Healthcare Improvement Scotland | Inspections and reviews
To drive improvement

Unannounced Inspection Report

Acute Hospital Safe Delivery of Care Inspection

Glasgow Royal Infirmary

NHS Greater Glasgow and Clyde

9 April and 3 – 5 June 2024

Published September 2024

www.healthcareimprovementscotland.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. In order to achieve this, we:

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

About the hospital we inspected

Glasgow Royal Infirmary serves North and East Glasgow for both inpatient and outpatient services. There is an emergency department and minor injuries department on site.

About this inspection

During the week commencing 8 April 2024 we carried out inspections of three hospitals in NHS Greater Glasgow and Clyde in line with our safe delivery of care acute hospital inspection methodology.

We carried out unannounced focused inspections of the emergency departments at the Queen Elizabeth University Hospital on Monday 8 April and at Glasgow Royal Infirmary on Tuesday 9 April.

In addition to this, a hospital wide unannounced inspection was carried out at the Royal Alexandra Hospital from Monday 8 to Wednesday 10 April. Full details of the inspections of the Queen Elizabeth University Hospital and Royal Alexandra Hospital can be found here.

As a result of significant patient safety concerns identified during the focused inspection of the emergency department at Glasgow Royal Infirmary on 9 April, an unannounced hospital wide inspection was undertaken on Monday 3 June to Wednesday 5 June 2024 using our safe delivery of care inspection methodology. We inspected the following areas:

- acute assessment unit
- emergency department
- ward 2
- ward 3
- ward 5
- ward 8
- ward 11
- ward 15
- ward 23
- ward 26
- ward 28
- ward 30
- ward 35
- ward 36
- ward 43
- ward 46
- ward 48
- ward 50
- ward 52
- ward 53
- ward 61
- ward 63
- ward 65
- ward 66 and
- ward 70.

On Thursday 4 April 2024 Healthcare Improvement Scotland announced that it was undertaking a review of safety and quality of care at the Emergency Department of Queen Elizabeth University Hospital in response to concerns raised by emergency department consultants at the hospital. The review will take account of relevant safety considerations across the main receiving emergency departments in NHS Greater Glasgow and Clyde, including the Royal Alexandra Hospital, Queen Elizabeth University Hospital and Glasgow Royal Infirmary.

This review will consider the full breadth of the leadership, clinical, governance and operational issues, that may impact on the safety and quality of care in the emergency departments in NHS Greater Glasgow and Clyde, as well as consider any wider learning for Emergency Departments across NHS Scotland. Further information about the review and its Terms of Reference can be found here.

This inspection and report are separate to the review and are focused on our inspection of care at Glasgow Royal Infirmary on 9 April and 3-5 June 2024.

The results of the wider review will be published at a later date.

During our inspection of Glasgow Royal Infirmary, 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 Greater Glasgow and Clyde 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 Greater Glasgow and Clyde staff during June and July 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.

We would like to thank NHS Greater Glasgow and Clyde and in particular all staff at Glasgow Royal Infirmary for their assistance during our inspection.

A summary of our findings

Our summary findings from the inspection, areas of good practice and any 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 initial focused inspection of the emergency department on 9 April 2024, we raised significant concerns relating to patient safety and the potential impact of overcrowding on fire evacuation safety.

NHS Greater Glasgow and Clyde responded promptly to these concerns to provide assurance of immediate key actions that had been put in place to improve patient safety within the department.

These actions included but are not exhaustive of, designated staff to provide care to patients who are waiting in corridor spaces, a deep clean of the department by domestic staff, increased visibility of senior hospital managers and fire safety assessments.

We revisited the emergency department as part of this subsequent inspection where we observed that significant improvements have been introduced to enhance patient safety and patient care.

Throughout the rest of the hospital we observed teams working hard to deliver compassionate and responsive care.

All ward areas we inspected were calm and well led. We observed good teamwork with the majority of staff describing a supportive and visible senior leadership team.

Areas for improvement have been identified and include safe storage of medicine, hand hygiene compliance, patient care documentation and maintenance of the care environment.

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

This inspection resulted in five areas of good practice, one recommendation and 11 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 Greater Glasgow and Clyde 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

The unannounced inspection to Glasgow Royal Infirmary resulted in five areas of good practice.

Domain 2	
1	The emergency department has developed an electronic logbook to enable senior managers to have real time oversight of the department.
2	The emergency department has an established wellbeing team which has developed a range of initiatives in addition to support offered by NHS Greater Glasgow and Clyde.

Domain 4.1	
3	Mealtimes were well organised with patients receiving timely assistance if required.

Domain 4.3	
4	NHS Greater Glasgow and Clyde utilise a variety of initiatives to support staff health and wellbeing.

Domain 6	
5	The patient experience team worked with patients and carers to understand the patient experience within the emergency department.

Recommendations

The unannounced inspection to Glasgow Royal Infirmary resulted in one recommendation.

Domain 4.1	
1	NHS Greater Glasgow and Clyde should ensure patients are assisted with hand hygiene prior to mealtimes.

Requirements

The unannounced inspection to Glasgow Royal Infirmary resulted in 11 requirements.

Domain 1	
1	NHS Greater Glasgow and Clyde must ensure all staff are trained in fire evacuation procedures (see page 13). 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).
2	NHS Greater Glasgow and Clyde must ensure nursing staff are provided with the necessary paediatric and immediate life support training to safely carry out their roles within the emergency department (see page 13). This will support compliance with: The Code: professional standards of practice and behaviour for nurses' midwives and nursing associates (2018).

Domain 4.1	
3	NHS Greater Glasgow and Clyde must ensure all patients in the emergency department are provided with fundamentals of care (see page 22). This will support compliance with: Health and Social Care Standards (2017) criteria 1.12, 1.14, and 1.19; The Quality Assurance Framework (2022) criteria 6.2 and relevant codes of practice of regulated healthcare professions.
4	NHS Greater Glasgow and Clyde must ensure all patients have access to a call bell (see page 22). This will support compliance with: Health and Social Care Standards (2017) criteria 1.12, 1.14, 3.17, 3.21 and 5.18; Quality Assurance System: Quality Assurance Framework (2022) criteria 4.1 and 6.2 and relevant codes of practice of regulated healthcare professions.
5	NHS Greater Glasgow and Clyde must ensure all patient documentation is accurately and consistently completed (see page 22). This will support compliance with: Quality Assurance System: Quality Assurance Framework (2022) Criteria 4.1, relevant codes of practice of regulated healthcare professions, Adults with Incapacity (Scotland) Act (2000), Mental Health (Care and Treatment) (Scotland) Act (2003) and relevant codes of practice of regulated healthcare professions.
6	NHS Greater Glasgow and Clyde must ensure that all staff follow standard infection control precautions in relation to hand hygiene and the safe management of used linen (see page 22).

