Healthcare Improvement Scotland | Inspections and reviews
To drive improvement

Improvement Action Plan

Healthcare Improvement Scotland:

Unannounced acute hospital safe delivery of care inspection

Dr Gray's Hospital, NHS Grampian

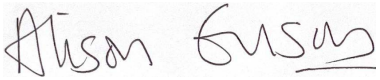
22-24 July 2024

18-week Update

Improvement Action Plan Declaration

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

NHS board Chair

Signature: 

Full Name: Alison Evison

Date: 12th March 2025

NHS board Chief Executive

Signature: 

Full Name: Adam Coldwells

Date: 12th March 2025

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Ref:	Action Planned	Timescale to meet action	Responsibility for taking action	Progress	Date Completed
1.	**Domain 1 – Clear vision and purpose.** **NHS Grampian must ensure that systems and processes are in place to ensure both adult and paediatric patients are triaged in a timely manner.** **This will support compliance with: Quality Assurance System: Quality Assurance Framework (2022) Criteria 6.1, Health and Social Care Standards (2017) Criteria 1.13, 3.14 and 4.14.**				
1.1	A designated group will review the Paediatric triage audit data to inform the improvement work required to ensure it is in line with the Dr Gray's Emergency Department Paediatric Triage and First Assessment Standard Operating Procedure.	31 January 2025	Hospital Senior Leadership Team supported by Operational Managers and Clinical Leads.	**Complete** A designated group have reviewed the Paediatric triage audit data, this data is being refined further and will be used to inform improvement work that is ongoing.	31 January 2025
1.2	Develop a Dr Gray's Emergency Department Adult Triage and First Assessment Standard Operating Procedure. Following which an audit will be conducted after 3 months to review effectiveness and compliance.	31 March 2025	Hospital Senior Leadership Team support by Unit Operational Manager, Unit Clinical Director and Senior Charge Nurse.	**Ongoing** Dr Gray's ED team utilise an Adult Triage and First Assessment form which is based on the Manchester Triage System. The SOP is under development which will align with how colleagues are working in ARI, and will be completed by 31/03/2025, following which it will be audited. There is now a triage nurse on every shift.	
2.	**Domain 1 – Clear vision and purpose.** **NHS Grampian must ensure that all staff complete statutory fire training.** **This will support compliance with: NHS Scotland 'Firecode' Scottish Health Technical Memorandum SHTM 83 (2017) Part 2; The Fire (Scotland) Act (2005) Part 3, and Fire Safety (Scotland) Regulations (2006).**				

2.1	All staff will have completed their statutory fire training by 31/01/2025. To support achievement line managers to run individual fire safety compliance reports from Turas and identify a clear plan to support individual staff members to achieve compliance. Progress will be tracked monthly via the Dr Gray's Hospital Health & Safety Group.	31 January 2025	Hospital Senior Leadership Team supported by all Line Managers	**Ongoing** There has been a continued focus on Statutory Fire Training Compliance in DGH. As of 11 March 2025, compliance has reached 76% across all staff groups, which remains short of the organisational target of 80%. Further support is being implemented to target ways to improve overall compliance, including prioritised protected time for staff to complete the training modules, and continual cleanse of the data.	
3.	**Domain 2 – Leadership and Culture.** **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.** **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.**				
3.1	NHS Grampian will determine a safe and robust process for medical students and Resident Doctors to raise concerns and ensure that detail of this process is clearly described in induction information packs/manuals.	31 March 2025	Hospital Clinical Director support by Unit Clinical Director, Service Clinical Director and Associate Director of Medical Education.	**Complete** A process is in place for medical students and resident Doctors to raise concerns. This is included in the Induction process. A Resident doctor forum has been re-established in January 2025.	12 February 2025
3.2	Ensure that the Consultant locum induction process includes information on effective listening to and reflection on feedback from medical students and resident doctors.	31 March 2025	Hospital Clinical Director support by Unit Clinical Director, Service Clinical Director, Clinical Leads and Operational Teams.	**Complete** A process is in place across medical and surgical specialities for locum Consultant induction including a handbook which directs Consultants to engage with and reflect on feedback from medical students and resident doctors.	12 February 2025

