Healthcare Improvement Scotland | Inspections and reviews
To drive improvement

Unannounced Inspection Report

Safe Delivery of Care Inspection

Dr Gray's Hospital

NHS Grampian

27-28 April 2026

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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 and mental health 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.

About the hospital we inspected

Dr Gray's Hospital serves Elgin and the surrounding region. The hospital provides a variety of services including an emergency department, maternity, mental health and paediatric services.

About this inspection

During the week of the 27 April, we undertook unannounced inspections of the mental health ward and acute hospital at Dr Gray's Hospital. During this time, we also carried out concurrent inspections of maternity services at both Dr Gray's Hospital, Elgin and Aberdeen Maternity Hospital, NHS Grampian. All inspections were carried out using our safe delivery of care methodology. The inspection report for maternity services at Aberdeen Maternity Hospital can be found here.

During our inspection of Dr Gray's Hospital, we inspected the following areas:

- acute medical assessment unit
- emergency department
- high dependency unit
- paediatric ward
- stroke unit
- mental health ward (ward 4)
- ward 5
- ward 6
- ward 7 and,
- ward 8

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.

Throughout May, June and July 2026, we held several virtual discussion sessions with key members of NHS Grampian 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 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'.

Throughout both acute and mental health services inspected we observed positive staff and patient interactions. Safety briefs attended within the acute and mental health departments were inclusive with open discussions observed. Patients spoke highly of the care received. Staff were observed working collaboratively and hospital safety briefs were inclusive of all staff groups with staff empowered to speak openly. We observed documentation completed to a good standard in all clinical areas.

The majority of wards inspected were well led, calm and well organised. Senior charge nurses were easily identifiable, approachable and open to engage in conversation with inspectors.

We observed good practice and recording of incidents relating to the restraint of patients in the mental health unit and documentation was completed to a high standard.

Dr Gray's Hospital high dependency unit (HDU) provides up to level 2 critical care for adult patients. Patients who require escalation of their care to requiring level 3 critical care should be stabilised in Dr Gray's Hospital and transferred to Aberdeen Royal Infirmary critical care unit, or an alternative appropriate unit.

During inspection we identified concerns regarding the medical model of care in the high dependency unit which relied significantly on the presence and engagement of a locum consultant for the unit with lack of assurance of a robust medical structure to support the provision of care over 24 hours, 7 days a week.

On 1 May 2026, Healthcare Improvement Scotland wrote to NHS Grampian to formally escalate concerns relating to the sustainability of the medical model required to safely deliver level 2 critical care within the high dependency unit at Dr Gray's Hospital. This was in accordance with level 1 of the: Healthcare Improvement Scotland and Scottish Government operating framework.

Evidence provided as part of this inspection included a recently concluded significant adverse event review (SAER) undertaken by NHS Grampian. This significant adverse event review related to the safe delivery of level 2 critical care, and demonstrated similar concerns identified during this inspection such as safe patient monitoring and the sustainability of the medical model required to safely deliver level 2 critical care at Dr Gray's Hospital.

In response to our letter of escalation, NHS Grampian advised that a review of the medical model of care for the high dependency unit at Dr Gray's Hospital would be undertaken, with any resulting changes to be implemented by September 2026. Evidence provided within the response confirms that foundation year 1 doctors are allocated to provide ward-based care for acute and general medical patients within the high dependency unit. However, it is documented that this care is delivered with the support, supervision and direct guidance of more senior medical staff.

Healthcare Improvement Scotland has requested a formal update on the outcome and implementation of the high dependency unit review and any actions taken by the end of October 2026 of the service's ability to provide safe, sustainable and quality care with robust clinical governance.

In July 2026, we held a virtual discussion with key members of NHS Grampian staff to discuss significant concerns regarding the delivery of safe and effective care for critically unwell paediatric patients within Dr Gray's Hospital. Concerns related to staff training levels to support safe delivery of paediatric care across the hospital, and an observed increase in reported adverse events relating to the management and escalation and timely transfer of the care of critically ill children. These included children requiring escalating levels of critical care who required transfer to a unit with the capability to provide level 2 and 3 paediatric critical care.

During the meeting on 9 July 2026, NHS Grampian informed us of a further significant incident which related to paediatric surgery. Senior managers made us aware as a result NHS Grampian had suspended emergency paediatric surgery at Dr Gray's Hospital from late June 2026, with limited exceptions including testicular torsion and surgery for life threatening haemorrhage. They also advised an internal review in relation to the incident had been commenced.

Following the meeting, we wrote to NHS Grampian on 9 July 2026 outlining our serious concerns about the safe provision of paediatric care.

We sought urgent assurance that robust arrangements were in place to ensure staff have the requisite skills, competencies and training to care for acutely unwell children particularly in relation to paediatric surgery. This resulted in the temporary suspension of all elective paediatric surgery on the 9 July, alongside the existing suspension of emergency paediatric surgery, subject to the limited exceptions noted above.

NHS Grampian subsequently replied outlining the actions taken in response.

As a result of the significance of the concerns identified within NHS Grampian, Healthcare Improvement Scotland have been providing independent responsive support to NHS Grampian.

On July 23, 2026, Healthcare Improvement Scotland wrote a further letter to NHS Grampian to highlight additional concerns regarding low staff training compliance at Dr Gray's Hospital including, child and adult support and protection level 2, and basic life support training. We requested details of any additional training provided to

second year level foundation doctors who are undertaking extended roles out of hours at Dr Gray's Hospital. We highlighted concerns about low staff appraisal rates for all staff groups across NHS Grampian. This letter also highlighted variation and poor training compliance within maternity services at both Dr Gray's Hospital and Aberdeen Maternity Hospital. Dr Gray's Hospital and Aberdeen Maternity hospital safe delivery of care inspection reports can be found here.

In response NHS Grampian provided assurance that from August 2026, second year foundation level doctors will no longer be part of the night rota at Dr Gray's Hospital and at all other times will be supported by more experienced senior medical staff. A formal NHS Grampian appraisal improvement plan was initiated to support and sustain improvement with the target to achieve a minimum of 30% increase in compliance by March 2027. Further actions include increased appraisal compliance being established as an organisational and strategic objective with executive leadership oversight. Progress will be monitored monthly through directorate leadership teams and escalated through relevant governance process.

Further areas for improvement have been identified throughout this inspection including the management of incident reports, staff training, and hand hygiene compliance. Further improvements are also required to ensure the consistent recording and reporting of mitigations associated with staffing decisions, and to ensure that senior charge nurses have sufficient protected time to fulfil their leadership responsibilities.

During these inspections, Healthcare Improvement Scotland wrote to NHS Grampian on a number of occasions to raise concerns, formally escalate issues, and seek clarification or additional information. While NHS Grampian engaged with this process and subsequently corrected inaccuracies, there were several instances where inaccurate updates or assurances were provided which affected Healthcare Improvement Scotland's confidence in the reliability and consistency of the information received.

This includes NHS Grampian notifying Healthcare Improvement Scotland that elective paediatric dental and ENT surgery had in fact continued until 6 August. This was inconsistent with the assurances provided on 9 July 2026 that all paediatric surgery had been suspended, with the exception of surgery for life-threatening haemorrhage or testicular torsion. NHS Grampian acknowledged that the continuation of elective surgery was not consistent with the earlier assurance provided by the board regarding the measures taken to mitigate risk. NHS Grampian advised they were carrying out a further review to identify the contributory factors that led to this omission in assurance and support organisational learning. NHS Grampian advised that during an initial review there had been no known reported harm associated with surgery undertaken after 9 July.

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

This inspection resulted in 13 areas of good practice, one recommendation and 15 requirements.

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: http://www.healthcareimprovementscotland.scot.

Areas of good practice

The unannounced inspection to Dr Gray's Hospital resulted in 13 areas of good practice.

Domain 1	
1.	Quality improvement work in the emergency department includes improved patient pathways to improve patient flow (see page 23).

Domain 2	
2.	Hospital wide safety huddles were inclusive of all staff groups and staff were supported to speak openly during these (see page 29).
3.	We observed good teamwork with visible senior charge nurses (see page 29).
4.	Ward 4 staff spoke highly of wellbeing support available to them (see page 29).

Domain 4.1	
5.	We observed thorough documentation by ward 4 staff relating to physical restraint including incident reporting and post restraint debrief forms (see page 39).
6	Patient care plans and documentation, including associated mental health documentation was detailed and comprehensive (see page 39).
7.	Staff were observed having respectful interactions with patients and all call bells were answered promptly (see page 39).
8.	Staff told inspectors that they are supported and encouraged to submit staff and patient safety incident reports (see page 39).

Domain 4.3	
9.	Students spoke highly of the support and learning opportunities available to them (see page 42).

Domain 6	
10.	Staff and patients spoke highly of the availability of therapeutic activities for patients within ward 4 (see page 44).
11.	Positive, collaborative working was observed between all members of the multidisciplinary team within ward 4 (see page 44).
12.	In all areas inspected we observed positive interactions between patients and staff (see page 44).
13.	We observed documented care planning to support patients in ward 4 to access outdoor spaces (see page 44).

Recommendation

Domain 2	
1.	NHS Grampian should ensure staff receive time and resources to undertake training essential to their role (see page 29).

Requirements

The unannounced inspection to Dr Gray's Hospital resulted in 15 requirements.

