



# Improvement Action Plan

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

Dr Gray's Hospital, NHS Grampian

09-11 October 2023

### Improvement Action Plan Declaration

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

**NHS board Chair**

Signature: \_\_\_\_\_

Full Name: ALISON EVISON  
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Date: 18 January 2024 \_\_\_\_\_

**NHS board Chief Executive**

Signature: \_\_\_\_\_

Full Name: ADAM COLDWELLS  
\_\_\_\_\_

Date: 18 January 2024 \_\_\_\_\_

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Ref:	Action Planned	Timescale to meet action	Responsibility for taking action	Progress	Date Completed
1.	<p><b>Domain 1 – Clear vision and purpose</b>  <b>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.</b></p> <p><b>This will support compliance with: The Code: Professional Standards of Practice and Behaviour for Nurses and Midwives (2018).</b></p>				
1.1	Nursing staff from the Emergency Department (ED) and Paediatric Short Stay Assessment Unit (PSSAU) to have completed Paediatric Immediate Life Support (PILS) training.	30 June 2024	Senior Charge Nurses and Resuscitation Team with support from Chief Nurse.		
1.2	Nursing staff from the Emergency Department to have completed Immediate Life Support (ILS) training.	30 June 2024	Chief Nurse facilitated with Senior Charge Nurses and Resuscitation Team		
2.	<p><b>Domain 1 – Clear vision and purpose</b>  <b>NHS Grampian must ensure effective and appropriate governance approval and oversight of policies and procedures are in place.</b></p> <p><b>This will support compliance with: Quality Assurance System: Quality Assurance Framework (2022) criterion 2.5 and 2.6.</b></p>				
2.1	<p>Review policies for Dr Gray’s Hospital, ensuring all are compliant with timescales. All governance meetings (clinical and non-clinical) to include:</p> <ul style="list-style-type: none"> <li>• policy review to be agenda item</li> <li>• conduct an audit after 3 months to ensure compliance</li> <li>• ensure NHS Grampian’s closed circuit TV policy, locked door policy and health and</li> </ul>	30 June 2024	Associate Director Quality Improvement and Assurance/ Portfolio Senior Leadership Teams/ Deputy General Manager for Facilities and Estates		

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	safety risk assessment for adults being cared for in non-standard patient areas are complete				
3.	<p><b>Domain 1 – Clear vision and purpose</b>  <b>NHS Grampian must ensure that systems and processes are in place to ensure both adult and paediatric patients are triaged in a timely manner.</b></p> <p><b>This will support compliance with: Quality Assurance System: Quality Assurance Framework (2022) Criteria 6.1.</b></p>				
3.1	Emergency Department Adult & Paediatric Medical Admission Flow to be reviewed and updated to ensure it is criteria led by 31 January 2024. Compliance with pathway and inclusion of Paediatric Early Warning Score (PEWS) assessment and safe and effective triage. An audit to be conducted after 3 months to understand effectiveness and compliance.	30 April 2024	Hospital Clinical Director and Clinical Leads supported by Unit Operational Managers		
4.	<p><b>Domain 1 – Clear vision and purpose</b>  <b>NHS Grampian must ensure all staff are aware of fire evacuation procedures.</b></p> <p><b>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).</b></p>				
4.1	<p>Communication shared to ensure staff are aware of fire evacuation processes.</p> <p>All Dr Gray's Hospital (DGH) Fire Plans to be reviewed including in areas with increased capacity by 31 January 2024 and a review after 3 months on the staff awareness of fire evacuation procedures.</p>	30 April 2024	Hospital Senior Leadership Team (SLT) supported by Deputy Nominated Fire Officer and Health & Safety Group	Review of fire plans for all areas in progress.	