3.3	Ensure robust process in place to ensure all educational feedback data received from National Surveys and Deanery visits via the Medical Education Team is disseminated to Hospital Leadership Team and Senior Medical Staff Committee for reflection and appropriate action	31 March 2025	Hospital Clinical Director support by Unit Clinical Director, Service Clinical Director, Director and Associate Director of Medical Education.	**Ongoing** A process is in place to ensure all educational feedback data is disseminated to the Hospital Leadership Team and Senior Medical Staff Committee. The scheduled feedback from General Medical Council, National Survey and Deanery Scottish Training Survey was shared with Senior Medical Staff Committee on 26/02/25, will be a reoccurring item when feedback is received.	
3.4	Review Hospital and Departmental induction Material for Resident Doctors to ensure all in line with national and local guidance and to ensure Resident Doctors are aware of all their roles and responsibilities on all shifts and feel able to provide safe patient care.	31 March 2025	Hospital Clinical Director support by Unit Clinical Director, Service Clinical Director, Director and Associate Director of Medical Education.	**Complete** A process is in place to ensure Induction packs are reviewed & refined each year before the August resident doctor rotation with updated guidance. Induction material is in place for NHS Grampian and for department specific roles, which outlines responsibilities and provides signposting to relevant guidance.	22 January 2025
3.5	Ensure escalation Policies for care of unwell patients are clear and shared with all Resident Doctors and all those who provide supervision and out of hours cover – including Locum Consultant Colleagues – to ensure Resident Doctors do not work out with their competence	31 March 2025	Hospital Clinical Director support by Unit Clinical Director, Service Clinical Director	**Complete** Guidance is included within departmental induction handbooks, checklists and verbal induction presentations to resident doctors and senior supervisors, including locum colleagues. Guidance includes detailed reference to the use of Treatment Escalation Plans and speciality specific escalation pathways and policies.	11 February 2025
3.6	Provide guidance to all supervising clinicians around the requirement for workplace-based assessments for medical students and Resident Doctors.	31 March 2025	Director and Associate Director of Medical Education.	**Complete** Guidance is included within departmental induction handbooks, checklists and verbal induction presentations to supervising clinicians, including locum colleagues. This details the number of work-based	11 February 2025

				assessments required and expectations of support from senior colleagues.	
3.7	Adapt and share the NHS Grampian framework for educational and clinical governance with Hospital Leadership Team and Senior Medical Staff Committee	31 March 2025	Hospital Clinical Director support by Unit Clinical Director, Service Clinical Director, Director and Associate Director of Medical Education.	**Complete** The framework was reviewed and did not require adaptation for DGH as the existing framework is inclusive of all NHSG medical training sites. NHS Grampian framework in place and shared with the Hospital Leadership Team and Senior Medical Staff Committee.	10 February 2025
3.8	Ensure that a teaching programme is in place both at hospital and, where appropriate, departmental level which allows Resident Doctors to meet their curricular requirements.	31 March 2025	Hospital Clinical Director support by Unit Clinical Director, Service Clinical Director, Director and Associate Director of Medical Education.	**Complete** A teaching programme is in place for all resident doctors. Foundation Years 1 & 2 doctors receive a teaching programme delivered by NHSG and local departments, covering a comprehensive range of topics to meet curricular requirements. Specialty Trainees (ST)/Internal Medicine Trainee (IMT)/General Practice Speciality Trainees (GPST) teaching is co-ordinated at a national & North of Scotland regional level.	11 February 2025
3.9	All educational and clinical supervisors to revisit statutory and mandatory equality and diversity training.	31 March 2025	Hospital Clinical Director support by Unit Clinical Director, Service Clinical Director, Director and Associate Director of Medical Education.	**Ongoing** Educational and clinical supervisors are being reminded to complete their mandatory equality & diversity training. Updated compliance figures will be included prior to the March 2025 deadline. Executive Medical Director is contacting educational clinical supervisors of their professional duty to comply with this training.	
4.	**Domain 2 – Leadership and Culture.**				