	This will support compliance with: National Infection Prevention and Control Manual (2023).
7	NHS Greater Glasgow and Clyde must ensure cleaning products are stored safely and securely (see page 23). This will support compliance with: Control of Substances Hazardous to Health (COSHH) Regulations (2002).
8	NHS Greater Glasgow and Clyde must ensure equipment is clean and ready for use (see page 23). This will support compliance with: National Infection Prevention and Control Manual (2023) and Health and Social Care Standards (2017) Criteria 5.24.
9	NHS Greater Glasgow and Clyde must ensure safe storage of medicines and that all staff manage controlled drugs in line with NHS Greater Glasgow and Clyde's policy and procedures for the safe management of controlled drugs. (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.
10	NHS Greater Glasgow and Clyde must ensure the healthcare environment is effectively maintained to ensure a safe and clean environment (see page 23). This will support compliance with: National Infection Prevention and Control Manual (2023), Infection Prevention and Control Standards (2022), Healthcare Associated Infection (HAI) standards (2015) Criterion 8.1 and Health and Social Care Standards (2017) Criteria 5.24.

Domain 6	
11	NHS Greater Glasgow and Clyde must ensure patient privacy and dignity is maintained at all times (see page 28). 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

Following our initial focused emergency department inspection in April 2024 we raised significant concerns in relation to patient safety and the potential impact of overcrowding on fire evacuation safety. NHS Greater Glasgow and Clyde responded promptly to these concerns and provided us with updates regarding the immediate key actions undertaken to improve patient safety within the department.

At the time of this inspection NHS Greater Glasgow and Clyde, like much of NHS Scotland, was experiencing significant pressures including increased hospital capacity and increased waiting times in the emergency department. During both our initial focused inspection of the emergency department and the subsequent unannounced full site inspection the hospital was operating at 96% bed occupancy. The British Medical Association and the Royal College of Emergency Medicine describe a safe bed occupancy level of less than 85%.

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 before admission, discharge or transfer for other treatment. During the week of our initial focused emergency department inspection, 64.1% of patients were seen within the four hour target across NHS Scotland with 48.6% of patients seen within four hours at Glasgow Royal Infirmary. Of the patients seen in the emergency department at Glasgow Royal Infirmary during the same week 80 waited longer than 12 hours to be discharged or transferred. During our subsequent hospital inspection for the week ending 9 June 2024, 67.6% of patients were seen within the four hour target across NHS Scotland with 66.7% of patients seen within four hours at Glasgow Royal Infirmary. During this week, 12 patients waited over 12 hours in Glasgow Royal Infirmary's emergency department. Further information on emergency department attendances can be found at NHS Performs weekly update of emergency department activity and waiting times.

During our initial focused inspection in April 2024 the emergency department was overcrowded and operating under significant pressure with more than a six hour wait for first assessment by a clinician following triage. Inspectors observed nine patients waiting on trollies either within corridor areas or beside the nursing station. Evidence submitted by NHS Greater Glasgow and Clyde demonstrated that the department was often operating at over 250% capacity. We asked NHS Greater Glasgow and Clyde to provide evidence of any incidents or adverse events reported by staff in the three months prior to our inspection. The learning from adverse events through reporting and review: a national framework for Scotland indicates that all adverse events should be reviewed. 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.

In the evidence provided we noticed that staff had reported significant concerns regarding the overcrowding of the emergency department on a number of dates and raised concerns regarding the impact that this would have on both staff and patient safety. These reports included incidents of staff discovering patients in the department that were thought to have left prior to being reviewed, misidentified patients resulting in tests having to be repeated and patients falling from trollies. We also identified incidents where patients who were waiting in corridors had become critically unwell.

We raised significant patient safety concerns with senior managers at the time of our initial focused inspection. These concerns included the impact of overcrowding in relation to patient care, patient privacy and dignity and fire evacuation safety. The impact of this will be discussed later in this report.

We were advised by NHS Greater Glasgow and Clyde senior managers that immediate measures had been undertaken to address these concerns. These included a fire walkthrough resulting in an agreement that there should be no more than six patients waiting in the ambulance corridor and seven patients waiting on trollies in the main department. These trolley spaces are now individually numbered enabling patients to be easily identified. We were shown that the electronic patient system had been updated to identify which patients were being cared for in non-cubicle areas. During our return inspection, staff explained to us that they no longer take additional patients above this recommended level. In emergency department shift reports following our initial inspection we observed no instances where this level had been exceeded.

Senior managers also explained new processes in place to support staff to care for patients waiting in corridors. This includes a designated registered nurse (continuing care nurse) and two healthcare support workers who are allocated to provide ongoing care and treatment for patients waiting in corridors or around the nursing station. We were told that patients are reviewed regularly by the continuing care nurse and that staff escalate to site management if assistance is required due to increased patient numbers or increased patient acuity. In shift reports following the initial inspection we observed that staff did escalate these concerns and staff were sent from other areas of the hospital to support the team. The role of the continuing care nurse will be described further in domain 4.1 of this report.

NHS Greater Glasgow and Clyde provided us with the fire risk assessments for Glasgow Royal Infirmary, this identifies the risk overcrowding in the emergency department has upon safe fire evacuation. Mitigation measures include ensuring patient trollies are located on one side of corridors and ensuring that all clinical staff have undertaken fire drills. Senior managers explained to us that this training is ongoing with support from the fire warden. We were also told that fire safety training compliance is reviewed regularly by members of the senior leadership team. Furthermore, staff whose fire training is due to expire will receive a reminder to prompt them to attend an update.

