

Improvement Action Plan

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

Dr Gray's Hospital, NHS Grampian

22-24 July 2024

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

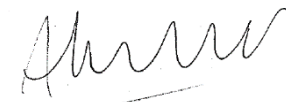


Signature: _____

Full Name: ALISON EVISON

Date: 16/10/2024

NHS board Chief Executive



Signature: _____

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Date: 16/10/2024

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Ref:	Action Planned	Timescale to meet action	Responsibility for taking action	Progress	Date Completed
1. (previously 3)	Domain 1 – Clear vision and purpose NHS Grampian must ensure that systems and processes are in place to ensure both adult and paediatric patients are triaged in a timely manner. This will support compliance with: Quality Assurance System: Quality Assurance Framework (2022) Criteria 6.1, Health and Social Care Standards (2017) Criteria 1.13, 3.14 and 4.14.				
1.1	A designated group will review the Paediatric triage audit data to inform the improvement work required to ensure it is in line with the Dr Gray’s Emergency Department Paediatric Triage and First Assessment Standard Operating Procedure.	31 January 2025	Hospital Senior Leadership Team supported by Operational Managers and Clinical Leads.		
1.2	Develop a Dr Gray’s Emergency Department Adult Triage and First Assessment Standard Operating Procedure. Following which an audit will be conducted after 3 months to review effectiveness and compliance.	31 March 2025	Hospital Senior Leadership Team support by Unit Operational Manager, Unit Clinical Director and Senior Charge Nurse.		
2. (previously 4)	Domain 1 – Clear vision and purpose NHS Grampian must ensure that all staff complete statutory fire training.				

	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).				
2.1	All staff will have completed their statutory fire training by 31/01/2025. To support achievement line managers to run individual fire safety compliance reports from Turas and identify a clear plan to support individual staff members to achieve compliance. Progress will be tracked monthly via the Dr Gray's Hospital Health & Safety Group.	31 January 2025	Hospital Senior Leadership Team supported by all Line Managers		
3. (previously 5)	<p>Domain 2 – Leadership and Culture</p> <p>NHS Grampian must ensure that there are suitable systems, processes, resources, and oversight in place to ensure safe and effective coordination of learning within practice learning environments</p> <p>This will support compliance with: Health and Social Care Standards (2017) Criteria 3.14, 4.11 and 4.27), Promoting Excellence: standards for medical education and training (General Medical Council 2016), and relevant codes of practice of regulated healthcare professions.</p>				
3.1	NHS Grampian will determine a safe and robust process for medical students and Resident Doctors to raise concerns and ensure that detail of this process is clearly described in induction information packs/manuals.	31 March 2025	Hospital Clinical Director support by Unit Clinical Director, Service Clinical Director and Associate Director of Medical Education.		

3.2	Ensure that the Consultant locum induction process includes information on effective listening to and reflection on feedback from medical students and resident doctors. A questionnaire is completed by the Doctors in training at the end of their placement and this is returned to Associate Director of Medical Education (ADME) and is shared with the department and actioned accordingly.	31 March 2025	Hospital Clinical Director support by Unit Clinical Director, Service Clinical Director, Clinical Leads and Operational Teams.		
3.3	Ensure robust process in place to ensure all educational feedback data received from National Surveys and Deanery visits via the Medical Education Team is disseminated to Hospital Leadership Team and Senior Medical Staff Committee for reflection and appropriate action	31 March 2025	Hospital Clinical Director support by Unit Clinical Director, Service Clinical Director, Director and Associate Director of Medical Education.		
3.4	Review Hospital and Departmental induction Material for Resident Doctors to ensure all in line with national and local guidance and to ensure Resident Doctors are aware of all their roles and responsibilities on all shifts and feel able to provide safe patient care.	31 March 2025	Hospital Clinical Director support by Unit Clinical Director, Service Clinical Director, Director and Associate Director of Medical Education.		
3.5	Ensure escalation Policies for care of unwell patients are clear and shared with all Resident Doctors and all those who provide supervision and out of hours cover –	31 March 2025	Hospital Clinical Director support by Unit Clinical		

	including Locum Consultant Colleagues – to ensure Resident Doctors do not work out with their competence		Director, Service Clinical Director		
3.6	Provide guidance to all supervising clinicians around the requirement for workplace-based assessments for medical students and Resident Doctors.	31 March 2025	Director and Associate Director of Medical Education.		
3.7	Adapt and share the NHS Grampian framework for educational and clinical governance with Hospital Leadership Team and Senior Medical Staff Committee	31 March 2025	Hospital Clinical Director support by Unit Clinical Director, Service Clinical Director, Director and Associate Director of Medical Education.		
3.8	Ensure that a teaching programme is in place both at hospital and, where appropriate, departmental level which allows Resident Doctors to meet their curricular requirements.	31 March 2025	Hospital Clinical Director support by Unit Clinical Director, Service Clinical Director, Director and Associate Director of Medical Education.		