	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. **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.**				
4.1	NHS Grampian will Develop a standard operating procedure to define responsibilities and escalation processes in relation to the *Controlled Drug (CD) Assurance Checks in Wards/Departments/Community Hospitals By Pharmacists/Pharmacy Technicians/CD Inspectors In NHS Grampian Guidance (April 2024).*	31 January 2025	Director of Pharmacy supported by the Controlled Drugs Team Chief Nurse and Operational Teams.	**Complete** A Standard Operating Procedure for The Completion of Hospital/Services Controlled Drug (CD) Check Database has been developed and is in place. An Escalation SOP for External CD Assurance Checks are also in place since.	13 January 2025
4.2	Complete monthly audit of *NHS Grampian Inpatient Areas Medicines Management Audit and Assurance Programme – Nurse Managers / Chief Nurses Audit Tool* in all clinical areas. This will be monitored via regular Assurance & Accountability Meetings.	30 November 2024	Hospital Senior Leadership Team supported by Director of Pharmacy, Nurse Managers and Senior Charge Nurses.	**Complete** Monthly NHS Grampian Inpatient Areas Medicines Management Audit and Assurance Audit Tool are ongoing and monitored regularly at Assurance and Accountability Meetings.	1 November 2024
4.3	Education sessions will be arranged for all staff responsible for the management of controlled drugs in line with NHS Grampian policies and procedures.	31 March 2025	Director of Pharmacy supported by the Controlled Drugs Team and Operational Teams.	**Ongoing** Training presentations have been developed and are available on the NHS Grampian Medicines Management internet page. The process to provide assurance around staff competence, and deployment of developed training and education materials is underway. This is being monitored by the Hospital Senior Leadership Team and Director of Pharmacy supported by the Controlled Drugs Team.	

5.	**Domain 4.1 – Pathways, procedures and policies.** **NHS Grampian must ensure safe storage and administration of medicines at all times.** **This will support compliance with: Royal Pharmaceutical Society and Royal College of Nursing Professional Guidance on the Administration of Medicines in Healthcare Settings (2019) and relevant codes of practice of regulated healthcare professions.**				
5.1	A clear schedule of remedial works will be developed including plans for the fixing or replacement of drug cupboard doors to ensure all medication can be securely locked away.	30 November 2024	Deputy General Manager, Facilities supported by Facilities Heads of Service and Dr Gray's Operational Teams.	**Complete** A schedule for remedial works was developed and has been completed to ensure that drug cupboard doors were fixed or replaced. Issue identified at the time of the HS audit have been resolved. Senior Nurses in wards and departments are responsible for identifying, reporting and closing issues with medicine storage as per 3.4 NHS Grampian Storage of Medicines Policy.	30 November 2024
5.2	All medication will be stored appropriately. This will be monitored by completing the monthly audits updated *NHS Grampian Inpatient Areas Medicines Management Audit and Assurance Programme – Nurse Managers / Chief Nurses Audit Tool* is being used in all clinical areas monthly.	30 November 2024	Hospital Senior Leadership Team with support from Director of Pharmacy, Nurse Managers and Senior Charge Nurses.	**Complete** Senior Charge Nurses are responsible for ensuring safe storage of medications, and ensure standards are maintained through timely liaison with estates colleagues and addressing of any issues with ward staff. Issue identified at the time of the HS audit have been resolved. An audit programme is in place. Any issues identified will be raised with the SCN and improvement plans implemented. Any issues identified are raised to appropriate parties e.g. facilities and estates.	30 November 2024
6.	**Domain 4.1 – Pathways, procedures and policies.** **NHS Grampian must ensure all staff comply with hand hygiene.**				