Domain 1	
1.	NHS Grampian must ensure that systems and processes are in place in the emergency department to ensure patients are triaged in a timely manner (see page 23). This will support compliance with: Healthcare Improvement Scotland Quality Framework (2018) criteria 4.1 and 6.1.
2.	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) prevention and management of violence and aggression. (iv) adult support and protection. (v) child support and protection (see page 23). This will support compliance with: Health and Care (Staffing) (Scotland) Act 2019, NMC Code: Professional Standards of Practice and Behaviour for Nurses and Midwives (2018) and NHS Public Protection Accountability and Assurance Framework (2022).
3.	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 (see page 23). This will support compliance with: Health and Care (Staffing) (Scotland) Act 2019, Healthcare Improvement Scotland Quality Framework (2018) criteria 4.1 and 4.3, Healthcare Improvement Scotland clinical governance standards

(2026) and Health & Social Care Standards (2017) standard 1 criteria 1.19, 1.20, standard 3 criteria 3.14-3.19 and standard 4, criteria 4.11, 4.14, 4.27.

Domain 2

4. 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 and that lessons learned from incidents are shared with relevant staff and improvement actions implemented.
(iv) feedback and lessons learned from incidents are shared with relevant staff and improvement actions are implemented (see page 29).

This will support compliance with: Healthcare Improvement Scotland A National Framework for Reviewing and Learning from Adverse Events in NHS Scotland (2025), Healthcare Improvement Scotland Quality Assurance Framework (2018) criteria 2.5 and 2.6 and Healthcare Improvement Scotland Clinical Governance Standards (2026).

5. NHS Grampian must ensure timely administration of medicines including time critical medicines for patients within the emergency department (see page 29).

This will support compliance with: The Royal Pharmaceutical Society Professional guidance on the safe and secure handling of medicines (2024) and relevant codes of practice of regulated healthcare professions.

6. 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 (see page 29).

This will support compliance with: Quality Assurance System: Quality Assurance Framework 2022 Criteria 2.6, 4.1, 4.3 and 6.7.

7. 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 (see page 29). This will support compliance with: Health and Care (Staffing) (Scotland) Act 2019, Quality Assurance System: Quality Assurance Framework (2022) criterion 2.5, 2.6 and Health & Social Care Standards (2017), standard 1 criteria 1.19, 1.20, standard 3 criteria 3.14-3.19, and standard 4 criteria 4.11, 4.14, 4.27.
8.	NHS Grampian must ensure personal alarms are available to all relevant staff within ward 4 and audible to promote patient and staff safety (see page 30). This will support compliance with: Healthcare Improvement Scotland Quality Framework (2018) criteria 2.3 and 4.1.

Domain 4.1	
9.	NHS Grampian must ensure guidance is in place to support the appropriate use of seclusion (see page 39). This will support compliance with: Healthcare Improvement Scotland Quality Framework (2018) criteria 2.2, 2.6, 4.1 and 6.1.
10	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 (see page 39). This will support compliance with: Quality Assurance Framework (2022) criteria 2.2, 2.6, 4.1 6.1, 6.2 and the National Infection Prevention and Control Manual (2023).
11.	NHS Grampian must ensure that all staff follow standard infection control precautions in relation to hand hygiene (see page 39). This will support compliance with: National Infection Prevention and Control Manual (2023).
12.	NHS Grampian must ensure the safe and secure use of medicines at all times (see page 39). This will support compliance with: The Royal Pharmaceutical Society Professional guidance on the safe and secure handling of medicines (2024) and relevant codes of practice of regulated healthcare professions.

Domain 4.3	
13.	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 (see page 42). This will support compliance with: Health and Care (Staffing) (Scotland) Act 2019.
14.	NHS Grampian must demonstrate how it supports, monitors and reviews the provision of adequate protected time to lead, including completion of staff appraisals (see page 42). This will support compliance with: Health and Care (Staffing) (Scotland) Act 2019.

Domain 6	
15.	NHS Grampian must ensure patients receive appropriate psychology support (see page 44). This will support compliance with: Health and Care (Staffing) (Scotland) Act 2019. Healthcare Improvement Scotland Quality Framework (2018) criteria 2.2, 4.1 and 4.3.

What we found during this inspection

Domain 1 – Clear vision and purpose

Quality indicator 1.5 – Key performance indicators

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

The national accident and emergency (A&E) waiting times target requires 95% of patients to be admitted, discharged, or transferred within four hours of arrival. For the week ending 3 May 2026, 60% of patients across NHS Scotland and 64% at Dr Gray's Hospital met this target. During our onsite inspection week, 11 patients waited more than 12 hours in the emergency department. Further information is available in the NHS Performs weekly update on emergency department activity and waiting times.

On the first day of our onsite inspection one patient had been in the emergency department for 25 hours whilst awaiting transfer to a ward. Inspectors did not have the opportunity to speak with the patient. However, we observed that the patient had been transferred onto a hospital bed for comfort. Nursing staff also explained that patients are offered diet and fluids whilst in the department, including breakfast and sandwiches later in the day.

We asked NHS Grampian to provide evidence of any incidents or adverse events reported by staff through the incident reporting system for the six months prior to our inspection for Dr Gray's Hospital. Of the incident reports submitted in relation to the emergency department, approximately 30% relate to lack of capacity within the department; with 21.5 % of incidents reporting delays of between one to 14 hours to transfer patients from waiting ambulances. Several of these incident reports document patients may have received substandard care.

NHS Grampian had undertaken a review of unscheduled care within Dr Gray's hospital in the week prior to our inspection. This identified areas of improvement to ease the capacity pressures being experienced by the emergency department. Senior managers explained that a structured improvement programme had been implemented, supported by a number of recommendations. Progress included strengthened leadership arrangements, improved role clarity through defined job functions, clarification of patient flow, including the function of the clinical decision unit and the introduction of standard operating procedure for ambulance triage. These changes were intended to reduce ambulance stacking and ensure patients are admitted on clinical priority. Progress is being monitored through NHS Grampian governance frameworks.

NHS Grampian provided the health and safety risk assessments to be used when non-standard patient areas and surge bed are in use. This is a generic risk assessment template that must be tailored to each area using additional beds.

The emergency department risk assessment considers a range of risks including patient safety, dignity, infection prevention and control, staffing, fire safety and medicines management. Identified mitigations include strict patient selection criteria, escalation processes, staff training, communication arrangements, and daily assessment of appropriateness. The risk assessment also sets out criteria for determining which patients may be suitable for corridor care and which patients should be excluded from being cared for in corridor areas.

We were told that privacy screens and portable call bells are available if patients were required to be cared for in the corridor. At the time of inspection, no patients were receiving corridor care.

Evidence provided includes several actions implemented to improve patient flow, including the redesign of the clinical decision unit pathway within the emergency department at Dr Gray's Hospital. The revised pathway provides a dedicated assessment within the clinical decision unit for emergency department patients, with capacity for four patients reserved exclusively for this purpose. This represents a change from the previous pathway, where the unit had been used to accommodate inpatients.

At the time of inspection, no patients were receiving care within the clinical decision unit. Senior managers and staff reported that, following implementation of the revised pathway, corridor spaces within the emergency department had not been used for patient care. This was corroborated by the minutes of the NHS Grampian non-standard patient area monitoring group meeting held in May 2026.

Senior managers advised the introduction of the new clinical decision unit (CDU) pathway had also contributed to a reduction in delays associated with the transfer of patients from ambulances into the emergency department. This was supported by evidence provided, which demonstrated improvements in patient flow and waiting times. Data provided showed a reduction in the number of patients spending more than four hours in the emergency department from arrival to transfer, admission or discharge.

Delays in transferring patients from ambulances into the emergency department may increase the risk of patient harm. Staff explained patients remain under the care of the Scottish Ambulance Service until they are transferred into the emergency department. During our onsite inspection we did not observe any delays to patients being transferred from ambulances. However, within evidence we observed incidents where delays of up to 14 hours had occurred. Incidents included patients who had waited over eight hours in an ambulance then transferred into the department with incontinence pads saturated in urine. In another incident, a patient became critically

unwell whilst waiting to be brought into the main department. These incidents happened prior to the introduction of the CDU patient pathway.

We raised these incidents with senior managers who explained that a designated 'comfort space' has been made available within the outpatient department where ambulance colleagues can bring patients into a private area to have personal care carried out. Senior managers were unable to explain why these rooms had not been utilised on the occasions identified. However, they advised that updated communication regarding the availability and intended use of these rooms had since been issued to emergency department and Scottish Ambulance Service staff to reduce the risk of similar occurrences. Senior managers advised us they have regular meetings with colleagues from the Scottish Ambulance Service to discuss any incidents that may overlap between both services. At the time of this inspection the incident relating to the patient who became unwell remains under review by both NHS Grampian and the Scottish Ambulance Service.

The tissue viability service within Dr Gray's Hospital and Scottish Ambulance Service have implemented a pressure ulcer prevention pathway. This includes staff training and the implementation of risk assessments such as pressure ulcer risk assessment which highlights risk factors for pressure damage such as reduced mobility, poor nutrition, incontinence and if a patient has previously had a pressure ulcer.

Triage is an essential part of emergency care and provides a process for staff to prioritise patients who arrive in the emergency department in accordance with their clinical need. 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. During our onsite inspection, we observed that the average time to triage from arrival was 30 minutes. In review of incident reports, we observed that delays to triage of up to 160 mins had been reported by staff. We also observed incidents where staff had reported periods of no triage cover. Similar themes were identified in a previous safe delivery of care inspection in Dr Gray's Hospital.