3.9	All educational and clinical supervisors to revisit statutory and mandatory equality and diversity training.	31 March 2025	Hospital Clinical Director support by Unit Clinical Director, Service Clinical Director, Director and Associate Director of Medical Education.		
4. (previously 6)	<p>Domain 2 – Leadership and Culture</p> <p>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</p> <p>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.</p>				
4.1	NHS Grampian will Develop a standard operating procedure to define responsibilities and escalation processes in relation to the <i>Controlled Drug (CD) Assurance Checks in Wards/Departments/Community Hospitals By Pharmacists/Pharmacy Technicians/CD Inspectors In NHS Grampian Guidance (April 2024).</i>	31 January 2025	Director of Pharmacy supported by the Controlled Drugs Team Chief Nurse and Operational Teams.		
4.2	Complete monthly audit of <i>NHS Grampian Inpatient Areas Medicines Management Audit and Assurance Programme – Nurse Managers / Chief Nurses Audit Tool</i> in all clinical areas. This will be monitored via	30 November 2024	Hospital Senior Leadership Team supported by Director of Pharmacy, Nurse		

	regular Assurance & Accountability Meetings.		Managers and Senior Charge Nurses.		
4.3	Education sessions will be arranged for all staff responsible for the management of controlled drugs in line with NHS Grampian policies and procedures.	31 March 2025	Director of Pharmacy supported by the Controlled Drugs Team and Operational Teams.		
5. (previously 11)	Domain 4.1 – Pathways, procedures and policies NHS Grampian must ensure safe storage and administration of medicines at all times. 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.				
5.1	A clear schedule of remedial works will be developed including plans for the fixing or replacement of drug cupboard doors to ensure all medication can be securely locked away.	30 November 2024	Deputy General Manager, Facilities supported by Facilities Heads of Service and Dr Gray's Operational Teams.		
5.2	All medication will be stored appropriately. This will be monitored by completing the monthly audits updated <i>NHS Grampian Inpatient Areas Medicines Management Audit and Assurance Programme – Nurse Managers / Chief Nurses Audit Tool</i> is being used in all clinical areas monthly.	30 November 2024	Hospital Senior Leadership Team with support from Director of Pharmacy, Nurse Managers and Senior Charge Nurses.		

6.	<p>Domain 4.1 – Pathways, procedures and policies</p> <p>NHS Grampian must ensure all staff comply with hand hygiene.</p> <p>This will support compliance with: Health and Social Care Standards (2017) Criteria 1.24 and 4.11 and National Infection Prevention and Control Manual (2023).</p>				
6.1	<p>Learning from Healthcare Improvement Scotland inspection regarding the requirement for medical staff to adhere with hand hygiene compliance, will be communicated via the Senior Medical Staff Committee on 27th November and at the November and December departmental Clinical Service Groups (CSGs).</p>	31 Dec 2024	<p>Hospital Clinical Director support by Unit Clinical Director, Service Clinical Director, Director and Associate Director of Medical Education</p>		
6.2	<p>Monthly hand hygiene audits to continue and robust action plans to be put in place in areas where non-compliance has been identified. Ongoing compliance of IPC measures will be reported through the Dr Gray’s Hospital HAI Group and to the Infection Prevention and Control Strategic Committee</p>	31 March 2025	<p>Hospital Senior Leadership Team supported by Operational Teams, Senior Charge Nurses, Clinical Leads and Infection Prevention and Control Team.</p>		
6.3	<p>All staff will have completed their mandatory hand hygiene training by 31/01/2025. To support achievement line managers to run individual hand hygiene compliance reports from Turas and identify a clear plan to support individual staff members to achieve compliance. Progress to be tracked monthly</p>	31 March 2025	<p>Hospital Clinical Director support by Unit Clinical Director, Service Clinical Director, Director and Associate Director of Medical</p>		

	via the Dr Gray's Hospital Health, Safety and Wellbeing group.		Education Hospital Senior Leadership Team supported by all Line Managers		
7. (previously 13)	Domain 4.1 – Pathways, procedures and policies NHS Grampian must ensure used linen is managed appropriately This will support compliance with: National Infection Prevention and Control Manual (2023).				
7.1	Staff will be reminded of their responsibility to comply with infection control guidance, and particularly the correct process for the management of used linen, at Safety Huddles, ward/departmental meetings and assurance walk rounds.	30 November 2024	Hospital Senior Leadership Team supported by Senior Charge Nurses and Operational Teams.		
7.2	Operational Team weekly assurance walk rounds and 6-monthly Safe and Clean Care Audits to continue to ensure compliance with Linen Policy, or escalate non-compliance	30 November 2024	Hospital Senior Leadership Team support by Senior Charge Nurse, Nurse Managers and Operational Teams.		
7.3	Ensure appropriate equipment to dispose of linen is available for all areas	30 November 2024	Hospital Senior Leadership Team supported by Senior Charge Nurses, Nurse Managers and Operational Teams.		