	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).				
6.1	Learning from Healthcare Improvement Scotland inspection regarding the requirement for medical staff to adhere with hand hygiene compliance, will be communicated via the Senior Medical Staff Committee on 27th November and at the November and December departmental Clinical Service Groups (CSGs).	31 December 2024	Hospital Clinical Director support by Unit Clinical Director, Service Clinical Director, Director and Associate Director of Medical Education	**Complete** Hand hygiene compliance reminders for medical staff have been shared via the Senior Medical Staff Committee, local newsletter and departmental meetings. Protected time for completion of outstanding hand hygiene mandatory training was also given to medical staff at the January 2025 hospital-wide shared learning session.	27 November 2024
6.2	Monthly hand hygiene audits to continue and robust action plans to be put in place in areas where non-compliance has been identified. Ongoing compliance of IPC measures will be reported through the Dr Gray's Hospital HAI Group and to the Infection Prevention and Control Strategic Committee	31 March 2025	Hospital Senior Leadership Team supported by Operational Teams, Senior Charge Nurses, Clinical Leads and Infection Prevention and Control Team.	**Complete** Monthly hand hygiene audits are completed with improvement actions identified and progressed locally, with Infection Prevention and Control Nurse support if audits show reduced compliance. Audits are monitored through the monthly Healthcare Acquired Infection (HAI) Group.	12 February 2025
6.3	All staff will have completed their mandatory hand hygiene by 31/01/2025. To support achievement line managers to run individual hand hygiene compliance reports from Turas and identify a clear plan to support individual staff members to achieve compliance. Progress to be tracked monthly via the Dr Gray's Hospital Health, Safety and Wellbeing group.	31 March 2025	Hospital Clinical Director support by Unit Clinical Director, Service Clinical Director, Director and Associate Director of Medical Education Hospital Senior Leadership Team supported by all Line Managers	**Complete** Current compliance for mandatory hand hygiene training is 72%, exceeding the organisational objective of 70%. Further support is in place to support the achievement of improved compliance including prioritised protected time for staff to complete training modules.	31 January 2025
7.	**Domain 4.1 – Pathways, procedures and policies.**				

	NHS Grampian must ensure used linen is managed appropriately. **This will support compliance with: National Infection prevention and Control Manual (2023).**				
7.1	Staff will be reminded of their responsibility to comply with infection control guidance, and particularly the correct process for the management of used linen, at Safety Huddles, ward/departmental meetings and assurance walk rounds.	30 November 2024	Hospital Senior Leadership Team supported by Senior Charge Nurses and Operational Teams.	**Complete** Staff have been reminded of their responsibility to comply with infection control guidance, and particularly the process for the management of used linen. Infection control expectations in relation to safe management of used linen has been reiterated to staff at various forums, including daily huddle and Senior Charge Nurse meetings. Reminders are reiterated at regular departmental assurance walk rounds.	30 November 2024
7.2	Operational Team weekly assurance walk rounds and 6-monthly Safe and Clean Care Audits to continue to ensure compliance with Linen Policy, or escalate non-compliance	30 November 2024	Hospital Senior Leadership Team support by Senior Charge Nurse, Nurse Managers and Operational Teams.	**Complete** Walk round schedule and Safe and Clean Audits are in place. Areas of compliance are congratulated, and aspects of non-compliance are addressed with appropriate actions or escalations for example, supply of additional linen skips.	30 November 2024
7.3	Ensure appropriate equipment to dispose of linen is available for all areas	30 November 2024	Hospital Senior Leadership Team supported by Senior Charge Nurses, Nurse Managers and Operational Teams.	**Complete** Availability of appropriate equipment was reviewed across all areas and any gaps rectified. This is continually monitored during walk rounds/audits any issues identified will be resolved or escalated.	30 November 2024
8.	**Domain 4.1 – Pathways, procedures and policies.** **NHS Grampian must ensure the care environment is maintained to allow for effective cleaning.** **This will support compliance with: Health and Social Care Standards (2017) Criteria 5.19 and 5.24 and National Infection Prevention and Control Manual (2023).**				

8.1	Completion of the remedial works identified during the HIS visit to be undertaken. All future maintenance requests will be completed in line with the prioritisation process and monitored via Estates Supervisors.	30 November 2024	Deputy General Manager, Facilities supported by Facilities Heads of Service and Dr Gray's Unit Operational Teams.	**Complete** Completion of the remedial works identified during the HIS visit has been addressed. A process is in place for future ongoing maintenance requests to be addressed in line with the prioritisation process monitored via Estates Supervisors.	30 November 2024
9.	**Domain 4.1 – Pathways, procedures and policies.** **NHS Grampian must ensure all hazardous cleaning products are securely stored.** **This will support compliance with: Control of Substances Hazardous to health (COSHH) Regulations (2002).**				
9.1	Wards and departments will be reminded of their responsibilities in the safe storage of hazardous substances at daily safety briefs and assurance walk rounds	30 November 2024	Hospital Senior Leadership Team facilitated by Operational Teams, Senior Charge Nurses & Head of Domestic and Support Services	**Complete** Reminders of staff's responsibilities for the safe storage of hazardous substances have been provided at the daily safety brief, in departmental meetings and in the DGH newsletter. Assurance walk rounds in place with structured format to confirm staff understanding of COSHH and to give an opportunity for reminders of their responsibilities in the safe storage of hazardous substances.	30 November 2024
9.2	Operational Team weekly assurance walk rounds to take place to ensure that all hazardous cleaning products are securely stored.	30 November 2024	Hospital Senior Leadership Team facilitated by Unit Operational Teams.	**Complete** The operational team conducts weekly assurance walk rounds. The evidence from these walk rounds demonstrates compliance with safe storage of hazardous substances.	30 November 2024
10.	**Domain 4.1 – Pathways, procedures and policies.** **NHS Grampian must ensure that patient care equipment is kept clean and ready for use.** **This will support compliance with: National Infection Prevention and Control Manual (2023).**				

