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# Unannounced Follow-up Inspection Report

## Acute Hospital Safe Delivery of Care Inspection

Dr Gray's Hospital

NHS Grampian

22 – 24 July 2024

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# 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.

## Our Approach

We carried out an unannounced inspection of Dr Gray’s Hospital, NHS Grampian on Monday 9 to Wednesday 11 October 2023 using our safe delivery of care inspection methodology. We wrote to NHS Grampian on two occasions during our initial inspection to raise significant concerns. These related to the management of controlled drugs within the emergency department, oversight and management of the incident reporting system and processes impacting on patient safety, dignity and respect.

A total of 20 requirements were made to the NHS board which are listed below:

| October 2023 inspection requirements  |
|---|
| 1. 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. |
| 2. NHS Grampian must ensure effective and appropriate governance approval and oversight of policies and procedures are in place.  |
| 3. NHS Grampian must ensure that systems and processes are in place to ensure both adult and paediatric patients are triaged in a timely manner.  |
| 4. NHS Grampian must ensure all staff are aware of fire evacuation procedures.  |
| 5. 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.           |
| 6. 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.   |
| 7. 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.                                      |
| 8. NHS Grampian must ensure effective senior management oversight and support, to reduce the risks for staff and patients receiving care.   |
| 9. 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.        |

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| 10. NHS Grampian must ensure that all patient documentation is accurately and consistently completed. This includes Adults with Incapacity section 47 documents.                                       |
| 11. NHS Grampian must ensure safe storage and administration of medicines at all times.  |
| 12. NHS Grampian must ensure the safe disposal of sharps.  |
| 13. NHS Grampian must ensure used linen is managed appropriately.  |
| 14. NHS Grampian must ensure the care environment is maintained to allow for effective cleaning.   |
| 15. NHS Grampian must ensure all hazardous cleaning products are securely stored.  |
| 16. 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.                   |
| 17. NHS Grampian must ensure that patient care equipment is kept clean and ready for use.  |
| 18. 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.     |
| 19. 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. |
| 20. NHS Grampian must ensure that patient privacy and dignity is maintained at all times and all patients have access to a call bell.  |

To address these requirements, and in line with our safe delivery of care methodology, NHS Grampian submitted an improvement plan detailing the actions it intended to take in response to the concerns we identified.

We returned to carry out an unannounced follow-up inspection of Dr Gray's Hospital from Monday 22 to Wednesday 24 July 2024 to assess progress made against the actions contained within NHS Grampian's improvement action plan and inspect current safety and quality of care, taking account of wider intelligence and information available to Healthcare Improvement Scotland at the time of inspection.

## About the hospital we inspected

Dr Gray's Hospital serves Elgin and the surrounding region. The total hospital bed footprint at present is 151 inpatient beds (all specialties including Maternity, Paediatrics, Mental Health) plus 15 Surgical Day Case beds, eight Renal Day Unit beds, six Oncology Day Unit chairs and nine Ambulatory trolleys.

During our **previous inspection** we inspected the following areas:

- acute medical assessment unit
- emergency department
- high dependency unit
- stroke ward
- ward 5, and
- ward 7.

To provide assurance of improvement within these areas and across the range of specialties during this follow-up inspection, we inspected the following areas in line with our safe delivery of care acute hospital methodology.

- emergency department
- high dependency unit
- paediatric short stay assessment unit
- stroke ward
- ward 5
- ward 6, and
- ward 7.

During our inspection, 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 Grampian 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.

On 21 August 2024 and 17 September 2024, we held virtual discussion sessions with key members of NHS Grampian senior management team staff 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 follow-up inspection.

We would like to thank NHS Grampian and in particular all staff at Dr Gray's Hospital 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 safe delivery of care inspection in October 2023 we raised a number of significant concerns with NHS Grampian. These related to the management of controlled drugs within the emergency department, oversight and management of the incident reporting system and processes impacting on patient safety, dignity and respect. This resulted in us writing to NHS Grampian on two occasions to raise these concerns.

During this follow-up inspection we observed that NHS Grampian has made positive progress in relation to the significant concerns raised during our initial inspection. This included improvements in senior management oversight of patient safety incidents and improved compliance in paediatric life support.

At the time of this follow-up inspection, Dr Gray's Hospital was experiencing a range of pressures, including increased patient numbers and reduced staff availability. As we have seen in several other NHS boards this has resulted in NHS Grampian implementing the use of additional non-standard care areas to improve patient flow and reduce overcrowding and waiting times in the emergency department.

Despite increased hospital capacity, the areas inspected were calm and well led and patients were complimentary about their care and the staff providing it.

Ten of the requirements from our previous safe delivery of care inspection have been met. While ten of the requirements have been carried forward, we acknowledge that improvement work is being undertaken to meet these remaining requirements. Out of these requirements, three have been given a new focus for improvement.

Further areas for improvement have been identified during this inspection, these include hand hygiene compliance and ensuring staff have time to lead as per the Health and Care (staffing) (Scotland) Act 2019.

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

This follow-up inspection resulted in five areas of good practice, two recommendations and 12 requirements. Of these requirements 10 have been carried forward from our previous inspection with three of these being given a new focus for improvement.



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 Grampian 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 from this follow-up inspection

The unannounced inspection to Dr Gray's Hospital resulted in five areas of good practice.

### Domain 1

- 1 The emergency department had information posters in both the waiting room and main department explaining the patient journey from arrival through to treatment (see page 21).

### Domain 2

- 2 We observed hospital safety huddles were open and transparent and had a focus on patient care. This included themes of any reported adverse events from the previous 24 hours (see page 26).

### Domain 4.1

- 3 Patients and relatives were complimentary about their care and the staff providing it (see page 36).

### Domain 4.3

- 4 We observed an electronic staffing tool being used to capture real time staffing data including acuity and dependency and mitigation of risk (see page 41).

### Domain 6

- 5 We observed positive and caring interactions between staff and patients (see page 45).

## New recommendations from this follow-up inspection

The unannounced inspection to Dr Gray's Hospital resulted in two recommendations.

### Domain 4.1

- 1 Patients should be assisted with hand hygiene prior to mealtimes where required (see page 36).

### Domain 4.3

- 2 NHS Grampian should ensure the full completion of the staffing level tool and professional judgement tool as part of the common staffing method (see page 41).

## Requirements from this follow-up inspection

The unannounced inspection to Dr Gray's Hospital resulted in 12 requirements. Of these, 10 have been carried forward from our previous inspection, three of which have been given a new focus for improvement. Further areas of improvement have been identified resulting in two new requirements.

### Domain 1

- 1 NHS Grampian must ensure that systems and processes are in place to ensure both adult and paediatric patients are triaged in a timely manner (see page 21). 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.
- 2 NHS Grampian must ensure that all staff complete statutory fire training (see page 21). 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).

### Domain 2

- 3 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 (see page 26). 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.
- 4 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 (see page 27).

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.

### Domain 4.1

- 5** NHS Grampian must ensure safe storage and administration of medicines at all times (see page 37).  
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** NHS Grampian must ensure all staff comply with hand hygiene (see page 37).  
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).
- 7** NHS Grampian must ensure used linen is managed appropriately (see page 37)  
This will support compliance with: National Infection Prevention and Control Manual (2023).
- 8** NHS Grampian must ensure the care environment is maintained to allow for effective cleaning (see page 37).  
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).
- 9** NHS Grampian must ensure all hazardous cleaning products are securely stored (see page 37).  
This will support compliance with: Control of Substances Hazardous to Health (COSHH) Regulations (2002).
- 10** NHS Grampian must ensure that patient care equipment is kept clean and ready for use (see page 37).  
This will support compliance with: National Infection Prevention and Control Manual (2023).

### Domain 4.3

- 11** NHS Grampian must ensure clinical leaders are able to access protected leadership time (see page 41).  
This will support compliance with: Health and Care (Staffing) (Scotland) Act 2019.

## Domain 6

**12** 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 (see page 45).

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.

## October 2023 inspection requirements

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5. 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.
6. 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.
7. 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.
8. NHS Grampian must ensure effective senior management oversight and support, to reduce the risks for staff and patients receiving care.
9. 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.
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# What we found during this follow-up inspection

## Domain 1 – Clear vision and purpose

### Quality indicator 1.5 – Key performance indicators

**Despite increased hospital capacity and delays in ambulance turnaround times both emergency department and Scottish Ambulance Staff we spoke with described good teamwork.**

At the time of this inspection NHS Grampian, like much of NHS Scotland, was experiencing significant pressures including increased hospital capacity, reduced staff availability and increased waiting times in the emergency department.

During the first day of our onsite inspection Dr Gray's Hospital was operating at 123% capacity. This increased capacity had resulted in NHS Grampian implementing the use of additional beds to improve patient flow, reduce overcrowding in the emergency department and reduce delays in patients moving from ambulances to hospital care.