In some ward areas inspectors were told by staff that they had received fire evacuation training as well as regular fire walkrounds with the fire safety officer. In evidence provided by NHS Greater Glasgow and Clyde we observed that for the month of May 2024, 86% of staff had completed fire safety training. We were also provided with evidence of fire safety compliance being discussed during monthly management meetings. A requirement has been given to support improvement in this area.

We also observed in fire risk assessments that some areas of the hospital did not have fire detection systems. We discussed this with senior managers, including fire officers, who explained that while there were rooms identified that did not have fire detection, the surrounding areas provided a suitable means of detection and alarm. NHS Greater Glasgow and Clyde has provided us with further updates following this meeting to confirm that installation of fire detection in these areas is scheduled to be completed by August 2024.

The emergency department is comprised of a resuscitation area, 'majors A 'which has 18 cubicles and 'majors B' which has 11 cubicles including two paediatric rooms and an eye examination room. Majors B is an area adjacent to but separate from the main emergency department. Inspectors observed that the layout could make observing or hearing patients difficult for staff based at the nursing station. Staff told us that due to this, patients who are intoxicated or at risk of seizures would not be cared for in this area. Senior managers told us that the nurse in charge would identify patients suitable for being cared for in this area following triage. NHS Greater Glasgow and Clyde provided us with the 'Majors B Inclusion/Exclusion Criteria' which stipulates patients suitable to be cared for in this area. This includes patients with a National Early Warning Score 2 (NEWS2) of less than 4 and have conditions such as urinary tract infections, abdominal pain and injuries that could not be signposted to the minor injuries service. The NEWS2 is a system that measures a patient's physiological measurements such as blood pressure and pulse. It identifies patients who are at risk of or have become unwell in order for medical and nursing staff to respond. We did not observe any patient safety incidents reported by staff relating to patients being cared for in this area.

During our initial inspection, we did not observe delays in patients being transferred from waiting ambulances into the department. We were told by Scottish Ambulance Service colleagues that patients would be brought straight into the department. Inspectors observed that this resulted in patients waiting in a queue in the ambulance corridor. Scottish Ambulance Service colleagues remained with these patients until they were able to hand over their care to the triage nurse.

On our return inspection, we were told that following the recent changes to ensure no more than 13 patients are to be cared for in the corridors, ambulances may now be delayed in transferring patients into the main department. In evidence provided we observed that ambulances were waiting up to two hours to transfer patients into the emergency department. We did not observe any patient safety incidents relating to patients deteriorating whilst awaiting transfer into the emergency department within

provided incident reports. During our discussion session with senior managers we were told that nursing staff will liaise with Scottish Ambulance Service crews who are waiting with patients.

Scottish Government emergency signposting guidance seeks to ensure patients receive care in the most appropriate setting whilst helping to improve waiting times and delays in emergency departments and acute admission units. Further information can be found at emergency department signposting/redirection guidance. We were provided with NHS Greater Glasgow and Clyde's signposting and redirection policy which aims to ensure patients are given the right care, at the right time and the right place. This described how senior nursing staff in the emergency department may redirect patients attending the department to more suitable services such as pharmacy or dental services. Patients suitable for redirection under this service will be registered on the electronic patient record system and patients redirected will be given an information booklet. This booklet describes the different services patients may be redirected to such as dentist, minor injuries unit or optometry and explains how to contact them. In evidence submitted to us, we observed that between October 2023 and April 2024 a total of 4,896 patients have been redirected across all of NHS Greater Glasgow and Clyde.

Inspectors were told that patients who had been in the emergency department for extended periods of time would be transferred onto a hospital bed. However, we did not have the opportunity to observe this during our visit to the department. During our discussion session we were told by senior managers that nursing staff had access to both pressure relieving mattresses and hospital beds that would be used for patients who were at risk of pressure damage or had been in the department for extended periods of time. This was reflected in evidence submitted to us where we observed multiple entries in emergency department shift reports describing patients being moved onto hospital beds.

Glasgow Royal Infirmary does not have paediatric inpatient wards however the emergency department will assess paediatric patients. We asked NHS Greater Glasgow and Clyde to provide us with the levels of nursing staff who are trained in paediatric life support. 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).

We asked for the training compliance for registered nurses within the emergency department who had completed additional paediatric life support training including the paediatric immediate life support course. This course was developed by the Resuscitation Council UK for health professionals who may have to manage and treat paediatric patients in an emergency. We were told that 48% of emergency department

nursing staff are trained in paediatric immediate life support. We did not observe any adverse event incident reports regarding paediatric emergencies in evidence provided by NHS Greater Glasgow and Clyde.

As part of this inspection we also asked for the training compliance for adult life support training for staff in the emergency department. We were told that 72% of staff have completed either immediate or advanced life support training for adult patients. We were told by senior managers that these levels of training compliance in both adult and paediatric life support are sufficient to ensure each shift has staff with the correct skills on duty. Hospital managers also explained that there are ongoing plans for additional paediatric life support training as well as bespoke training provided by emergency department consultants and practice education team. These sessions focus on adult, paediatric and trauma life support skills and are held monthly and involve both medical and nursing staff. While we recognise that NHS Greater Glasgow and Clyde have taken steps to improve both adult and paediatric life support training compliance, a requirement has been given to support improvement in this area.

Requirements

Domain 1	
1	NHS Greater Glasgow and Clyde must ensure all staff are trained in fire evacuation procedures.
2	NHS Greater Glasgow and Clyde must ensure nursing staff are provided with the necessary paediatric and immediate life support training to safely carry out their roles within the emergency department.

Domain 2 – Leadership and culture

Quality indicator 2.1 – Shared values

We observed a supportive senior leadership team with wards being well led and calm. Safety huddles were held throughout the day and staff described a culture where they felt able to raise concerns.

We were able to attend the hospital wide safety huddles during our full site inspection. These were held throughout the day and attended by members of the multidisciplinary team including, nursing, allied health professionals, portering and facilities colleagues. The purpose of a safety huddle is to provide site situational awareness, understand patient flow and raise issues such as patient safety concerns, review staffing and identify wards or areas at risk due to reduced staffing levels. We were told that non-nursing professionals such a healthcare scientists will hold their own huddles or had a process in place to assess real time staffing risks and that the output of these would be brought to the hospital wide huddle if there was a concern. We observed waiting times in the emergency department and acute assessment unit were discussed, as well as staff highlighting staffing concerns. These staffing concerns

were either resolved immediately by moving staff or escalated and followed up at the next site safety huddle.

