



# Improvement Action Plan

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

Dumfries and Galloway Royal Infirmary, NHS Dumfries & Galloway

August 2025

### 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:

Mark Cook

**NHS board Chief Executive**

Signature:

Full Name: Julie White

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Ref:	Action Planned	Timescale to meet action	Responsibility for taking action	Progress	Date Completed
Rec 1	<p>NHS Dumfries and Galloway should consider improving staff awareness and use of the discharge lounge (see page 25).</p> <p><i>Action:</i></p> <p><b>Improve signage, include use of the discharge lounge in in patient flow protocols and ensure these updates are shared at the daily huddle on all wards over the next month</b></p>	1 month		<p>Update – 19/11</p> <p>Discussed every day at the Hospital Huddle both in the morning and afternoon. Review of criteria and usage ongoing.</p> <p>This has been included in the OPEL site huddle manager action card alongside the wards action cards. Ongoing board level work on roll out at board and local level.</p>	
Rec 2	<p>NHS Dumfries and Galloway should consider ways of providing appropriate support programme in place for nursing staff supporting internationally trained nurses (see page 32)</p> <p><i>Action:</i></p> <p><b>Understand areas of good practise in place and spread learning through the creation of a formal network for mentors. Develop an iterative online</b></p>	6 months		<p>Work has started on a sharepoint site that will have links to all the relevant training material that had been used for international staff across the different staff groups as well as all the pastoral support that is available. We will set up a</p>	

	<p><b>resource for all staff supporting international recruits.</b></p>			<p>group to look at what information is missing.</p> <p>17/9/25 - Pages on sharepoint created and meeting will be arranged in next 6 weeks – preparatory work underway already.</p> <p>19/11 meeting set up for W/c 15<sup>th</sup> December to discuss IMG framework and what is missing in induction for supporting IMG resident doctors, how we can bring substantive IMGs via recruitment on to these inductions to benefit. To review paperwork for all IMGs in their first 3 month to 1 year of practice and bringing in the learning of international nurse and AHP. Review of website that has been built to support internationally trained staff.</p> <p>17/12 - meeting had to be rearranged. New dates being looked at for January</p>	
Req 1	<p>NHS Dumfries and Galloway must ensure all staff are provided with and complete the necessary paediatric and adult immediate life support training to safely carry out their roles (see page 14).</p>	<p>By 31<sup>st</sup> December 2025</p>		<p>20/8/25 - Resus officer linked in with CNM and SCN for ED to devise training plan.</p>	15/01

	<p><i>Action:</i></p> <p><b>Schedule and track completion of paediatric and adult life support training for all relevant staff in ED and paediatrics</b></p>			<p>17/9/25 - 3 extra PILS courses arranged, all staff at work in ED are now trained or booked in on the 4<sup>th</sup> of Nov and the 2<sup>nd</sup> of Dec.</p> <p>Paediatric dates arranged</p> <p>Oct 25 – All staff in ED will have received training by Dec 25. - 19/11 - on-track</p> <p>17/12 - All acute staff training completed. Paediatric Compliance is at 83% with future dates planned.</p>	
Req 2	<p>NHS Dumfries &amp; Galloway must ensure effective and documented risk assessments and selection criteria are in place to support staff who are required to place patients within corridor beds (see page 15).</p> <p><i>Action:</i></p> <p><b>Develop formal risk assessment protocols and selection criteria for corridor usage in ED &amp; MAU and ensure all staff are confident in their use.</b></p>	2 months		<p>20/8/25 - CNM for ECC working with SCN's in ED and AMU to create a selection criteria for corridor nursing.</p> <p>17/9/25 - Draft risk assessment drafted and being reviewed between departments and taken through Clinical Governance group for sign off at next meeting.</p>	

				<p>Oct 25 – AMU and ED corridor SOP's drafted and under review</p> <p>–</p> <p>19/11 - Being taken to Clinical Governance Group on 9/12.</p> <p>17/12 - complete and taken through clinical governance (attachements within separate file). Vicki member of Once for Scotland Boarding steering group.</p> <p>14/1/26 - to be taken to Health Care Governance on for final sign-off.</p>	
Req 3	<p>NHS Dumfries &amp; Galloway must ensure all fire risk assessments are completed yearly and evacuation plans are updated to take into account the use of additional beds within clinical areas (see page 15).</p> <p><i>Action:</i></p> <p><b>Update fire risk assessments and evacuation plans to reflect current bed usage and conduct annual reviews and walkthrough.</b></p>	6 months		<p>Schedule for each area requiring FRA update and Fire Response and Evacuation Procedure will be created in the next week and shared to the group.</p> <p>17/9/25 -</p> <p>7 - completed</p> <p>2 – in progress</p> <p>31 – remaining</p>	

