with the provision of hot food. Food and fluids were available in the emergency department. However, as previously discussed, provision of food and fluids has been compromised when the department is under pressure. Inspectors observed patients were not always assisted with hand hygiene prior to mealtimes. Hand hygiene will be discussed later in this report.

Intentional rounding is when staff review the care of individual patients at regular intervals, this is often recorded on a care rounding document. NHS Grampian no longer uses a specific care rounding document. We asked senior managers how fundamentals of care, such as analgesia and pressure area relief are recorded and monitored in the place of care and comfort rounding documentation. We were advised that care is recorded on the electronic system. Evidence returned highlights that fundamentals of care are documented within the electronic inpatient clinical record. Data from the electronic record is submitted to the Care Assurance and Improvement Resource as part of delivering *Excellence in Care*. This is a national resource available to all NHS boards which enables users to view and understand their data over time. This data is then presented to NHS Grampian's board's quality council every 6 weeks to enable focus on areas of improvement. Evidence provided by NHS Grampian documents that wards and departments focus on areas that have been highlighted as requiring improvement on the care assurance tool. These are then reviewed during the following months' care assurance report. More information on the Care Assurance and Improvement Resource and *Excellence in Care* can be found at The Care Assurance and Improvement Resource (CAIR).

We observed good completion of patient documentation in an area which had patients with complex pressure ulcer care needs. All the patients had thorough documentation in place. This included wound management records which were completed and reviewed appropriately. However, in several other areas we observed incomplete patient care documentation. This included bed rail assessments, falls care plans, fluid balance charts, pressure ulcer prevention and do not attempt cardiopulmonary resuscitation documentation.

An Adults with Incapacity Certificate is a legal document which assists the patient, their family and staff to make decisions about the patient's care when the patient is unable to do so independently. Inspectors observed several Adults with Incapacity documents, the majority of which were incomplete and did not include dates and signatures. During our corresponding inspection at Aberdeen Royal Infirmary, we also observed incomplete Adults with Incapacity Section 47 documentation. A requirement has been given in both inspection reports to support improvement in this area.

Inspectors observed that several drug cupboards were unlocked in the emergency department and acute medical admissions unit. This included the cupboards and drug fridge in the resuscitation bay in the emergency department. Due to the layout of the department this area could be accessed by patients, visitors, or staff without easily being seen. We raised this with the emergency department staff at the time of inspection. Staff advised that this was due to needing new locks for the cupboards which had been reported but there had been a delay in the maintenance work being completed. We escalated this to hospital managers at the time and the work was completed immediately. During our corresponding inspection at Aberdeen Royal Infirmary, we also observed medication was not always stored securely. A requirement has been given in both inspection reports to support improvement in this area.

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

Practising good hand hygiene helps reduce the risk of the spread of infection. Inspectors observed that the majority of staff were compliant with hand hygiene including the use of alcohol-based hand gel. However, we observed that patients were not always assisted to complete hand hygiene prior to mealtimes. A recommendation has been given to support improvement in this area.

Other standard infection control precautions such as linen, waste and sharps management minimise the risk of cross infection and must be consistently practiced by all staff. Inspectors observed poor compliance with sharps management, this included sharps boxes not being labelled as per guidelines and sharps boxes that were over full. During our corresponding inspection at Aberdeen Royal Infirmary, we also observed poor compliance with sharps management. A requirement has been given in both inspection reports to support improvement in this area.

Inspectors observed that used linen was not managed in line with guidance. The used linen trolley was not always taken to the point of care, and we observed staff carrying used linen in their arms. We also observed soiled linen being left on the floor until staff brought in the used linen trolley. This can increase the risk of contamination and cross infection and is not in line with the National Infection Prevention and Control Manual. A requirement has been given to support improvement in this area.

While the majority of areas appeared clean, there was some wear and tear to the environment including the use of tape to repair flooring. Within the emergency department we observed damaged paintwork, water-stained ceiling tiles and damaged doors. Staff described delays in estates and maintenance work being

completed. We were told at the virtual discussion with hospital managers that the overall process for maintenance repairs and requests is under review. During our corresponding inspection at Aberdeen Royal Infirmary, we also observed flooring repaired with tape. A requirement has been given in both inspection reports to support improvement in this area.

During the inspection, staff within the children's ward made inspectors aware of a previous infection control incident relating to the healthcare-built environment. We spoke with hospital senior managers about this who were able to provide appropriate evidence of actions taken in line with appropriate guidance.