10.1	Operational Team weekly assurance walk rounds and 6 monthly Safe and Clean Care Audits (SACCA) to take place to ensure equipment is clean and ready to use.	30 November 2024	Chief Nurse facilitated with the Senior Charge Nurses, Nurse Managers and Operational Teams.	**Complete** Operational Team weekly assurance walk rounds and 6 monthly Safe and Clean care Audits (SACCA) are in place and compliance is being monitored.	30 November 2024
11	**Domain 4.3 – Pathways, procedures and policies.** **NHS Grampian must ensure clinical leaders are able to access protected leadership time.** **This will support compliance with: Health and Care (Staffing) (Scotland) Act 2019.**				
11.1	We will monitor and escalate in real-time when clinical leaders are unable to achieve protected leadership time using the SOP for Real Time Staffing Processes on the Dr Gray's Hospital site	31 March 2025	Chief Nurse and Lead Nurse supported by the E-rostering Team	**Complete** In line with the "*Standard Operating Procedure (SOP): Real-time staffing processes on the Dr Gray's Hospital (DGH) Site"* real time staffing assessments, mitigations and escalations are discussed at the site huddle. This would include where the SCN has to take a clinical workload. This is reflective in Safe Care as Professional Judgement action "team lead to take workload- add notes" allowing for this to be monitored over time. Although identified through Real-Time Staffing (RTS) process it is not a risk that requires escalation in real-time as the purpose of RTS is to ensure the delivery of safe and appropriate care on a day-to-day basis. As such there wouldn't be an expectation for action or additional escalation in real time. All duties within the agreed staffing templates that are known to be empty are attempted to be mitigated through supplementary staffing and team leaders taking a caseload is only expected where all avenues to fill the duty and mitigate risk have been exhausted. This is then an identified recurrent risk to the delivery of safe and appropriate care and as such managed	18 February 2025

				through the DGH risk management structures as per 11.2	
11.2	We will monitor severe and recurrent workforce risks, including clinical leaders access to protected leadership time, using the “severe and recurrent risk” dashboard on power BI.	31 March 2025	Chief Nurse and Lead Nurse supported by the E-rostering Team	**Complete** Within nursing, staff updating Safe Care are encouraged to record when the Senior Charge Nurse has to cover a clinical workload to mitigate staffing risks (further information is available in the Standard Operating Procedure (SOP): Real-time staffing processes on the Dr Gray’s Hospital (DGH) Site). Other services are encouraged to escalate via their line management structures when they are unable to access time for their leadership responsibilities (which may be specified in job plans). Where this is deemed a severe and recurrent risk, monitoring is available through the Power BI system.	19 February 2025
12.	**Domain 6 – Dignity and respect.** **NHS Grampian must ensure that patient’s privacy and dignity is maintained at all times. This includes patients who are being cared for in corridor spaces within the emergency department being informed that CCTV is in operation within the area.** **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.**				
12.1	NHS Grampian will ensure that appropriate signage is displayed within the clinical areas where CCTV is in use, to ensure that patients are aware that it is in operation.	30 November 2024	Hospital Senior Leadership Team supported by Operational Teams and Facilities.	**Complete** CCTV Signage has been reviewed, and additional signage is now in place since 04.10.2024 in clinical areas where CCTV is in use.	30 November 2024
12.2	The Non-Standard Patient Areas leaflet for patients will be reviewed and updated to include information regarding CCTV usage.	30 November 2024	Hospital Senior Leadership Team supported by NHS Grampian Non-Standard Patient	**Complete** The Non-Standard Patient Areas leaflet for Patients has been reviewed and updated to include information regarding CCTV usage.	30 November 2024