The national target for accident and emergency waiting times means that 95% of patients should wait no longer than 4 hours from arrival at the emergency department before admission, discharge or transfer for other treatment. Across NHS Scotland for the week ending 28 July, 68.0% of patients were seen within the four hour target with 72.2% of patients seen within the four hour target at Dr Gray's Hospital. Further information on emergency department attendances can be found at [NHS Performs weekly update of emergency department activity and waiting times](#). On the first day of our onsite inspection one patient had been in the emergency department for 22 hours whilst awaiting an inpatient bed, another patient had been waiting 12 hours. Although these patients had not been transferred to an appropriate care area, we did observe they had been transferred onto a hospital bed within the emergency department for comfort.

Scottish Government emergency signposting guidance seeks to ensure patients receive care in the most appropriate setting while helping to improve waiting times and delays in emergency departments and acute admission units. Further information can be found [here](#). Evidence provided by NHS Grampian discusses the utilisation of the Call Before You Convey (CBYC) and the Flow Navigation Centre (FNC). These services aim to support the redirection of patients by allowing services such as General Practitioners and the Scottish Ambulance Service to discuss a patient with senior medical colleagues, helping to ensure the patient receives the right care in the right place at the right time. In evidence provided we were told that over 75% of the 2,100 calls made to these services in the period of January 2022 to July 2024 resulted in patients being redirected to a more appropriate care pathway. Redirection guidance for Dr Gray's Hospital includes, but is not exhaustive of, an out of hours cancer

treatment helpline, Moray mental health assessment unit and community resource team.

Dr Gray's Hospital has a Medical Ambulatory Emergency Care service, the role of which is described to provide rapid assessment, investigation and management of ambulatory medical patients with the aim of reducing the need for hospital admission. The ambulatory emergency care service provides emergency care for patients with a number of medical conditions through defined pathways/protocols such as syncope, headache, urinary tract infections and cellulitis. Patient inclusion criteria includes patients being ambulant, not requiring isolation and must have a National Early Warning Score (NEWS2) score of 4 or less. This 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.

Despite the availability of the flow navigation centre, call before you convey service, implementation of additional beds and the ambulatory and emergency care service, Dr Gray's Hospital was running at over 100% capacity during our onsite inspection. At one point during the day inspectors observed that four ambulances were queuing outside the emergency department waiting for available space with one of the ambulances waiting for 3 hours and 50 minutes. Inspectors also observed that there was one patient being cared for in the corridor of the emergency department. While we do not promote the care of patients within corridor areas or other non-standard care areas, we recognise the extreme pressures associated with over occupancy and high number of attendances at emergency departments, has impacted on this. We observed the patient who was being cared for within the corridor had access to a call bell, mobile privacy screen and available drinks. Senior managers advised that patients who are cared for in the corridor will have an allocated member of nursing staff who is responsible for their care. Staff told us that NHS Grampian has implemented a number of initiatives to improve patients experience while waiting in ambulances, these will be discussed further in domain 6.

Scottish Ambulance Service staff advised us of the process that is followed when they are unable to transfer patients into the emergency department straight away. This includes booking the patient in at reception and completing a handover sheet for the triage nurse. This handover includes patient arrival time, patient name, presenting complaint and ambulance vehicle registration as well as their National Early Warning 2 score. Nursing staff also explained to inspectors that patients are transferred into the department from ambulances in order of clinical need. Scottish Ambulance Service colleagues that inspectors spoke with described emergency department staff as responsive if they need to escalate concerns regarding a patient's condition.

As part of this follow-up inspection, we asked NHS Grampian to provide evidence of any incidents reported by staff in the three months prior to this inspection. These included an incident where due to lack of space within the emergency department a patient remained outside in an ambulance for approximately 5 hours. Upon being brought into the department the patient was found to be critically unwell. We can see



from the incident report that it is currently under review by senior managers and is expected to be concluded by mid October 2024.

Evidence provided by NHS Grampian includes the draft Safe Transfer of Care Operational Management Guidance July 2024. This document is a single reference guide for both hospital and Scottish Ambulance Service staff to enable effective information sharing, timely decision making and appropriate prioritisation when there are delays in ambulance turnaround times. The guidance outlines the escalation process when delays are at 30 minutes or above 60 minutes. This includes consideration of implementing safe to sit. Inspectors observed signs in the emergency department which explain the objective of safe to sit is to identify patients who have been transferred to the emergency department but who are clinically stable enough to wait in the waiting room. The poster also explains inclusion criteria for the use of safe to sit. This includes but is not exhaustive of patients who are able to sit upright, not at risk of sudden deterioration, do not require ongoing analgesia and do not have an altered mental state. If the patient meets the inclusion criteria, ambulance staff discuss the patient with the emergency department nurse in charge and if in agreement that the patient is clinically suitable to wait in the waiting room, the patients care will be taken over by the emergency department. We observed that the safe to sit poster states that it applies to Aberdeen Royal Infirmary and does not also specify Dr Gray's Hospital however, senior managers explained to us that work was ongoing to develop this in order to have a Dr Gray's specific policy.

We asked NHS Grampian to provide shift reports for the emergency department for the three months prior to this inspection. It was documented in several of these that there was no capacity within the resuscitation area of the department. The resuscitation area is used for patients who have a higher level of clinical dependency and therefore require a higher level of nursing and medical care. Senior managers explained that during these occasions the nurse in charge and the emergency department consultant would manage the placement of patients with support available from the anaesthetics team if required. The site and capacity manager, duty manager and the Scottish Ambulance Service would also be informed where discussions may be held to decide whether to redirect patients to Aberdeen Royal Infirmary. Shift reports provided to us included documentation of when staff had escalated to senior managers that the department was over-capacity. We can see from this that action taken includes on call hospital managers attending the department and the use of the comfort space. The comfort space is discussed further in domain 6 of this report.

Inspectors observed that the emergency department waiting area was visible from both the reception and triage area with large information posters in both the waiting room and main department explaining the patient journey from arrival through to treatment. There was also explanation that patients are seen based on their clinical need, not time of arrival and further explanation describing why waiting times may change. The poster also explains that the waiting room is also used by patients

attending with minor injuries and for GP out of hours appointments who may appear to be seen quicker.

Dr Gray's Hospital provides inpatient paediatric services. Paediatric patients are assessed and treated within the emergency department. Most nursing staff within the emergency department are trained to provide adult care. During our last inspection staff told us that there was no current paediatric immediate life support training provision at Dr Gray's Hospital. This course is developed by the Resuscitation Council UK for health professionals who may have to manage and treat paediatric patients in an emergency. During our initial inspection, staff completion of this course was low, with only 44% of the registered nursing staff in the emergency department and 64% on the paediatric ward having completed the training. This resulted in the following requirement.

| <b>October 2023 inspection – Requirement 1</b>   |
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| 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. |

We requested an update on training compliance for paediatric immediate life support for registered nursing staff in both the emergency department and paediatric inpatient ward. In evidence provided by NHS Grampian, we observed that 88% of emergency department registered nursing staff have now received Paediatric immediate life support training. Within the paediatric inpatient ward, 10 out of 14 registered nurses working on the paediatric unit have completed paediatric immediate life support with another three staff due to complete this training by the end of October 2024.

This requirement has been met.

Inspectors visited the paediatric inpatient ward. Nursing staff told inspectors that due to reduced registered nurse availability the previous night that consideration had been put in place to close the ward. However, medical staff had provided cover enabling the ward to remain open. Hospital managers explained that when there is not a minimum of two paediatric staff the ward would be closed to admissions, patients requiring ongoing inpatient care would be transferred to the Royal Aberdeen Children's Hospital. If there is one registered paediatric nurse available, they will base themselves in the emergency department at Dr Gray's Hospital to support the team with any paediatric attendances and paediatric medical staff will review patients in the emergency department. We asked NHS Grampian for any standard operating procedure relating to the transfer of paediatric patients to the Royal Aberdeen Children's Hospital and were advised that the flowchart for high dependency level transfers was updated in July 2024 and is currently undergoing the governance process for ratification.

Triage is an essential part of emergency care. On a patient's arrival to the emergency department, the person responsible for triage assesses the patient's needs and assigns the priority of treatment required. There is no standardised triage system in Scotland. However, the Royal College of Emergency Medicine advises that triage should occur within 15 minutes of presentation. More information can be found at [initial assessment of emergency department patients - Royal College of Emergency Medicine](#).

During our previous inspection in October 2023, we raised concerns regarding delays in patients being triaged including an incident where a patient had become critically unwell after waiting approximately 80 minutes to be triaged. We also found that there was no structured paediatric triage pathway in place, with hospital managers advising that these were planned to be implemented in 2024. This resulted in the following requirement.

| <b>October 2023 inspection – Requirement 3</b>  |
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| NHS Grampian must ensure that systems and processes are in place to ensure both adult and paediatric patients are triaged in a timely manner. |

During this follow-up inspection we observed that patients were triaged in a timely manner with the nurse in charge of the emergency department also being responsible for triage. Staff told us that there is now a structured triage process which utilises an adapted Manchester Triage Tool. The Manchester Triage System is a clinical risk management tool to enable staff to assign a clinical priority to patients who attend the emergency department. However, evidence provided includes an incident report where a patient had become critically unwell in the waiting room after waiting 2 hours to be triaged. A second incident report highlights a patient referred by a general practitioner to the medical speciality team who waited 5 hours in the emergency department waiting room prior to being triaged.

