Healthcare Improvement Scotland | Inspections and reviews
To drive improvement

Improvement Action Plan

Healthcare Improvement Scotland:
Unannounced Acute and Mental Health Services

Safe Delivery of Care Inspection

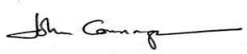
Dr Gray's Hospital, NHS Grampian

27-28 April 2026

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: Professor John Connaghan

Date: 6th November 2026

NHS board Chief Executive

Signature: 

Full Name: Laura Skaife-Knight

Date: 6th November 2026

Ref:	Action Planned	Timescale to meet action	Responsibility for taking action	Progress	Date Completed
Requirements					
REQ 1	**Domain 1 – Clear vision and purpose** **NHS Grampian must ensure that systems and processes are in place in the emergency department to ensure patients are triaged in a timely manner.**				
	Review and implement an enhanced triage staffing model to maintain dedicated triage capacity during periods of peak demand.	31 May 2027	Dr Gray's Hospital (DGH), Emergency Department (ED), Senior Charge Nurse / Service Clinical Director & Medicine and Unscheduled Care Service (MUSC) Team.		
	Implement daily monitoring and monthly audit of time-to-triage performance, including review of delays, contributory factors and required improvement actions.	31 March 2027	Health / Business intelligence colleagues & MUSC Service Team.		
	Review compliance with the 15-minute triage standard through Performance, Assurance and Support and ED governance arrangements, ensuring improvement actions are agreed, monitored and learning shared.	31 March 2027	ED Clinical Team & MUSC Service Team.		
	Review local implementation of Scottish Government emergency care signposting and	31 May 2027	ED Clinical Team & MUSC Service Team.		

Ref:	Action Planned	Timescale to meet action	Responsibility for taking action	Progress	Date Completed
	redirection guidance and implement any identified improvements.				
REQ 2	**Domain 1 – Clear vision and purpose** **NHS Grampian must ensure nursing staff are provided with the necessary training to safely carry out their roles, including but not limited to:** (i) **Adult and paediatric basic life support.** (ii) **Paediatric immediate life support.** (iii) **Management of violence and aggression.** (iv) **Adult support and protection.** (v) **Child support and protection.**				
i.	The programme will include completion of Training Needs Analysis, prioritised access to training, protected learning time, competency assessment and ongoing monitoring through governance arrangements.	31 December 2026	DGH Triumvirate, Women's & Children's Quadrumvirate, Mental Health leadership team & Resus Officers.	In progress.	
ii.	Develop and implement a DGH-wide clinical skills and resuscitation framework which clearly defines role-specific requirements for Adult and Paediatric Basic Life Support, PILS, ILS, APLS and ALS across all teams and services. Escalation will be to NHS Grampian (NHSG) Clinical Quality and Safety Executive Management Group (CQSEMG).	31 March 2027	DGH Triumvirate, Women's & Children's Quadrumvirate, Mental Health leadership team & Resus Officers.		

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iii.	The programme will include completion of Training Needs Analysis, prioritised access to face-to-face training, protected learning time, monitoring of compliance and assurance that appropriately trained staff are available to meet service needs.	31 December 2026	Hospital Leadership Team, Mental Health Leadership Team with support from NHSG PMVA team.		
iv.	Develop and implement a DGH-wide Prevention and Management of Violence and Aggression improvement programme for clinical areas requiring enhanced Prevention and Management of Violence and Aggression (PMVA) competence. Escalation will be to NHSG CQSEMG.	31 March 2027	Hospital Leadership Team, Mental Health Leadership Team with support from NHSG Public Protection Team.		
v.	The programme will include completion of Training Needs Analysis, prioritised access to training, protected learning time and targeted improvement plans for services below agreed compliance standards.	31 December 2026	DGH paediatric ward Clinical Nurse Manager with support from NHSG Public Protection Team.		
	Develop and implement a DGH-wide public protection training improvement programme which clearly defines enhanced role-specific requirements for Adult Support and Protection and Child Protection training. Escalation will be to NHSG CQSEMG.	31 March 2027	DGH paediatric ward Clinical Nurse Manager with support from NHSG Public Protection Team.	In progress.	

