

Action Plan

Service Name:	Highland Hospice Inverness	
Service number:	00058	
Service Provider:	Highland Hospice	
Address:	Ness House, 1 Bishop's Road, Inverness, IV3 5SB	
Date Inspection Concluded:	n Concluded: 05 August 2022	

Requirements and Recommendations	Action Planned	Timescale	Responsible person	
Requirement 1: The provider must ensure a practicing privileges policy, induction and training programme, and contracts are in place for all staff working under practicing privileges in the service (see page 20). Timescale – by 28 October 2022.	Finalised Practicing Privileges Policy will be in place by 28 October 2022. Appropriate induction and training programme will be in place by 28 October 2022. Where required contracts will be in place for staff working under Practicing Privileges Policy.	28 October 2022	Head of People	
Recommendation a: The service should develop and establish a method for collating online and social media feedback and using this information to implement improvements	All feedback gathered from Social Media and other online platforms will be passed to the appropriate service manager for consideration	30 September 2022	Communications Officer	
in the service (see page 12).	Service managers will discuss feedback received in team meetings and agree if any action required	31 October 2022	Service Managers	
	Complaints Policy will be updated to include a section on gathering feedback from Social Media	31 Dec 2022	Head of People	

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	and other online platforms		
Recommendation b: The service should ensure that patient consent to sharing information with their families or with other healthcare professionals is documented consistently in patient care records (see page 19).	In consultation with the wider clinical team, a review of current consent policy to be carried out specifically considering our responsibilities when gaining and recording consent to share information with others (including family members or healthcare professionals).	December 2022	Head of Hospice Services
	Consent to share information to be added to admission checklist for use by clinical staff.		
	Consent to be added to clinical induction for all staff who have patient contact and those non clinical staff who have a responsibility which includes accessing patient records.		
	Documentation of consent to be added to regular audit schedule, to be carried out by the Quality Assurance team and reported back to Quality Engagement Group for action planning in relation to any non-compliance.		
Recommendation c: The service should ensure the staff induction process is audited (see page 20).	A review of inductions will be carried out in an appropriate manner as part of staff probationary reviews. In addition we will be recruiting a Practice Education Facilitator who will support learning and development within our care settings and who will work with Quality and Nursing Leads to ensure the	March 2023	Head of People

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		quality and continuous improvement of the induction process. For staff working in other areas, the People and Development Manager will take responsibility for this working with Line Managers.				
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Name	Paula Cooner					
Designation	II 1 CII : C :					
	Head of Hospice Services					
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Signature	P Cooper		Date	15 / 09	/2022	
In signing this form, you are confirming that you have the authority to complete it on behalf of the service provider.						

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