# 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

Date: 28 May 2024

**NHS board Chief Executive**

Signature: _____

Full Name: ADAM COLDWELLS

Date: 28 May 2024

| Ref: | Action Planned | Timescale to meet action | Responsibility for taking action | Progress | Date Completed |
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| 1. | **Domain 1 – Clear vision and purpose**<br>**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.**<br><br>**This will support compliance with: The Code: Professional Standards of Practice and Behaviour for Nurses and Midwives (2018).** | | | | |
| 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. | **Complete**<br>Nursing staff within the Emergency Department (ED) and Paediatric Short Stay Assessment Unit (PSSAU) have completed Paediatric Immediate Life Support training with ongoing training schedule in place | 21 May 2024 |
| 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 | **Complete**<br>Nursing Staff from the Emergency Department have completed Immediate Life Support (ILS) training with ongoing training schedule in place. | 21 May 2024 |
| 2. | **Domain 1 – Clear vision and purpose**<br>**NHS Grampian must ensure effective and appropriate governance approval and oversight of policies and procedures are in place.**<br><br>**This will support compliance with: Quality Assurance System: Quality Assurance Framework (2022) criterion 2.5 and 2.6.** | | | | |
| 2.1 | Review policies for Dr Gray's Hospital, ensuring all are compliant with timescales. All governance meetings (clinical and non-clinical) to include:<br>• policy review to be agenda item<br>• conduct an audit after 3 months to ensure | 30 June 2024 | Associate Director Quality Improvement and Assurance/ Portfolio Senior Leadership Teams/ Deputy | **Complete**<br>Review of policies across NHS Grampian and Dr Gray's Hospital and communication shared with Governance Groups to ensure | 30 April 2024 |

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| | compliance<br>• ensure NHS Grampian's closed circuit TV policy, locked door policy and health and safety risk assessment for adults being cared for in non-standard patient areas are complete | | General Manager for Facilities and Estates | compliance with reviews ensuring all policies are up to date.<br><br>An agreed schedule for audit is now in place to review effectiveness and compliance.<br><br>NHS Grampian CCTV Policy completed and submitted to NHSG Policy Group on 30 April 2024 and out for consultation. Consultation concludes 24 June 2024.<br><br>Health and Safety Risk Assessments for Dr Gray's Hospital for patients cared for in non-standard patient areas are complete | Ongoing |
| 3. | **Domain 1 – Clear vision and purpose**<br>**NHS Grampian must ensure that systems and processes are in place to ensure both adult and paediatric patients are triaged in a timely manner.**<br><br>**This will support compliance with: Quality Assurance System: Quality Assurance Framework (2022) Criteria 6.1.** | | | | |
| 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 | **Complete**<br>Dr Gray's Emergency Department Paediatric Triage and First Assessment Standard Operating Procedure is in place. This aligns with the Manchester Triage Tool for Paediatrics and includes PEWS assessment. An agreed schedule for audits is now in place to review effectiveness and compliance. | 25 April 2024 |

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| 4. | **Domain 1 – Clear vision and purpose**<br>**NHS Grampian must ensure all staff are aware of fire evacuation procedures.**<br><br>**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).** | | | | |
| 4.1 | Communication shared to ensure staff are aware of fire evacuation processes.<br><br>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.<br><br>A Fire Risk Assessment will be completed for all areas including those with additional patients and fire plans to be updated. | 30 April 2024 | Hospital Senior Leadership Team (SLT) supported by Deputy Nominated Fire Officer and Health & Safety Group | **Complete**<br>Fire plans are available in all areas across Dr Gray's Hospital, and these have been shared with staff working within the area.<br><br>Deputy Nominated Officer for Fire has records of all fire plans and renewal dates, to ensure oversight of Dr Gray's Hospital fire plans.<br><br>Tabletop exercises have been undertaken by the Fire Safety team. These now form part of the health and safety assurance walkarounds.<br><br>Fire risk assessments are in place and updated by the fire safety department including those areas with additional patients. | 14 May 2024 |
| 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 | Fire evacuation tabletop exercises are progressing across the Dr Gray's Hospital site with planned reviews in place to be completed in line with timescale agreed. | Ongoing |