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	A Fire Risk Assessment will be completed for all areas including those with additional patients and fire plans to be updated.				
4.2	Fire evacuation tabletop exercises to take place with the Deputy Nominated Fire Officer in all areas by 30 September 2024, with feedback from attendees and a review after 3 months on the staff awareness of fire evacuation procedures.	31 December 2024	Hospital Senior Leadership Team supported by Deputy Nominated Fire Officer		
4.3	In line with NHS Grampian compliance levels for statutory and mandatory training, 70% compliance to be achieved for fire safety training by 29 February 2024, and review after 3 months for training compliance.	31 May 2024	Hospital Senior Leadership Team supported by Operational Managers		
<b>5.</b>	<b>Domain 2 – Leadership and culture</b> <b>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.</b> <b>This will support compliance with: NMC Standards for student supervision and assessment (2023).</b>				
5.1	Review of the Practice Learning Environments, allocation of nursing students, educational audits, and student placement experience to ensure all areas meet the Quality Standards for Practice Education (NES 2021)	31 May 2024	NHS Grampian Lead Nurse for Practice Education and Development supported by the Lead Practice Educator for Dr Gray's Hospital		
5.2	All clinical areas to have substantive nursing staff member on each shift to ensure student support, and assurance obtained daily via staffing huddles.	12 October 2023	Chief Nurse with support from Nurse Managers	Action completed and monitored daily at staffing huddles	12 October 2023

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			and Senior Charge Nurses		
6.	<p><b>Domain 2 – Leadership and culture</b></p> <p><b>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.</b></p> <p><b>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.</b></p>				
6.1	A Controlled Drugs management improvement action plan has been developed, approved and implemented following initial feedback and letter of concern provided by Healthcare Improvement Scotland.	01 March 2024	Director of Pharmacy With support from Chief Nurse, Dr Gray’s Hospital Lead Pharmacist & Controlled Drugs Pharmacy Team	Improvement Action Plan shared with Healthcare Improvement Scotland and in progress	
7.	<p><b>Domain 2 – Leadership and culture</b></p> <p><b>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.</b></p> <p><b>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).</b></p>				
7.1	Monitor, review and progress against overdue actions on Datix through Portfolio governance structures and clinical risk meetings, and audit effectiveness of measures after 3 months and as per action plan timelines.	31 March 2024	Head of Performance and Governance	Improvement Action Plan shared with Healthcare Improvement Scotland following letter of concern. Progress being monitored as per action plan.	

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7.2	Support areas with significant numbers of improvement actions requiring completion	31 January 2024	Hospital Senior Leadership Team		
7.3	Monitor and review captured in action 7.1.  Improvement action plans have been developed aligned with requirement 8.1.	31 January 2024	Hospital Senior Leadership Team		
7.4	Escalation of concerns where areas cannot complete timely review of Datix events to Grampian Clinical Risk Meeting (CRM) by 14 February 2024, and a review after 3 months on the effectiveness of provided support measures and compliance position of Datix events.	31 May 2024	Hospital Senior Leadership Team		
<b>8.</b>	<b>Domain 2 – Leadership and culture</b> <b>NHS Grampian must ensure effective senior management oversight and support, to reduce the risks for staff and patients receiving care.</b> <b>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.</b>				
8.1	Improvement Action Plan shared with Health Improvement Scotland following letter of concern; Refreshed Clinical Risk Management, Assurance and Accountability processes in place. Training and education and protected time for staff in place. Including Staff Health & Wellbeing measures. Progress being monitored as per Requirement 7.	31 March 2024	Hospital Senior Leadership Team		

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9.	<p><b>Domain 4.1 - Pathways, procedures and policies</b></p> <p><b>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.</b></p> <p><b>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.</b></p>				
9.1	Current Dr Gray's Hospital Site Escalation Plan, associated Standard Operating Procedures (SOP) and risk assessments for the use of non-standard patient areas and Clinical Decisions Unit to be reviewed, updated and shared with Department/Service Leads including Senior Charge Nurses and Operational Support Teams 22 December 2023 and review end of January 2024 for the effectiveness and compliance.	30 April 2024	Hospital Senior Leadership Team with support from Operational Teams	Escalation Plan updated and shared 22 December 2023.	
9.2	Emergency Department daily shift report template to be developed by 31 January 2024 to capture patient quality of care and staff safety concerns associated with department pressures. A review of this report template to be undertaken after 2 months.	31 March 2024	Hospital Senior Leadership Team facilitated with Unscheduled Care Management Team		
10.	<p><b>Domain 4.1 - Pathways, procedures and policies</b></p> <p><b>NHS Grampian must ensure that all patient documentation is accurately and consistently completed. This includes Adults with Incapacity section 47 documents.</b></p> <p><b>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).</b></p>				
10.1	Monthly Audit to review effective completion of patient documentation and record keeping including Adults with Incapacity (AWI) legislation and completion of documentation. Will be	31 March 2024	Hospital Senior Leadership Team with support from Nurse Managers, Medical		

