

Date 30/12/2025
Your Ref
Our Ref 10893

Enquiries to Richard Mutch
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Dear

FREEDOM OF INFORMATION – ORTHOPAEDICS

I write in response to your request for information in relation to orthopaedics.

Question:

1. General Department Information

- How many inpatient orthopaedic beds does your department have?
- What is your average length of stay for orthopaedic patients?
- Do you have a dedicated orthopaedic ward, or are patients placed in mixed-specialty wards?

Answer:

a.	Trauma – 88. Elective W220 – 25.
b.	Last 12 months - Trauma wards – 7.6 days. elective ward – 2.6 days
c.	Ward 108, 109 and 209 are dedicated for orthopaedic trauma. Ward 220 is an elective orthopaedic ward

Question:

2. Patient Journey Information

- What's the average wait in ED before ward transfer?
- Do they remain on trolleys throughout ED stay or transferred onto beds?
- What mattress do the ED trolleys have?
- When does Pressure Area Care start?
- What is the average time to get to Theatre?
- What kind of Table is used in Theatre?
- How quickly are the patients mobilised post operatively?

Answer:

a.	2.8hours
b.	Should there be a wait in ED a patient would be transferred to a bed in the department. We cannot give a specific time frame for this as it would be at the discretion of the Nurse in charge and is not centrally recorded.

Headquarters
Mainpoint
102 West Port
Edinburgh EH3 9DN

Chair Professor John Connaghan CBE
Chief Executive Professor Caroline Hiscox
Lothian NHS Board is the common name of Lothian Health Board

c.	Arjo product number TRM2 BI-FLEX.														
d.	The current standard is that all patients should have their skin checked within 6 hours of admission or at the 1st community visit.														
e.	<table><tr><th>Site</th><th>Average of Time Post Operation</th><th>Average of Time to get to Theatre</th></tr><tr><td>Royal Hospital for Children and Young People</td><td>0:41</td><td>0:24</td></tr><tr><td>Royal Infirmary of Edinburgh</td><td>1:22</td><td>0:38</td></tr><tr><td>St John's Hospital at Howden</td><td>0:35</td><td>0:25</td></tr></table>			Site	Average of Time Post Operation	Average of Time to get to Theatre	Royal Hospital for Children and Young People	0:41	0:24	Royal Infirmary of Edinburgh	1:22	0:38	St John's Hospital at Howden	0:35	0:25
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f.															
g.	Trauma patients, usually Post op day 1. Elective patients, same day mobilisation.														

Question:

3. Staffing & Roles

- What is your nurse-to-patient ratio during day and night shifts?
- Do you have a dedicated Tissue Viability Nurse (TVN) or team?
- Are healthcare support workers trained in pressure area care?
- Do you have a multidisciplinary team involved in pressure damage prevention (e.g., physiotherapists, occupational therapists)?

Answer:

a.	Average ratio on days is 3.7 beds to 1 nurse Average ratio on nights is 4.1 beds to 1 nurse
b.	Yes - There is a PAN Lothian tissue viability service with a Tissue Viability Nurse Specialist located in each of the large acute hospitals.
c.	Yes - HCSW undertake pressure area care training when they start in NHS Lothian. RIE delivers a local induction which includes pressure area care This is also covered within the HCSW specific study day on tissue viability, and HCSW are able to attend other sessions offered regarding tissue viability/pressure ulcer prevention.
d.	No

Question:

4. Equipment & Resources

- What type of pressure-relieving equipment is routinely used (mattresses, cushions, boots)?
- Do you use any specific technology or tools to assess pressure damage risk (pressure mapping, skin assessment tools)?
- What type of beds are used?
- How often are pressure-relieving devices audited or maintained?

Answer:

a.	Auralis, Repose boots, chair air flow cushions. Lothian currently use the pentaflex mattress as standard on all beds and Auralis (Arjo) when dynamic mattresses are
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	required. There are some areas using repose mattresses as well and we use arjo for any bariatric pressure relieving equipment. We use prolevo boots for heel protection within acute settings.
b.	NHS Lothian use the waterlow risk assessment tool and person-centered care plans, currently the acronym SSKIN is used to support the development of care plans. We also use care rounding charts to support clinical care.
c.	We use arjo beds- enterprise 5000X or 8000X
d.	The dynamic mattresses are on contract with Arjo not maintained by NHS.

Question:

5. Policies & Protocols

- What is your protocol for pressure area assessment on admission and during the inpatient stay?
- How frequently are skin assessments carried out?
- Do you use a specific risk assessment tool (Waterlow, PUDDRA)?
- What is your escalation process when pressure damage is identified?
- Do you have a formal pressure ulcer prevention strategy or pathway?

Answer:

a.	Waterlow risk assessment within 6 hours of admission and then throughout patient stay. Skin check within 6 hours of admission and waterlow completed, further checks will be determined by the persons condition, waterlow score and implementation of care rounding.
d.	When there is a change in the patients condition. This will be person specific, see attached current pathway.
c.	Yes, Waterlow
d.	Assessment, plan and care plan for management, TVN referral if required, documentation and Datix. See current pathway.
e.	<p>We have a PU policy which has just been updated and an inpatient pathway which is being updated at present.</p> <p>The updated Prevention and Management of Pressure Ulcers policy was approved on Tuesday 25/11 by the Policy Approval Group.</p> <p>Version 2.0 has not yet been uploaded to Policy Online.</p> <p>(version 1.0 is on Policy Online currently: Prevention and Management of Pressure Ulcers policy)</p> <p>Associated guidelines: Adult Skin Care Guide and Black Heel Guide</p> <p>Patient information leaflet: Prevent Pressure Ulcers</p>

Question:

6. Data & Outcomes

- a. What is your current rate of hospital-acquired pressure damage in orthopaedic inpatients?
- b. How is pressure damage data collected and reported?
- c. Do you conduct regular audits or quality improvement projects related to pressure damage?
- d. Have you implemented any recent changes that have positively impacted pressure damage rates?