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| 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 | 70% compliance was achieved in February, and this will be monitored on a quarterly basis by the Dr Gray's Health and Safety Group. To be completed in line with timescale agreed. | 14 May 2024 |
| **5.** | **Domain 2 – Leadership and culture**<br><br>**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.**<br><br>**This will support compliance with: NMC Standards for student supervision and assessment (2023).** | | | | |
| 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 | **Complete**<br>Action completed, continuous monitoring in place of the student experience.<br><br>Practice Learning Environment Allocation and Service Level Agreements (Educational Audits) continuously reviewed in partnership with Practice Education and Senior Charge Nurses.<br><br>Review of Quality Management of Practice Learning Environment (QMPLE) reports to support any areas of improvement for student placement experience. | 16 May 2024 |

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| | | | | Student support sessions delivered by the Practice Education team continue across Dr Gray's Hospital site as well as support for assessors aligning with a "you said, we did approach". | |
| 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 and Senior Charge Nurses | **Complete**<br>All clinical areas have a substantive member of nursing staff on each shift, ensuring a consistent approach to student support. Monitored daily at staffing huddles where staffing is reviewed, and risks mitigated across the DGH site in line with the Standard Operating Procedure (SOP) Real Time Staffing Process<br><br>Ongoing recruitment of substantive staff is in place to reduce the number of supplementary staff across the site. | 12 October 2023 |
| **6.** | **Domain 2 – Leadership and culture**<br><br>**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.**<br><br>**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.** | | | | |
| 6.1 | A Controlled Drugs management improvement action plan has been developed, approved and implemented following initial feedback and letter of | 01 March 2024 | Director of Pharmacy<br>With support from Chief Nurse, Dr Gray's Hospital | **Ongoing**<br>Improvement Action Plan regarding the management of controlled drugs | Ongoing, due 30 May 2024 |

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| | concern provided by Healthcare Improvement Scotland. | | Lead Pharmacist & Controlled Drugs Pharmacy Team | across the Dr Gray's Hospital Site including actions relating to the Letter of Concern received from Health Improvement Scotland. Item 4 of Action Plan due for completion on 30 May 2024.<br><br>**Complete**<br>Standard Operating Procedures are in place for the Management and Ordering of Controlled Drugs across the Dr Gray's site and for individual areas.<br><br>Education sessions developed and delivered to clinical teams regarding the safe management, recording, ordering and storage of Controlled Drugs.<br><br>Scheduled programme of Controlled Drug Audits now in place with Pharmacy and Clinical teams.<br>A Standard Operating Procedure is now in place for the management of adverse events by the Controlled Drug Team. | 01 March 2024 |

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| **7.** | **Domain 2 – Leadership and culture**<br><br>**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.**<br><br>**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).** | | | | |
| 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 | **Complete**<br>Concluded improvement action plan shared with Healthcare Improvement Scotland following letter of concern. Monitoring processes in place via a number of forums and Senior Leadership meetings.<br><br>Adverse event management training and education sessions are in place to ensure effective timely management and learning from adverse events. | 31 March 2024 |
| 7.2 | Support areas with significant numbers of improvement actions requiring completion | 31 January 2024 | Hospital Senior Leadership Team | **Complete**<br>Consolidated protected time given to staff to complete improvement actions through November and December 2023.<br><br>Business Systems Manager in post to support management of adverse events.<br><br>Ongoing monitoring process in place for assurance by the Dr Gray's Senior Management Team at weekly Clinical Risk Management meetings. | 31 January 2024 |

