



Improvement Action Plan

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

Raigmore Hospital, NHS Highland

28 – 30 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 |
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| <p>Requirement 1</p> <p>NHS Highland must ensure all staff are trained to ensure safe fire evacuation</p> | <p>NHS Highland will ensure that all staff are trained to ensure fire evacuation</p> <p>Training plans to be reviewed at Fire Safety Committee</p> <p>Improve and monitor fire safety training compliance across all staff groups to demonstrate improving trajectory</p> | <p>May 2025</p> <p>February 2025</p> <p>August 2025</p> | <p>Directorate General Managers/ Directorate Nurse Managers/ AHP and Facilities Leads</p> <p>Fire Safety adviser</p> <p>Directorate General Managers / AHP and Facilities leads</p> | | |
| <p>Requirement 2</p> <p>NHS Highland must ensure all patients have access to a call bell</p> | <p>In Raigmore Hospital, this requirement is linked to a surge capacity ward and discussion has been held with clinical team</p> | <p>November 2024</p> | <p>SCN or Nurse in charge /Clinical Nurse Manager</p> | <p>Discussion held with clinical team and compliance being monitored by senior nursing team</p> | <p>November 2024</p> |

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| | <p>SCN/Nurse in Charge will monitor compliance on each shift .</p> <p>It is noted this is also a requirement within the HIS draft Inspection Report for Lorn & Islands 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> | March 2025 | NHS Highland Associate Nurse Directors | | |
| <p>Requirement 3</p> <p>NHS Highland must ensure all staff comply with hand hygiene and the correct use of Personal Protective Equipment</p> | <p>Training sessions were delivered to staff on surge capacity wards where this was identified to be a concern.</p> <p>Monthly audits by senior nursing team</p> | <p>November 2024</p> <p>November 2024 and to continue monthly</p> | <p>Clinical Nurse manager and Infection Prevention Control Team</p> <p>SCN/Clinical Nurse Manager</p> <p>IPC peer review</p> | <p>Hand hygiene and PPE training sessions delivered in November 2024 and ongoing as this ward has high supplementary staffing use</p> <p>Hand hygiene campaign rolled out by IPC and H&S colleagues in November 2024 with focus on reducing glove use and promoting 5 key moments of hand hygiene, in addition to skin health work</p> | November 2024 |

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| | | | | QA audit Management of linen- 70% Hand hygiene- 100% PPE -67% | |
| Requirement 4 NHS Highland must ensure that all staff comply with the safe storage of linen | Reminder to be sent to all clinical areas SCN / Nurse in Charge of ward will monitor compliance via observations of practice on every shift SICP's audits, with focussed approach to areas of non-compliance and support for staff training and education This will be monitored by senior nurses on scheduled and ad hoc walk arounds | February 2024 February 2024 March 2025 and ongoing | Associate Nurse Director SCN/Nurse in Charge SCN / IPC Team Clinical Nurse Managers/ HEI walk round teams | | |
| Requirement 5 NHS Highland must ensure that all staff comply with safe sharps management | Reminder to be sent to all areas | February 2025 | Associate Nurse Director/ Operational Medical Director | | |

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| | <p>SCN / Nurse in Charge of ward will monitor compliance via observations of practice on every shift</p> <p>This will be monitored by senior nurses on scheduled and ad hoc walk arounds</p> | February 2025 and ongoing | <p>SCN/Nurse in Charge</p> <p>Clinical Nurse Managers/HEI walk round teams</p> | | |
| <p>Requirement 6</p> <p>NHS Highland must ensure that the hospital environment is maintained to facilitate effective cleaning</p> | <p>A continual improvement maintenance program is in place. As part of local HEI visits areas for repair are uploaded onto the Maximo system. Using this system we are able to prioritise the clinical and non-clinical areas that require resources and investment to ensure the care environment is in a good state of repair and maintained to support effective cleaning.</p> <p>This will be monitored through Acute Infection Control Committee</p> | Ongoing | Operational Estates manager/ Acute Infection Control committee | | |
| Requirement 7 | Memo issued to all staff reminding colleagues of the process and importance of | | Associate Nurse Director | | |

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| <p>NHS Highland must ensure cleaning products are stored safely and securely</p> | <p>safe storage of cleaning products.</p> <p>SCN / Nurse in Charge of ward will monitor compliance via observations of practice on every shift</p> | <p>February 2025</p> | <p>SCN/ Clinical Nurse Manager</p> | | |
| | <p>NHS Highland as part of the safety management system (SMS) require that all areas who use COSHH products complete a COSHH risk assessment (RA) at least annually. As part of the RA, measures to control access and storage of COSHH products should be documented.</p> | <p>February 2025</p> | <p>SCN/Clinical Nurse Managers</p> | | |
| | <p>It is noted this is also a requirement within the HIS draft Inspection Report for Lorn & Islands 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 that</p> | <p>March 2025</p> | <p>NHS Highland Associate Nurse Directors</p> | | |