Evidence provided by NHS Grampian includes the adults and paediatric triage assessment pathways. The updated paediatric triage and first assessment standard operating procedure was implemented in May 2024. This highlights that all patients should be triaged within 15 minutes using the Manchester triage tool for paediatrics including the National Paediatric Early Warning Systems. This is designed to recognise and respond to the deterioration of children or young people and captures vital signs such as heart rate and respiratory rate. The paediatric triage pathway guides staff on the most appropriate action to be taken depending on the triage category, with the categories ranging from 1 for the most urgent priority to 5 for the lowest priority.

We can see in further evidence provided that 79% of band 5 nurses and 100% of band 6 nurses in the emergency department are now trained in triage. Within the emergency department shift reports for the three months prior to this inspection, it was reported on several occasions where there was no dedicated triage nurse on shift.

Hospital managers advised that there can be incidents when a triage nurse is not available due to unplanned absences. However, in these instances triage will be covered by redeploying staff such as medical staff to cover minor injuries so that the minor injuries nurse can cover triage.

Inspectors were told by staff that patients who book in with a minor injury are not triaged and wait to be seen by the minor injuries practitioner. We discussed this with hospital managers who advised that all patients including those who present with minor injuries should be triaged. However, as part of evidence submitted to us, NHS Grampian shared with us analysis of the paediatric triage pathway, in this we observed that there were multiple incidents where paediatric patients were not triaged in May 2024 as well as significant delays to triage for other paediatric patients. NHS Grampian openly shared this information with us and have explained that training and embedding of the triage pathway is ongoing and further monitoring will continue. We did not observe any patient safety incident reports in regard to paediatric triage.

While we acknowledge improvement in the introduction of a more formalised triage process, due to reported incidents of delays in triage and lack of available dedicated triage staff, this requirement has not been met and will therefore be carried forward.

During our previous inspection in October 2023, we raised concerns regarding staff awareness of fire evacuation procedures. This resulted in the following requirement.

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| <b>October 2023 inspection – Requirement 4</b>                              |
| NHS Grampian must ensure all staff are aware of fire evacuation procedures. |

Staff we spoke with were aware of fire evacuation procedures. Although there was a patient being cared for on a trolley in the emergency department, the placement of the trolley was not causing an obstruction. Staff we spoke with in the emergency department advised that the number of patients being cared for in the corridor was limited to two. However, we can see in emergency department shift reports that on several occasions this has been increased to three patients. Staff also told inspectors that the electronic patient record system has been updated to enable staff to easily identify which patients are being cared for in the corridors. We can also see from shift reports that staff have escalated to hospital managers that corridor care is in use or when they have been unable to utilise corridor space due to staff shortages.

Evidence provided by NHS Grampian includes the 'Utilising non-standard patient areas for adult patients being cared for across NHS Grampian' risk assessment, which identifies and reviews risks such as fire safety, when additional beds are in use. As part of this inspection, we were able to attend the hospital wide safety huddles and we observed that during these huddles a 'fire buddy' is identified. The role of fire buddy is to provide support to the senior charge nurse who is holding the fire bleep. This ensures that two senior nurses attend any fire alarms and coordinate an appropriate response. We can see in further evidence provided by NHS Grampian that refresher

tabletop fire drill exercises have been completed in a number of areas including the emergency department, with a plan in place to complete the outstanding areas by the end of September 2024. These drills are developed in line with Scottish Fire and Rescue requirements and carried out with the Deputy Nominated Fire Officer and staff within the clinical area. The drills include the scenario of discovering a fire and staff awareness of required procedures.

We asked NHS Grampian to provide us with the fire risk assessment and fire evacuation plans for Dr Gray's Hospital. We can see from the fire risk assessments that not all areas have fire detection in place and several fire doors need replacing. We discussed this with senior managers including a fire officer who advised that all inpatient areas had fire detection and a floor plan was shared that highlighted where all fire detectors were positioned. Senior managers also explained that whilst specific rooms were identified that did not have fire detection, the surrounding areas provided a suitable means of detection and alarm. In evidence returned to us, NHS Grampian also shared an action plan submitted to the Scottish Fire and Rescue Service detailing the progress of these works such as installation of self closing fire doors, this is due to be completed in the next few months.

We asked NHS Grampian to provide us with staff fire training compliance for Dr Gray's Hospital. We can see from this that 66% of staff have completed statutory fire training as of July 2024. Hospital managers have recognised that this is less than the 80% compliance target for NHS Grampian. We have been told that there is to be a focus on fire safety training compliance with the aim to reach 80% by the end of September 2024.

We acknowledge that plans are in place and ongoing improvement work is being undertaken by NHS Grampian to meet the requirement from our last inspection. However, a new requirement has been given to enable a new focus for improvement.

During our previous inspection in October 2023, we raised concerns regarding oversight and governance in regard to ensuring policies and procedures are reviewed and ratified appropriately. This resulted in the following requirement.

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| <b>October 2023 inspection – Requirement 2</b>  |
| NHS Grampian must ensure effective and appropriate governance approval and oversight of policies and procedures are in place. |

Actions submitted by NHS Grampian in response to this requirement included adding ongoing policy review as an agenda item at both clinical and non-clinical governance meetings. We can see that policies submitted for this follow-up inspection meet the policy review timelines and that whilst two policies are in draft form explanation has been given as to ongoing process of ratification. This includes one waiting final approval in August and another awaiting legal review.

This requirement has been met.

## Area of good practice

### Domain 1

- 1 The emergency department had information posters in both the waiting room and main department explaining the patient journey from arrival through to treatment.

## Requirements

### Domain 1

- 1 NHS Grampian must ensure that systems and processes are in place to ensure both adult and paediatric patients are triaged in a timely manner.
- 2 NHS Grampian must ensure that all staff complete statutory fire training.

## Domain 2 – Leadership and culture

### Quality indicator 2.1 – Shared values

**We observed that despite being busy, wards and departments were calm and well led. However, we received varied feedback from staff regarding support from senior managers with some staff describing a disconnect between ward staff and senior management. Medical staff also raised concerns regarding staffing levels including the reliance on locum staff.**

During our previous inspection the majority of staff described a supportive culture by senior charge nurses at local level, however they did not feel that their concerns were listened to at a more senior level. Staff described a lack of clear structure and collaboration from senior managers and often felt overwhelmed with workload and increased pressures. This was also reflected in several incident reports submitted by staff in the emergency department. During this follow-up inspection staff we spoke with in the emergency department described supportive and effective teamwork including from senior managers although this was also described as variable overnight. However, in two areas inspected nursing staff we spoke with told inspectors that they felt there was a disconnect between ward staff and senior management and that they did not feel supported or valued.

Medical staff in the emergency department raised concerns regarding a proposed reduction of medical staffing on the overnight rota and the potential impact this may have on patient safety. Medical staff also highlighted that they did not always feel that their concerns were listened to or acted upon, including concerns regarding the change in the overnight rota within the emergency department. Concerns were also raised regarding senior medical support in both orthopaedics and medicine particularly in out of hours periods with a reliance on agency locum doctors within medicine. We can see in evidence provided that senior medical workforce gaps have been entered onto NHS Grampian's risk register for a number of specialities. These include acute and general medicine, general surgery and emergency medicine with

Healthcare Improvement Scotland Unannounced Inspection Report (Dr Gray's Hospital, NHS Grampian): 22 – 24 July 2024

actions in place such as international recruitment. Nurse staffing and patient acuity mismatch is also included in the risk register with actions including the introduction of an electronic system to support the care and triangulation of care and staffing levels. Evidence documents show that operational risks are captured within the risk register with each having an allocated member of staff responsible for the mitigation of and decision making regarding the risk. If mitigation is not possible there is a system of escalation which is formally reported through aligned governance structures. In evidence submitted, we can see that staffing related adverse events are discussed at the NHS Grampian weekly clinical risk meeting attended by senior hospital managers. Vacancy rates will be discussed further in domain 4.3.

Inspectors observed that the majority of the wards we visited during the two days of our inspection did not have a senior charge nurse on duty. However, wards were calm and well led with patients describing responsive care. We can see in evidence provided that there are no current senior charge nurse vacancies within the hospital. We were also told that the senior charge nurse post in the emergency department had recently been recruited into with a commencement date of mid August 2024.