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| 7.3 | Monitor and review captured in action 7.1.<br><br>Improvement action plans have been developed aligned with requirement 8.1. | 31 January 2024 | Hospital Senior Leadership Team | **Complete**<br>Consolidated protected time given to staff to complete improvement actions through November and December 2023.<br><br>Business Systems Manager in post to support management of adverse events.<br><br>Ongoing monitoring process in place for assurance by the Dr Gray's Senior Management Team at weekly Clinical Risk Management meetings. | 31 January 2024 |
| 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 | **Complete**<br>Consolidated protected time given to staff to complete improvement actions through November and December 2023.<br><br>Business Systems Manager in post to support management of adverse events.<br><br>Ongoing monitoring process in place for assurance by the Dr Gray's Senior Management Team at weekly Clinical Risk Management meetings. | 21 May 2024 |
| **8.** | **Domain 2 – Leadership and culture** | | | | |

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| | **NHS Grampian must ensure effective senior management oversight and support, to reduce the risks for staff and patients receiving care.**<br><br>**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.** | | | | |
| 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 | **Complete**<br>Concluded improvement action plan shared with Healthcare Improvement Scotland following letter of concern. Ongoing assurance monitoring process in place by the Dr Gray's Senior Leadership Team through Accountability and Assurance processes. | 31 March 2024 |
| **9.** | **Domain 4.1 - Pathways, procedures and policies**<br><br>**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.**<br><br>**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.** | | | | |
| 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 | **Complete**<br>Dr Gray's Hospital Site Escalation Plan and associated Standard Operating Procedures (SOP), and Risk Assessments for the use of Non-Standard Patient Areas updated and shared with Department and Service Leads including Senior Charge Nurses and Operational support teams. | 30 April 2024 |

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| 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 | **Complete**<br>Version 1 of Emergency Department Shift report is in place. A review of the template is being undertaken with a plan to develop an electronic version. | 31 March 2024 |
| **10.** | **Domain 4.1 - Pathways, procedures and policies**<br><br>**NHS Grampian must ensure that all patient documentation is accurately and consistently completed. This includes Adults with Incapacity section 47 documents.**<br><br>**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).** | | | | |
| 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 incorporated into suite of Quality Assurance activity. | 31 March 2024 | Hospital Senior Leadership Team with support from Nurse Managers, Medical Leadership and Allied Health Professional Lead | **Complete**<br>Monthly audit in place to review completion of patient documentation and record keeping to ensure that it is reflective of delivery of care requirements including AWI. | 31 March 2024 |
| 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 | **Complete**<br>Education sessions in place across multi-professional groups regarding AWI legislation and completion of documentation. This is supported by monthly audits. | 21 May 2024 |
| **11.** | **Domain 4.1 - Pathways, procedures and policies**<br><br>**NHS Grampian must ensure safe storage and administration of medicines at all times.**<br><br>**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.** | | | | |

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| 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 | **Complete**<br>Monthly Medicines Management Audit and Assurance Programme in place across DGH clinical areas as of February 2024 supported by Nurse Managers.<br><br>Regular visits and supportive walk rounds take place within Dr Gray's Hospital from NHS Grampian Medication Safety Officer and Principal Pharmacist regarding the safe storage of medications<br><br>Unit Team Walk Rounds regarding safe storage of medication and medication safety<br><br>Unit Team Accountability and Assurance meetings to provide assurance of risk including safe storage of medications | 31 January & February 2024 |
| **12.** | Domain 4.1 - Pathways, procedures and policies<br>NHS Grampian must ensure the safe disposal of sharps.<br>This will support compliance with: National Infection Prevention and Control Manual (2023). | | | | |
| 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 | **Complete**<br>Weekly walk rounds commenced, Safe and Clean Care Audit (SACCA) schedules are in place to ensure use of sharp boxes is in line with guidelines | 20 May 2024 |