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| | must ensure cleaning products are stored safely and securely. | | | | |
| Requirement 8 NHS Highland must ensure that a risk assessment is completed when prioritising patients for single room accommodation and that there are systems and processes for staff to monitor and escalate concerns regarding lack of available single room accommodation | Pre populated risk assessment for isolation to be created with IPCT for patient isolation Update flow chart on patient isolation to include new RA and share with wards Embed Flow chart and associated Risk Assessment in acute wards in Raigmore | March 2025 March 2025 March 2025 | Senior Nurse IPC Directorate Nurse Managers Directorate Nurse Managers | In progress In progress | |
| Requirement 9 NHS Highland must ensure all healthcare infection incidents, including previously unreported incidents, are reported in line with guidance within the national infection prevention and control manual. | Incident of Covid outbreak highlighted by HIS inspection team has been retrospectively reported. Training on incident reporting to be carried out for all Infection Prevention Control team members | February 2024 February 2024 | Infection Control Manager and Senior IPC Nurse Raigmore Infection Control Manager and Senior IPC Nurse Raigmore | Incident from October 2024 retrospectively reported to ARHAI via Respiratory Short Form 11.02.25 | February 2025 |

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| <p>Requirement 10</p> <p>NHS Highland must 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>Development of SOPs to Support Real-Time Staffing and risk escalation – ensuring clear guidance on how staffing risks are escalated and managed effectively in real time</p> <p>Progress towards implementation of Safe Care across Raigmore site</p> <p>It is noted this is also a requirement within the HIS draft Inspection Report for Lorn & Islands 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</p> | <p>February 2025</p> <p>June 2025</p> <p>August 25</p> | <p>Workforce planning Manager/ Directorate Nurse Managers/ Directorate General Managers</p> <p>Workforce planning Manager/ Directorate Nurse Managers/ Directorate General Managers</p> <p>Workforce Manager</p> | | |
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| | real-time staffing requirements, including evidence of how decisions are reached and communicated | | | | |
| Requirement 11 NHS Highland must ensure that there are processes in place to support the consistent 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>CSM output review workshop scheduled for February 2025 where recommendations will be reviewed and decisions on actions made in the wider context of service planning. Staff will receive feedback and engagement will take place to ensure transparency in decision making</p> <p>Shared learning piece planned to enhance training and preparation for 25/26 cycle</p> <p>It is noted this is also a requirement within the HIS draft Inspection Report for Lorn & Islands Hospital making it relevant to all NHS Highland Hospitals and in keeping with all findings in both Highland reports, they will be shared</p> | <p>March 2025</p> <p>August 25</p> <p>August 25</p> | <p>Workforce Manager/ General Managers/Nurse Managers</p> <p>Workforce Manager/ General Manager/Workforce leads</p> <p>Workforce Manager</p> | | |

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| | with all hospitals in Highland for benchmarking and action where required ensure that there are processes in place to support the consistent 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 | | | | |
| Requirement 12 NHS Highland must ensure all staff are able to access training required for their role | NHS Highland will ensure that staff are trained and receive updates in moving and handling and violence and aggression Training plans to be reviewed at Directorate level Improve and monitor Moving and handling and violence and aggression training across all | April 2025 April 2025 and monthly thereafter | Directorate General Managers/ Directorate Nurse Managers Directorate General Managers/ Directorate Nurse Managers | | |

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| | staff groups to demonstrate improving trajectory | | | | |
| <p>Requirement 13</p> <p>NHS Highland must ensure patient dignity is maintained at all times. This includes, but is not limited to, access to suitable toilet and shower facilities for patients requiring mobility aids</p> | <p>NHS Highland will take the opportunity as part of fire upgrade works and ward refurbishment to improve access to toilet and shower facilities for patients with mobility aids. This programme of work is taking place over the next 3- 4 years and is reliant on allocation of Capital funding.</p> <p>Review of bathroom and shower facilities in multi bed bays and door placement</p> <p>SOP to be developed for ward staff to escalate if patient dignity is comprised due to lack of inadequate facilities where appropriate mitigations cannot be put in place</p> | <p>Ongoing until December 2028</p> <p>April 2025</p> <p>April 2025</p> | <p>Estates team / Acute SLT</p> <p>Estates team/ senior nurses/ IPC team</p> <p>Directorate Nurse Managers</p> | | |