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	incorporated into suite of Quality Assurance activity.		Leadership and Allied Health Professional Lead		
10.2	Ensure training and education sessions are arranged for staff specifically on Adults with Incapacity (AWI) legislation and completion of documentation.	31 May 2024	Hospital Clinical Director support by Frailty Clinicians		
<b>11.</b>	<b>Domain 4.1 - Pathways, procedures and policies</b> <b>NHS Grampian must ensure safe storage and administration of medicines at all times.</b> <b>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.</b>				
11.1	Introduction of regular audits across all Dr Gray's Hospital inpatient areas, led by nurse managers & Medication Safety Advisor, on safe storage and administration of medicines.	31 January 2024	Chief Nurses/ Pharmacy facilitated by Nurse Managers/ Medication Safety Advisor		
<b>12.</b>	<b>Domain 4.1 - Pathways, procedures and policies</b> <b>NHS Grampian must ensure the safe disposal of sharps.</b> <b>This will support compliance with: National Infection Prevention and Control Manual (2023).</b>				
12.1	Audit of sharp boxes to be undertaken to ensure boxes are labelled as per guidelines and temporary closures are used appropriately.	30 June 2024	Senior Charge Nurses/Nurse Managers	Weekly walk rounds commenced and Safe and Clean Care Audit to take place	
<b>13.</b>	<b>Domain 4.1 - Pathways, procedures and policies</b> <b>NHS Grampian must ensure used linen is managed appropriately.</b>				



Ref:	Action Planned	Timescale to meet action	Responsibility for taking action	Progress	Date Completed
<b>This will support compliance with: National Infection Prevention and Control Manual (2023).</b>					
13.1	Operational Team weekly assurance walk rounds and 6-monthly Safe and Clean Care Audits to take place to ensure compliance with Linen Policy.	30 June 2024	Senior Charge Nurses facilitated with the Nurse Managers and Operational Teams.	Weekly walk rounds commenced and Safe and Clean Care Audit to take place	
14.	<b>Domain 4.1 - Pathways, procedures and policies</b> <b>NHS Grampian must ensure the care environment is maintained to allow for effective cleaning.</b> <b>This will support compliance with: National Infection Prevention and Control Manual (2023).</b>				
14.1	Facilities to develop action plan and schedule of works for identified remedial works including flooring by 29 February 2024 and monitor on quarterly basis for progress.	31 May 2024	Deputy General Manager, Facilities supported by Facilities Heads of Service	Action plan currently in development. Schedule of meetings set up with Heads of Services to monitor and progress.	
15.	<b>Domain 4.1 - Pathways, procedures and policies</b> <b>NHS Grampian must ensure all hazardous cleaning products are securely stored.</b> <b>This will support compliance with: Control of Substances Hazardous to Health (COSHH) Regulations (2002).</b>				
15.1	Wards and departments to be reminded at daily safety briefs and assurance walk rounds of the need to keep all hazardous substances for cleaning within lockable cupboards. A review of the effectiveness of these measures in action 15.1 and 15.2 to be undertaken after 3 months.	31 May 2024	Hospital Senior Leadership Team facilitated by Operational Teams, Senior Charge Nurses & Head of		

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			Domestic and Support Services		
15.2	Audit compliance with storage of hazardous substances e.g. Actichlor, in line with COSHH requirements.	31 May 2024	Hospital Senior Leadership Team facilitated by Operational Teams, Senior Charge Nurses & Head of Domestic and Support Services		
15.3	Robust escalation process for issues of non-compliance.	31 May 2024	Hospital Senior Leadership Team supported by Senior Charge Nurses, Nurse Managers & local Facilities and Estates team		
<b>16.</b>	<b>Domain 4.1 - Pathways, procedures and policies</b> <b>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.</b>  <b>This will support compliance with: National Infection Prevention and Control Manual (2023).</b>				
16.1	To ensure all staff are aware that water flushing to be completed twice weekly for clinical and non-clinical areas, apart from the High Dependency Unit which should be completed daily, ensuring that the evidence of this is recorded.	30 June 2024	Hospital Senior Leadership Team with support from Infection Prevention Control	Water Flushing Improvement Action Plan developed and in progress monitored by Healthcare Associated	