			Areas Monitoring Group	The Non-Standard Patient Areas Monitoring Group agrees all changes to the "Where we will care for you" leaflet.	
12.3	Nurse Managers will continue daily walk rounds of departments and ensure that facilities are available for patients being cared for in non-standard patient areas.	30 November 2024	Hospital Senior Leadership supported by Nurse Managers	**Complete** The use of Non-Standard Patient Areas (NSPAs) is monitored by the Non-Standard Patient Monitoring Group (Acute). Use of these areas is highlighted at twice daily safety huddles. Senior Nurses & Service Teams are aware of NSPAs in use and monitor on walk rounds, to ensure appropriate screens and call bells are in place including talking to patients to ensure their needs are being met.	30 November 2024
12.4	Use of Non-Standard Patient Areas will be monitored by the NHS Grampian Non-Standard Patient Areas Monitoring Group.	31 January 2025	Hospital Senior Leadership Team supported by NHS Grampian Non-Standard Patient Areas Monitoring Group	**Complete** Dr Gray's Hospital is represented at the NHS Grampian Non-Standard Patient Areas Monitoring Group (Acute), where the use of NSPA's areas are discussed and monitored.	13 January 2025
	Recommendations				
1.	**Domain 4.1 – Pathways, procedures and policies.** **Patients should be assisted with hand hygiene prior to mealtimes where required.**				
1.1	A Mealtime co-ordinator will be identified at the beginning of each shift to ensure patients are prepared appropriately for mealtimes	30 November 2024	Hospital Senior Leadership Team facilitated by Nurse Managers and Senior Charge Nurses	**Complete** The identification of a Mealtime Co-ordinator to ensure patients are prepared appropriately for mealtimes takes place at the beginning of each shift and is documented as a named role on the shift safety brief template. This is being audited to ensure compliance and consistency across clinical areas. The NHSG Food Fluid	30 November 2024

				& Nutrition Group is working on updated guidance for mealtime coordinators.	
1.2	Feedback from the HIS Safe Delivery of Care Inspection to be discussed at daily safety huddle to ensure that staff are reminded of importance of assisting patients with hand hygiene prior to mealtimes.	30 November 2024	Hospital Senior Leadership Team	**Complete** Feedback from the HIS Inspection and regular reminders are shared through various channels, including verbal prompts at safety huddles and hospital newsletters. The importance of assisting and supporting patients with hand hygiene before mealtimes has been emphasized at Daily Safety Briefs and Senior Charge Nurse meetings.	30 November 2024
2.	**Domain 4.3 – Pathways, procedures and policies.** **NHS Grampian should ensure the full completion of the staffing level tool and professional judgement tool as part of the common staffing method.**				
2.1	Chief Nurse, Lead Nurse and Nurse Managers will work with the multi-professional team in the Emergency Dept and Senior Charge Nurses in all other wards to ensure all areas are fully prepared to complete tool runs, in line with NHS Grampian's schedule and the Common Staffing Methodology.	31 March 2025	Chief Nurse and Lead Nurse with support from Nurse Managers and Senior Charge Nurses.	**Ongoing** Nursing and operational management leadership is in place to support the multi-professional team in ED to complete the Emergency Care Provision (ECP) Tool and for Senior Charge Nurses in other wards to run the Staffing Level Tools. The ECP tools will run for 2 weeks from 17 March 2025, and the Small Ward and Adult Inpatient Tools were all run in December 2024. The 2025/26 schedule for staffing level tools is being finalised and will be followed.	
2.2	NHS Grampian Standard Operating Procedure for the management of common staffing method output is currently under development and is to be widely shared and implemented once available.	31 March 2025	Chief Nurse and Lead Nurse with support from Nurse Managers and Senior Charge Nurses.	**Ongoing** A Grampian wide flowchart is under development to ensure a consistent approach to management and escalation of recommendations from the Common Staffing Methodology reports which will be shared and implemented. It is awaiting final sign off within Workforce Governance structure.	