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| **13.** | **Domain 4.1 - Pathways, procedures and policies**<br>**NHS Grampian must ensure used linen is managed appropriately.**<br><br>**This will support compliance with: National Infection Prevention and Control Manual (2023).** | | | | |
| 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. | **Complete**<br>Weekly walk rounds commenced, Safe and Clean Care Audit (SACCA) schedules are in place to ensure compliance with policies | 20 May 2024 |
| **14.** | **Domain 4.1 - Pathways, procedures and policies**<br><br>**NHS Grampian must ensure the care environment is maintained to allow for effective cleaning.**<br><br>**This will support compliance with: National Infection Prevention and Control Manual (2023).** | | | | |
| 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 | **Complete**<br>Action plan implemented. Scheduled priority for flooring repairs and remedial works in progress. Facilities Team meeting regularly to monitor progress. | 16 May 2024 |
| **15.** | **Domain 4.1 - Pathways, procedures and policies**<br>**NHS Grampian must ensure all hazardous cleaning products are securely stored.**<br><br>**This will support compliance with: Control of Substances Hazardous to Health (COSHH) Regulations (2002).** | | | | |
| 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 | **Ongoing**<br>Communication regarding the requirement to store hazardous substances for cleaning within lockable cupboards has been | 22 May 2024 |

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| | | | Domestic and Support Services | completed and shared widely. Health and safety walk rounds are in place for monitoring of the safe storage of hazardous substances with monitoring via Accountability and Assurance meetings | |
| 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 | **Complete**<br>Process for auditing compliance with storage of hazardous substances in line with COSHH requirements is in place.<br><br>Health and Safety walkarounds are being undertaken in the ward areas to ensure compliance with storage of hazardous substances.<br><br>COSHH is also on the annual Workplace Inspection Checklist for assurance. | 22 May 2024 |
| 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 | **Complete**<br>COSHH non-compliance is reported through the adverse event process and escalated through line management and Accountability and Assurance meetings.<br><br>Health and Safety walkarounds are being undertaken in ward areas to ensure compliance with the storage of hazardous substances. | 22 May 2024 |

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| **16.** | **Domain 4.1 - Pathways, procedures and policies**<br>**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.**<br><br>**This will support compliance with: National Infection Prevention and Control Manual (2023).** | | | | |
| 16.1 | To ensure all staff are aware that water flushing is 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.<br>Non-compliance is escalated via Nurse Managers and Operational Management team. | 30 June 2024 | Hospital Senior Leadership Team with support from Infection Prevention Control Nurse, Nurse Managers & Senior Charge Nurses | **Complete**<br>Water Flushing Improvement Action Plan developed, and progress monitored by Dr Gray's Healthcare Associated Infections (HAI) Group. Safe and Clean Care Audit (SACCA) schedule for clinical areas will also provide oversight. | 22 May 2024 |
| **17.** | **Domain 4.1 - Pathways, procedures and policies**<br>**NHS Grampian must ensure that patient care equipment is kept clean and ready for use.**<br><br>**This will support compliance with: National Infection Prevention and Control Manual (2023) Standard 6.** | | | | |
| 17.1 | Operational Team weekly assurance walk rounds and 6 monthly Safe and Clean Care Audits (SACCA) 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. | **Complete**<br>Weekly walk rounds established, Safe and Clean Care Audit (SACCA) schedule in place | 22 May 2024 |
| 18. | **Domain 4.3 - Workforce planning**<br><br>**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.**<br><br>**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.** | | | | |

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| 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 at staffing huddles.<br><br>Nurse Staffing Huddles now take place twice a day to review safe staffing and mitigate risk.<br><br>A Standard Operating Procedure (SOP): Real-time staffing process using Safe Care electronic system on the Dr Gray's Hospital (DGH) Site has been developed to support use of SafeCare and escalation of risks. | 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 | **Complete**<br>HealthRoster now embedded in practice for nursing workforce across the Dr Gray's Hospital site as of October 2023 to support effective rostering of registered and non-registered nursing staff.<br><br>Nursing and Midwifery Roster Policy utilised within teams to support effective rostering<br><br>A quality assurance process is in place and being monitoring by the Senior Leadership Team on a weekly basis. | 11 January 2024 |
| 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/ | **Complete**<br>SafeCare commenced across Dr Gray's site for nurse staffing as of 12th | 11 January & February 2024 |