Answer:

a.	<ul style="list-style-type: none"> ○ Currently we do not segregate data by patient type at RIE. The current rate at RIE (where most orthopedic patients are treated) is 0.41 per 1000 occupied bed days
b.	<ul style="list-style-type: none"> ○ Our Adverse Event Management Policy/Procure requires the collection of adverse events, including Pressure Ulcers (PU), to be reported and reviewed on our Risk Management Information System – Datix. ○ All NHS Lothian acquired Grade 4 Pressure Ulcers: adverse events are reviewed using a specific template and protocol “PRESSURE ULCERS (PU) SIGNIFICANT ADVERSE EVENT (SAE) REVIEW TEMPLATE” ○ Data is reported into the Pressure Ulcer Collaborative. Healthcare Improvement Scotland (HIS) are launching a Scottish Patient Safety Programme (SPSP) for Pressure Care shortly, and Lothian will report into that once that commences.
c.	<ul style="list-style-type: none"> ○ LACAS cycles to identify improvement work, monthly PCAT audits and datix trends ○ We are currently in the planning stages of a Breakthrough Series Collaborative (based on the IHI model) across Lothian acute services and community services. The exact scope of this collaborative is still being agreed. There may be highly localised improvement projects happening in wards that we as a directorate are not familiar with.
d.	<ul style="list-style-type: none"> ○ All NOF's are nursed on air mattresses on admission ○ Localised improvement projects may have seen improvements with local change ideas. We aim to bring these together as a part of the Pressure Ulcer Collaborative. Active testing within the collaborative will begin in March 2026.

Question:

7. Education & Training

- a. What training do staff receive on pressure damage prevention and management?
- b. How often is this training updated or refreshed?
- c. Do you provide patient education on pressure damage prevention?

Answer:

a.	<p>There is a full study day any staff can attend on PU prevention that runs every 2nd month. There are local bite sized sessions run by TVN based on need and demand, this is in clinical induction and also at local inductions within RIE site at present. The TURAS</p>
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	modules Prevention and Management of Pressure ulcers has been made essential for NHS Lothian Registered Nurses, Midwives, B3 HCSW and Assistant Practitioners. TVN sessions annually, full month of Oct dedicated to PU prevention across the site and Stop the Pressure week 17th Nov highlighting PU management and prevention. TVN link nurses in all wards, meet monthly with TVN.
b.	Annually. Training is reviewed by the TVN team at least yearly or if changes/new guidance has been released.
c.	Yes but not all patients are able to understand due to cognition. We recommend the National Association of Tissue Viability Nurses patient information leaflet is given by all areas at assessment.

Question:

8. Patient Education & Engagement

- a. Do you provide pressure damage prevention education to patients upon admission? If so, what does it include?
- b. Are patients given written or digital materials about pressure area care?
- c. Is patient education tailored to specific risk groups (e.g., elderly, post-op, immobile)?
- d. How do you ensure patients understand and engage with pressure damage prevention strategies?
- e. Do you involve family members or carers in pressure damage education?
- f. Are patients encouraged to participate in their own pressure area care (e.g., repositioning, skin checks)?
- g. Do you use any visual aids, videos, or interactive tools to support patient education?
- h. Is patient education documented in the care plan or nursing notes?
- i. Do you audit or evaluate the effectiveness of your patient education on pressure damage prevention?

Answer:

a.	Discussed during admission, importance of pressure relief particularly with a fracture, rationale given for air mattress being in place and early mobilization to prevent pressure damage. Good dietary intake also discussed to promote wound healing. Again, as above, not all patients are able to understand or retain this due to cognition.
b.	No
c.	No
d.	Very difficult as patient group mainly frail elderly with cognitive impairment. Discussion with family to provide information and education. Important to ensure care plans reflect the care needs required as a result of the risk assessments undertaken.
e.	When required
f.	Yes
g.	No
h.	Yes, this should be documented
i..	No

I hope the information provided helps with your request.

If you are unhappy with our response to your request, you do have the right to request us to review it. Your request should be made within 40 working days of receipt of this letter, and we will reply within 20 working days of receipt. If our decision is unchanged following a review and you remain dissatisfied with this, you then have the right to make a formal complaint to the Scottish Information Commissioner within 6 months of receipt of our review response. You can do this by using the Scottish Information Commissioner's Office online appeals service at www.itspublicknowledge.info/Appeal. If you remain dissatisfied with the Commissioner's response you then have the option to appeal to the Court of Session on a point of law.

If you require a review of our decision to be carried out, please write to the FOI Reviewer at the email address at the head of this letter. The review will be undertaken by a Reviewer who was not involved in the original decision-making process.

FOI responses (subject to redaction of personal information) may appear on NHS Lothian's Freedom of Information website at: <https://org.nhsllothian.scot/FOI/Pages/default.aspx>

Yours sincerely

ALISON MACDONALD
Executive Director, Nursing
Cc: Chief Executive