				<p>Will review need for external input over next month or two.</p> <p>17/12 - ongoing</p> <p>13/1/26 - The main ward Blocks (B, C and D) have now been completed. Further work continuing on the clinical areas alongside other areas.</p>	
Req 4	<p>NHS Dumfries &amp; Galloway 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 (see page 19).</p> <p><i>Action:</i></p> <p><i>The new inphase system requires feedback fields to be completed before the incident can be signed off. Learning identified from incidents should be shared at safety huddles and where indicated taken to risk oversight group and Patient safety group. Directorate wide learning should also be shared at senior nurses meeting for dissemination</i></p> <p><b>Implement a feedback loop for incident reports and promote learning across teams.</b></p>	1 month		<p>In further development of electronic incident reporting system (Inphase) to change feedback field to statement such as - "You will receive feedback at the conclusion of the review to help enhance individual and team learning"</p> <p>17/9/25 - Update outstanding</p> <p>19/11 - Choice option in Inphase switched off – all feedback now provided as course.</p> <p>Learning Summaries to be attached - complete</p> <p>17/12 - Acute bi-monthly SAER meeting to share SAER tracker</p>	17/12

				and any learning, along with feedback function now being part of the inphase process when an AE is submitted.	
Req 5	<p>NHS Dumfries &amp; Galloway must ensure that all patient care documentation, including risk assessments, are accurately and consistently completed (see page 25).</p> <p><i>Action:</i></p> <p><b>Consistent completion of patient documentation and risk assessments should be included in all induction processes and student portfolios. Sample Audit of record keeping should be undertaken on a monthly basis and included as part of supervision processes.</b></p>	6 Months		<p>Paediatrics and Neonatal staff all have scheduled dates for documentation training including HSCW's, to be completed by Oct 2025. Information will be cascaded to Maternity and Sexual Health AC</p> <p>20/8/25 - Documentation module now mandated for all RN's across A&amp;D, CNM's asked for compliance update.</p> <p>14/10/25 - limited spaces for training from now until year end. More dates being added for 2026.</p> <p>17/9/25 - Paeds still cohort to complete and neonates completed.</p> <p>Adult staff challenged with attendance and being discussed at SCN meeting on 17/9/25</p>	

				19/11 - Session completed at 12/11 SCN meeting with Clinical Educators - attached attendance and also minutes	
Req 6	<p>NHS Dumfries &amp; Galloway must ensure staff have access to alcohol-based hand rub and comply with hand hygiene in accordance with current guidance (see page 25).</p> <p><i>Action:</i></p> <p><b>Reinstall alcohol-based hand rub dispensers and conduct refresher training on hand hygiene. Include check of hand dispensers in daily cleaning schedule</b></p>	1 month		<p>Walk round has taken place regarding alcohol gel points in DGRI. In general access to gel points is very good except for the Emergency Department. Action: Advised in increase wall mounted dispensers in the area.</p> <p>Meeting arranged with IPCT and clinical educators re planned hand hygiene education for all areas including bare below the elbow. Plan to be finalised in the next 2 weeks.</p> <p>16/09/25-Meeting complete-New Hand Hygiene Strategy for the board to be presented to the ICC in October 2025.</p> <p>17/9/25 - ED dispensers still outstanding. Chase Estates.</p> <p>17/10/2025 Still awaiting dispensers to be placed in A/E- Discussed with Estates Manager who will progress. New HH strategy discussed &amp; supported at infection control</p>	