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	Child support and protection level three training to be delivered at paediatric ward core training days.	31 March 2027	DGH paediatric ward Clinical Nurse Manager with support from NHSG Public Protection Team.		
	Establish a sustainable governance and assurance framework for statutory, mandatory and role-specific clinical skills training, including monthly compliance monitoring, exception reporting, workforce risk escalation and quarterly review through DGH/Mental Health governance structures to provide assurance that staff competence and training compliance are maintained. Escalation will be to NHSG CQSEMG.	30 April 2027	DGH Chief Nurse / Mental Health Leadership Team, Workforce & Education Leads.		
REQ 3	**Domain 1 – Clear vision and purpose** **NHS Grampian must ensure robust governance and oversight to provide a high quality, safe and sustainable paediatric service, including:** (i) **Ensuring staff are available at all times who have the requisite skills, competencies and training to care for and recognise critically unwell children, including paediatric immediate life support and advanced paediatric life support provision.** (ii) **Compliance with Paediatric Early Warning Score recording to support early detection of deteriorating children.** (iii) **Systems and processes to ensure timely and safe transfer of paediatric patients to an appropriate place of care.**				
i.	Implement and monitor a sustainable paediatric clinical workforce and escalation model for DGH which ensures appropriately skilled staff are	31 March 2027	DGH Triumvirate, Women's & Children's Quadrumvirate.		

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	available at all times to assess, stabilise and manage acutely unwell children. This will include agreed minimum competency requirements, defined PILS/APLS provision, paediatric emergency response arrangements, escalation processes where competency gaps are identified and regular assurance reporting through paediatric governance structures. Escalation will be through Acute Sector Clinical Governance meeting and to NHSG CSQEMG.				
ii.	Undertake a multidisciplinary monthly audit of PEWS completion, escalation and response within Paediatrics, Emergency Department and peri-operative paediatric pathways to provide assurance that deteriorating children are identified and acted upon appropriately.	31 December 2026	DGH Nursing Leadership Team & Women's & Children's divisions.		
	Findings will be used to identify any training, practice or system improvements required and will be reported through paediatric governance arrangements.	31 March 2027	DGH Nursing Leadership Team & Women's & Children's divisions.		
iii.	Engage with paediatric consultants, paediatric nursing leads, ScotSTAR and relevant transport services to review and agree a clear paediatric transfer and escalation pathway, including agreed	31 March 2027	Women's & Children's division.		

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	thresholds for transfer, early referral, escalation to the Chief Nurse and Divisional Clinical Director with onward escalation for support to Acute Sector Medical Director and Nurse Director, where transfer is delayed, and responsibilities for safe stabilisation and transfer. Update and communicate the transfer SOP and establish ongoing monitoring of transfer delays, incidents and outcomes through paediatric governance arrangements. Delayed transfers, including near misses, will be reported and reviewed through the Datix reporting system and monitored through paediatric governance to the Acute Sector clinical governance and onward through the Clinical Quality and Safety Executive Management Group. Significant near misses, recurrent delays or cases with potential for harm will be escalated immediately through the Chief Nurse and Divisional Clinical Director to the Acute Triumvirate and Executive Directors as appropriate.	Immediate			

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REQ 4	**Domain 2 – Leadership and Culture** **NHS Grampian must ensure effective governance and oversight of adverse events to support and improve the quality and safety of care, including but not limited to:** (i) **Reliable and timely reporting of all adverse events.** (ii) **Thorough review is carried out to establish what happened, how it happened and why it happened.** (iii) **Ensure compliance with the Healthcare Improvement Scotland national adverse events framework.** (iv) **Feedback and lessons learned from incidents are shared with relevant staff and improvement actions are implemented.**				
	NHS Grampian will strengthen the reliability and timeliness of adverse event and near-miss reporting through clarity on organisational responsibilities, targeted communication and education, and routine monitoring of Datix reporting. Timeliness will be monitored from the date/time of the event or its recognition to the date/time it is recorded on Datix, with the expectation that events are reported as soon as practicable following recognition. Delayed reporting, recurring themes and potential under-reporting will be identified through exception and thematic review and addressed through local improvement action. The ongoing timelines of review, investigation and closure will be monitored locally on a weekly basis with monthly reporting to the acute sector clinical	31 March 2027	DGH Nursing Leadership Team & Women's & Children's Divisions		

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	governance meeting with onward discussion at the Clinical Quality and Safety Executive Management Group for final oversight and assurance, chaired by the Executive NMAHP and Medical Directors. Reliability will be assessed through routine review of the completeness, accuracy and consistency of Datix records, including event categorisation, grading, harm/potential harm, approval, review status and completion of required fields. Findings will be used to identify services requiring targeted support, education or improvement action. Performance will be monitored through an agreed adverse-event dataset/dashboard, including reporting timelines, completeness, overdue reviews, compliance with review milestones and emerging themes. Local services will review their adverse-event performance through established clinical governance arrangements, with organisational assurance provided through the Clinical quality and Safety Executive Management Group structure. Exceptions, persistent delays, significant under-reporting, recurring themes or failure to deliver				