Nursing staff highlighted that a number of wards had recently changed speciality and that whilst they felt they had sufficient skills and experience to care for the patients, additional training would have been of benefit. We observed in one area that surgical specialities had been combined to include orthopaedics, gynaecology and general surgery. We were advised by medical staff we spoke with that this was partly due to the transfer of elective orthopaedic surgery to Aberdeen Royal Infirmary. We discussed this with hospital managers who advised that this change was implemented to provide support to both the emergency department and medical specialities and is due to be reviewed in April 2025. We also observed that staff had been told of these changes and then given the opportunity to attend information sessions which gave senior managers feedback on the changes made, these will be continued until the review date in April next year.

As part of this inspection, we attended the hospital wide staffing and safety huddles which were held at set times throughout the day. The hospital safety huddle was attended by members of the multidisciplinary team such as radiology, chaplaincy and Scottish Ambulance Service. The staffing huddle was held prior to the hospital safety huddle and included discussion of acuity and dependency and risk mitigation. The hospital safety huddle discussed staffing and acuity and dependency for each area within the hospital plus emergency department performance and capacity and flow throughout the hospital. We observed that there was good representation of the multidisciplinary team and any shortages in staffing was discussed. This included reduced domestic availability; however, it was clarified that all clinical areas would be covered. In one ward area inspectors observed the use of a written visual prompt for the ward safety huddle. This included but was not limited to, discharge plans, falls and safety concerns and any service/system issues.

The learning from adverse events national framework indicates that all adverse incidents 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](#). During our previous inspection in October 2023, we raised concerns regarding the management and oversight of submitted incident reports especially in the Emergency Department at Dr Gray’s Hospital. We also raised concerns regarding the sharing of learning from adverse events including the provision of feedback to staff who have submitted incident reports. This resulted in the following requirements.

**October 2023 inspection – Requirement 7**

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.

**October 2023 inspection – Requirement 8**

NHS Grampian must ensure effective senior management oversight and support, to reduce the risks for staff and patients receiving care.

To help assess progress with these requirements we requested all incident reports submitted by staff relating to patient safety and staffing for the three months prior to this inspection. During our previous inspection we identified that there were a large number of incident reports in the emergency department awaiting initial review. We can see in evidence provided for this follow-up inspection that only one incident reported by emergency department staff was awaiting initial review, this only being raised the day prior to the inspection. We asked hospital managers who is responsible for reviewing submitted incident reports in the emergency department in the absence of a senior charge nurse. We were advised that either the clinical nurse manager or one of the senior staff nurses will review any new incident reports. Inspectors observed that during the morning site safety huddle that a summary of any incident reports submitted within the previous 24 hours were briefly discussed with staff requested to review as soon as able.

Learning from adverse events is essential to continually maintain and improve the safe delivery of patient care. Staff we spoke with advised that they received feedback to submitted incident reports via e-mail. We observed that themes from adverse events were displayed on a whiteboard in the emergency department. Following an adverse event a learning brief is shared at the hospital safety huddle and at the clinical risk meeting. This is chaired by the chief nurse and attended by the clinical director, general manager, business systems manager and representatives from the nursing and service teams. NHS Grampian shared the output of the latest clinical risk meeting in



evidence submitted to us, which documented the adverse events discussed at this meeting and the discussions on how best to share the learning for certain incidents amongst staff.

The emergency department at Dr Gray's has implemented a written shift report since our last inspection. These reports are completed throughout the day by the nurse in charge and include spaces to document staffing numbers, number of ambulances waiting, total bed requests and actions taken. Inspectors were told by a member of staff that they had been informed they did not always require to complete an electronic incident report if they had documented issues on the shift report. We raised this with hospital managers and asked how the shift reports are currently reviewed and themes and lessons learned. We were advised that there is currently work being undertaken to enable the shift reports to be viewed as an electronic document to enable oversight. We can see in completed shift reports that concerns regarding staffing and capacity within the emergency department are escalated via the hospital safety huddles and to hospital managers. We also observed that staff had completed electronic safety incidents on a number of occasions with this being documented in the shift report.

We acknowledge that significant improvements have been made and sustained since our initial inspection. These requirements have been met.

During our previous inspections in October 2023, we raised concerns regarding the provision of student nurse support and lack of available practice supervisors due to the high numbers of supplementary staff working on the wards. This resulted in the following requirement.

| <b>October 2023 inspection – Requirement 5</b>   |
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| 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. |

As part of our previous inspection NHS Grampian provided us with evidence that they had written to Robert Gordon University advising of our feedback regarding the lack of available practice support for student nurses. The letter also highlighted that student nurse placement numbers had already been reduced to support the learning environment.

During our previous inspection we visited one ward area where two student nurses were on duty with two supplementary registered nurses. Supplementary staffing includes substantive staff working additional hours, staff from the NHS board's staff bank or from an external agency. These staff are used to fill absences, vacancies and support clinical areas experiencing additional demands. All areas we visited during this follow-up inspection had at least one substantive member of staff on duty. We also observed real time discussion of acuity and dependency across all areas in the hospital

wide safety huddles. We were able to speak with a number of student nurses all of whom described a supportive and positive learning environment. One student advised inspectors that she hoped to be able to gain employment working on the ward once she qualified.

Dr Gray's Hospital medical staff includes doctors who have completed a medical degree and are undertaking their initial two year postgraduate foundation training programme, as well as those undertaking speciality training including general practitioner specialist training. There are also a number of speciality level doctors in all departments including the emergency department. There is a heavy reliance on locum consultants due to ongoing difficulty in recruiting substantive consultants. This can lead to a lack of consistency and continuity in senior level support.

As previously discussed, a number of medical staff raised concerns regarding senior medical advice and support in both the medical and orthopaedic directorates particularly in the out of hours periods, as well as concerns about a reliance on agency locum staff and told us they did not always feel listened to. Medical staff we spoke with raised further concerns that they felt at times they were being asked to work at a higher level than their grade, particularly in orthopaedics. We acknowledge that NHS Grampian has made improvement in the practice learning environment for student nurses. However, due to concerns raised by medical staff regarding the learning environment, a new requirement has been given to enable a new focus for improvement.

Controlled drugs are drugs that may cause harm such as dependency and their safe use and management includes the use of a controlled drug register. During our previous inspections in October 2023, we raised concerns regarding the management of controlled drugs within the emergency department. This included discrepancies in the recording of controlled drugs, with several drugs unaccounted for and stock being found in the reception area and not signed in to the controlled drug records book. This resulted in the following requirement.

| <b>October 2023 inspection – Requirement 6</b>   |
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| 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. |

During our previous inspection NHS Grampian provided us with a detailed response regarding the concerns we raised in relation to controlled drug management. This included evidence regarding improvement work and actions that had been put in place to support the systems and processes for the safe management of controlled drugs. These included a review of all controlled drug record books and unannounced controlled drug compliance checks.

Evidence provided by NHS Grampian as part of this inspection includes six incident reports relating to the management of controlled drugs in the three months prior to our inspection. Of these, five related to discrepancies in the recording of controlled drugs, with drugs unaccounted for including an instance where the controlled drugs register had not been checked for three days. The sixth related to an instance where stock had been collected from the pharmacy department but not recorded in the controlled drugs register until five days later. We can see that these incident reports have been reviewed in a timely manner with five being finally approved and the remaining one being reviewed. All six incidents are from different wards and areas with only one being reported for the emergency department. We asked hospital managers for an update regarding these incidents and were provided with the review outcomes and actions undertaken for each incident. These include arranging a ward meeting to discuss how to prevent further incidents in regard to missed control drug checks.

Evidence provided also includes NHS Grampian's standard operating procedure template document for the management of controlled drugs. This demonstrates how controlled drugs are managed in ward and department areas. The document can be completed for individual areas and includes a column to record the names of staff who may order controlled drugs and an agreed stock list. We can also see in evidence provided that all wards and areas have had controlled drug checks carried out by NHS Grampian pharmacy staff since our previous inspection. NHS Grampian provided us with copies of completed controlled drug checks for a number of areas in the hospital. We can see from these that there were a number of entries in the controlled drug register in theatres where the dose had not been recorded or in some instances signed.

We acknowledge that improvements have been made in relation to controlled drug management especially in relation to the timely review of incident reports. However, due to incident reports and controlled drug audits indicating that controlled drugs are not always managed in line with guidance, for example doses not recorded, this requirement has not been met.

## Area of good practice

### Domain 2

- 2 We observed hospital safety huddles were open and transparent and had a focus on patient care. This included themes of any reported adverse events from the previous 24 hours.

## Requirements

### Domain 2

- 3 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.

- 4 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.

## Domain 4.1 – Pathways, procedures and policies

### Quality 4.1 – Pathways, procedures and policies

**Patients and relatives we spoke with described kind and compassionate care and we observed staff working hard to support the safe delivery of care. However, we observed that some medication was not stored securely and the increased capacity within the hospital had resulted in the use of contingency beds.**

We observed that patients appeared well cared for and both relatives and patients we spoke with spoke positively of the care and the staff providing it. Inspectors observed caring and compassionate interactions between staff and patients with patients being treated with dignity and respect.