We did not see any harm documented in incidents reported relating to delays to triage. Senior managers advised that these incidents had reduced following the redesign of the patient pathway. Further mitigations include risk assessment during periods of high demand and long waits, including nursing and medical staff continuously reviewing the waiting area, ambulance arrivals and patient flow to identify patients who require early assessment, monitoring and intervention. Senior managers explained delays are escalated to site management and whole system tactical groups; however, it is not always possible to deploy staff or access other methods of support. A requirement has been given to support ongoing improvement in this area.

Scottish Government emergency signposting guidance seeks to ensure patients receive care in the most appropriate setting whilst helping to improve waiting times and delays in emergency departments and acute admission units. Further information can be found here. Patients attending the emergency department may be redirected

to a more appropriate care setting as part of the triage process. This includes self-care advice or signposting to a more appropriate care provider such as a pharmacy or ophthalmologist.

NHS Grampian does not have a dedicated redirection standard operating procedure in place. Redirection guidance is incorporated within the emergency department triage matrix. Discussions regarding redirection are discussed with a senior clinician in the emergency department. Considerations are given to clinical assessment, presenting complaint, and any other clinical information.

During our previous inspection in 2024 a requirement was given to support improvement in ensuring staff were trained to triage patients who presented to the emergency department. Triage training is provided by one of the senior staff nurses within the department and covers the triage matrix, scenario based discussions and referral pathways. Following this, staff are supervised by an experienced triage nurse. Evidence received demonstrated 84.2% of nursing staff in the emergency department have completed triage training competencies.

Patients experiencing stress and distress or requiring emergency mental health assessment may attend the emergency department. Dr Gray's Hospital emergency department is a dedicated place of safety. A place of safety may be used by the police when they believe a person is experiencing a mental health crisis and requires immediate care and treatment. Inspectors were told that a quiet room within the emergency department was used for this purpose. We observed that this room was located within the main department enabling staff to maintain observation of patients. Nursing staff told inspectors that the psychiatric liaison team responded promptly when patients were referred for assessment. We did not observe any incidents relating to delays of care or assessment for patients awaiting mental health assessment within the emergency department.

To reduce the risk of suicide and self-harm, NHS boards have a responsibility to ensure patients are appropriately assessed, additional safety measures are in place and are reflective of patient risk assessments and that any environmental risks are identified and managed. We asked NHS Grampian for any environmental risk assessments that had been completed for the emergency department which includes the place of safety room. This room is also used as the relatives' room for the emergency department and can be utilised as a quiet area for patients requiring mental health assessment. We were provided with an up-to-date formal ligature risk assessment for the emergency department. This included risk mapping of the department using a colour coded floor plan highlighting higher and lower risk areas and mitigations for patient placement and observation.

Ward 4 at Dr Gray's Hospital provides an 18-bed acute mental health inpatient ward providing assessment, treatment and recovery focused care for adults experiencing significant mental ill health. The ward also supports older adults and, where appropriate, young people and individuals with a learning disability and/or autism who have a mental health diagnosis. Care is delivered by a multidisciplinary team and

includes assessment, risk management, therapeutic interventions, medication management and discharge planning.

An intensive psychiatric care unit provides specialised, intensive treatments and interventions for patients who require a higher level of care and treatment. Staff we spoke with in ward 4 told inspectors of a recent occasion when a patient was unable to be transferred from ward 4 to the Royal Cornhill Hospital, Aberdeen for intensive psychiatric care due to capacity within the ward and the wider mental health service. Staff also advised that reduced staffing resource impacted on the transfer as staff were required to provide an escort for the patient.

We asked NHS Grampian what the escalation process would be where a patient is unable to be transferred due to inability to provide a staff escort. We were advised any required transfers are discussed at morning safety huddles at both units including any staffing concerns. If a request for a transfer is identified after the morning huddle, ward 4 will allocate staff. If this is not possible, Royal Cornhill Hospital would be contacted to provide support. In the instance there are not adequate staffing available, this would be escalated to the nurse manager on call and then senior manager on call. The patient's clinical team would assess the urgency of the transfer and if deemed urgent mitigations to ensure timely transfer could include redeployment of staff from the wider mental health team to release appropriate staff for the transfer.

Evidence provided includes the Health and Social Care Moray Admission, Transfer and Discharge Policy which provides a framework for safe, person-centred care within mental health inpatient services. It emphasises comprehensive assessment, multidisciplinary decision-making, consideration of alternatives to admission, and discharge planning from the point of admission. The policy sets clear standards for admission, transfer and discharge, including risk assessment, communication, patient and carer involvement, and continuity of care across services. Transfer decisions must be based on clinical need and risk, supported by multidisciplinary discussion, documented handover, transfer risk assessments, and agreement between sending and receiving services. The policy also promotes repatriation to local services where appropriate and requires follow-up within seven days of discharge to support safe transitions of care.

Dr Gray's Hospital provides inpatient paediatric care. Paediatric patients may also be assessed within the emergency department.

Senior managers advised of the development of an advanced paediatric nurse practitioner team including the recent recruitment of one additional advanced paediatric nurse practitioner. We were provided with evidence of four trainee advanced paediatric nurse practitioners undertaking training through Edinburgh Napier University, with an expected completion date of August 2026. There is currently one fully trained advanced paediatric nurse practitioner in post with another recently appointed. An advanced nurse practitioner is an experienced nurse who undertakes extensive post graduate training. We were advised that advanced

paediatric nurse practitioners follow an established training pathway with clinical supervision from the lead advanced nurse practitioner as well as mentoring from the consultant paediatricians.

Nurses working in the emergency department at Dr Gray's Hospital are registered adult nurses. The Royal College of Paediatrics and Child Health standards 'Facing the Future: Standards for children in emergency care settings' documents that every emergency department treating children must have their qualified staff trained in infant and child basic life support, with one member of staff on duty at all times who has advanced paediatric life support or equivalent training.

Paediatric immediate life support training was developed by the Resuscitation Council UK and is designed for healthcare professionals who may have to manage and treat paediatric patients in an emergency. It teaches staff a variety of skills, including identifying and managing a deteriorating paediatric patient and performing cardiopulmonary resuscitation.

During our previous inspection in 2023 a requirement was given in relation to low staff training levels in paediatric immediate life support training. However, during this inspection NHS Grampian provided evidence that only 61% of nursing staff working within the emergency department and 66% in the paediatric ward hold a current paediatric immediate life support qualification. A requirement has been given to support improvement in this area.

Nursing staff within the emergency department explained that paediatric ward staff will, when able, provide support to the emergency department. This was reflected in electronic incident reports where staff had described instances where support was required from the paediatric team for acutely unwell paediatric patients in the emergency department. However, other incident reports highlighted staff could not always provide support due to patient acuity within the paediatric ward.

Evidence reviewed included incident reports completed by staff within the paediatric ward for the six months prior to our inspection. These highlighted occasions where the ward was staffed by one registered paediatric nurse whilst a second registered paediatric nurse provided support to an acutely unwell child in the emergency department. We did not observe any incidents describing any delays to care or patient harm due to this. Senior managers explained that there should be a minimum of two registered paediatric nurses working in the paediatric ward however it was occasionally necessary to provide specialised support to the emergency department. Additionally, where a child requires transfer to Royal Aberdeen Children's Hospital, a nurse from the children's ward would escort them, if this is required.

Further evidence reviewed during this inspection raised concerns relating to the safe care of paediatric patients at the hospital. This included several incident reports relating to occasions where paediatric patients who required high dependency level 2 care had rapidly deteriorated clinically or were considered to have become too unwell for safe transfer by the Dr Gray's clinical team to an appropriate external critical care

unit for escalation of care. These patients were then subsequently cared for in the paediatric ward at Dr Gray's Hospital despite there being no paediatric high dependency unit or provision on site. The incidents describe the apparent difficulty of these patients not being suitable for level 3 transfer by the national paediatric transfer team ScotSTAR but being too unwell to remain in the Dr Gray's Hospital as they were requiring up to level 2 care, even though there were no appropriate level 2 critical care facilities or operational support for this care in Dr Gray's Hospital. ScotSTAR provides specialised transport for critically ill neonates, children and adults across Scotland.

As discussed earlier in this report we raised these concerns with key members of NHS Grampian in July 2026 highlighting significant concerns about the safe delivery of paediatric care at Dr Gray's Hospital including paediatric surgery. We also raised concerns regarding the apparent lack of appropriately trained staff available on site at all times to provide safe care to deteriorating and critically ill children. We also noted lack of appropriate plans to manage the gap between the ward care provided at the hospital, and the need for timely escalation of children deteriorating clinically who required transfer to units able to provide level 2 and 3 paediatric critical care.

Senior managers within NHS Grampian were open about further significant concerns relating to paediatric patient safety. These included delays in assurance, oversight and governance processes for reporting and sharing significant adverse events with appropriate staff. Due to concerns raised we wrote a further letter of serious concern to NHS Grampian requesting immediate written assurance that processes were in place to enable safe care of paediatric patients at Dr Gray's Hospital. This included requesting evidence that a sustainable and governable model of paediatric care will be established.

We requested evidence that sufficient numbers of staff with current paediatric immediate life support (PILS) training are always available within the emergency department and paediatric ward ensuring the timely recognition and initial management of deteriorating paediatric patients. In addition, we sought assurance that effective communication, escalation and multidisciplinary working arrangements are in place to support the delivery of safe, effective and coordinated care for children and young people.