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 (COSHH) Regulations. During our corresponding inspection at Aberdeen Royal Infirmary, we also observed that cleaning products were not stored securely. A requirement has been given in both inspection reports to support improvement in this area.

Inspectors observed that the layout of the emergency department made it difficult for staff to observe all areas easily. The resuscitation area, nurse/doctor area with central cardiac monitor console and clinical decisions unit are separate areas. Evidence returned included the space quality and function review of Dr Gray's Hospital, including for the emergency department. This describes that the area is too small for its current activity with the layout making observation of all areas difficult. The report recommends reconfiguration of the department, including the removal of central rooms to improve visibility as a future action. Evidence provided included two incident reports completed by staff in the past 12 months which described poor visibility of patients as a possible risk factor for falls.

Health and safety risk assessments provided by NHS Grampian for the use of corridor beds and the clinical decisions unit document that a member of staff should be allocated to each area if in use. During our inspection we observed that a member of staff was allocated to the clinical decisions unit. The risk assessment for the clinical decisions unit specifies to ensure that patients are mobile if they are cared for in the area.

NHS boards are required to have water safety systems in place for the control and management of risks posed by waterborne organisms that may cause disease. Inspectors observed that checklists to record daily flushing of toilets were not completed consistently. NHS Grampian has since shared an action plan to ensure compliance with water flushing. A requirement has been given to ensure oversight in this area.

Care equipment can be easily contaminated and a source of transferring infection if equipment has not been effectively cleaned. We observed that while the majority of patient care equipment was clean. the blood gas machine and two patient trolley

mattresses were contaminated with blood. A requirement has been given to support improvement in this area.

Area of good practice

Domain 4.1
1   All areas inspected were calm and well organised.

Recommendation

Domain 4.1
1   NHS Grampian should ensure that patients are assisted with hand hygiene at mealtimes.

Requirements

Domain 4.1
9   NHS Grampian must ensure effective senior management oversight and support, to ensure the fundamentals of care are provided and reduce the risks for staff and patients at times of extreme pressure within the emergency department.
10   NHS Grampian must ensure that all patient documentation is accurately and consistently completed. This includes Adults with Incapacity section 47 documents.
11   NHS Grampian must ensure safe storage and administration of medicines at all times.
12   NHS Grampian must ensure the safe disposal of sharps.
13   NHS Grampian must ensure used linen is managed appropriately.
14   NHS Grampian must ensure the care environment is maintained to allow for effective cleaning.
15   NHS Grampian must ensure all hazardous cleaning products are securely stored.
16   NHS Grampian must ensure consistent recording of flushing of infrequently used water outlets to improve compliance and provide assurance in line with current national guidance.

17	NHS Grampian must ensure that patient care equipment is kept clean and ready for use.

Domain 4.3 – Workforce planning

- Quality indicator 4.3 – Workforce planning

The recruitment challenges experienced by NHS Grampian are similar to the workforce staffing pressures currently faced throughout NHS Scotland, although there is recognition of the unique challenges of recruiting staff to hospitals in remote and rural settings.

Workforce data submitted by Dr Gray's Hospital demonstrated the current vacancy level within the overall nursing workforce was 6.8%. This is a reduction from 11.2% since January 2023. However, there is a 21.5% vacancy within the registered nursing workforce, we consider a high vacancy level to be above 10%. Workforce challenges within the emergency department at Dr Gray's Hospital was considered an area of significant concern, with staff reporting concerns about staffing levels, skill mix and how these can impact on the delivery of safe and effective care and staff wellbeing. This has also been highlighted in section 4.1 in the report.

Dr Gray's Hospital has a morning multi-disciplinary site and nursing staffing huddle and additional huddles at different points throughout the day. At the nursing staffing huddles, we observed staffing decisions were based on the agreed funded staff for the area. However, did not consider the dependency or acuity of the patients, skill mix or professional judgement of actual staffing levels and skill mix required daily to support the delivery of safe and effective care. While staffing risks are recorded on the staffing and site huddle template, no mitigations and the outcome of these decisions were recorded. Following the inspection senior managers have shared a nursing staffing template which they have recently developed as an interim measure to record any mitigations that have been put in place. This document is accessible to staff. Many staff informed inspectors that nursing staffing decisions and plans are made without consultation or discussion with teams, which has led to staff describing a lack of engagement and transparency.