Inspectors were told that the emergency department hold safety pauses every two hours. During our initial inspection we did not observe these throughout the time inspectors were in the department. However, during our return inspection we were able to observe a safety pause. This was attended by the lead consultant, senior nurses and service manager and discussed patients who were being cared for in the department, describing their reason for attendance as well as plans of care and any possible delays that may occur. We were also told that the emergency department are trialling an electronic record of the safety pause which enables senior management out with the department to access the information in real-time and have a better awareness of the pressures within the department. NHS Greater Glasgow and Clyde provided us with a copy of this electronic logbook which highlighted patient safety concerns, flow capacity concerns, staffing concerns and delays to ambulances being able to transfer patients into the department.

We were able to attend ward safety huddles where staff discussed specific patient safety concerns as well as infection control and staffing shortages. Inspectors were also told that learning was shared through ward safety huddles including common themes from patient safety incident reports. Staff also explained to inspectors that information from the ward huddle is documented and available for all staff to read.

All ward areas we inspected were calm and well organised. We observed good teamwork and the majority of staff described a supportive and visible senior leadership team. A number of staff in all areas of the hospital described Glasgow Royal Infirmary as a good place to work with senior staff being described as supportive and approachable. In one ward, a junior doctor spoke with inspectors and reported that they had received great support. Student nurses also spoke highly of the support offered to them and felt part of a team that delivers a high standard of care.

Both medical and nursing staff in the emergency department described to inspectors a supportive environment where they felt safe to raise concerns. However, both medical and nursing staff voiced concerns to us during our inspection regarding the impact of the sustained increased pressure and capacity of the department. As described earlier in the report, NHS Greater Glasgow and Clyde submitted incident reports and emergency department shift reports as part of the inspection process. From these we observed that staff had raised multiple incident reports prior to our initial focused emergency department inspection describing an unsafe department due to severe overcrowding, unsafe staffing levels and incidents where there was poor skill mix. We were told that the emergency department holds monthly governance meetings to discuss items such as patient incident reports and significant adverse event reports which is attended by the lead nurse, clinical director, clinical service manager, and emergency care governance manager

During our return inspection to the emergency department inspectors were able to speak with several nursing staff who were keen to discuss the improvement work that

has been undertaken since our initial inspection. Staff spoke positively regarding the changes that had been implemented and felt they had been involved in this process. During this return visit we observed both senior nurses and managers were visible within the department. We were told by staff that weekly local governance assurance visits had been undertaken following our initial inspection. Senior managers also advised that an emergency department care assurance tool (EDCAT) had been undertaken with the most recent completed in May 2024. The purpose of the care assurance audit is to find out if care is being provided in line with current guidance and standards. We were provided with the results of the EDCAT from 16 April 2024 and observed that ongoing patient assessment and patient centred care scored highly with some areas requiring improvement identified such as ensuring patients and staff can easily identify the nurse in charge and cleanliness of the area. The EDCAT tool also contained an action plan which showed the initial actions required for improvement with regular updates. For example, we observed that where the waiting area had been identified as not clean, facilities teams had been asked to attend and assess the current cleaning schedule as well as ensuring that the nurse responsible for signposting was aware to escalate to facilities if the waiting area was unclean. We also observed that audits were being developed to ensure documentation was completed accurately and identify areas for improvement.

The emergency department has a wellbeing team led by a senior charge nurse. We were told of recent initiatives including therapets visiting the department, staff also shared with us that there is a Glasgow Royal Infirmary emergency department positivity social media page. We observed noticeboards in staff areas displaying a number of thank you messages from patients.

Areas of good practice

Domain 2	
1	The emergency department has developed an electronic logbook to enable senior managers to have real time oversight of the department.
2	The emergency department has an established wellbeing team which has developed a range of initiatives in addition to support offered by NHS Greater Glasgow and Clyde.

Domain 4.1 – Pathways, procedures and policies

Quality 4.1 – Pathways, procedures and policies

All ward areas inspected were calm and well organised and we observed staff working hard to provide safe and effective care. During our initial focused emergency department inspection, we raised significant concerns regarding patients not receiving fundamentals of care. On our revisit to the emergency department we observed that significant improvements had been made with patients in the emergency department describing a much more positive experience.

During our initial inspection of the emergency department we raised concerns about fundamental care needs not being met. We observed a lack of coordination within the nursing team. Several patients in the emergency department approached inspectors for assistance including access to food and drink as well as updates on their plan of care. One patient we spoke with had been in the department for over seven hours and had not been offered a drink, food, or pain relief. In another incident an inspector had to intervene and attempt to get assistance when a patient almost fell from a trolley which was positioned at the nursing station. Staff explained to inspectors that patients either in the corridor or sited around the nursing station had no allocated nurse. Several staff also explained to inspectors that patient care documentation was not commenced until the patients were placed into a cubicle. In shift reports provided to us by NHS Greater Glasgow and Clyde we observed that patients could be waiting over six hours for an available cubicle meaning that patient care documentation may not have been commenced during this time.

As described earlier in this report, we spoke with senior managers immediately following our initial inspection and raised significant patient safety concerns relating to patient dignity and care as well as cleanliness of the patient equipment and environment. We received a response from NHS Greater Glasgow and Clyde who informed us of the immediate actions that were undertaken. These included increasing nursing staff to support patients who were waiting in corridors as well as undertaking a deep clean of the department and support from other areas such as the infection prevention and control team.

The emergency department utilise the ‘emergency care nursing documentation’. This documentation records nursing interventions such as skin assessment, pain assessment, fluid and nutrition and whether the patient requires assistance to use the bathroom. It also records how frequently nursing staff should undertake care rounding. Care rounding is when the nursing team undertake regular checks on patients in order to assess and manage care needs. This may include pressure area relief, fluid and nutrition needs as well as whether the patient requires anything such as pain relief.