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	agreed improvement actions will be escalated through the established governance route. Staff awareness and education will include communication of reporting expectations, access to updated guidance and templates, targeted education where gaps are identified, and shared learning from adverse events. Impact will be assessed through improvement in reporting timeliness and data completeness, reduction in identified reporting deficiencies, compliance with review timescales and evidence that learning and improvement actions are completed.				
	Implement and embed the Commissioning and Governance Group arrangements and associated processes developed through the NHSG SAER Short Life Working Group and Implementation Group to strengthen oversight, commissioning, monitoring and completion of Level 1 and Level 2 adverse event reviews	31 March 2027	DGH triumvirate, Mental Health Leadership Team.		
	Conclude all remaining overdue Level 2 Adverse Event Reviews in line with the trajectory agreed	30 June 2027	All teams		

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	through the CQSEMG and maintain compliance with agreed review timescales.				
	Ensure all Level 1 and Level 2 review reports contain a documented dissemination and learning plan which identifies where findings will be shared, how improvement actions will be monitored and how evidence of completion will be provided. Identify mechanism for shared learning beyond Dr Grays's Hospital Acute and Mental Health Services.	31 March 2027	DGH Triumvirates at divisional and service level.		
	Implement a quality improvement programme for commissioners, review leads and approvers, including training workshops, and standardised quality assurance processes to ensure reviews are undertaken in accordance with the NHSG Policy and HIS National Framework.	30 June 2027	Chief Nurse & Hospital Clinical Director with support from Quality Improvement & Assurance Team / Practice Education.		
REQ 5	**Domain 2 – Leadership and Culture** **NHS Grampian must ensure timely administration of medicines including time critical medicines for patients within the emergency department.**				
	Review the current Emergency Department process for identifying, prescribing, obtaining and administering time-critical medicines, identifying any barriers or delays.	Immediate	DGH Nursing and Medical Leadership Team.		

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	Implement a clear process for the identification and prioritisation of time-critical medicines at admission and during the patient's Emergency Department journey, including escalation where administration may be delayed.	Immediate	Medication safety advisor with DGH Nursing Leadership Team.		
	Ensure the Emergency Department team are aware of their responsibilities for the timely administration and escalation of time critical medication.	Immediate	Medication safety advisor with DGH Nursing Leadership Team.		
	Implement a DGH medicines safety improvement programme focused on timely administration of medicines, including time critical medicines, with governance oversight through the DGH Clinical Governance Group. Escalation thereafter to the Acute Sector Clinical Governance which reports to the CQSEMG for ongoing oversight.	30 April 2027	Medication safety advisor with DGH Nursing Leadership Team.		
	Establish quarterly audit and governance reporting of time critical medicine administration and omitted doses, with improvement actions tracked and evidence of sustained compliance demonstrated by June 2027. Ongoing monitoring will be through the Acute Sector Clinical Governance Group with oversight through the CQSEMG.	Immediate Reporting from 31 January 2027	Medication safety advisor, DGH pharmacy & nursing leadership teams.		

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REQ 6	**Domain 2 – Leadership and Culture** **NHS Grampian must ensure appropriate pathways are in place to ensure patients receive the right care at the right time, provided by the most appropriate clinical team.**				
	Implement and embed the DGH Unscheduled Care Improvement Action Plan, ensuring delivery of recommendations that improve patient flow, access to specialty assessment, ambulatory care pathways and placement of patients in the most appropriate clinical setting, monitored through the Unscheduled Care Improvement Programme Board.	31 March 2027	Service Teams, Clinical Teams & DGH Triumvirate.		
	Provide quarterly assurance to DGH governance structures regarding implementation of the DGH Unscheduled Care Improvement Plan, including measurable improvements in patient flow, specialty access and patient placement.	Reporting from 31 January 2027 30 June 2027	Service Teams.		
REQ 7	**Domain 2 – Leadership and Culture** **NHS Grampian must ensure oversight and governance processes to support the provision of safe, sustainable, high-quality care within the high dependency unit. This includes, but is not limited to:** (i) **Ensuring that patients are provided with the right care, in the right place, at the right time by the right professional team.** (ii) **Provision of a robust sustainable medical model of care to always ensure safe delivery of care.** (iii) **Provision of adequate nursing staff numbers to safely care for patient acuity and dependency levels.** (iv) **Ensuring appropriately trained staff and processes are in place to ensure a timely response to cardiac monitoring.**				

