



Improvement Action Plan

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

Lorn and Islands Hospital, NHS Highland

28 – 29 October 2024

Improvement Action Plan Declaration

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

NHS board Chair

Signature:

Full Name: Sarah Compton Bishop

Date: 14.02.2025

NHS board Chief Executive

Signature:

Full Name: Fiona Davies

Date: 14 February 2025

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Ref:	Action Planned	Timescale to meet action	Responsibility for taking action	Progress	Date Completed
<p>Domain 1</p> <p>Requirement 1.</p> <p>Ensure all patients have access to a call bell or means to contact Staff in an emergency and that all call bells are within easy reach of patients.</p>	<p>Review of A/E waiting room area to ensure patients have access to staff if required.</p> <p>Discussion held at SNR Charge Nurse/HOD meeting.</p> <p>Daily care planning review</p> <p>It is noted this is also a requirement within the HIS draft Inspection Report for Raigmore hospital making it relevant to all NHS Highland Hospitals and in keeping with all findings in both Highland reports, they will be shared with all hospitals in Highland for benchmarking and action where required to ensure call bells are accessible to individuals.</p>	<p>December 2024</p> <p>March 2025</p>	<p>Senior Charge Nurses.</p> <p>Associate Nurse Directors.</p>	<p>Discussion held with clinical teams and compliance being monitored by SNR Charge Nurses/walk rounds by RGH manager.</p>	<p>31st December 2024</p>

<p>Requirement 2.</p> <p>Ensure a written process/pathway is in place to ensure continuity of care and staff support when patients require transfer to specialist sites.</p>	<p>NHS Highland will ensure a written pathway for both Adult and Paediatric patients who may require specialist transfer is in place.</p>	<p>June 2025</p>	<p>Clinical Lead SNR Charge Nurse A/E. RGH Manager Associate Director of Nursing</p>	<p>Pathways already in place for critical care patients or patients requiring retrieval.</p>	
<p>Requirement 3.</p> <p>Always ensure one member of staff on duty in the emergency department who has advanced pediatric life support training or equivalent.</p>	<p>Review existing staff PALS training status.</p> <p>Develop training plan to ensure PALS trained staff available 24/7 on site.</p> <p>Secure additional funding to facilitate PALS training. Courses due to speciality are held off site, so accommodation/travel incurs additional resource.</p>	<p>December 2025</p>	<p>Resuscitation Training Officer support. SNR Charge Nurse A/E. RGH Manager</p>	<p>100% of staff within A/E already trained with ILS.</p> <p>Consultant Anaesthetists who provide 24/7 cover, PALS trained. (not onsite for on call)</p> <p>Additional funding required to support offsite training/accommodation for staff to attend. RGH manager to progress.</p>	

<p>Requirement 4.</p> <p>Ensure risk assessments and mitigations are completed fully to identify patients who may be at risk of harm to themselves or others.</p>	<p>NHS Highland will implement a whole-system approach that reduces ligature risks for suicidal patients as low as is reasonably practicable across environmental, clinical and operational domains in response to the HSE improvement notice.</p> <p>Carry out options appraisal once ligature Anchor point completed.</p>	<p>December 2025</p>	<p>Health & Safety team</p> <p>RGH Manager</p> <p>Associate Director of Nursing.</p>	<p>Health & Safety group established monitoring the action plan following H&S improvement notice.</p> <p>Compliance monitoring will take place at this forum.</p>	
<p>Requirement 5.</p> <p>Ensure staff are suitably qualified and competent to safely carry out their role including where relevant: Public protection training, mental health training including relevant legislation and the management of violence and aggression prevention</p>	<p>NHS Highland will ensure that staff are trained in Adult Support and Protection Training.</p> <p>Training needs analysis to be carried out regarding mental health training needs for all staff groups within Lorn & Islands Hospital.</p>	<p>August 2025</p> <p>March 2025</p>	<p>RGH Manager</p> <p>SNR Charge Nurse</p> <p>Associate Director of Nursing</p>	<p>Ward staff have commenced restraint training.</p>	

training (including breakaway and restraint)	Review violence and aggression training compliance and monitor. Review type of training delivery for General Hospital setting for Violence & Aggression restraint training.	April 2025 April 2025	Health & Safety team		
Requirement 6. Ensure environmental ligature risk are assessed, and relevant staff are trained to recognise and manage ligature risk.	NHS Highland will ensure staff trained in Ligature risk assessment and carry out a ligature risk assessment within the Lorn & Islands Hospital. Ligature risk assessment for the site, will be monitored and reviewed within the Health & Safety meeting.	February 2025 March 2025	RGH Manager Health & Safety team	Ligature risk assessment training carried out end of January 2025. Ligature risk assessment of designated areas within Lorn & Islands Hospital completed.	February 2025
Domain 2 Requirement 7 Ensure support and feedback to staff on	NHS Highland will ensure a robust process in place to	March 2025	Heads of Departments.		February 2025