During our initial inspection the majority of emergency care nursing documentation records that inspectors accessed were either incomplete or were not completed in the prescribed timeframe. For example, in one record care rounding was assessed as

required for the patient hourly. However, no entries were documented in a five hour period. During our return inspection we observed that the emergency care nursing documentation was completed well and within appropriate timelines as were National Early Warning Score 2 (NEWS2) charts.

On our return inspection, inspectors were told that the role of the 'continuing care nurse' has been implemented in the emergency department. This role has been developed to ensure care is provided to patients who are being cared for out with a cubicle such as in the corridor. Staff described this as making a positive difference for patients. The continuing care nurse is based in the 'Majors A' area of the department between the corridor and nursing station and is supported by a healthcare support worker. We were shown that a wipe board had been placed where the continuing care nurse was stationed. This listed the patient's location in the department, triage category, National Early Warning Score 2 (NEWS2), any supplementary oxygen requirements and when care and comfort rounding was next due. Inspectors observed that this was updated regularly. Staff told us that the continuing care nurse now commences nursing documentation and provides patients with fluid, food, medication and if required, assistance with elimination. While we recognise the improvements made regarding the provision of the fundamentals of care in the emergency department, a requirement has been given to support and sustain improvement in this area.

We observed on both inspections that while there were call bells in cubicles within the department these were not always within easy reach and patients positioned either beside the nursing station or in corridors did not have access to a call bell. We were told by emergency department staff that this had been identified prior to our inspections and there had been assessments made in procuring a call bell system. Senior managers explained that these plans were still in early stages of development with all emergency departments in NHS Greater Glasgow and Clyde being included. Inspectors also observed that patients on wards waiting on a bed to become available did not have access to call bells. A requirement has been given to support improvement in this area.

During our unannounced return inspection, we observed that although the wards and emergency department were busy, patients appeared well cared for. Patients and their relatives described staff as compassionate and helpful in providing a high level of care.

Inspectors found that the majority of care rounding documentation in ward areas was well completed. However, some risk assessment documentation was incomplete or missing. This included a patient not having a falls risk assessment completed following a fall and behaviour monitoring charts not documenting interventions to reduce stress and distress and its associated impact on patient behaviours. A behaviour monitoring chart is an additional tool that staff may use when patients experience stress and distress, it helps to identify when and what has potentially caused a patient to experience distress and what interventions are effective in reducing this.

Inspectors observed that some adult with incapacity certificates were not completed fully. An adult with incapacity certificate is a legal document which assists patients, their families and staff make decisions regarding a patient's care and treatment when the patient is unable to make the decision independently. In one ward area, inspectors observed that the duration of these certificates was documented as 'indefinite'. The duration of an adult with incapacity certificate depends on a patient's condition. However, the longest duration that can be applied is three years for those with a profound and severe neurological condition. We raised this with the senior charge nurse for the ward at the time of inspection who ensured that these were rectified immediately.

Inspectors also observed that a patient had been detained under the Mental Health (Care and Treatment) (Scotland) Act. The provision of the Act is 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. Inspectors found that a short-term detention certificate had not been fully completed with the section for hospital management to complete not having information entered. We raised this with senior hospital managers during our onsite visit, we were told this paperwork had been completed by the following day. A requirement has been given to support improvement in this area.

Inspectors observed that there were several patients throughout the hospital that were requiring additional observations. Patients may require an enhanced level of observation to reduce the risk of harm for reasons such as an increased risk of falls or risk of self-harm. During our onsite inspection we observed that discussions regarding additional support for wards were held during hospital safety huddles enabling senior managers to have oversight. NHS Greater Glasgow and Clyde provided us with their 'continuous interventions for stress and distress guideline' which recommends that when staff have concerns regarding a patient's mental health or risk of harm to self that support from a registered mental health nurse may be appropriate. We observed that this support was in place throughout our onsite inspection.

We had the opportunity to observe a number of mealtimes in ward areas. These appeared to be well organised with mealtime coordinators available in the majority of wards. Meals were seen to be distributed in a timely manner with assistance given to patients who required this. We also observed patients who had recently been transferred from the emergency department into a ward being offered both food and drink when they first arrived. Inspectors were told by some members of staff that there can be delays in receiving meals from the kitchen. Senior managers were unaware of these delays when we discussed this with them during our onsite feedback and explained that they would investigate this further. Hand hygiene was not always offered to patients prior to meals being distributed. A recommendation has been given to support improvement in this area.

Hand hygiene is an important part of standard infection control precautions to minimise the spread of infection. Inspectors observed that there were occasions

where staff missed opportunities to clean their hands including before and after contact with patients. Alcohol based hand rub was available throughout the hospital. We observed good availability of personal protective equipment, and this was seen to be used in accordance with the national infection control and prevention manual. NHS Greater Glasgow and Clyde has previously been given a requirement to support improvement with hand hygiene compliance during previous safe delivery of care inspections. A further requirement has been given to support improvement in this area.

Other standard infection control and prevention measures include patient placement, management of the care environment, safe management of blood and fluid spillages, linen and waste management and prevention and exposure management (such as sharps injuries). Inspectors observed good compliance with sharps and waste management in the majority of areas. Clinical and general waste was segregated correctly into the correct waste bins.

During our initial emergency department inspection we observed that staff did not always take the used linen trolley to the point of care. During our return inspection we observed that staff used the linen trolley appropriately. In some ward areas used linen was not always bagged correctly. In one ward we observed that contaminated linen was placed into an alginate bag and then placed directly into a bag in the linen buggy. This is not in line with either Greater Glasgow and Clyde's policy or in accordance with the national infection control and prevention manual which explains that alginate bags should be placed into clear bags to prevent leakage/contamination. We also observed that in some wards in the older parts of the hospital used linen was stored in a corridor area that patients used in order to access the showers and toilets. A requirement has been given to support improvement in this area.

We observed that chlorine-based cleaning products were not always stored securely during both inspections of Glasgow Royal Infirmary, this may pose a risk as these products may be accessed by patients or members of the public. The Control of Substances Hazardous to Health (COSHH) Regulations 2002 stipulate that these products must be kept in a secure area such as a locked cupboard. Senior managers explained to us that replacement lockable cupboards have been ordered. NHS Greater Glasgow and Clyde have previously been given a requirement to support improvement in the safe storage of chlorine-based cleaning materials during previous safe delivery of care inspections. Whilst we recognise that NHS Greater Glasgow and Clyde have undertaken steps to improve compliance of the safe storage of these products, a requirement has been given to support improvement in this area.

