

## Action Plan

Service Name:	Rachel House Children's Hospice
Service Number:	00049
Service Provider:	Children's Hospices Across Scotland
Address:	Avenue Road, Kinross, KY13 8FX
Date Inspection Concluded:	16 October 2023

Requirements and Recommendations	Action Planned	Timescale	Responsible Person
<b>Requirement 1:</b> The provider must ensure that incident investigations are fully completed, including documenting any resulting lessons learned or actions to be taken (see page 18). Timescale – immediate	Key stakeholders (Head of Quality and Care Assurance, Lead Pharmacist, Service Manager for Hospices and Medical Director) will meet within six weeks to review current processes for reviewing adverse events. A revised process will be developed to ensure robust review of adverse events; incorporating the development and review of actions plans, learning logs and mechanisms to share learning across the care teams – 8 weeks. Mechanisms to record incidents involving young people care records will be developed. As part of this review process, the adverse event policy will be reviewed and updated to reflect changes to practices along with a dissemination plan to ensure all staff are aware of the reason for changes.	Initial meeting to take place within 6 weeks.	Head of Quality and Care assurance

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<b>Recommendation a:</b> The service should ensure that an incident investigation process and learning outcomes are always fully documented in the relevant patient care record (see page 18).	Mechanisms to record incidents involving young people in their care records will be developed, this will initially be on paper and scanned to young people's care records as we have an organisational wide freeze on IT system changes. It is intended to have this transferred to an electronic process by end of March 2024.	Initial meeting to take place within 6 weeks.	Head of Quality and Care assurance and Clinical Systems Manager.
<b>Recommendation b:</b> The service should ensure it obtains consent for treatment for every child on admission (see page 23).	A new care plan for consent for treatment will be developed and completed prior to each admission. An initial meeting to discuss this will take place in early December, before being reviewed by the Operational Governance group on 20 <sup>th</sup> December and The Care Database Steering group on 18 <sup>th</sup> January. We would plan to have a process in place by the end of January; this may be a paper consent form initially, which will be scanned and added to each young person's care record. We will endeavour to have this replaced with an electronic copy as soon as possible and before the end of March 2024.	30 <sup>th</sup> January	Clinical Systems Nurse Manager/Service Manager
<b>Recommendation c:</b> The service should ensure a process of yearly checks are completed on all staff who have individual insurance policies (see page 23).	The Registration and Revalidation policy is currently under review to incorporate robust checking of individual insurance policies. This is being overseen by the Head of HR and Medical Director. Mechanisms are being reviewed to ensure that accurate data is recorded on our electronic HR system when staff are recruited to CHAS care teams as well as ensuring robust processes to amend data should staff change status once employed.	30 <sup>th</sup> January	Head of HR/Medical Director

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Name	Elaine Liddle		
Designation	Senior Charge Nurse		
Signature	Elaine Liddle		Date 27/11/2023

**Guidance on completing the action plan.**

- **Action Planned:** This must be a relevant to the requirement or recommendation. It must be measurable and focussed with a well-defined description of how the requirement/recommendation will be (or has been) met. Including the tasks and steps required.
- **Timescales:** for some requirements the timescale for completion is immediate. If you identify a requirement/recommendation timescale that you feel needs to be extended, include the reason why.
- Please do not name individuals or an easily identifiable person in this document. Use Job Titles.
- If you have any questions about your inspection, the requirements/recommendations or how to complete this action plan, please contact the lead inspector.

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