NHS Grampian identified slips, trips and falls, medication errors, and violence and aggression as the predominant themes from submitted incident reports in the three months prior to this inspection. We can see from these incident reports that actions taken following falls include post falls review by clinician, completion of falls documentation and if appropriate use of a falls alarm. Falls alarms alert staff if a patient leaves the bed or stands up from a chair with the aim of reducing the risk of falls.

In evidence submitted, NHS Grampian explained that there were multiple projects in place in response to falls being one of the most frequently reported patient safety incidents. This includes a trial of new falls recording charts which is hoped to identify trends and enable staff to implement changes to reduce the incidence of falls.

Hospital managers advised that the medication safety team have access to all medication related electronic safety incidents and can offer support where required. In addition, the pharmacy team will identify themes in medication errors that are reported and offer bespoke teaching sessions in response to these themes. Senior charge nurses identify any training and support required for nursing staff if there has been a drug administration error.

NHS Grampian also provided us with evidence of how they support staff who are subjected to violence and aggression. This includes provision of training and staff access to a variety of support including management support, Trauma Risk Management and Occupational Health Services. In addition, violence and aggression towards staff is discussed at the Dr Gray's Hospital health and safety group meetings. We were also told that further explorative work surrounding potential themes regarding violence and aggression is being undertaken with an organisational survey

commencing in September 2024. Following this a focussed action plan will be developed.

Due to increased capacity within the hospital non-standard patient care areas have been introduced within Dr Gray's Hospital. These include 'surge' beds which are an additional fifth bed within four bedded bays. These beds are reopened bed areas that had been closed during the COVID-19 pandemic to enable required space between beds, and as such have available call bells, privacy curtains, electrical sockets and oxygen.

Non-standard bed areas also include the utilisation of corridor spaces. We were provided with the health and safety risk assessment for reopening the beds within the bays and also the use of corridor beds. These include potential hazards and actions to be taken such as placement of beds to ensure fire exits and fire extinguishers are not obstructed. It is also highlighted that the utilisation of non-standard beds may cause staff to feel overwhelmed due to increased workload and not being able to provide adequate care. Control measures for this include the process for staff to escalate concerns and the availability of counselling support for staff.

The standard operating procedure for the utilisation of corridor spaces within the emergency department at Dr Gray's Hospital includes the patient exclusion criteria. This includes but is not exhaustive of, patients receiving end of life care, patients who have an altered mental state and patients who require high dependency level of care. Inspectors observed that the patient receiving care in a corridor space within the emergency department met these criteria. It is documented that the decision to utilise corridor spaces within the emergency department will be made by the site and capacity team, nurse in charge and emergency department consultant and hospital managers when ambulance handover delays are above 30 minutes and there is no other option to create capacity across the hospital.

NHS Grampian's Tactical Operating Model & Surge Bed Plan for Dr Gray's Hospital includes the maximum numbers of beds to be utilised for each area including non-standard beds. The indicative order of which areas should take additional patients is documented as are key considerations/risks for each area. These include staff to patient ratio, impact on ambulance turnaround times and derogation of infection prevention and control bed spacing. Nursing staff ratios in relation to additional beds are highlighted with the caveat that that professional judgment should be used in line with real time staffing professional judgment. During our discussion session, hospital managers explained that Dr Gray's Hospital incorporates an electronic staffing system which reports real time staffing levels in relation to patient acuity and dependency.

We asked senior managers at the virtual discussion if additional cleaning was in place when additional beds are utilised. We were advised that any non-standard bed spaces are cleaned as per procedures for ward bed spaces. We were also advised that NHS Grampian were not aware of any infection outbreaks associated with the use of

additional beds. Senior managers explained that an out of hours team is available for overnight cleaning which staff can contact if required.

During our onsite inspection we observed that additional beds were in use in multi-bed bays. However, inspectors did not observe the use of corridor beds other than one in the emergency department. We did not observe any incident reports submitted by staff reporting an impact on patient safety or inappropriate patient placement in relation to non-standard bed areas.

Staff advised that there were available privacy screens and call bells for patients when corridor beds are used. However, as the beds were placed in the corridors of the ward this would have a negative impact on privacy and dignity of the patients despite mobile privacy screens.

The use of non-standard beds may have a negative impact on all patients' experience, not just those who are being cared for in the additional beds including several patients we spoke with describing multiple moves between wards. The use of corridor beds may also have an impact on other patients and visitors who use the corridor area.

Evidence provided includes NHS Grampian's 'where we will care for you' patient fact sheet. This explains why patients may need to be cared for in non-standard bed areas and includes NHS Grampian's feedback email address to enable patients to provide feedback regarding their time in hospital. We were able to speak with a patient who was in an additional bed space in a ward who had an available call bell and privacy screens and access to an electrical socket. However, the patient did express that the lack of patient bedside locker meant they had nowhere to store personal belongings and that they had not had any explanation as to why they were in the additional bed. Despite this, the patient was complimentary about the care provided and described staff as responsive.

Dr Gray's Hospital kitchen was closed for refurbishment in May this year to enable the flooring to be renewed, with work due for completion in October this year. All hot meals for the hospital are currently prepared and delivered from Seafield Hospital kitchen. Evidence documents that there will be a full provision of all special diets including allergen free, enteral feeding and oral supplements. The Core Nutritional Group & Menu Review Group have been involved in choosing the replacement menus which have a two week rotation.

We were able to observe several mealtimes in ward areas during this inspection. We observed that meals were given out in a timely manner and patients were given appropriate assistance when required. Inspectors observed that patients were provided with soup and sandwiches at lunchtime in the emergency department. However, inspectors were told that there had been no provision of a children's menu at lunchtime during the first day of our onsite inspection which had resulted in a limited range of available meals. We raised this with hospital managers at the time of the inspection who later assured us of the ongoing availability of children's menus. Whilst we observed that patients were provided with cleansing wipes prior to

mealtimes, we observed that patients were not always assisted with hand hygiene prior to eating.

A recommendation has been given to support improvement in this area.

During our previous inspections in October 2023, we raised serious concerns regarding overcrowding in the emergency department and the impact of this on the provision of fundamentals of care and staff wellbeing. This resulted in the following requirement.

| <b>October 2023 inspection – Requirement 9</b>  |
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| 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. |

As discussed previously in domain 2, we were able to attend both the hospital wide staffing and site safety huddles as part of this follow-up inspection. During our previous inspection we observed that staffing decisions were based on the numbers of available staff in each area. However, the dependency or acuity of the patients, skill mix or professional judgement of actual staffing levels and skill mix required to support the delivery of safe and effective care was not discussed. Since our previous inspection NHS Grampian has introduced an electronic staffing system which reports real time staffing levels based on professional judgement in relation to patient care needs. This provides a traffic light system with red areas having the highest shortfall of staff available to meet patients' needs. This enables informed decisions to be made when redeploying staff to help mitigate risk. We observed that staffing for all areas was discussed at the staffing meetings with 'red' areas discussed including how to mitigate risk such as redeploying staff. This included staff offering assistance to cover breaks if unable to provide support for the whole shift. Further support included the clinical nurse manager advising that they would visit all areas to follow-up and provide support.

We can see in evidence provided that no wards or areas remained 'red' during our onsite visit during this inspection with all initial red areas changing to amber after mitigations were put in place such as redeployment of staff. We were also provided with the record of professional judgement and mitigations put in place for the days of our inspection. These include any redeployment of staff, any escalation and when discussed with senior nurse managers.

We observed that the emergency department position was discussed at the site safety huddles. This included four hour target performance, department capacity, numbers of patients awaiting transfer to inpatient beds and if there are any delays in ambulance turnaround times.

As previously discussed, evidence provided by NHS Grampian includes shift reports and incident reports for the emergency department for the three months prior to this inspection. Whilst there are some gaps in shift reports we can see that staff document

that concerns relating to staffing, lack of capacity in the department and the use of corridor beds is escalated to the site huddle and hospital managers. During our virtual discussion, senior managers raised that they were aware that actions taken relating to concerns were not always documented on the emergency department shift reports and that improvement work was going to be undertaken in this area.

During our initial inspection staff in the emergency department raised concerns in relation to severe overcrowding in the department and the negative affect this had on patient care and privacy and dignity. We also observed a significant number of incident reports submitted by emergency department staff describing occasions where this had impacted on staff ability to provide fundamentals of care. We were able to speak with a number of nursing staff during this follow-up inspection who described the emergency department as a good place to work with good teamwork. They also told us that they had good support from senior staff and described an improvement since our last inspection.

While we observed several incident reports relating to staff shortages in the emergency department for the three months prior to this inspection, we did not see any relating to the inability to provide fundamentals of care or patients receiving personal care in the corridors.

This requirement has been met.