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 several rooms where these precautions were in use. Clear signage was in place and staff were observed correctly using personal protective equipment in these areas.

The patient equipment in the majority of wards was clean and ready to use. Inspectors in one area of the hospital were told that patient moving and handling equipment such as hoists and stand aids were shared between wards. Staff explained to inspectors that this can delay patients receiving care as staff have to attend other wards to source these items. We did not observe any patient safety incidents where staff had reported this impacting upon patient care or safety.

During our initial focused inspection several pieces of equipment in the emergency department were not clean including dressing trollies and resuscitation trollies. The majority of trolley mattresses inspectors examined were also contaminated on the inner foam. Staff explained to inspectors that it was challenging to check trolley mattresses on a regular basis due to the trollies being in almost constant use.

As described earlier in the report, we raised significant concerns following our initial focused emergency department inspection. This included concerns regarding the cleanliness of the department. Senior managers provided us with the actions that were undertaken immediately following these concerns being raised. These included a deep clean of the emergency department and daily infection prevention and control team reviews to support the emergency department team.

NHS Greater Glasgow and Clyde provided us with updated emergency department cleaning checklists. These included the cleaning of patient trolley/mattress standard operating procedure as well as the daily mattress cleaning checklist. We were also told that the nurse in charge of the emergency department now undertakes twice daily spot checks to ensure the department remains clean. In evidence submitted to us, we observed that these have been undertaken regularly following the initial inspection. During our return inspection, trolley mattresses we examined in the emergency department did not have visible contamination. Inspectors also observed that equipment in the emergency department was clean and ready to use.

During our initial inspection we observed that a patient's own medication had been left on a dressing trolley within the emergency department. During our hospital wide inspection we also observed that medication was not safely secured in several ward areas. This included a cupboard which had a missing lock and also discharge medications left in an unlocked room. Nursing staff explained that the broken lock had been reported previously for repair via the electronic reporting system. Unsecure medication storage may result in a risk that medication may be taken by a patient or member of the public. This is not in line with the professional guidance and administration of medicines in healthcare settings (Royal Pharmaceutical Society and Royal College of Nursing 2019). We raised these concerns regarding secure medication storage with hospital managers at the time of inspection and inspectors observed that the lock was repaired the following day. A requirement has been given to support improvement in this area.

In emergency department shift reports submitted to us we also observed that staff had recorded that there had been two occasions where controlled drugs could not be accounted for. In NHS Greater Glasgow and Clyde's safe and secure handling of

medicines guidance for staff we observed that controlled drug discrepancies must be escalated to an appropriate senior nurse, sector chief technicians and/or the lead clinical pharmacist. We raised this with senior managers during our discussion session as we did not observe the reporting of these discrepancies in the electronic incident reporting system. Senior managers explained to us that they would be unaware of these discrepancies unless they were reported via the electronic reporting system and would investigate these further. A requirement has been given to support improvement in this area.

To ensure effective cleaning the hospital environment must be well maintained and in a good state of repair. During our inspection we observed the fabric of the building in the older part of the hospital was in a poor condition in several areas. For example, we observed broken and stained flooring, stained ceiling tiles, areas where wooden door surrounds were swollen and broken from damp, a number of damaged walls and flaking paint. Inspectors observed that in one ward flooring had lifted in several areas of a bathroom which not only made it difficult to clean effectively but also created a risk that a member of staff or patient could trip. Staff in the ward told inspectors that this had been reported for repair in January 2024 and they had not been informed of timescales for the repair.

Nursing staff explained to inspectors that in some wards showers were not in use due to water leaking into the ward areas on the floor below. In other wards, nursing staff described issues with drainage in shower rooms and explained to inspectors that they required waterproof boots when showering patients due to poor drainage. In these wards inspectors observed that the wood surrounds in adjoining corridor areas was swollen which may have been due to water damage from shower areas.

Inspectors were told by staff that maintenance requests are reported via an electronic reporting system. However, the system does not provide feedback to staff. In evidence provided to us, we observed that Glasgow Royal Infirmary had a significantly higher number of requests compared to most other sites in NHS Greater Glasgow and Clyde. For example, in the month of May 2024, 2273 maintenance requests in Glasgow Royal Infirmary were logged compared to 846 in Royal Alexandra Hospital. We observed that 1298 jobs out of 2273 requests for Glasgow Royal Infirmary had been completed in May 2024. Senior managers explained that the age of the buildings can bring challenges with regards to maintenance with some of the buildings being over 100 years old. During discussions with senior managers we were told that currently all maintenance requests logged onto the electronic reporting system were reviewed by a supervisor who would then allocate the jobs with priority given to jobs in high risk areas such as intensive care, oncology or operating theatre areas. However, staff can escalate jobs that are impacting on patient care during the hospital huddles. During our discussion sessions we were told that this process was currently in early stages of review with the aim of being able to more accurately risk assess the maintenance requests being generated.

Planned preventative maintenance is a schedule of jobs that ensure that the healthcare environment is safe and fit for purpose. It includes testing of safety equipment such as fire doors. In evidence submitted to us, NHS Greater Glasgow and Clyde provided us with the facilities monitoring report published in January 2024. This monitoring tool reflects issues with the fabric of the building that may impede cleaning activity, we observed that Glasgow Royal Infirmary reported a partially compliant score throughout the previous four quarters. Senior managers told us that these jobs are allocated to estates teams electronically daily and that the progress of these can be monitored by supervisors. A requirement has been given to support improvement in this area.

Area of good practice

Domain 4.1	
3	Mealtimes were well organised with patients receiving timely assistance if required.

Recommendation

Domain 4.1	
1	NHS Greater Glasgow and Clyde should ensure patients are assisted with hand hygiene prior to mealtimes.