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	A programme of clinical redesign has agreed a new model of higher acuity care to be delivered as an Enhanced Care Unit. The new model is developed to be compliant with national standards, including workforce, skill set and training. Full implementation including any necessary medical recruitment is anticipated to be in place by March 2027.	31 May 2027	Divisional Clinical Directors – Surgery and DGH, Chief Nurse DGH & DGH General Manager.		
	Establish a formal programme of assurance for the redesigned HDU service, including monitoring of patient acuity, staffing, medical cover, cardiac monitoring, capacity, quality and safety indicators through DGH and Acute Sector governance structures.	31 May 2027	DGH Triumvirate.		
REQ 8	**Domain 2 – Leadership and Culture** **NHS Grampian must ensure personal alarms are available to all relevant staff within ward 4 and audible to promote patient and staff safety.**				
	Ensure all staff working within Ward 4 continue to have immediate access to a personal alarm while the existing ward alarm system remains in use. All staff currently have access to either a pinpoint alarm or a standalone personal alarm during their shift. Additional alarms compatible with the current system have been ordered to increase resilience and	31 January 2027	Mental Health Leadership Team.		

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	ensure sufficient availability of pin point alarms at all times. Compliance and availability of alarms will be monitored through the Mental Health Leadership Team weekly meeting and the Moray Health and Social Care Partnership Senior Management Team bi-weekly meeting.				
	Upgrade the Ward 4 staff alarm system as part of the ligature reduction project. Alarms for the new system have been ordered with arrangements to ensure all staff working within ward 4 are provided with access to an alarm following implementation of the new system. Monitoring will be through the Mental Health Leadership Team weekly meeting, The Ward 4 Ligature reduction Works Oversight Group Bi-weekly meeting, Ward 4 response Coordinating Group monthly meeting and executive Team Bi-monthly escalation report. The completion date of 31 March 2028 represents the anticipated completion date of the refurbishment work, which includes the installation of a new and updated pinpoint alarm system.	31 March 2028	Mental Health Leadership Team.		
REQ 9	**Domain 4.1 – Pathways, procedures and policies**				

Ref:	Action Planned	Timescale to meet action	Responsibility for taking action	Progress	Date Completed
	NHS Grampian must ensure guidance is in place to support the appropriate use of seclusion.				
	Finalise approval and implement NHSG Policy for the appropriate use of seclusion, ensuring approved policy is communicated and accessible to the relevant clinical teams. Monitoring will be through the Grampian Mental Health Cross System Strategic Delivery Team Bi-weekly meeting and the Grampian Mental Health and Learning Disability (MHLD) Board bi-monthly meeting.	31 March 2027	Chief Nurse MHLD.		
REQ 10	**Domain 4.1 – Pathways, procedures and policies** **NHS Grampian must ensure effective application of risk assessment when caring for patients in contingency beds including corridor beds in line with NHS Grampian risk assessment guidance.**				
	Completion of Training Needs Analysis, prioritised access to training, protected learning time, competency assessment and ongoing monitoring through governance arrangements.	31 December 2026	Nursing Leadership Team & MUSC Service Manager.		
	Review, standardise and implement the use of risk assessment processes for contingency and escalation bed areas across DGH, ensuring alignment with NHSG risk assessment guidance and consistent application during periods of operational pressure. Monitoring will be through the monthly Non-	31 March 2027	Nursing Leadership Team & MUSC Service Manager.		

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	Standard Patient Areas (NSPA), then via Acute Clinical Governance Group and then CQSEMG for exception reporting.				
	Strengthen governance and assurance arrangements through the NSPA Monitoring Group to provide oversight of contingency bed utilisation, associated risks, mitigation measures and learning.	31 March 2027	Deputy Chief Nurse & MUSC Service Manager.		
REQ 11	**Domain 4.1 – Pathways, procedures and policies** **NHS Grampian must ensure that all staff follow standard infection control precautions in relation to hand hygiene.**				
	Implement a focused DGH hand hygiene improvement programme. Including targeted education, visible leadership, reinforcement of standard infection control precautions and local improvement actions in areas identified through observation and monthly audits and monitored through Acute Sector Clinical Governance Group.	31 May 2027	Nursing Leadership Team, Clinical Leads, Senior IPC Nurses & AHP Lead.		
	Strengthen assurance arrangements through routine monitoring, escalation and governance reporting of hand hygiene compliance and associated improvement actions monitored through Acute Sector Clinical Governance.	31 May 2027	Nursing Leadership Team, Clinical Leads, Senior IPC Nurses & AHP Lead.		