In preparation for the Health and Care (Staffing) (Scotland) Act, Aberdeen Royal Infirmary have successfully implemented a real time staffing system and process for nurses, this includes the use of a national electronic system. This system provides an overview of nurse staffing levels and skill mix, alongside the acuity and dependency of the patients. Within this system, there is an escalation process for staff should they professionally judge that they require additional staff or a different skill mix, to support the delivery of safe and effective care. This can support an open and transparent culture in the recording, reporting and management of staffing risks. We were told by hospital managers that this system will be introduced at Dr Gray's

Hospital in January 2024. We did not observe real time staffing decisions, systems and processes for other clinical disciplines during this inspection. This will be a requirement of the legislation once enacted in April 2024.

NHS Grampian describe a coordinated recruitment approach for new graduate nurses and international recruitment, which resulted in NHS Grampian being able to successfully recruit registered nurses. We have been informed that 27 of these nurses have been allocated to Dr Gray's Hospital. These registered nurses are then allocated to the clinical areas of greatest need, for example areas experiencing high levels of vacancies or workforce challenges. All newly recruited staff are supported by the practice education teams who deliver an education programme which NHS Grampian hope will improve the experience of staff.

NHS Grampian describes recruitment and retention can be associated with geographical challenges of a remote and rural setting. To improve recruitment, NHS Grampian has adopted innovative ways to attract and plan for future nursing workforce. This includes work experience and opportunities for young people within the area. This is detailed in the NHS Grampian plan for the future strategy (2022-2028).

Due to a high level of vacancies, absences and clinical areas experiencing increased clinical and service demands this has necessitated a reliance on supplementary staff, particularly registered nurses, which includes bank and agency staff.

Supplementary staffing includes substantive staff working additional hours, staff from the NHS board's staff bank or staff from an external agency.

Staff have reported that the inappropriate placement of supplementary staffing has been detrimental to skill mix, reporting lack of experienced or unfamiliar staff in charge of wards. Staff told inspectors that this makes it difficult to ensure safe and effective care is delivered, this included fundamentals of care and the completion of essential record keeping. This was raised with senior managers who described the processes in place regarding the use of supplementary staff which includes forward planning by senior charge nurses to fill staffing gaps, the ability to request a specific skill set for staff and an induction process for agency staff.

We were told staffing level tools were completed within ward areas in May 2023, and a reporting template was trialled for use which incorporated the common staffing method. The information and data collected using the tool and staffs' professional judgement should be triangulated using the common staffing method to inform decisions about staffing. Senior managers told us they plan to repeat the staffing level tool in December 2023, incorporating any learning from the previous tool run process.

A review of nursing staffing in the emergency department was carried out in May 2023 using the national professional judgement tool. In addition to the professional judgement tool, there is a mandated specialty specific staffing tool for the multi-

disciplinary team within an emergency department. The data collected using this tool calculates the recommended workforce for nursing and medical staff using both the tool and staff professional judgement to ensure safe staffing. Senior managers decided to focus on the professional judgement tool for nurses only as they wished to create the correct conditions for a staffing level tool run in the future.

The outcome of the professional judgement tool application highlighted that taking into consideration the increasing demands of the department, the whole-time equivalent nursing workforce would need a substantial uplift to meet the department needs and provide safe and effective care. It was noted from the workforce data that there has been additional recruitment into the emergency department and senior leaders told inspectors that they have increased staffing levels using supplementary staff to support the department until a longer-term solution has been agreed. We were told a re-run of the professional judgement tool would be carried out in the emergency department by the end of December 2023, before moving onto the specialty specific staffing tool. Preparatory work is ongoing for this. To ensure a comprehensive review, it is essential to use the emergency department and emergency medicine staffing level tool and professional judgement tool, including all multi-disciplinary team, and apply the common staffing method to ensure a robust review is undertaken.

As part of the review of the staffing in the emergency department we requested vacancy information for both nursing and medical staff. It was noted that there are enduring long-term vacancies within medical staff. At consultant level there are 71% vacancies in the department. This has necessitated the use of locum and overtime to cover the staffing gaps. We were assured by the senior leadership team that the locum staff are long-term and experienced, and they have substantive staff that they share with Aberdeen Royal Infirmary. As part of their recruitment for emergency consultants they have developed a video which will be used in an advertisement campaign to highlight the benefits of working in the area.

Senior managers advised that the weekly clinical risk management group has oversight of all incidents and staffing concerns and reports quarterly to the Clinical Care Governance Committee. Although we were told of the governance processes and reporting structures in place, it is unclear how the process of review, action planning and recording of improvements is consistently completed and reported to ensure a quality improvement approach.

Senior managers we spoke with recognised improvements are required and highlighted actions they are planning to take which includes a new resource which will formally capture and report risk. A requirement has been given to support improvement in this area.