Requirements

Domain 4.1	
3	NHS Greater Glasgow and Clyde must ensure all patients in the emergency department are provided with fundamentals of care.
4	NHS Greater Glasgow and Clyde must ensure all patients have access to a call bell.
5	NHS Greater Glasgow and Clyde must ensure all patient documentation is accurately and consistently completed.
6	NHS Greater Glasgow and Clyde must ensure that all staff follow standard infection control precautions in relation to hand hygiene and the safe management of used linen.
7	NHS Greater Glasgow and Clyde must ensure cleaning products are stored safely and securely.
8	NHS Greater Glasgow and Clyde must ensure equipment is clean and ready for use.
9	NHS Greater Glasgow and Clyde must ensure safe storage of medicines and that all staff manage controlled drugs in line with NHS Greater Glasgow and Clyde's policy and procedures for the safe management of controlled drugs.
10	NHS Greater Glasgow and Clyde must ensure the healthcare environment is effectively maintained to ensure a safe and clean environment.

Domain 4.3 – Workforce planning

Quality 4.3 – Workforce planning

Recruitment challenges particularly within vacancies within the band 5 registered nursing role were being experienced by NHS Greater Glasgow and Clyde. Staff described a visible and supportive senior leadership team.

Workforce data submitted by NHS Greater Glasgow and Clyde demonstrated a current vacancy level of 12% within the registered nursing workforce during the time of this inspection. We were told that this rate was 21% within the Older Peoples Services speciality and 8% in Emergency Care and Medical Specialities. We consider a high vacancy rate to be above 10%. We were told of initiatives such as holding recruitment events for older peoples services and staff information videos to encourage recruitment into these areas.

In evidence provided we observed that the role of band 4 assistant practitioners has been introduced by NHS Greater Glasgow and Clyde in response to band 5 nursing vacancy rate of 21% in older peoples services. Assistant practitioners work under the supervision of a registered practitioner to undertake care and treatment tasks and will develop a high level of skill through training and experience. International nurses have been recruited into the band 4 assistant practitioner roles and are currently being supported to achieve competencies required by the Nursing and Midwifery Council to enable them to work as band 5 registered nurses.

A variety of support is offered to the international nurses, which includes attendance at an upskilling programme provided by the University of the West of Scotland, access to educational resources such as revision workbooks and practice education team support. In evidence provided we observed that lead nurses, senior charge nurses and registered nursing staff who are supporting international nurses have access to monthly information sessions facilitated by the practice educations team, these have received a positive response from attendees.

We were provided with sickness absence rates within nursing at Glasgow Royal Infirmary for April 2024. We observed that the rate was 9.2% which is higher than their target sickness absence rate of below 5%. Certain specialities reported a significantly higher sickness absence rate including Emergency Care and Medical Specialities and Older Peoples Services, with both reporting over 14% absence in April 2024. During our discussion sessions, senior managers explained that targeted support is being offered to staff in these areas and that they work alongside occupational health and union colleagues to support staff to return to work. Senior managers also told us that NHS Greater Glasgow and Clyde offer staff a variety of wellbeing initiatives. These include the active staff group which provides a range of activities both online and in person to promote both good physical and mental health. We also observed that the support and information service offer advice to both staff and patients on areas such as energy costs, money and benefit advice and support for

carers. Staff were also able to self-refer for mental health support such as counselling as well as accessing mindfulness or peer support programmes.

NHS Greater Glasgow and Clyde shared with us the adult acute 'safe to start' guidance, where clinical areas staffing risks are reported as either 'red' which is the highest risk, 'amber' for medium risks or 'green' for lowest risks. The guidance stipulates what actions should be undertaken for each category. During our inspection the majority of clinical areas had a status of 'amber'. We observed senior staff following the guidance during huddles by redeploying staff from 'green' areas and the use of supplementary staff to mitigate staffing risks throughout the hospital. Some staff in wards voiced concerns that operating a ward area under 'amber' status has become normalised in the hospital. During our discussion session, senior managers explained that clinical areas review their staffing levels and skill mix, using their professional judgement to determine their status in line with NHS Greater Glasgow and Clyde safe to start guidance. We were advised of concerted efforts throughout the day to change risk status and that although all risk could not be eliminated, any unmitigated risks were escalated through the professional and operational structures.

Supplementary staff includes substantive staff working additional hours, staff from the NHS boards' own staff bank or from an external agency. Orientation of supplementary staff included the use of a temporary worker checklist in the emergency department. Not all staff we spoke to felt confident that the appropriate skill mix was in place to deliver effective care, this was reflected in some patient safety incident reports where staff had highlighted concerns regarding appropriate staffing skill mix. We were told that when staffing incident reports are raised by staff, the lead nurse for that area will liaise with the senior charge nurse for the area to ensure feedback and discussion with staff. During our discussion sessions, senior managers acknowledged that there was a high use of supplementary staff use in some areas to cover staffing shortfall. They also explained that this should be addressed following the recent successful recruitment of newly qualified nurses and international nurses. In evidence provided we observed that there were 98 newly qualified nurses recruited for the north sector of NHS Greater Glasgow and Clyde. We were also told that clinical areas review their staffing levels and skill mix throughout a shift using professional judgement to determine any risks with any unmitigated risks being escalated to senior managers.

Glasgow Royal Infirmary has a small number of wards that are planned to operate with one registered nurse, supported by healthcare support workers per shift. These wards are either nine or 12 bedded wards. Nursing staff told us that these wards would receive support from an additional registered nurse from nearby ward areas to cover staff breaks as well as assist with tasks such as administration of controlled drugs. Controlled drugs require two registered nurses, midwives or registered health professionals. However, student nurses may also check and administer these under the direct supervision of a registered nurse or midwife. Staff told inspectors that there have been occasions where administration of these medications has been delayed by up to an hour due to lack of available staff to attend the ward. Staff explained to inspectors that there had been some occasions where staff in these wards were

unable to take their breaks due to a lack of cover. During our onsite inspection, we observed that staff had been sent to enable staff in these wards to take their breaks. During our discussion sessions, senior managers explained that single nurse wards assess their staffing risk using the safe to start guidance described earlier in the report. We did not observe any patient safety incidents in single nurse wards where staff reported unsafe staffing levels or patient harm as a result of being a single nurse ward. During hospital safety huddles we observed these wards being highlighted so that support could be identified if required.