During our previous inspections in October 2023, we identified incomplete patient care documentation including Adults with Incapacity Section 47 documentation. An Adults with Incapacity Section 47 Certificate is a legal document which assists the patient, their family and staff to make decisions about the patient's care when the patient is unable to do so independently. This resulted in the following requirement.

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| <b>October 2023 inspection – Requirement 10</b> |
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| NHS Grampian must ensure that all patient documentation is accurately and consistently completed. This includes Adults with Incapacity section 47 documents. |
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Evidence provided as part of this inspection includes Adults with Incapacity training compliance as of July 2024. This shows overall staff compliance of 62% which is above NHS Grampian's organisational target of 60%.

Further evidence submitted includes completed monthly documentation reviews for four areas within Dr Gray's Hospital. These include audits of a number of patient care documentation such as, falls assessment and care plan, National Early Warning Score 2 charts and Adults with Incapacity Section 47 Certificates. We can see from these audits that other than one bedrail risk assessment that documentation was in place as required.

We asked hospital managers how lessons are learned from completed audits. We were advised that feedback is provided to the senior charge nurse for the area being reviewed. We can see in submitted audits that it is documented that feedback was



shared with the senior charge nurse in relation to the incomplete bedrail risk assessment.

Hospital managers also advised that audit completion is monitored via the Accountability and Assurances meetings.

This requirement has been met.

Dr Gray's Hospital uses an electronic prescribing medication administration system apart from within the emergency department where this is prescribed on a paper record. The patient's prescribed medications are later transcribed onto the electronic system when they are admitted to an inpatient area. Returned evidence includes an incident report where patients had a delay in receiving medication as it had not been transferred from the paper to electronic prescription chart.

We asked senior managers what processes were in place to ensure patients who have long stays in the emergency department receive their regular time critical medications. We were told that clinicians will check a patient's regular medication against the electronic medication history available on their Primary Care summary and that each patient has an assigned nurse who is responsible for ensuring medication is administered at the right time.

During our previous inspection in October 2023, we observed that medication was not stored securely in the emergency department with a number of cupboards not being locked and therefore accessible to patients and visitors. This resulted in the following requirement.

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| <b>October 2023 inspection – Requirement 11</b>                                     |
| NHS Grampian must ensure safe storage and administration of medicines at all times. |

Evidence provided includes completed copies of the NHS Grampian inpatient areas Medicines Management Audit and Assurance Programme (nurse manager/chief nurses audit tool) for a number of areas including the emergency department. These audits are carried out monthly and include checks that doors are locked, medication fridge temperatures are recorded, controlled drugs have been checked and that staff administer medication as per policy. We can see from these that a number of areas have had issues with drug cupboard doors breaking. During this follow-up inspection we also observed that medication was not secured due to a number of drug cupboard doors being broken or missing.

We raised this with hospital managers at the time of the inspection who advised that maintenance work would be completed to fix the doors. Evidence submitted since our onsite inspection includes a review of drug cupboards and advises that in one area all drug cupboard doors were partially or completely detached and that all cupboards will be replaced and reconfigured.

Senior managers advised that medicines management learning is shared by pharmacy through clinical governance meetings and locally via the senior charge nurse for the area.

While we acknowledge that plans are in place and ongoing improvement work is being undertaken by NHS Grampian to meet the requirement from our last inspection, this requirement has not been met and will be carried forward.

Standard infection control precautions should be used by all staff at all times to minimise the risk of cross infection. These include patient placement, hand hygiene, the use of personal protective equipment (such as aprons and gloves), management of patient care equipment and the care environment, safe management of blood and fluid spillages, linen and waste management and prevention and exposure management (such as sharps injuries).

Practising good hand hygiene helps reduce the risk of the spread of infection. We observed that there was good provision of alcohol based hand rub and patients were provided cleansing wipes at mealtimes to enable hand hygiene. However, inspectors observed that there were several missed hand hygiene opportunities by medical staff during patient interactions.

A new 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 good signage in place to identify which areas required transmission based precautions, with readily available personal protective equipment.

Other standard infection control precautions such as linen, waste and sharps management minimise the risk of cross infection and must be consistently practiced by all staff.

During our previous inspections in October 2023, Inspectors observed poor compliance with sharps management, this included sharps boxes not being labelled as per guidelines and sharps boxes that were over full. This resulted in the following requirement.

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| <b>October 2023 inspection – Requirement 12</b>       |
| NHS Grampian must ensure the safe disposal of sharps. |

During this follow-up inspection all sharps boxes we observed were labelled as per guidelines and were not over full. Evidence provided by NHS Grampian includes completed monthly sharps assurance tools for three ward areas. These include questions for staff relating to awareness of how to ensure the safe disposal of sharps such as the reason for the fill line on the sharps boxes. We can see from the completed assurance tools that staff were aware of processes in place for the safe disposal of sharps including correct assembly of the sharps boxes.

This requirement has been met.

During our previous inspections in October 2023, we observed that used linen was not always managed in line with guidance, this included soiled linen being left on the floor until staff brought the used linen trolley. This resulted in the following requirement.

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| <b>October 2023 inspection – Requirement 13</b> |
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| NHS Grampian must ensure used linen is managed appropriately. |
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During this follow-up inspection we observed that the used linen trolley was not always taken to the point of care with staff carrying used linen in their arms. This can increase the risk of contamination and cross infection and is not in line with the National Infection Prevention and Control Manual.

This requirement has not been met and will be carried forward.

During our previous inspections in October 2023, we raised concerns regarding general wear and tear to the environment such as chipped work surfaces and damaged flooring. This resulted in the following requirement.

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| <b>October 2023 inspection – Requirement 14</b> |
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| NHS Grampian must ensure the care environment is maintained to allow for effective cleaning. |
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During this inspection we observed ongoing wear and tear to the environment including chipped work surfaces, some damage to flooring and in one area damage to the splashback in the kitchen area leaving exposed grout making it difficult to clean. As described earlier, fire risk assessments had identified a number of fire doors requiring repair or replacement. We also observed that whilst areas appeared clean, due to a lack of available storage a number of patient areas were cluttered. We also observed that boxes were being stored on the floor in storerooms and in one area pillows and a wheelchair cushion had been left on the floor of the linen storeroom.

Inspectors observed a day room in one area which had a carpeted floor which would make cleaning difficult in the case of contamination. We raised this with senior managers who advised that refurbishment work for this area is planned for late summer/early autumn and should be completed by the end of the year. Evidence provided includes the review of flooring in areas that we highlighted during our inspection. We were also provided with a list of any reported flooring damage to the estates department since October 2023 and we can see that the majority of these have been dated as completed. Evidence provided highlights that Dr Gray's Hospital has an onsite team of painters, joiners, electricians and mechanical engineers. The team responds to maintenance requests via the electronic reporting system as well as planned programmes of maintenance. During our last inspection staff raised concerns

regarding delays in maintenance work being completed. However, staff did not report this during this follow-up inspection.

We acknowledge that the age of parts of the hospital building will bring challenges in relation to ongoing maintenance, however this requirement has not been met and will be carried forward.

During our previous inspections in October 2023, we observed that cleaning products were not always stored securely, this resulted in the following requirement.

|   |
|---|
| <b>October 2023 inspection – Requirement 15</b> |
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|   |
|---|
| NHS Grampian must ensure all hazardous cleaning products are securely stored. |
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Returned evidence includes the senior charge nurse assurance audit of safe storage of cleaning products. This includes concerns and actions to be taken including ordering of new lockable metal cabinets for safe storage of cleaning products. We can also see that the storage of cleaning products is included in assurance walk arounds and that these are included in the agenda of the medicine and unscheduled care fortnightly assurance and accountability review. We can see in evidence that out of the eight areas included in the walkaround all had cleaning products safely secured.

During this inspection we observed that in the majority of areas cleaning products were stored securely. However, cleaning products were not secured in the emergency department including the sluice door being propped open.

While we acknowledge improvement in this area, further work is required to ensure products are also stored securely within the emergency department. This requirement has not been met.

NHS boards are required to have water safety systems in place for the control and management of risks posed by waterborne organisms that may cause disease. During our previous inspections in October 2023, inspectors observed that checklists to record daily flushing of toilets were not completed consistently. This resulted in the following requirement.

|   |
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| <b>October 2023 inspection – Requirement 16</b> |
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|  |
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| 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. |
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Evidence provided includes completed copies of NHS Grampian’s water flushing tool for three areas. These include a number of questions that are asked to staff regarding water flushing such as how outlets that are not used regularly are managed. Other questions include who is responsible for cleaning shower heads and what is the reason for water flushing. We can see from these that staff who were asked were aware of

the processes in place. Further evidence includes the water flushing walkaround document for eight areas visited in May and June 2024. This documents that there is regular evidence of water flushing in all areas visited. During this follow-up inspectors observed evidence that water flushing was completed.

This requirement has been met.