Requirement

Domain 4.3
18 NHS Grampian must ensure that it consistently reports and records staffing risks, as well as robustly recording mitigations and recurring risks in line with established governance processes.

Domain 6 – Dignity and respect

- Quality indicator 6.2 – Dignity and respect

All interactions between staff and patients were positive and inspectors observed staff treating patients with respect and dignity. However, we have concerns relating to patients' dignity within the emergency department during times of increased capacity.

The majority of patients we spoke with were complimentary about the care provided with patients being treated with dignity and respect. However, staff in the emergency department told inspectors that patient privacy and dignity was compromised when the department was operating above capacity. Staff described at times they had been required to provide patient personal care in the corridor with just privacy screens to maintain dignity. Within evidence provided we observed several incident reports documenting a lack of privacy and dignity for patients being cared for in corridor areas. This includes staff describing a lack of adequate and private bathroom facilities for patients resulting in patients receiving personal care such as using bed pans whilst in the corridor. Incident reports also documented patients sleeping on mattresses on the floor of the emergency department due to increased capacity.

We raised the lack of privacy and dignity for patients being cared for in the corridors of the emergency department with senior managers. We were provided with evidence of NHS Grampian's health and safety risk assessment for caring for patients in the corridor in the emergency department. This documents that privacy screens are available. However, these can be claustrophobic and reduce visibility of patients by staff. It therefore advises that the appropriateness of the use of privacy screens should be assessed by the member of staff allocated to patients in corridor beds. The risk assessment further documents that all corridor patients will have a dedicated member of staff responsible for providing support with accessing bathroom facilities. Inspectors were told by staff that there are two available call bells for patients who are in corridor beds. However, as described within the incident reports staff have highlighted on several occasions when more than two patients have been cared for within the corridor areas. Inspectors also observed that call bells were not available for patients who would be sitting in the chairs in the clinical decisions unit.

Mixed sex bays can have an impact on the privacy, dignity, and personal choice of patients. Staff told inspectors that the clinical decisions unit can have male and female patients at the same time The clinical decisions unit surge bed risk assessment from May 2023 includes an existing control measure of limiting mixed sex placement to 24 hours. However, there are no further mitigations documented to mitigate the impact of patients being cared for in mixed sex bays. A requirement has been given to support improvement in this area.

Inspectors observed one closed circuit television camera within the emergency department corridor. Staff told us that this camera is for security purposes. The use of a camera could have further impact on patient privacy and dignity if being cared for in a corridor bed. We raised this with senior managers who provided evidence that the camera does not record sound. Images are recorded and streamed to a screen in the portering team leader office and access is strictly limited. The closed circuit television at Dr Gray's Hospital is controlled by the portering team lead as per policy and in line with general data protection regulations. Recordings are deleted after 31 days. A requirement has been given to support improvement in this area.

NHS Grampian's closed circuit television policy was due to be reviewed in 2021. Evidence provided by NHS Grampian states that the policy is currently under review. During our corresponding inspection at Aberdeen Royal Infirmary, we also observed a number of policies which required review or ratification as they were in draft form. A requirement has been given in both inspection reports to support improvement in this area.

During the inspection we identified one ward 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 they wish to exit or enter the ward.

NHS Grampian provided its draft policy on the use of locked doors in adult inpatient hospital settings. We can see in evidence returned that this policy is undergoing review and ratification. The policy includes the proformas to be completed when ward doors are locked either on a permanent or ad hoc basis (such as nighttime locking of doors for patient and staff safety).

Inspectors observed portering staff providing security assistance to staff to maintain the safety of a patient who was attempting to leave the hospital but had been assessed as not having the capacity to do so. Staff told us that portering staff access patient notes prior to providing assistance in security incidents to see if appropriate documentation is in place. We raised this as a concern with senior managers at the time of inspection, who have now confirmed that while portering staff receive information governance training they no longer review patients notes. This has been

widely communicated to the portering team and relevant information is now provided to the portering staff directly by the nursing staff.

Area of good practice

Domain 6
2   We observed positive and caring interactions between staff and patients.

Requirements

Domain 6
19   NHS Grampian must ensure when patients are cared for in mixed sex bays, this is regularly risk assessed and suitable mitigations are put in place to maintain patient dignity, respect and choice.
20   NHS Grampian must ensure that patient privacy and dignity is maintained at all times and all patients have access to a call bell.

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, August 2023)
- Operating Framework (Healthcare Improvement Scotland and Scottish Government, 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)

You can read and download this document from our website.
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Please contact our Equality and Diversity Advisor by emailing
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