Area of good practice

Domain 4.3	
4	NHS Greater Glasgow and Clyde utilise a variety of initiatives to support staff health and wellbeing.

Domain 6 – Dignity and respect

Quality 6.1 – Dignity and respect

During our initial focused emergency department inspection we raised concerns relating to patient care and dignity with limited interactions observed between patients and staff. During our return inspection we observed significant improvements with patients and carers describing kind and compassionate care both in the emergency department and throughout the ward areas.

Despite the emergency department and ward areas being busy they appeared calm and well organised. Patients and their carers spoke highly of the care received and reported staff to be responsive when they required assistance. Patients looked comfortable and well cared for in all ward areas that inspectors attended.

During our initial inspection of the emergency department, we observed that the central nursing station was enclosed with a clear plastic screen which staff advised was installed as part of a response to the COVID-19 pandemic. Inspectors observed staff were based in the nursing station and had limited interactions with patients throughout our initial inspection. The dignity of some patients within corridor areas and surrounding the nursing station was affected by a lack of privacy.

During our return inspection we observed that the majority of the plastic screening had been removed from around the nursing station. Additional mobile workstations including a laptop had been provided to enable nursing staff to access electronic records whilst being closer to patients. Patients described to inspectors a much more positive experience and were complimentary about the care provided. Inspectors observed kind interactions between staff and patients as well as patients being offered fluid and food. During our return inspection patients in the emergency department looked comfortable and did not require assistance from inspectors when talking with us.

Senior managers provided us with evidence of actions undertaken in response to the concerns raised during our initial inspection. This includes the involvement of the patient experience team who attended the emergency department to understand the experience of patients and their carers. Evidence provided included the patient experience report which highlighted that patients felt all areas of the department were clean and described staff as professional, compassionate, respectful and attentive. Patients also described several examples where dignity was supported such as the use of curtains in cubicle areas and ensuring patients were covered with blankets. However, some patients did voice concerns regarding comfort when sitting in chairs for extended periods of time or privacy when waiting in corridor areas. Senior managers explained that work was ongoing to respond to patients' feedback such as exploring seating options that could be replaced to improve patient comfort. Senior managers also explained that the patient experience team will be returning to ensure that these improvements are maintained.

NHS Greater Glasgow and Clyde utilise a continuous flow model within Glasgow Royal Infirmary. The purpose of using this is to promote safe and effective patient flow throughout the hospital and reduce overcrowding and excessive waits in the emergency department and assessment units. Patients moved under the continuous flow model may be transferred to a ward area to wait in a ward whilst a bed becomes available. Inspectors observed patients being moved under this model throughout our return inspection. Some patients who were moved to these wards complained to inspectors that they were uncomfortable whilst waiting for their bed to become available. Staff in multiple ward areas raised concerns regarding the suitability of some patients who were selected to be moved into wards under the model, citing issues such as a lack of available space to provide personal care and patients waiting a prolonged period of time in chairs. Inspectors were also told that in some wards, the only suitable place to place a continuous flow patient who required to stay on a trolley until a bed was available was in the thoroughfare in the middle of the ward.

In incident reports submitted, we observed staff reporting incidents of patients who had waited a prolonged period in wards under the continuous flow model. During our discussion session with senior managers we were told that the older part of the hospital estate did pose challenges in regard to having space to accommodate additional patients in wards who were waiting for a bed. We were also told that the hospital safety huddles would enable staff to escalate concerns throughout the day in addition to raising concerns directly with senior managers. In the incident reports submitted we observed that staff recorded they had escalated their concerns to the hospital management team and that capacity issues had been discussed during site huddles. Senior managers also described that patients moved under the continuous flow model are informed before being moved. Inspectors observed that an information leaflet explaining why patients are moved under the continuous flow model and expected waiting time is given to patients. It also invites patients to provide feedback via Care Opinion, an online feedback forum for health and social care.

While we recognise the steps NHS Greater Glasgow and Clyde have taken to ensure patient dignity is maintained in the emergency department, we are not assured that patient privacy and dignity can be maintained for patients being cared for in corridors in the emergency department or patients transferred under the continuous flow model. A requirement has been given to support continued improvement in this area.

In one ward inspectors found that a wheelchair accessible shower had been repaired with a raised shower tray fitted, making it difficult for patients with mobility issues to use this facility. Staff explained that patients who required a wheelchair accessible shower would be taken to the neighbouring ward. Staff explained to inspectors that the repair was temporary and the intention was to have the shower repair completed so that all patients would be able to access the shower.

We observed that some wards had mixed sex bays in use. Staff in these wards explained to inspectors that patients would be cared for in these areas for as short a time as possible and then moved to a single sex bay. NHS Greater Glasgow and Clyde provided us with the 'mixed sex accommodation policy' which explained that some areas such as intensive care, emergency departments and coronary care units would be exempt from the requirement of being single sex units but staff had to ensure patient privacy was maintained. Inspectors observed that staff were adhering to this policy with curtains drawn appropriately to maintain patient privacy.

Area of good practice

Domain 6	
5	The patient experience team worked with patients and carers to understand the patient experience within the emergency department.

Requirement

Domain 6	
11	NHS Greater Glasgow and Clyde must ensure patient privacy and dignity is maintained at all times.

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)
- Ageing and frailty standards – Healthcare Improvement Scotland
- (Healthcare Improvement Scotland- Draft standards out for comment)
- Food, fluid and nutritional care standards – Healthcare Improvement Scotland (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 (Healthcare Improvement Scotland, 2022)
- National Infection Prevention and Control Manual (NHS National Services Scotland, January 2024)
- Healthcare Improvement Scotland and Scottish Government: operating framework - gov.scot (www.gov.scot) (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 and framework – Healthcare Improvement Scotland (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)

Published September 2024

You can read and download this document from our website.
We are happy to consider requests for other languages or formats.
Please contact our Equality and Diversity Advisor on 0141 225 6999
or email contactpublicinvolvement.his@nhs.scot

Healthcare Improvement Scotland

Edinburgh Office	Glasgow Office
Gyle Square	Delta House
1 South Gyle Crescent	50 West Nile Street
Edinburgh	Glasgow
EH12 9EB	G1 2NP
0131 623 4300	0141 225 6999

www.healthcareimprovementscotland.scot