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| | | | Clinical lead for eRostering | February 2024. A Standard Operating Procedure (SOP): Real-time staffing process using Safe Care is in place to facilitate the process and ensure the mitigation and escalation of risks. | |
| 18.4 | Develop data metrics to identify recurrent risk based on Healthroster and SafeCare data | 30 June 2024 | Clinical Lead eRostering | **Complete**<br>NHS Grampian has developed a dashboard to support the identification of severe and recurrent risks relating to real-time staffing. This is being reviewed at Clinical Risk Meeting (CRM on a weekly basis). Developments are ongoing in relation to visualisations and automation of data. | 16 May 2024 |
| 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 | **Complete**<br>Risk captured on the Dr Gray's Hospital Risk Register entry 3114 regarding nursing workforce<br><br>Flash Reports and escalations relating to nursing workforce shared at the NHS Grampian Nursing and Midwifery Workforce Council | 31 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 | **Complete**<br>A paper, detailing the nurse staffing risk, was submitted to Nursing and Midwifery Workforce Council on 28 March 2024 and Dr Gray's Hospital Staff Governance & Partnership on 6 March 2024. | 31 January 2024 |

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| | | | | Escalated thereafter through existing board governance arrangements.<br><br>Flash Reports and escalations relating to nursing workforce shared at the NHS Grampian Nursing and Midwifery Workforce Council<br><br>Ongoing recruitment of substantive staff is in place to reduce the number of adverse events across the site. | |
| 19. | **Domain 6.1 - Person-centred and safe outcomes**<br><br>**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.**<br><br>**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.** | | | | |
| 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 | **Complete**<br>Standard Operating Procedure and Risk Assessment in place as of May 2024 | 16 May 2024 |
| 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 | **Complete**<br>Risk Assessment for Non-Standard bed spaces in place and being reviewed quarterly. | 31 March 2024 |
| 20. | **Domain 6.2 - Dignity and respect**<br><br>**NHS Grampian must ensure that patient privacy and dignity is maintained at all times and all patients have access to a call bell.**<br><br>**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.** | | | | |

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| 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 | **Complete**<br>All patients who require to be cared for in Non-Standard Bed Space areas within the Emergency Department have access to call bells and privacy screens.<br><br>Additional stock of call bells held in the Site and Capacity Office to ensure replacement items available<br><br>Daily visits to clinical areas by Nurse Managers to review patients cared for in Non-Standard Bed Space areas and ensure all facilities available and accessible.<br><br>Unit Team Walk rounds include review of Non-Standard Bed Space usage and patient comfort and dignity.<br><br>Patient information leaflet for patients cared for in Non-Standard Patient Areas available | 29 February 2024 |
| 20.2 | Ensure sufficient temporary privacy screens are available at times of increased capacity | 29 February 2024 | Nurse Manager facilitated by Chief Nurse | **Complete**<br>Privacy screens are available and in place in line with Capacity Escalation Standard Operating Procedure. Compliance is reviewed by Non-Standard Patient Areas Monitoring Group. | 29 February 2024 |

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| | **Recommendation** | | | | |
| **1.** | **Domain 4.1 - Pathways, procedures and policies**<br><br>**NHS Grampian should ensure that patients are assisted with hand hygiene at mealtimes.** | | | | |
| 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 | **Complete**<br>Mealtime co-ordinator is identified at the beginning of each shift<br><br>Moray Nutritional Care Group met on 29 February 2024 and the requirement for Mealtime Co-ordinator and Hand Hygiene shared<br><br>HIS Mealtime Audit template in use across wards to ensure compliance<br><br>HIS Inspection recommendation re Mealtime Co-ordinator role and compliance discussed at the Grampian Strategic Hydration and Nutritional Care Group 14 March 2024 | 29 February 2024 |
| 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 | **Complete**<br>Learning from Healthcare Improvement Scotland inspection regarding preparation for mealtimes shared widely across NHS Grampian via the Grampian Strategic Hydration and Nutritional Care Group agenda and Terms of Reference discussed widely with teams | 14 March 2024 |