NHS Grampian responded to our concerns in detail including providing evidence that a dedicated paediatric emergency bleep holder would be available on site 24 hours a day who will be advanced paediatric life support trained. If a paediatric patient requires level 2 high dependency care and is too unwell for transfer to an appropriate unit with nursing support, Dr Gray's medical staff will liaise with ScotSTAR to arrange transfer to a level 2 area. If this cannot be facilitated this will be escalated to the on call medical director.

NHS Grampian response also includes evidence of nursing shift rotas which demonstrates 24-hour provision of care from nursing staff who have paediatric immediate life support. Whilst this rota shows six days which do not have cover in the emergency department, these shifts have been highlighted with the aim to cover

through rota adjustments, with ongoing oversight through six weekly workforce reviews to enable early identification and mitigation of any gaps in provision of available paediatric immediate life support trained staff. Any concerns will be escalated to the chief nurse and acute sector nurse director. A requirement has been given to support ongoing improvement in this area.

Areas of good practice

Domain 1	
1.	Quality improvement work in the emergency department includes improved patient pathways to improve patient flow.

Requirements

Domain 1	
1.	NHS Grampian must ensure that systems and processes are in place in the emergency department to ensure patients are triaged in a timely manner.
2.	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) prevention and management of violence and aggression. (iv) adult support and protection. (v) child support and protection.
3.	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.

Domain 2 – Leadership and culture

Quality indicator 2.1 – Shared values

We observed that hospital and departmental huddles were inclusive of all staff groups and staff spoke openly during these. The majority of staff spoken with were positive about working at Dr Gray's hospital and spoke highly of management support provided.

We attended hospital site safety and capacity huddles during our inspection. The purpose of a safety huddle is to provide situational awareness, understand patient flow and raise issues such as patient safety concerns, review staffing and identify wards or areas at risk due to reduced staffing levels. These were held twice a day and attended by members of the multidisciplinary team including nursing, medical and allied health professionals. We observed supportive discussions in which areas identifying the need for additional staffing raised concerns, with initial risk mitigation measures including the redeployment of staff and escalation of any supplementary staffing requirements.

Within the acute wards, inspectors observed completed safety brief paperwork. With safety concerns highlighted including patients with the same name, patients at risk of falls, and any infection prevention and control concerns. Whilst inspectors did not have the opportunity to attend the safety brief whilst onsite, staff we spoke with felt they were beneficial.

Staff within ward 4 attend a daily service wide huddle including community mental health treatment services, psychiatric liaison and other mental health wards based out with Dr Gray's Hospital. This is attended virtually by the senior charge nurse and lead nurse. There was a daily handover for staff and any updated information following ward reviews was shared with the team. Inspectors observed good systems of sharing, with staff reporting regular staff meetings, email communication and the opportunity for the senior charge nurse to update staff. Information included any risk identified, such as patients at risk of absconding from the ward, and included a section domestic staff could access to ensure they had any relevant information.

Most nursing staff throughout the areas inspected described it as a positive place to work and highlighted a supportive local senior leadership team. Inspectors observed senior charge nurses were available and visible in the majority of areas inspected. However, nursing staff in the paediatric ward described feeling under additional pressure due to staffing issues such as sickness absence and experienced staff moving to new posts due to promotion.

Nursing vacancies within the paediatric ward have improved significantly, reducing from 28% to 0.5% between March 2025 and March 2026. However, sickness absence increased from 5.3% to 10.3% over the same period. Staff reported occasionally feeling under pressure due to staffing shortages. Senior managers were aware of these challenges and described arrangements to maintain safe services, including a standard operating procedure for staffing shortfalls. Although the ward had not closed to admissions due to staffing pressures, there were occasions when staffing reduced to a single children's nurse because support was required in the emergency department. Additional support is provided by midwives, site bleep holders and advanced nurse practitioners.

The NHS iMatter survey is a staff experience tool which is completed annually to enable individual teams and health boards to understand and improve staff experience. As such, it can provide clarity on where to focus efforts for team

improvement. The iMatter questionnaire gives staff the opportunity to feed back on their experience within their team and at an organisational level.

We were advised that the staff response rate to the 2025 iMatter survey in the paediatric ward was 39%, with 11 out of 28 recipients completing the survey. However, participation in the 2026 survey improved significantly, with an 86% response rate and 18 of 21 recipients completing the survey. Senior managers advised that whilst ward 2 staff do not currently receive clinical supervision, that further work is planned as part of the NHS Grampian wide project board to ensure availability of trained clinical supervisors. A recommendation has been given to support improvement in this area.

The learning from adverse events through reporting and review: a national framework for Scotland indicates that all adverse events 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 here.

Staff across the areas inspected told us they were encouraged and supported to report patient and staff safety incidents. Staff described receiving feedback and discussing incidents to identify learning. In ward 4, inspectors reviewed staff brief documentation that recorded patient safety concerns and supported wider team learning. NHS Grampian's adverse event policy sets out arrangements for reviewing incidents and involving and supporting patients and families during significant adverse event reviews.

Across the acute and mental health services inspected, NHS Grampian did not consistently achieve national timescales for adverse event reviews. We raised this with senior managers, who described the policies and processes in place for the reporting, review and learning from adverse events, including arrangements to support patient and family involvement. However, several incidents had not yet been assigned a level of review, including incidents dating from November 2025. Most of these incidents related to the emergency department. Similar concerns regarding the management and oversight of adverse event reviews were identified during our October 2023 inspection

Senior managers advised that governance arrangements for adverse event reviews were being strengthened with the aim of completing improvements by the end of June 2026. However, further information provided during the inspection period identified that across NHS Grampian a total of 104 level 1 adverse events were open and requiring review. Of these, 76 were beyond the national 140-day timescale and 39 reviews were awaiting commissioning, of which 33 were overdue. The national framework for reviewing and learning from adverse events specifies that level 1 reviews, also known as significant adverse event reviews (SAERs), are commissioned for the most serious incidents, including those resulting in significant harm or death, to identify contributory factors, learning and system-wide improvements and should be

commissioned within 10 days and completed within 140 working days. A requirement has been given to support improvement in this area.

Prior to the introduction of the new CDU pathway we observed staff had reported incidents where the emergency department was over capacity on several occasions, and at times, operating at over 200% capacity. Details within the incident reports highlighted overcrowding of the department was negatively impacting patient care. These included delays to patient assessments by medical staff, delays to treatments, missed doses of medication and patients falling from trolleys. These incidents were due to a variety of reasons such as capacity and acuity within the department, and two incidents recorded short term sickness resulting in short staffing.

Within the incidents of patients falling from trolleys, it was documented that patients had been making attempts to mobilise and had access to call bells for assistance, however, they had not used these. Within the incidents no injuries were noted, mitigations were put in place, including patients being transferred to hospital beds or one to one nursing implemented where required. Post falls reviews were documented as completed in all incidents and patients were reminded to utilise their buzzers when they required assistance.

We raised the issue of missed medication doses with senior managers who told us there have been additions made to emergency department documentation, highlighting when a patient is normally prescribed a time critical medication such as insulin or Parkinson's medication. We were also advised there is a pharmacist available to the emergency department Monday to Friday, in hours. Where there are incidents of missed medication doses the pharmacist will set up a meeting with emergency department nursing and medical staff and highlight any learning. During a virtual discussion pharmacy staff told us of short learning sessions open to all staff to highlight the importance of administration of time critical medicines and the implementation of toolbox talks relating to time critical medicines. Senior managers advised they hope following the introduction of these measures there will be less missed doses. A requirement has been given to support improvement in this area.

Dr Gray's Hospital includes a high dependency unit providing level two critical care. This is for patients requiring more intensive observation, treatment and nursing care than can be provided on a ward.

Incident reports reviewed relating to the high dependency unit highlighted recurring themes relating to staffing insufficiencies and increased workload, including the regular use of surge capacity beds. These pressures were associated with a range of patient safety concerns such as omissions in care delivery, reduced ability to provide dignified end of life care within multi-bedded bays, and limitations in delivering enhanced (1:1 or 2:1) observations.

There was evidence within incident reports of non high dependency unit patients being admitted to the ward due to capacity pressures elsewhere. This was compounded by poor interdepartmental communication, inadequate care planning,

and environmental limitations, such as the absence of bedside oxygen, all of which presented potential risks to patient safety. In addition, there were multiple reports highlighting unreliable telemetry systems or that due to the acuity within the department telemetry alarms were not being identified and acted upon in a timely manner. We also observed one incident report which documented that cardiac monitor alarms had been switched off. Additionally, we observed in evidence that when one registered nurse goes on break, this leaves only one registered nurse on the unit, which can have an impact on patient care. We observed similar themes through a recently concluded significant adverse event review.

As discussed earlier in this report we wrote to NHS Grampian to escalate serious concerns relating to the sustainability of the medical model required to safely deliver level two critical care within the high dependency unit at Dr Gray's Hospital. This included concerns regarding provision for out of hours care including overnight.

This also includes resident foundation level doctors may be in a position of having to manage patients requiring critical care in the high dependency unit. Whilst resident foundation year doctors have completed their medical degrees, they are still undertaking their postgraduate foundation training. This should include support and supervision by more experienced senior medical staff.

During our onsite inspection nursing staff and foundation year one resident doctors we were able to speak with described a supportive culture from the consultant providing senior medical leadership for the unit. However, some medical staff raised concerns regarding the high dependency unit, in particular risks linked to reliance on a single locum consultant and unclear leadership, escalation, accountability and clinical governance arrangements.