Ref:	Action Planned	Timescale to meet action	Responsibility for taking action	Progress	Date Completed
REQ 12	**Domain 4.1 – Pathways, procedures and policies** **NHS Grampian must ensure the safe and secure use of medicines at all times.**				
	Implement and maintain compliance with NHSG medicines security standards across all clinical areas, ensuring medicines are stored securely and access is restricted to authorised staff.	Immediate Monthly audit reporting from 31 January 2027	Senior Charge Nurse, Nurse Managers & Pharmacy team.		
	Provide ongoing assurance through medicines management audits and governance reporting, with identified risks promptly addressed and monitored to completion.	Immediate Monthly audit reporting from 31 January 2027	Nurse Managers & Pharmacy team.		
REQ 13	**Domain 4.3 – Workforce planning** **NHS Grampian must ensure clear and robust systems and processes are in place to allow consistent assessment and capture of real-time staffing risks across all professional clinical groups including accurate completion of professional judgement.**				
	Maintain a minimum of two registered paediatric nurses within the Children's ward at all times. Explore a third paediatric nurse with appropriate skill mix to ensure capacity to support ED as required. Ensure real-time staffing risk, including any impact of deployment to ED or patient transfer, is assessed using professional judgement, accurately	31 March 2027	Women & Children's Chief Nurse & Clinical Nurse Manager.		

Ref:	Action Planned	Timescale to meet action	Responsibility for taking action	Progress	Date Completed
	recorded within SafeCare, and escalated where risks cannot be mitigated. Staffing risks and recurring themes will be reviewed through established staffing huddles and governance arrangements with daily and weekly monitoring arrangements.				
	Review and standardise the application of staffing risk assessment processes across all professional clinical groups to ensure consistent recording of real-time, emerging and enduring workforce risks, professional judgement and mitigating actions. As an interim control, staffing risks will continue to be assessed daily in real time using professional judgement, with mitigating actions documented. Staffing risks that remain unresolved or where residual risk remains significant will be escalated through the established clinical, operational and workforce governance arrangements. Recurring risks and emerging themes will be reviewed through existing staffing huddles and governance processes to ensure that sustained or increasing workforce risks are identified and addressed while the standardised approach is being implemented.	30 June 2027 Immediate	Medical Directors, DGH Chief Nurses, Lead AHP, Radiology & Pharmacy Leads.		

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	Strengthen governance and assurance arrangements for staffing risk by ensuring professional judgement, mitigation measures and residual risk ratings are consistently documented and escalated through established workforce and safety governance structures.	30 June 2027	Medical Directors, Chief Nurses, Lead AHP, Radiology & Pharmacy Leads.		
REQ 14	**Domain 4.3 – Workforce planning** **NHS Grampian must demonstrate how it supports, monitors and reviews the provision of adequate protected time to lead, including completion of staff appraisals.**				
	Implement a monthly review of Senior Charge Nurse protected Time to Lead through established supervision and performance management arrangements, including oversight of leadership capacity, supervision activity, and staff appraisal completion.	31 March 2027	Nursing Leadership Team & Mental Health Leadership team.		
	Monitor appraisal compliance for nursing and medical staff through 5-weekly Performance, Assurance and Support reporting processes, with recovery actions implemented where services are not achieving agreed NHSG appraisal standards.	31 March 2027	Service Teams, Nurse Managers & Mental Health Leadership team.		
REQ 15	**Domain 6 – Dignity and respect**				

Ref:	Action Planned	Timescale to meet action	Responsibility for taking action	Progress	Date Completed
	NHS Grampian must ensure patients receive appropriate psychology support.				
	Recruit to the identified in-patient psychology resource to strengthen access to psychological support and ensure patients receive appropriate psychological support.	30 November 2026	Service Manager & Moray Mental Health Service.		
Recommendation					
REC 1	**Domain 2 – Leadership and Culture** **NHS Grampian should ensure staff receive time and resources to undertake training essential to their role.**				
	Implement the NHSG Protected Learning Time programme and associated workforce initiatives to support nursing staff access to training and development essential to their role.	31 March 2027	Nursing leadership team.		
	Introduce a monthly review of protected learning time through established supervision and performance management arrangements, providing assurance that staff are supported to access mandatory, statutory and role-specific training with monthly reporting through Acute Sector Clinical Governance and Staff Governance.	31 March 2027	DGH triumvirate & Mental Health Leadership Team.		

Ref:	Action Planned	Timescale to meet action	Responsibility for taking action	Progress	Date Completed
	Monitor compliance with mandatory and role-specific training requirements through existing governance and performance reporting processes. Recovery actions to be implemented where agreed standards are not achieved.	31 March 2027	DGH triumvirate & Mental Health Leadership Team.		