Care equipment can be easily contaminated and a source of transferring infection if equipment has not been effectively cleaned. During our previous inspection in October 2023, we observed that while the majority of patient care equipment was clean, some equipment and patient trolleys in the emergency department were contaminated with blood. This resulted in the following requirement.

#### **October 2023 inspection – Requirement 17**

NHS Grampian must ensure that patient care equipment is kept clean and ready for use.

During this follow-up inspection all mattresses that we were able to check in the emergency department were clean. However, we did observe staining to the stand of an observation machine.

Whilst inspectors observed that the majority of patient care equipment was clean, in other areas we visited we observed dust on two resuscitation trolleys and adhesive residue from labels on blood glucose monitor cases.

This requirement has not been met.

### **Area of good practice**

#### **Domain 4.1**

**3** Patients and relatives were complimentary about their care and the staff providing it.

### **Recommendation**

#### **Domain 4.1**

**1** Patients should be assisted with hand hygiene prior to mealtimes where required.

## Requirements

| Domain 4.1 |  |
|------------|--|
| 5          | NHS Grampian must ensure safe storage and administration of medicines at all times.          |
| 6          | NHS Grampian must ensure all staff comply with hand hygiene.                                 |
| 7          | NHS Grampian must ensure used linen is managed appropriately.                                |
| 8          | NHS Grampian must ensure the care environment is maintained to allow for effective cleaning. |
| 9          | NHS Grampian must ensure all hazardous cleaning products are securely stored.                |
| 10         | NHS Grampian must ensure that patient care equipment is kept clean and ready for use.        |

### Domain 4.3 – Workforce planning

#### Quality 4.3 – Workforce planning

**Workforce pressures and recruitment challenges continue to be experienced throughout NHS Scotland. Whilst the nursing vacancy rate at Dr Gray’s Hospital has reduced since our previous inspection in October 2023, we observed a high level of medical vacancies with a reliance on locum medical staff.**

The latest workforce data submitted for Dr Gray’s Hospital demonstrates that the overall nursing workforce is over agreed establishment by 3.4%. This is in comparison to a vacancy level of 6.8% during our previous inspection. We can see from data that senior nursing staff of band 8, band 7 and band 6 are over establishment with band 6 (senior staff nurses) at 25.6% over establishment. We discussed this with senior managers who advised that the over establishment was to provide senior support and leadership to improve skill mix due to the number of international recruits and newly graduated nurses.

During our last inspection the band 5 vacancy rate was 21.2% this has now reduced to 4.8%. During our discussion session senior managers explained that newly qualified nurses are offered support when commencing their role including four weeks supernumerary time as well as support from the practice education team. We were told that previously staff were offered two weeks supernumerary time and this had recently been increased to improve retention of staff.

As previously discussed, staff told us that there was a high use of locum medical staff due to consultant vacancy rates. We can see in evidence submitted that the overall vacancy rate for consultant level doctors is 34.9% with 27.96 whole time equivalent locum staff in June 2024. As discussed in domain 2 consultant vacancy rates are recorded in the risk register for Dr Gray’s Hospital as are actions including international recruitment. Dr Gray’s Hospital medical staff includes doctors who are

undertaking their initial postgraduate training programmes including specialist training such as general practice. The reliance on locum medical staff can lead to a lack of consistency and continuity in senior level support for doctors who are undertaking postgraduate training. During this follow-up inspection we were advised by medical staff that there has been input by the deanery for medical staff undergoing postgraduate training at Dr Gray's Hospital. NHS deaneries are organisations that are responsible for all postgraduate medical training. They set standards, monitor training programmes and provide educational supervision.

We can see from evidence provided that overall nursing sickness rates for Dr Gray's Hospital was 11.4% in June 2024 with medical staff sickness being 2.10%. While we do not have medical staff sickness data from our previous inspection to compare, we can see that nursing sickness has risen from 9.7% in September 2023. NHS Grampian's target sickness rate for nursing staff is 4%. Senior managers explained that support had been offered to the senior charge nurses with bespoke training offered in regard to attendance management.

Supplementary staffing includes substantive staff working additional hours, staff from the NHS board's staff bank or staff from an external agency. We can see in workforce data provided that the overall use of supplementary nursing staff has reduced from 90 whole time equivalent in September 2023 to 78.02 in June 2024. We asked hospital managers what induction processes are in place for both medical and nursing staff. Information provided describes that there is a ward orientation checklist for supplementary nursing staff. We were provided with a copy of the checklist which includes fire procedures, ward orientation and what skills and location of the resuscitation trolley. We asked hospital managers what induction process locum medical staff receive and were provided with the 'Junior Doctors Handbook' which provides information such as referral pathways for specialities, team roles and useful phone numbers.

During our previous inspection in October 2023, we observed that during the staffing huddles that staffing decisions were based on agreed numbers of staff and did not take into account acuity and dependency, skill mix or staff professional judgment. This resulted in the following requirement.

| <b>October 2023 inspection – Requirement 18</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. |

Since our previous inspection, Dr Gray's Hospital has implemented a real time staffing system, which includes the use of an electronic staffing tool. This system matches staffing levels to patient care need with each area entering patient acuity and dependency needs alongside live time staffing data. The system provides real time

visibility of staffing levels across wards and departments in relation not only to staff and patient numbers, but also patient acuity and dependency, and care hours required. As previously discussed, this provides a traffic light system with red areas having the highest shortfall of staff to meet patient needs. We observed that these were discussed at the staffing and hospital safety huddles including any mitigations that could be put in place to reduce risk, with these being recorded on the electronic system. Evidence provided includes the professional judgment and mitigations recorded for the days of our inspection. These include redeployment of staff and discussion with senior nurse managers. It is also documented that in a number of areas even though fewer staff than agreed establishment are on duty that risk is mitigated as staffing meets demand. In one area inspectors were informed that there was a delay in registered nursing staff having breaks. We discussed this with senior nurses who advised that this was due to last minute sickness and that breaks needed to be covered by other areas due to no available staff to redeploy for the full shift. We can see that this is documented in the professional judgement, and we also observed that break cover was discussed at the staffing and hospital huddle.

As discussed in domain 2, all reported incidents relating to staffing are reviewed at the clinical risk meeting which is chaired by the chief nurse and attended by the medical director with escalation to the executive team.

We acknowledge that NHS Grampian has made significant improvement in the recording and reporting of staffing risks and mitigations.

This requirement has been met.

We can see from submitted incident reports that due to increased acuity and dependency there have been occasions where staff have been unable to take their breaks. This included an incident where staff had raised concerns that they were unable to provide one to one nursing care for a patient due to other patient acuity and the patient was found to have a skin tear to their arm. It is not documented if this was escalated to hospital managers at the time. We asked hospital managers what processes are in place to support staff in areas that have 'red' staffing levels which are unable to be mitigated due to sustained pressure within the hospital. We were advised that it is rare to continue to have a 'red' area following local mitigations such as moving staff from another area and other areas of support include the site nurse practitioner and custody nurses if available.

During our previous inspection we raised concerns regarding an incident where a band 5 staff nurse was required to take charge of the emergency department overnight whilst also being responsible for the site and capacity aspect of the site nurse practitioner role. We raised this at the time of our last inspection and hospital managers advised that there had been an increase in the band 6 nursing establishment. However, incident reports for the three months leading up to this follow-up inspection include two recent occasions where a band 5 staff nurse has



again been required to take charge of the emergency department as well as being responsible for capacity within the hospital. We discussed this with hospital managers who advised that this is a rare occurrence and the duty manager on call would attend to provide support if required. We observed that this incident had also been discussed at the clinical risk meeting described earlier in this report.

We also observed an incident report where there was no medical consultant cover for the emergency department from 08:00am until 10:00am. During our discussion session, senior managers explained that an emergency department speciality doctor would be present in the department with support available from other specialties such as anaesthetics. In addition, staff from Dr Gray's emergency department are able to receive senior decision making support via phone by contacting emergency department consultants located in Aberdeen Royal Infirmary.

The Health and Care (Staffing) (Scotland) Act 2019 commenced on 1 April 2024. It stipulates that Health Boards have a duty to follow the Common Staffing Method following a staffing level tool run and requires this to be applied rigorously and consistently. The application of the common staffing method and staffing level tools supports NHS Boards to ensure appropriate staffing, and the health, wellbeing and safety of patients and the provision of safe and high-quality care. We asked NHS Grampian for its 2024/2025 planned tool run schedule including training for staff on how to complete tool runs. Senior managers explained that following the tool run, discussions are held between the senior charge nurse and the nursing leadership team, with any unresolved concerns escalated to the nurse director and executive nurse director as required. We can see from completed staffing level tool run data that whilst some workforce tools have been undertaken in June and July these have not been completed fully. A recommendation has been given to support improvement in this area.