In response, NHS Grampian outlined actions to strengthen leadership, governance and care models, including medical staffing. These include a redesign programme, supporting policies, and implementation timelines are provided with the aim to provide a sustainable, safe, and well-governed service moving forward. We have asked NHS Grampian to provide further assurance on progress by the end of October 2026. A requirement has been made to support improvement in this area.

Ward 4 staff spoke highly of wellbeing support available to them including the support provided to them by the senior charge nurse. Staff can attend group supervision with psychotherapy every two weeks and can also speak to a psychologist on a 1:1 basis when required. Staff told inspectors the support provided following a significant adverse event was good. In addition to this there are wellbeing champions who do regular check ins with staff. Wellbeing champion introduction is a new initiative recently implemented to provide informal, non-judgemental support to staff. Wellbeing champions can signpost staff to other resources and provide feedback from network meetings, ensuring staff are aware of resources available to them. The aim is to promote a culture where staff feel able to talk openly about health and wellbeing. Staff also described several initiatives supporting staff wellbeing and development, including appraisal training, an open-door leadership approach, dedicated sessions for

newly qualified nurses, regular supervision, monthly staff meetings and staff recognition events.

Staff on ward 4 also advised that staff wellbeing had been a focus on the ward after a significant incident had occurred on the ward. This included individual support to staff from the occupational health team and psychotherapist.

Within ward 4 all substantive staff are provided with pinpoint personal alarms to be carried with them at all times. A pinpoint alarm is an advanced safety system that staff carry with them which provides immediate, location specific alerts supporting staff and patient safety to ensure rapid response for assistance if required. We were told when a member of staff presses their pinpoint alarm, available and appropriately trained staff within ward 4 and the adjoining community mental health teams attend. The hospital security and bleep holder are also alerted by staff. Staff receive training in the use of personal alarms as part of their induction to ward 4, with an emphasis on the response. Within evidence received we observed that any rotating staff groups such as students, domestics and medical staff are allocated a separate standalone personal alarm. This was confirmed by domestic staff we were able to talk to. Senior managers acknowledge that all staff should have access to a pinpoint alarm, however, due to breakages they do not have enough. Senior managers also advised that whilst the standalone alarms do not integrate with the pinpoint system, this is mitigated through team working and ensuring staff are not isolated in higher-risk situations.

Replacement of the alarm system is planned as part of ligature reduction work. Following this, there will be an adequate supply for all staff on shift to have access to a pinpoint alarm. During the onsite inspection, staff reported that staff security alarms are not active in the activity room and that this has been reported. NHS Grampian confirmed this had been reviewed and testing of the system had been undertaken and confirmed that the pinpoint personal alarms can be heard in all areas of ward 4. We were provided with evidence that the non-pinpoint personal alarms are generally audible throughout the ward, with interim risk mitigation in place to address rare occasions when alarms may not be heard immediately.

Mitigations include ensuring increased situation awareness, ensuring all staff are aware of who is in the ward and the areas they are visiting. Additionally, staff such as domestic and support staff who may be required to enter less frequently occupied areas inform a member of the clinical team when they are entering and ensure they inform them when they leave. Staff awareness of the use of these is reinforced through safety briefings, and an upgraded pinpoint alarm system is being introduced to enhance staff safety and location tracking. A requirement has been given to support improvement in this area.

Inspectors were told of training competencies specific to ward 4. These were for all new and newly qualified staff. Ward 4 induction includes corporate and local orientation as well as competency-based training within the ward. Specific training relating to ward 4 includes awareness of emergency procedures and use of personal safety systems such as pinpoint alarms. Additionally, staff are required to undertake

mental health specific training including safe observation practices, de-escalation and management of violence and aggression. This is supported by preceptorship and ongoing competency assessment.

Areas of good practice

Domain 2	
2.	Hospital wide safety huddles were inclusive of all staff groups and staff were supported to speak openly during these.
3.	We observed good teamwork with visible senior charge nurses.
4.	Ward 4 staff spoke highly of wellbeing support available to them.

Recommendation

Domain 2	
1.	NHS Grampian should ensure staff receive time and resources to undertake training essential to their role.

Requirements

Domain 2	
4.	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 and that feedback and lessons learned from incidents are shared with relevant staff and improvement actions are implemented. (iv) feedback and lessons learned from incidents are shared with relevant staff and improvement actions are implemented.
5.	NHS Grampian must ensure timely administration of medicines including time critical medicines for patients within the emergency department.
6.	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.
7.	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 ensure safe delivery of care at all times. (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.
8.	NHS Grampian must ensure personal alarms are available to all relevant staff within ward 4 and audible to promote patient and staff safety.

Domain 4.1 – Pathways, procedures and policies

Quality 4.1 – Pathways, procedures and policies

Despite all areas of the hospital being busy, we observed patients receiving kind and compassionate care. All patients within ward areas had access to call bells which were answered promptly. However, we observed poor compliance with hand hygiene and unsecured storage of medication in some ward areas.

The Mental Health (Care and Treatment) (Scotland) Act 2003 Code of Practice states that a child or young person should only be admitted to an adult ward in exceptional circumstances, for example, where no bed in a child or adolescent ward is immediately or directly available. This is because of the child or young person's vulnerability and potential impact of an adult environment on the child or young person's mental health. Through review of evidence and discussions with staff we were told that they do not admit any patient under the age of 18 to the adult mental health ward. Inspectors were told by nursing staff within the paediatric ward that children and young people requiring admission to a specialist inpatient mental health unit may be temporarily cared for in the paediatric ward if an inpatient bed was not immediately available within regional child and adolescent mental health services (CAMHS). We raised this with senior managers who explained that the hospital team work closely with community and inpatient support services. Support is available from liaison psychiatry during in hours period and the CAMHS service.

We were told out of hours and over the weekend staff can contact the CAMHS service based at Links Unit, City Hospital, Aberdeen. We were provided with the flowchart for the out of hours CAMHS pathway for urgent mental health presentations for under 18s. It outlines assessment responsibilities by age and location, referral routes, admission arrangements, and access to specialist CAMHS consultant decision support.

Physical restraint should only be used as a last resort to prevent a person from harming themselves or others or to provide necessary help or treatment. The Mental Welfare Commission highlights that physical restraint should only be implemented by staff who have been fully trained in the methods of restraint. Physical restraint training supports staff in how to apply techniques safely without causing unnecessary harm or distress. Evidence provided by NHS Grampian includes staff training

compliance for prevention and management of violence and aggression (PMVA) training for ward 4 and the emergency department. This shows that practical PMVA training compliance, including safe physical restraint is 86% for ward 4 staff. In the emergency department 85.4% of all staff, including medical consultants and specialty doctors have completed the Once for Scotland: prevention and management of violence and aggression online training. However, only 45% of nursing staff within the emergency department have completed the enhanced face to face level 2 PMVA training including physical restraint. In addition, support can be provided by the security team within Dr Gray's Hospital who have a 100% compliance training rate. A requirement has been given to support improvement in this area.

NHS Grampian's physical intervention guidance, which outlines a trauma-informed, person-centred approach to managing violence and aggression, emphasises that physical intervention is a last resort and must be lawful, necessary, proportionate and used for the shortest time possible. The guidance prioritises prevention, de-escalation and least restrictive practice, with clear requirements for risk assessment, staff training, continuous clinical monitoring and post-incident review. The guidance highlights the importance of compliance with relevant legislation, identifies clinical risks associated with restraint, and provides specific safeguards for vulnerable groups, including pregnant service users. Comprehensive documentation, debriefing and learning processes are required following all physical interventions.

The guidance states staff should report incidents which are reviewed through a structured, multi layered governance process, beginning with daily review at site level during morning huddles to ensure senior nurse oversight. More serious cases are escalated to senior leadership and discussed at governance forums such as NHS Grampian clinical risk management group.

Incident reports we reviewed submitted by staff following the use of restraint were well documented, with precipitating factors and what de-escalation tactics were tried in the first instance. Information was provided such as verbal reassurance or if medication was offered. It was also noted how the patient was restrained and number of staff involved in the incident. Incident reports also noted follow up actions such as a patient being placed on continuous intervention, update of risk assessment and discussion with the multidisciplinary team.

We were provided with information regarding the physical health monitoring of patients during and post restraint. This documents that patients are monitored throughout for any signs of physical deterioration and distress. Airway, breathing, circulation and consciousness are continually monitored during restraint. Following restraint, a medical review will be carried out to assess for any injury, pain and signs of aspiration. Physical restraint significantly increases aspiration and choking risks by impairing body positioning, supressing natural airway reflexes and restraining chest movement. This can lead to inhalation of saliva, food or stomach contents into the lungs. Patient observations will be monitored at regular intervals up to one hour post

restraint. Within incident reports we did not observe any adverse outcome recorded due to physical restraint.

A planned debrief following restraint was detailed within incident reports submitted by ward 4 staff. This is carried out following any episodes of restraint and involves all members of the team who were involved. We were also provided with a copy of the restraint debrief documentation. This is a document for recording all details of the incident, including who was involved, any precipitating factors, de-escalation methods attempted and if any medication was required. There is also space to document what went well and what was helpful or unhelpful in the situation, ensuring any learning is highlighted.