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	Non-compliance is escalated via Nurse Managers and Operational Management team.		Nurse, Nurse Managers & Senior Charge Nurses	Infections (HAI) Group. Safe and Clean Care Audit will also provide oversight.	
<b>17.</b>	<b>Domain 4.1 - Pathways, procedures and policies</b> <b>NHS Grampian must ensure that patient care equipment is kept clean and ready for use.</b>  <b>This will support compliance with: National Infection Prevention and Control Manual (2023) Standard 6.</b>				
17.1	Operational Team weekly assurance walk rounds and 6 monthly Safe and Clean Care Audits to take place to ensure equipment is clean and ready to use.	30 June 2024	Chief Nurse facilitated with the Senior Charge Nurses, Nurse Managers and Operational Teams.	Weekly walk rounds commenced and Safe and Clean Care Audit to take place	
<b>18.</b>	<b>Domain 4.3 - Workforce planning</b> <b>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.</b>  <b>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.</b>				
18.1	Twice daily nurse staffing huddles to ensure safe staffing levels and any risks are escalated and mitigated.	31 October 2023	Chief Nurse facilitated with the Nurse Managers	Action completed and monitored daily	31 October 2023
18.2	Use of Healthroster across Dr Gray's Hospital to support effective rostering of nursing staff and managing short and moderate term rostering risks	31 January 2024	Chief Nurse facilitated with the Nurse Managers	Weekly scheduled data sets relating to rostering gaps and performance set up for Chief Nurse and Nurse Managers to	11 January 2024

Ref:	Action Planned	Timescale to meet action	Responsibility for taking action	Progress	Date Completed
				support improved roster governance	
18.3	Implement SafeCare system and associate processes for the assessment, mitigation, escalation of reporting of real-time staffing risks.	31 January 2024	Chief Nurse/ Clinical lead for eRostering	Engagement meetings complete and training programme commenced. On track for completion by 31 <sup>st</sup> January 2024	
18.4	Develop data metrics to identify recurrent risk based on Healthroster and SafeCare data	30 June 2024	Clinical Lead eRostering		
18.5	Risk register entry detailing nursing workforce risks across the hospital site, reported to Nurse Director and Workforce Council.	31 January 2024	Chief Nurse	Risk captured on the Dr Gray's Risk Register.	Updated in January 2024
18.6	Adverse events submitted detailing nurse staffing risks to be reviewed in line with the NHS Grampian Policy for the Management and Learning from Adverse Events reported to Workforce Council and Staff Governance Group.	31 January 2024	Chief Nurse facilitated with the Nurse Managers		
19.	<p><b>Domain 6.1 - Person-centred and safe outcomes</b></p> <p><b>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.</b></p> <p><b>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.</b></p>				
19.1	Develop a Standard Operating Procedure for accommodating mixed sex bays including access to toilets	31 May 2024	Nurse Director and Corporate Chief Nurse		
19.2	Risk assessments for non – standard patient areas were circulated to nurse managers for onward sharing 22 December 2023 (circulated as per 9.1), and risk assessments to be reviewed quarterly.	31 March 2024	Chief Nurse facilitated by Nurse Manager and Senior Charge Nurses		

Ref:	Action Planned	Timescale to meet action	Responsibility for taking action	Progress	Date Completed
20.	<b>Domain 6.2 - Dignity and respect</b> <b>NHS Grampian must ensure that patient privacy and dignity is maintained at all times and all patients have access to a call bell.</b> <b>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.</b>				
20.1	Ensure sufficient call bells are available for use by all patients, when appropriate in all areas of the Emergency Department	29 February 2024	Nurse Manager facilitated by Chief Nurse		
20.2	Ensure sufficient temporary privacy screens are available at times of increased capacity	29 February 2024	Nurse Manager facilitated by Chief Nurse		
	<b>Recommendation</b>				
1.	<b>Domain 4.1 - Pathways, procedures and policies</b> <b>NHS Grampian should ensure that patients are assisted with hand hygiene at mealtimes.</b>				
1.1	Mealtime co-ordinator to be identified at the beginning of each shift each to ensure patients are prepared appropriately for mealtimes	29 February 2024	Chief Nurses facilitated by Nurse Managers and Senior Charge Nurses		
1.2	Learning from Healthcare Improvement Scotland inspection regarding preparation for mealtimes (including hand hygiene) shared with all sectors of NHS Grampian via Grampian Strategic Hydration and Nutritional Care Group	14 March 2024	Grampian Strategic Hydration and Nutritional Care Group		