Time to lead is a legislative requirement under the Health Care Staffing (Scotland) Act (2019). This is to enable clinical leaders to provide the delivery of safe, high quality and person centred healthcare. Nursing staff we spoke with advised that due to increased pressures that staff were not always able to take time to lead. We discussed this with senior managers who advised that this time is allocated under the electronic staffing tool however there are occasions when senior charge nurses are redeployed to work clinically due to extenuating circumstances. We were also told that the additional newly qualified nurses starting as well as increasing the number of healthcare support workers on the staff bank is hoped to reduce the reliance upon redeployment of senior charge nurses during their allocated time to lead.

A requirement has been given to support improvement in this area.

## Area of good practice

### Domain 4.3

- 4 We observed an electronic staffing tool being used to capture real time staffing data including acuity and dependency and mitigation of risk.

## Recommendation

### Domain 4.3

- 2 NHS Grampian should ensure the full completion of the staffing level tool and professional judgement tool as part of the common staffing method.

## Requirement

### Domain 4.3

- 11 NHS Grampian must ensure clinical leaders are able to access protected leadership time.

## Domain 6 – Dignity and respect

### Quality 6.1 – Dignity and respect

**We observed staff providing compassionate care with staff treating patients with dignity and respect. However, we observed that the use of non-standard bed spaces such as corridor beds will have a negative impact upon patient dignity.**

Inspectors observed that interactions between staff and patients were positive, person-centred and respectful. Patients we spoke with described staff as responsive and spoke highly of the staff and the care provided. Patients also described receiving good communication from both nursing and medical staff.

Inspectors observed caring, compassionate, patient-centred interactions between staff and a patient who was exhibiting signs of stress and distress. We observed that the patient had a valid Adults with Incapacity Section 47 certificate in place and a meeting was planned to discuss ongoing treatment plans.

During our previous inspection in October 2023, we raised concerns regarding the impact of overcrowding on patient privacy and dignity in the emergency department. This resulted in the following requirement.

## October 2023 inspection – Requirement 20

NHS Grampian must ensure that patient privacy and dignity is maintained at all times and all patients have access to a call bell

During our previous inspection we observed a significant number of submitted incident reports relating to lack of privacy and dignity for patients on trolleys and chairs within the emergency department. These included patients receiving personal care in the corridor. Staff also raised concerns regarding the impact of overcrowding and the use of corridor areas in the department.

During this inspection, emergency department and Scottish Ambulance Service staff told us of the availability of the 'comfort space' which can be utilised during times when patients are waiting in ambulances due to lack of space within the emergency department. This utilises two rooms within the outpatient department to be used out of hours so ambulance crews can transfer patients onto hospital trolleys. We can see in evidence provided that Scottish Ambulance Service crews can make the decision to utilise these spaces if the anticipated delay is more than an hour. All patients remain the responsibility of ambulance staff and must have National Early Warning Score 2 recorded every 30 minutes and any concerns about the patient's condition escalated to the nurse or doctor in charge of the emergency department. We can see that the use of the comfort space is documented in several emergency department shift reports.

Inspectors were also told by staff that there is an agreed process in place to enable patients who are waiting in ambulances to receive personal care if required in a ward area. Returned evidence includes the standard operating procedure for patient dignity if they require personal care. This describes the process whereby ambulance service staff can utilise the bathroom in the stroke ward for patients who require personal care. There is a hygiene pack available on the ward for ambulance staff to utilise for their patients and where able a healthcare support worker will assist with the personal care.

During both our previous and this follow-up inspection we observed a closed circuit television camera within the corridor of the main area of the emergency department. We were advised that this camera was in place for security reasons. While this camera is not in a designated patient care area it will capture images of patients who are placed within one of the corridor care spaces. We discussed the potential impact of this on privacy and dignity with emergency department staff and senior managers. We were advised that patients individual needs are carefully considered when assessing who is suitable to be moved to a corridor space. Staff also advised that it is the responsibility of the nurse in charge to assess which patient can be moved to the corridor. We were also told that if patients did require personal care at any time that this would be undertaken in a cubicle space by temporarily moving other patients. We

can see that it is documented in emergency department shift reports when there are no suitable patients to be moved to corridor beds. Senior managers advised that there is no sound recorded on these cameras, access to the recordings is strictly controlled and that recordings are deleted after 31 days as per policy. Incidents submitted as part of this inspection did not include any relating to lack of privacy and dignity in the emergency department.

Evidence provided includes NHS Grampian's CCTV policy, this is currently under review and in draft form due to automatic number plate recognition, body worn cameras and vehicle dashcam policies being merged into one policy. We can see from this that all video recording equipment and hard media will be stored in a locked facility and is password protected and only available to authorised persons. NHS Grampian draft CCTV policies states that signs will be displayed informing service users that CCTV is in operation and indicating the purpose for which it is used. We asked hospital managers if patients who are being cared for in corridor spaces in the emergency department were informed that CCTV was in use in that area. We were advised that they were not aware that patients were informed as patients would not receive personal care in this area. However, patients do receive medical and nursing care within this area.

We did not observe any corridor beds in use in ward areas during this inspection. However, we did see empty beds in these spaces ready to use when needed. Whilst these beds did have available call bells and privacy screens the use of corridor beds will have a negative impact on staff and patient experience, including the privacy and dignity of patients who may not be placed in these beds but need to use the ward corridors.

Hospital managers advised us of the fortnightly non-standard Patient Areas Monitoring Group meetings. These identify potential themes that may impact on the quality of care provided to patients who are in non-standard bed spaces.

We acknowledge significant improvement in the privacy and dignity of patients in the emergency department, including the introduction of the comfort space to be utilised by the Scottish Ambulance Service. However, due to the ongoing use of non-standard bed spaces and patients remaining for long periods of time in ambulances this requirement has only been partially met and a new requirement has been given to enable a focus for improvement.

Mixed sex bays can have an impact on the privacy and dignity, and personal choice of patients. Whilst we did not see any patients in mixed sex bays during our October 2023 inspection, staff told us that on occasions the clinical decisions unit within the emergency department can have male and female patients at the same time. This resulted in the following requirement.

### October 2023 inspection – Requirement 19

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.

The clinical decisions unit is a separate area within the emergency department which is a bay with space for three beds, one trolley and four chairs. During our last inspection we observed in evidence provided that the clinical decisions unit surge bed risk assessment from May 2023 included an existing control measure of limiting mixed sex placement to 24 hours. However, there were no further mitigations documented to reduce the impact of patients being cared for in mixed sex bays. We also did not see any mixed sex bays in use during this inspection.

Evidence provided during this inspection includes the Dr Gray's clinical decisions unit operational policy amendment dated July 2024. This documents that the unit should be used for the admission of patients who remain under the care of the emergency department for a period of observation and treatment and that patients should typically be admitted for no longer than 24 hours. It also highlights that at times if the bay is being utilised for short stay patients that it may be mixed sex and that currently there is no provision for same sex bathroom facilities.

The clinical decisions unit is part of the Dr Gray's Hospital surge plan for speciality patients and as such can be utilised for a maximum of four patients who may remain in the department for over 24 hours. As part of this follow-up inspection NHS Grampian explained that the clinical decisions unit operational policy includes exclusion criteria and processes to follow in the case of mix sex breach. It is documented in this policy that if the unit is used as a speciality surge area that it should be considered as a single sex area and any breaches of this be escalated at the site huddle.

We did not see any incident reports relating to the breach of single sex areas either in the clinical decisions unit or elsewhere throughout the hospital.

This requirement has been met.

We observed that Dr Gray's Hospital has a sensory garden that can be used by staff and patients. We were advised by hospital managers that staff volunteer to help maintain the garden.

## Area of good practice

### Domain 6

**5** We observed positive and caring interactions between staff and patients.

## Requirements

### Domain 6

**12** 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.

# 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)
- [Care of Older People in Hospital Standards](#) (Healthcare Improvement Scotland, June 2015)
- [Food Fluid and Nutritional Care Standards](#) (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, 2022)
- [National Infection Prevention and Control Manual](#) (NHS National Services Scotland, February 2024)
- [Operating Framework: Healthcare Improvement Scotland and Scottish Government](#) (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](#) (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)

## Appendix 2 - List of all requirements

| Outstanding requirements to be addressed from July 2024 inspection  |
|---|
| 1. NHS Grampian must ensure that systems and processes are in place to ensure both adult and paediatric patients are triaged in a timely manner.  |
| 2. NHS Grampian must ensure that all staff complete statutory fire training.  |
| 3. 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.  |
| 4. 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.   |
| 5. NHS Grampian must ensure safe storage and administration of medicines at all times.  |
| 6. NHS Grampian must ensure all staff comply with hand hygiene.   |
| 7. NHS Grampian must ensure used linen is managed appropriately.  |
| 8. NHS Grampian must ensure the care environment is maintained to allow for effective cleaning.   |
| 9. NHS Grampian must ensure all hazardous cleaning products are securely stored.  |
| 10. NHS Grampian must ensure that patient care equipment is kept clean and ready for use.   |
| 11. NHS Grampian must ensure clinical leaders are able to access protected leadership time.   |
| 12. 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. |



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