NHS boards play a crucial role in child and adult support and protection. Child and adult support and protection training provides staff with the information required to promote the protection and wellbeing of children and adults. All staff working within acute services should have completed level one child and adult support and protection training. Evidence provided highlighted child and adult support and protection training compliance within all clinical areas shows 63% of staff within Dr Gray's Hospital have completed the new Once for Scotland child and adult protection module.

Level 1 child protection training is aimed at all members of the health care workforce and provides information on what to do if they think a child is being harmed. Level 2 training is for staff who have direct and/or substantial contact with children and young people and families and carers. Level 3 training focuses on advanced safeguarding and covers more complex issues. Within the children's ward, 88.7% of staff have completed level 1 child support and protection training and 20% have completed level 2.

We wrote a further letter to NHS Grampian seeking assurance regarding staff training compliance. This included child support and protection level 2 training levels for nursing staff within the paediatric ward. In response NHS Grampian acknowledged required improvements in both statutory and mandatory training compliance to meet organisational compliance targets of 80% and 70% and provided several key improvement actions. These include targeted support to areas with lower compliance, enhanced executive scrutiny and performance review processes and the development of a formal statutory and mandatory training report and improvement plan. In addition, an electronic platform is being implemented to provide senior managers with service level compliance data to enable early identification of poor compliance and enable targeted and proactive intervention.

NHS Grampian confirmed specific training compliance improvement actions for Dr Gray's Hospital. This includes adult support and protection level 2 training within the emergency department with the aim of all staff having completed training by the end of 2026. A focused improvement plan has been implemented on ward 2 to improve level 2 child support and protection training. This includes two core training days for all ward 2 staff in October 2026 which will include level 3 face to face child protection training. Actions also include additional support to ensure all staff on ward 4 are up to

date with basic life support training by the end of September 2026. Whilst we acknowledge the commitment to improve made by NHS Grampian a requirement has been given to support improvement in this area.

Seclusion is a restrictive practice in which a person is isolated and prevented from leaving a room or area, with the intention of managing behaviours that pose a significant risk of harm to themselves or others. Seclusion requires careful management by an agreed decision-making process and monitoring by staff who are fully trained in the prevention and management of behaviour which may cause harm to others. We asked NHS Grampian for their seclusion policy. However, there is currently no specific seclusion standard operating procedure or policy in place within NHS Grampian mental health services. A seclusion policy has been drafted and is presently undergoing review through the clinical operational group (COG) governance process. Pending approval, this policy will provide the organisational framework for the safe and consistent use of seclusion in line with national guidance and legislative requirements. A requirement has been given to support ongoing improvement in this area.

Within incident reports we did not observe any incidents in relation to seclusion. We asked NHS Grampian how they would ensure the accurate recording of the use of seclusion and we were advised this would only be used if it was to protect a patient's dignity. Where seclusion is used, it would be a nursing decision initially and then if a prolonged period, then multidisciplinary team involvement. All decision making and monitoring of the patient would be recorded in the electronic patient record along with an associated care plan. It would also be highlighted on the ward safety brief.

Ward 4 has a mixture of single sex, multi-bed bays, each with access to a shower and toilet and eight single rooms. The bays had fixed beds which were of an anti-ligature design. There were two electric profiling beds available for use which were allocated due to clinical physical health needs. Patients who would be admitted to these beds include patients with reduced mobility or requiring assistance with personal care. The functionality of these beds allows staff to move around the bed and carry out care safely.

The use of a profiling bed is considered on an individual patient basis and is only authorised where the patient's physical health needs outweigh the additional environmental risks posed by the bed. Prior to use, a patient-specific risk assessment is completed to determine suitability and identify required mitigations. These assessments are tailored to the individual patient's presentation, including their mental state, level of risk, and physical healthcare requirements. We observed a copy of the risk assessment used for patients requiring the use of a profiling bed. Within this, potential risks are addressed and mitigations are documented. This is completed on a patient by patient basis and will be updated if there are any changes to the patient’s condition or needs.

We observed that ward 4 had locked doors which could only be opened using a key which all staff within the area had a copy of. Evidence provided by NHS Grampian

explained that the ward has a controlled exit due to the complex needs of the patients, including altered cognition due to dementia or delirium. On entering the ward patients and visitors are advised that exit from the ward is controlled. Inspectors observed signs on display informing patients, visitors and other staff of how to enter and exit the ward. We observed the locked door policy in evidence and staff within the ward explained this to inspectors onsite. It was explained that the requirement for the locked doors is reviewed and discussed at the multidisciplinary team meeting daily and documented within a proforma attached to the locked door policy.

Inspectors observed anti-ligature fittings in ward 4, including anti-ligature designed doors, beds, showers, and curtain rails. Staff told us they were kept updated regarding ligature concerns through daily handovers and safety briefings. We were provided with current completed anti ligature risk assessments for this ward.

In evidence submitted we observed 70% of staff within ward 4 have attended a toolbox talk on suicide awareness and 92% of staff have attended a toolbox talk on environmental ligature reduction. NHS Grampian had implemented additional ligature reduction training and awareness initiatives. Staff described improved understanding of environmental ligature risks and emergency response arrangements.

NHS Grampian's health and safety risk assessment for ward 4 states that all staff should be trained in basic life support, with all registered staff trained in immediate life support. Within evidence we observed that 69 % of staff are trained in basic life support and 82% of staff are trained in immediate life support in ward 4. Within incident reports reviewed we did not see any incidents of patient harm as a result of a failure to recognise a deteriorating patient or the availability of basic life support training.

The environmental limitations and safety implications of ward 4 have been highlighted in previous Mental Welfare Commission reports. Several patients mentioned this and were aware that there is a plan for refurbishment. We were advised that a refurbishment programme is planned for the mental health inpatient ward. Phase one of the refurbishment is due to commence in July 2026 and staff have been briefed on the sequence and reduction of access to areas within the ward. The second phase is planned to commence in September 2026. An oversight group has been established with plans for this to meet weekly to monitor progress and support the service during the period of transition. Enhancement of community mental health services will also be required to support the refurbishment work and ensure maintenance of services during the period of work. Work is ongoing with Royal Cornhill to consider pathways and enhancement of community services planned to reduce the need for patient admission. This will be crucial to support the essential work required to meet risks identified in ward 4.

Continuous intervention ensures close monitoring and therapeutic engagement with someone who needs intensive support to reduce the risk of harm to themselves or others. Decisions to initiate continuous intervention are based on the risk to the individual and others and should be the least restrictive intervention that maintains

safety and promotes recovery in line with the principles of the Mental Health (Care and Treatment) (Scotland) Act 2003. Evidence provided includes the continuous intervention policy and associated standard operating procedure. This supports early identification of deterioration and timely, proportionate responses to patient needs.

At the time of our onsite inspection there were no patients under continuous intervention on ward 4. However, we observed that some patients had been identified as requiring continuous intervention and enhanced observation within the acute hospital.

During the safety huddles we attended, staff highlighted patients requiring enhanced observation and those detained under the Mental Health (Care and Treatment) Scotland) Act 2003. This enabled senior managers to have oversight as well as identify and escalate any potential staffing requirements to facilitate enhanced observations.

We observed that following the hospital safety huddle, a member of staff was redeployed from another clinical area to provide support where patients required enhanced observations.

Healthcare Improvement Scotland does not support the use of contingency beds and beds within non-standard care areas such as treatment rooms and corridors. However, we acknowledge that due to increased capacity and emergency admissions, this may be required to ensure patients receive the care they require. Where there is a requirement for the use of contingency beds NHS boards must ensure patient safety and dignity is maintained for both the patient within the contingency bed and also for the patients within the surrounding beds. Additionally, boards must ensure appropriate placement mechanisms are in place such as a risk assessment or selection criteria**.**

Like many other hospitals within NHS Scotland, Dr Gray's Hospital has been required to utilise additional beds. Evidence provided included the health and safety risk assessments for the use of corridor beds for several ward areas. These included existing control measures in place such as fire safety training and patients who would be unsuitable for corridor care. We did not observe any patients being cared for within corridors during our onsite inspection.

Inspectors observed ward 4 had two contingency beds in use on the first day of our inspection. The additional beds are created by adding a bed to a previously closed bed space within a multi-bed bay. These beds were closed during the COVID-19 pandemic due to spacing. We were provided with the standard operating procedure and risk assessment for the use of contingency beds which acknowledges increased capacity within clinical areas can induce additional stress on staff and patients due to reduced space and increased patient needs. Additionally, it acknowledges that patients who lack capacity may become increasingly agitated and stressed when placed in contingency beds. The standard operating procedure includes clear escalation arrangements to manage periods of significant pressure on inpatient mental health capacity. Escalation is required when all standard and surge bed capacity has been

utilised, or where patient or staff safety concerns arise as a consequence of surge arrangements. Within incident reports we did not observe any incidents relating to the use of contingency beds within ward 4.

Inspectors also observed two further contingency beds were in use in other areas within the hospital. These were also allocated bed spaces that had previously been closed during the COVID-19 pandemic and as such had access to call bells and privacy screens.

We reviewed several incident reports where staff raised concerns about patients being cared for in corridor spaces were unsuitable to be cared for in these areas. This included patients with known or suspected infections and patients with cognitive impairment. We can see it is documented in the incident reports that this was escalated to the hospital site management team, although it is not clear what actions were taken at the time. A requirement has been given to support improvement in this area.