8. (previously 14)	Domain 4.1 – Pathways, procedures and policies NHS Grampian must ensure the care environment is maintained to allow for effective cleaning This will support compliance with: Health and Social Care Standards (2017) Criteria 5.19 and 5.24 and National Infection Prevention and Control Manual (2023).				
8.1	Completion of the remedial works identified during the HIS visit to be undertaken. All future maintenance requests will be completed in line with the prioritisation process and monitored via Estates Supervisors.	30 November 2024	Deputy General Manager, Facilities supported by Facilities Heads of Service and Dr Gray's Unit Operational Teams.		
9. (previously 15)	Domain 4.1 - Pathways, procedures and policies NHS Grampian must ensure all hazardous cleaning products are securely stored This will support compliance with: Control of Substances Hazardous to Health (COSHH) Regulations (2002).				
9.1	Wards and departments will be reminded of their responsibilities in the safe storage of hazardous substances at daily safety briefs and assurance walk rounds	30 November 2024	Hospital Senior Leadership Team facilitated by Operational Teams, Senior Charge Nurses & Head of Domestic and Support Services		
9.2	Operational Team weekly assurance walk rounds to take place to ensure that all hazardous cleaning products are securely stored.	30 November 2024	Hospital Senior Leadership Team facilitated by Unit Operational Teams.		

10. (previously 17)	Domain 4.1 – Pathways, procedures and policies NHS Grampian must ensure that patient care equipment is kept clean and ready for use This will support compliance with: National Infection Prevention and Control Manual (2023).				
10.1	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 November 2024	Chief Nurse facilitated with the Senior Charge Nurses, Nurse Managers and Operational Teams.		
11	Domain 4.3 – Pathways, procedures and policies NHS Grampian must ensure clinical leaders are able to access protected leadership time This will support compliance with: Health and Care (Staffing) (Scotland) Act 2019				
11.1	We will monitor and escalate in real-time when clinical leaders are unable to achieve protected leadership time using the SOP for Real Time Staffing Processes on the Dr Gray’s Hospital site	31 March 2025	Chief Nurse and Lead Nurse supported by the E-rostering Team		
11.2	We will monitor severe and recurrent workforce risks, including clinical leaders access to protected leadership time, using the “severe and recurrent risk” dashboard on power BI.	31 March 2025	Chief Nurse and Lead Nurse supported by the E-rostering Team		
12. (previously 20)	Domain 6 – Dignity and respect NHS Grampian must ensure that patient’s privacy and dignity is maintained at all times. This includes patients who are being cared for in corridor spaces within the emergency department being informed that CCTV is in operation within the area.				

<p>This will support compliance with: Health and Social Care Standards (2017) Criteria 1.4, 1.20, 2.7, 3.20, 4.1, 5.1 and 5.4, Quality Assurance System: Quality Assurance Framework (2022) Criteria 6.2 and relevant codes of practice of regulated healthcare professions.</p>					
12.1	NHS Grampian will ensure that appropriate signage is displayed within the clinical areas where CCTV is in use, to ensure that patients are aware that it is in operation and provide the patient with the opportunity to raise any concerns they have.	30 November 2024	Hospital Senior Leadership Team supported by Operational Teams and Facilities.		
12.2	The Non-Standard Patient Areas leaflet for patients will be reviewed and updated to include information regarding CCTV usage.	30 November 2024	Hospital Senior Leadership Team supported by NHS Grampian Non-Standard Patient Areas Monitoring Group		
12.3	Nurse Managers will continue daily walk rounds of departments and ensure that facilities are available for patients being cared for in non-standard patient areas.	30 November 2024	Hospital Senior Leadership supported by Nurse Managers		
12.4	Use of Non-Standard Patient Areas will be monitored by the NHS Grampian Non-Standard Patient Areas Monitoring Group.	31 January 2025	Hospital Senior Leadership Team supported by NHS Grampian Non-Standard Patient		

			Areas Monitoring Group		
	Recommendations				
1. (previous recommendation)	Domain 4.1 – Pathways, procedures and policies Patients should be assisted with hand hygiene prior to mealtimes where required				
1.1	A Mealtime co-ordinator will be identified at the beginning of each shift to ensure patients are prepared appropriately for mealtimes	30 November 2024	Hospital Senior Leadership Team facilitated by Nurse Managers and Senior Charge Nurses		
1.2	Feedback from the HIS Safe Delivery of Care Inspection to be discussed at daily safety huddle to ensure that staff are reminded of importance of assisting patients with hand hygiene prior to mealtimes.	30 November 2024	Hospital Senior Leadership Team		
2.	Domain 4.3 – Pathways, procedures and policies NHS Grampian should ensure the full completion of the staffing level tool and professional judgement tool as part of the common staffing method.				
2.1	Chief Nurse, Lead Nurse and Nurse Managers will work with the multi-professional team in the Emergency Dept and Senior Charge Nurses in all other wards to ensure all areas are fully prepared to complete tool runs, in line with NHS Grampian’s schedule and the Common Staffing Methodology.	31 March 2025	Chief Nurse and Lead Nurse with support from Nurse Managers and Senior Charge Nurses.		

2.2	NHS Grampian Standard Operating Procedure for the management of common staffing method output is currently under development and is to be widely shared and implemented once available.	31 March 2025	Chief Nurse and Lead Nurse with support from Nurse Managers and Senior Charge Nurses.		