<p>incidents raised through the incident reporting system and ensure learning from incidents is used to improve safety and outcomes for patients and staff.</p>	<p>ensure feedback to staff about incident reporting.</p> <p>All relevant incidents should be discussed and reviewed at department meetings and minutes documented.</p> <p>Monitor incident trends at CC&G meetings and identify any learning or change in practice.</p>		<p>SNR Charge Nurses</p> <p>RGH Manager</p>	<p>Incidents currently reviewed at Lorn & Islands Hospital Clinical Care & Governance meeting.</p> <p>Incidents also reviewed at fortnightly Quality, Patient and Safety forum.</p>	
<p>Requirement 8</p> <p>Ensure effective and appropriate governance approval and oversight of policies and procedures are in place.</p>	<p>NHS Highland will ensure policy and procedures are tabled at the most appropriate forum for approval and that leads are aware of pathway of approval.</p> <p>NHS Highland will undertake to scope current practice Board wide with an intention to develop a clear robust standard procedure</p>	<p>August 2025</p>	<p>Executive Nurse and Medical Director</p>	<p>Currently NMAHP policies are ratified via topic specific groups and overseen in NMAHP Professional Assurance Group.</p>	
<p>Domain 4.1</p> <p>Requirement 9</p> <p>Ensure all patient</p>					

<p>documentation is accurately and consistently completed. This includes Adults with incapacity section 47 documents and do not attempt cardiopulmonary resuscitation documentation.</p>	<p>NHS Highland will ensure that staff are trained to ensure Adults with incapacity section 47 documents and DNACPR documentation is completed appropriately.</p> <p>Improve and monitor training compliance across all staff groups to demonstrate improving trajectory.</p> <p>Carry out an audit of compliance for DNACPR documentation.</p>	<p>August 2025</p> <p>October 2025</p> <p>October 2025</p>	<p>RGH Manager</p> <p>Clinical Lead</p>		
<p>Requirement 10.</p> <p>Ensure all staff comply with the appropriate wearing of jewellery.</p>	<p>Memo to all staff reminding them of NHS Highland Uniform policy, highlighting the wearing of jewellery.</p> <p>Compliance to be monitored by SNR Charge Nurses.</p>	<p>February 2025</p>	<p>SNR Charge Nurse</p> <p>RGH Manager</p>	<p>Memo to all staff completed.</p> <p>Discussion at SNR Charge Nurse meeting.</p>	<p>February 2025</p>
<p>Requirement 11.</p>					

<p>Ensure all staff comply with required transmission-based precautions.</p>	<p>NHS Highland will ensure that staff are trained and receive regular updates on 'transmission-based precautions.</p> <p>Training compliance and SICP's audits to be monitored.</p>	<p>March 2025</p>	<p>Infection Control Team SNR Charge Nurses</p>	<p>Update training for clinical staff planned.</p>	
<p>Requirement 12.</p> <p>Ensure all hazardous cleaning products are securely stored.</p>	<p>Memo issued to all staff reminding colleagues of the process and importance of safe storage of hazardous cleaning products.</p> <p>Domestic supervisor/support services manager will monitor compliance of DSR rooms.</p> <p>SNR Charge Nurses to monitor compliance within ward area.</p> <p>Infection control assurance walk rounds to monitor compliance</p>	<p>March 2025</p>	<p>Support Services Manager Domestic supervisor SNR Charge Nurses RGH Manager</p>	<p>Discussion at Heads of Service meeting with SNR Staff has taken place.</p>	

	<p>It is noted this is also a requirement within the HIS draft Inspection Report for Raigmore hospital making it relevant to all NHS Highland Hospitals and in keeping with all findings in both Highland reports, they will be shared with all hospitals in Highland for benchmarking and action where required to ensure all hazardous cleaning products are securely stored</p>	<p>March 2025</p>	<p>NHS Highland Associate Nurse Directors</p>		
<p>Requirement 13.</p> <p>Ensure that hospital safety huddles consider decision making regarding real time staffing risk and mitigations and that these are documented and aligned with patient acuity and dependency to support skill mix and staffing.</p>	<p>Support Real time staffing and risk escalation – ensuring clear guidance on how staffing risk are escalated and managed effectively in real time and appropriately recorded.</p> <p>Review Hospital Safety Huddle template to include Real Time Staffing tool completion.</p>	<p>August 2025</p>	<p>RGH Manager</p> <p>SNR Charge Nurses</p> <p>Associate Director of Nursing</p> <p>Workforce Lead</p> <p>Workforce Lead</p>	<p>Healthcare Staffing Programme – National Real-Time Staffing Resource training 11th Feb, to support training in the move to new National RTS Resource.</p> <p>Attendance by one of the SNR Charge Nurses.</p>	

	<p>Ensure further training for staff on Real Time staffing tool</p> <p>Confirm process for risk mitigation and escalation out with core hours</p> <p>It is noted this is also a requirement within the HIS draft Inspection Report for Raigmore Hospital making it relevant to all NHS Highland Hospitals and in keeping with all findings in both Highland reports, they will be shared with all hospitals in Highland for benchmarking and action where required ensure appropriate staffing is in place that is reflective of the number and care needs of patients. This should include recording of clinical professional judgement of real-time staffing requirements, including evidence of how decisions are reached and communicated</p>		<p>Workforce Lead</p> <p>Workforce Lead</p>		
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	<p>application of the common staffing method. This includes having a robust mechanism for feedback to be provided to staff about the use of the common staffing method, and staffing decisions made as a result</p>				
<p>Domain 4.1</p> <p>Recommendation 1.</p> <p>Ensure that patients are assisted with hand hygiene prior to mealtimes where required.</p>	<p>Staff will ensure patients offered the opportunity for hand hygiene prior to mealtimes and incorporate as part of care rounds within ward setting.</p> <p>Awareness raising amongst Health Care Support Staff.</p> <p>Compliance to be monitored by SNR Charge Nurses</p>	February 2025	Senior Charge Nurses	Discussion with SNR Charge Nurses has taken place to ensure compliance within their wards.	February 2025