We asked NHS Grampian how they gather feedback from patients placed in nonstandard care areas or surge beds. Since October 2025, NHS Grampian has used a care assurance tool to monitor care quality in non-standard patient areas, including corridor care spaces. Monthly audits are undertaken by service and nurse managers, with findings shared immediately with staff and reviewed through the non-standard patient area monitoring group. Recent multidisciplinary walk-rounds of surge areas found patient feedback to be consistently positive, with patients reporting compassionate care, access to call bells and clear communication from staff. Identified concerns mainly related to staff confidence and continuity of care within surge environments. Patient feedback, complaints and adverse events are reviewed through governance processes and used to inform service improvements.

Falls were the most frequently reported adverse event, accounting for approximately 22% of incidents reviewed. NHS Grampian had implemented a range of improvement initiatives and evidence demonstrated a reduction in falls. Falls risk assessments were consistently completed in the records reviewed

Within one clinical area, inspectors observed patients identified as being higher risk of falls being cared for in the same bay. This is known as a cohort bay and enables a member of staff to provide higher levels of supervision.

Fundamentals of care include pressure area relief, fluid and nutrition needs as well as patient requirements such as pain relief. Inspectors were able to review risk assessments including falls risk assessments, peripheral venous cannula charts and SSKIN (surface, skin, keep moving, incontinence and nutrition) bundles which were consistently well completed.

Within ward 4 we reviewed a selection of patient care records which were fully completed and included medical examinations and investigations completed following admission. Documentation reflected discussions with patients and their families. Mental health assessment and care planning and risk assessment documentation was

also consistently and well completed. Throughout reviews of documentation there was evidence of patient involvement and permission to share with named family members if they wished.

The Adults with Incapacity (Scotland) Act 2000 provides a legal framework to safeguard the welfare, property, and financial affairs of adults (aged 16+) who are unable to make some or all decisions for themselves. This may be due to conditions including mental illness, learning disability or dementia. Inspectors had the opportunity to review Adults with Incapacity Section 47 Certificates which had been completed for a number of patients throughout the hospital. These are legal documents which assist patients, their families and staff to make decisions regarding a patient's care and treatment when the patient is unable to make the decision independently. We observed that these were completed fully and easily found within the patient's notes.

The Mental Health (Care and Treatment) (Scotland) Act 2003 states a person may be detained in hospital when they are experiencing a mental health illness and require assessment or treatment that cannot be safely or effectively provided on a voluntary basis. Inspectors observed that paper records of legal documentation were in place for patients who were subject to mental health detention orders and were completed fully.

We were able to attend ward multidisciplinary team meetings during our onsite inspection, these were attended by nursing, medical and allied health professionals. Inspectors observed staff discussing the requirement of an Adult with Incapacity Section 47 Certificate during discussions and planning of patient's care where appropriate.

Throughout the hospital Inspectors observed good completion of both national early warning system 2 (NEWS2) and paediatric early warning system (PEWS) charts. These are charts which record a patient's physiological parameters such as pulse and blood pressure and will alert staff if a patient is at risk of deterioration.

We had the opportunity to observe several mealtimes during the inspection. In all areas these were well organised and had a mealtime coordinator in place. We observed that the meals were distributed in a timely manner with patients receiving assistance when required. In most wards, we observed patients being prompted with hand hygiene prior to meals being distributed.

Hand hygiene is an important part of standard infection control precautions to minimise the risk of infection. Other standard infection control precautions include patient placement, the use of personal protective equipment (such as gloves and aprons), management of the care environment, safe management of blood and fluid spillages, linen and waste management and prevention and exposure management (such as sharps injuries). Inspectors observed that staff in some areas missed hand hygiene opportunities such as after touching a patient or the patient's surroundings.

Alcohol based hand rub was available throughout the hospital as well as good availability of personal protective equipment. In the majority of areas, we observed staff using the personal protective equipment appropriately. However, inspectors observed occasions where staff continued to wear personal protective equipment, including gloves and aprons, throughout the ward following completion of the task instead of removing it and carrying out hand hygiene. This was highlighted to the nurse in charge at the time of the inspection. A requirement has been given to support improvement in this area.

Inspectors observed good compliance with sharps and waste management in most areas such as sharps containers having temporary closures in use. The use of the temporary closure prevents needles or other sharp objects falling out of the container if it is dropped. However, in one ward sharps containers were overfilled with discarded intravenous giving sets protruding out from the container. This was raised with the nurse in charge who disposed of the items appropriately and told inspectors she would remind all staff of the importance of safe sharps disposal.

The Control of Substances Hazardous to Health (COSHH) Regulations 2002 stipulate that chlorine-based cleaning products must be stored securely and kept in a secure area such as a locked cupboard. We observed chlorine-based cleaning products stored safely in access restricted domestic service rooms. All areas we inspected were clean, with the majority well maintained. However, domestic staff we spoke with in ward 4 explained that some side room doors can come off their runners, making them difficult to open resulting in them requiring assistance to enter rooms with equipment. At the time of the inspection this was not observed to be preventing staff or patients leaving the rooms. Since our onsite inspection, NHS Grampian has confirmed that all door repairs have been carried out and doors are now fully functioning on the runners. Domestic staff report they would benefit from upgrades to some ward equipment, such as the dishwasher and ward fridge, which is broken, with patients' food being stored in the staff fridge. Within evidence submitted following the inspection we observed both appliances have now been replaced. Domestic staff within ward 4 told inspectors that they had adequate supplies of materials required to carry out their roles and spoke positively of working within ward 4 at Dr Gray's Hospital.

We observed medication trolleys and storage cupboards were locked in the majority of areas, however, in one area medication cupboards and the drug fridge were unlocked as well as a missing door to the drug preparation room. Nursing staff explained that the door had been removed due to a faulty lock. The decision was made to make the area open plan and ensure all cupboards were locked following use. However, this was not the case whilst on site. This may result in a risk that medication may be taken by a patient or member of the public. This is not in line with the professional guidance and administration of medicines in healthcare settings (Royal Pharmaceutical Society and Royal College of Nursing 2019). A requirement has been given to support improvement in this area.

Areas of good practice

Domain 4.1	
5.	We observed thorough documentation by ward 4 staff relating to physical restraint including incident reporting and post restraint debrief forms.
6.	Patient care plans and documentation, including associated mental health documentation was detailed and comprehensive.
7.	Staff were observed having respectful interactions with patients and all call bells were answered promptly.
8.	Staff told inspectors that they are supported and encouraged to submit staff and patient safety incident reports.

Requirements

Domain 4.1	
9.	NHS Grampian must ensure guidance is in place to support the appropriate use of seclusion.
10	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.
11.	NHS Grampian must ensure that all staff follow standard infection control precautions in relation to hand hygiene.
12.	NHS Grampian must ensure the safe and secure use of medicines at all times.

Domain 4.3 – Workforce planning

Quality 4.3 – Workforce planning

Workforce pressures and recruitment challenges continue to be experienced throughout NHS Scotland. Staff we spoke with highlighted a supportive leadership team.

NHS Grampian uses an electronic real-time staffing system across nursing services. At the time of inspection, allied health professional groups were not using an equivalent electronic system.

Since our previous inspections, there has been an increase in the number of Band 6 nurses and Band 3 healthcare support workers. NHS Grampian advised that several Band 2 healthcare support workers had completed additional training and progressed into Band 3 roles, supporting skill mix and workforce development.

Workforce data submitted demonstrates an overall nursing vacancy rate of 10.7% within acute services and 9.9% within mental health services at Dr Gray's Hospital. We consider vacancy rates above 10% to be high. We observed the use of NHS Grampian's "wish you worked here" to support recruitment to current vacancies. This is an NHS Grampian recruitment campaign and website to promote vacancies and living in the Moray and Grampian area.

Data provided documents that sickness absence within the acute nursing workforce was 6%, which is above the planned level of 4%. However, this represents a reduction from 11.4% recorded during our July 2024 inspection. Within mental health services, sickness absence was 8.8%, also above the planned level of 4%, although this is consistent with levels reported across many NHS Scotland boards.

Under the Health and Care (Staffing) (Scotland) Act 2019, NHS boards must have arrangements in place to undertake real-time staffing assessments and identify risks associated with staffing levels. NHS Grampian uses a real-time staffing system to record staffing risk, patient acuity, dependency and professional judgement.

The system records professional judgement with mitigations implemented to manage staffing pressures, including staff redeployment. During hospital-wide staffing and safety huddles, inspectors observed the system being actively used to inform staffing decisions. Staff openly discussed staffing challenges and worked collaboratively to identify mitigations and redeploy staff where necessary to reduce risk.

Evidence reviewed included outputs from site safety huddles conducted during the onsite inspection. These identified additional staffing requirements, including patients requiring enhanced observation due to risks such as falls or self-harm. The huddles also recorded requests for supplementary staffing. Supplementary staffing included substantive staff working additional hours, staff bank workers and agency staff.

Workforce information demonstrated that the use of supplementary staffing broadly reflected vacancy and absence levels across both registered nurse and healthcare support worker groups. During our inspection, supplementary staff working within clinical areas appeared familiar with ward environments, equipment and routines. Staff reported no significant difficulties in obtaining supplementary cover when required. Ward 4 staff described processes for securing supplementary staffing, including contacting off duty staff and the staff bank. However, due to the specialist skills required within the unit, staff reported that the pool of suitably trained bank staff is limited. Data submitted showed a sustained reduction in supplementary nursing usage, decreasing from 90 whole-time equivalent (WTE) staff in September 2023 to 78 WTE in June 2024 and 28 WTE in March 2026 following recruitment.