				<p>committee. To be taken to BMT on the 19<sup>h</sup> of November.</p> <p>14<sup>th</sup> Oct 25 – Estates contacted for an update on dispensers being mounted in ED</p> <p>19/11 - Map provided to Estates</p> <p>17/12 - await update from Estates. Email on 22/12 - dispensers due to warehouse on that day and arrival to DGRI in coming days.</p> <p>14/1/26 - supply issue from company, scheduled for 20/1/26 and will be installed ASAP.</p> <p>As a mitigation additional Mobile units have been placed in situ as a temporary measure.</p> <p>30/1/26 – Dispensers now installed in ED</p>	
Req 7	<p>NHS Dumfries &amp; Galloway must ensure staff comply with the safe management of sharps policies (see page 25).</p> <p><i>Action:</i></p>	3 months		<p>Clarity required on whether their inspection was pre change over to Daniels for new sharps containers. Irrespective local audit to take place in DGRI to</p>	17/9/25

	<p><b>Conduct weekly checks and where necessary undertake refresher training on proper sharps disposal and container usage. Training must be included in induction session.</b></p>			<p>access practice and any learning will be delivered as way of education plan.</p> <p>16/09/25- Sharps review undertaken (audit) by the IPCT. General feedback given by email. In general, was found to be good at present.</p> <p>Audit to be uploaded and action closed down.</p> <p>19/11/2025</p> <p>External audit undertaken re sharps-feedback was good. Slight issue with the continued use of orange waste stream which has been raised with stores. (Feedback attached)</p> <p>Further re-audit in new year to be undertaken.</p>	
Req 8	<p>NHS Dumfries &amp; Galloway must ensure the safe storage of medication (see page 25).</p> <p><b>Action: Ensure the secure storage of medication trolleys to fixed points or storage of them in locked rooms at all times, to be checked by nurse in charge daily</b></p>	2 months		<p>Requested clarity on which medication trolleys the HIS inspection were referring to.</p> <p>Lead Nuse to ask SCN to check and confirm if any sunflower trolleys are not secure to handrail. Thanks</p>	19/11

				<p>Paediatric sunflower trolleys are not fixed and are not used for storage of medications. AC</p> <p>17/9/25 - Clarity gained surrounding sunflower trolleys not being locked to railings as planned.</p> <p>Update: Reviewing options and weaknesses. Immediate action to secure via bicycle locks – take forward in next week.</p> <p>14<sup>th</sup> Oct 25 – CNM's to double check with SCN's of any outstanding locks – most areas now have.</p> <p>19/11 -Complete within all areas</p>	
Req 9	<p>NHS Dumfries &amp; Galloway must ensure Adults with Incapacity section 47 certificates are completed fully and accurately (see page 25).</p> <p><i>Action:</i></p> <p><b>Include training and education on the completion documentation of Section 47 certificates for all applicable patients in role specific training where</b></p>	6 months		<p>20/8/25 - SLWG already set up prior to inspection from Level 3 care assurance reports.</p> <p>Looking to create educational group to work on knowledge and understanding initially around AMT4, 4AT and AWI.</p> <p>Lead Nurse, AMD, Dementia</p>	

	<p>necessary. Clinical Nurse managers to check documentation for any patient subject to section 47 processes.</p>			<p>Consultant, Lead AHP and CNM supporting this work.</p> <p>17/9/25 - Meeting arranged w/c 22/9 with Improvement team, it has been added as part of acute &amp; diagnostics improvement aims.</p> <p>14<sup>th</sup> Oct – Cognition group established and work underway. To feed into A&amp;D Clinical Governance</p> <p>19/11 - Terms of reference to be attached</p> <p>17/12 - ongoing work, TOR attached.</p>	
Req 10	<p>NHS Dumfries and Galloway must ensure all staff are able to access training required for their role (see page 30).</p> <p><i>Action:</i></p> <p><b>Support Ward managers to provide time to undertake required mandatory training and monitor through appraisal process</b></p>	6 months		<p>20/8/25 - Look at TNA for each area</p> <p>17/9/25 - Initial scoping started</p> <p>19/11 - Mandatory training compliance to be uploaded</p> <p>17/12 - set up initial meeting - Challenges to organise due to system pressures and requirement to support clinically however new dates to be sought.</p> <p>Despite this there have been posters developed (attached)</p>	

				<p>to support care planning. They now also provided full refresher training days for staff. Staff can now book on a full rather than having to attend separate sessions. We are also looking at bite size training that we can bring to areas. Another plan is to create short video updates like infection control provide.</p>	
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