NHS boards also have a duty under the Health and Care (Staffing) (Scotland) Act 2019 to record and monitor staffing risks. We reviewed staffing escalation reports for the month preceding the inspection. These demonstrated a high number of occasions during March 2026 where wards were assessed as having a red staffing status. We identified concerns regarding the recording of mitigations within the electronic staffing system. Evidence submitted demonstrated that several red staffing assessments across three wards had subsequently been downgraded to amber with limited documentation explaining the actions taken to reduce risk. When an area is assigned a red status, contributing factors may include staff shortages, skill mix concerns or increased patient acuity and dependency. While mitigations such as staff redeployment, ward coordinators undertaking clinical duties and urgent staff bank

requests may reduce risk in real time, these actions were not consistently recorded. As a result, a requirement has been made to support improvement in this area.

During our October 2023 inspection, staffing decisions discussed within safety huddles were predominantly based on agreed staffing numbers and did not routinely incorporate patient acuity, dependency, skill mix or professional judgement. At our return visit in June 2024, NHS Grampian had introduced a real-time electronic staffing system which enabled staffing levels to be aligned more closely with patient care needs. During this latest inspection, we observed further progress. Hospital-wide safety huddles included representation from all clinical areas, allied health professionals, pharmacy staff and the Scottish Ambulance Service. Discussions focused on current pressures, expected admissions and patients awaiting transfer to other locations. Inspectors observed open discussions regarding staffing levels, skill mix and patient acuity. Decisions regarding staff redeployment were based on assessed patient need rather than predetermined staffing establishments.

In ward 4, staff described a structured induction process for new and newly qualified staff, including ward-specific competencies and fortnightly supervision sessions. Additional clinical supervision can be through the psychotherapist within the multidisciplinary team. Further evidence provided by NHS Grampian demonstrated that the lead nurse and clinical nurse manager are also trained in restorative supervision.

The Health and Care (Staffing) (Scotland) Act 2019 requires NHS boards to ensure senior charge nurses and other clinical leaders have sufficient protected time to undertake leadership responsibilities including completing staff appraisals. The majority of staff we spoke with during our onsite inspection told us they had adequate time to lead. However, the senior charge nurse on ward 4 had been required to work clinically due to short-term sickness absence. Within evidence reviewed, we identified several occasions where senior charge nurses were required to undertake a clinical caseload, resulting in a loss of protected leadership time, such as carrying out staff appraisals.

Staff appraisals are essential to support and enable staff to feel valued and support their development. As previously discussed, we wrote to NHS Grampian to raise concerns regarding low appraisal completion rates within Dr Gray's Hospital. In response, NHS Grampian has implemented an appraisal improvement action plan to support and sustain improvement. A requirement has been given to support improvement in this area.

We were able to speak with student nurses on placement within ward 4 who provided consistently positive feedback regarding their learning experiences. They described being allocated a student liaison nurse before commencing placement, providing a single point of contact for information relating to shifts, placement arrangements and additional support requirements. Students reported feeling well supported to achieve their learning outcomes and spoke positively about the range of learning opportunities

available. They described staff as proactive in facilitating learning experiences and involving them in ward activities.

Area of good practice

Domain 4.3	
9.	Students spoke highly of the support and learning opportunities available to them.

Requirements

Domain 4.3	
13.	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.
14.	NHS Grampian must demonstrate how it supports, monitors and reviews the provision of adequate protected time to lead, including completion of staff appraisals.

Domain 6 – Dignity and respect

Quality 6.2 – Dignity and respect

We observed that patients were treated with dignity, respect and compassion and all interactions between staff and patients were positive. Patients described staff as responsive and caring when they required assistance.

During the onsite inspection, across the hospital, all patients appeared well cared for. They were appropriately dressed at their bedside or in bed, with nurse call bells to hand and access to fluids and personal belongings.

Patients we spoke with reported timely access to medications such as pain relief. All patients within the acute areas had access to toilets and showering facilities and where required, patients were observed to be receiving assistance to access these.

Mixed sex accommodation has the potential to impact upon patient dignity and personal choice, particularly within mental health inpatient settings where patients may be experiencing heightened vulnerability, distress, or impaired capacity. Dr Gray's Hospital has both ensuite single rooms and multi bed bay accommodation.

In May 2026 NHS Scotland's chief operating officer, chief nursing officer and chief medical officer wrote to all NHS Boards across Scotland to remind them of the requirement to adhere to national guidance on the Elimination of Mixed Sex Accommodation, to ensure patients are treated with dignity and respect, maintaining patient confidence, promoting privacy, and upholding the highest standards of care.

We reviewed NHS Grampians, Health and Safety Risk assessment for Mixed Sex Accommodation for ward 4. This highlights that the current ward infrastructure does not provide the capacity for the ward to be solely single sex. As a result, care is delivered within a mixed sex environment. However, there are no mixed sex dormitories or bays. Two of the single rooms on ward 4 do not have en-suite facilities. However, patients can access toilets and shower facilities within the single sex multi-bed bays. Documented control measures within risk assessment includes assessment and appropriate care planning as part of patient admission assessment.

Within one side room it was observed that the toilet door did not lock. Inspectors spoke with patients who did not raise any concerns regarding this and told inspectors when the outer bedroom door was closed and they went into the ensuite they could close the door and that this offered sufficient privacy. No patients within ward 4 raised concerns regarding access to showering and toilet facilities and patients we were able to speak with reported they felt safe on the ward.

We were also provided with the mixed sex accommodation risk assessment for ward 7. Control measures include same-sex bay allocation where possible, designated bathroom facilities, use of single rooms for vulnerable patients, individual risk assessments, enhanced observation, and regular multidisciplinary review to protect patient privacy, dignity and safety.

We did not observe mixed sex bays in use during our onsite inspection, and we did not see any reported incidents in relation to mixed sex accommodation.

The provision of meaningful activity on mental health wards is said to increase social connectedness, improve psychological wellbeing and is essential to promote wellbeing and recovery. Inspectors observed patients being cared for within ward 4 being offered activities whilst at the time of our onsite inspection such as colouring groups. Senior managers explained that patients within the ward are encouraged to participate in arts and crafts, walking groups and therapet visits.

Ward 4 benefits from a recovery nurse who works Tuesday to Friday, providing one-to-one patient support and facilitating therapeutic groups, including anxiety management and dialectical behaviour therapy approach. Staff advised that during periods of staffing shortage, the recovery nurse may be required to undertake clinical duties, reducing the availability of therapeutic activities. Where this occurs, activities are coordinated by nursing staff. Additionally, colleagues working with Scottish Action for Mental Health can have input with patients whilst they remain an inpatient. Scottish Action for Mental Health provides a wide range of services including mental health social care support, addiction support, employment support and community programs. Inspectors spoke with patients who were aware of activities available to them and told inspectors they attend these.

A previously published Mental Welfare Commission report highlighted the absence of dedicated psychology support for patients within ward 4. NHS Grampian advised that a dedicated psychology service remains unavailable and that patients requiring

psychological input are currently reviewed on a case-by-case basis through the adult mental health psychological therapies service. However, a recent workforce redesign has created an opportunity to establish a dedicated psychology post, which is currently being recruited to. A requirement has been given to support improvement in this area.

Outdoor spaces in mental health wards play a crucial role in patient wellbeing, recovery, and overall therapeutic care. Inspectors observed that there was outdoor space available for patients from ward 4 to access. Inspectors observed that there were clear plans in patient's clinical notes regarding individuals' ability to access outdoor space with interventions and support to do this safely where needed.

Smoking has been banned in public places in Scotland since 2006 by virtue of the Smoking, Health and Social Care (Scotland) Act 2005. Inspectors were told that patients who wished to smoke were to leave the hospital grounds and for some patients this required staff to escort them. Nicotine replacement therapy was offered to patients on admission and throughout their inpatient stays.

Within the acute wards inspectors observed positive interactions between patients and staff. Some patients were receiving assistance with personal care and privacy screens were observed to be in use where required. All patient call buzzers were answered in a timely manner. Inspectors spoke with patients who provided positive feedback on the care they had received, stating that although staff were visibly busy, they were attentive and responsive to care needs.

Areas of good practice

Domain 6	
10.	Staff and patients spoke highly of the availability of therapeutic activities for patients within ward 4.
11.	Positive, collaborative working was observed between all members of the multidisciplinary team within ward 4.
12.	In all areas inspected we observed positive interactions between patients and staff.
13.	We observed documented care planning to support patients in ward 4 to access outdoor spaces.

Requirement

Domain 6	
15.	NHS Grampian must ensure patients receive appropriate psychology support.

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 2024)
- Ageing and frailty standards – Healthcare Improvement Scotland (Healthcare Improvement Scotland, November 2024)
- A National Framework for Reviewing and Learning from Adverse Events in NHS Scotland Healthcare Improvement Scotland, February 2025
- Delivering Together for a Stronger Nursing & Midwifery Workforce (Scottish Government, March 2025)
- Fire Scotland Act (Acts of the Scottish Parliament, 2005)
- Food, fluid and nutritional care standards – Healthcare Improvement Scotland (Healthcare Improvement Scotland, October 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 (Healthcare Improvement Scotland, May 2022)
- National Infection Prevention and Control Manual (NHS National Services Scotland, January 2024)
- Healthcare Improvement Scotland and Scottish Government: operating framework (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 and framework – Healthcare Improvement Scotland (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)

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